

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)

**2021**

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 **2021** 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>40,850,520.</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>23</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>23</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>17</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>176,992.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>175,992.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>8,167,698.</b>	<b>10,099,619.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>211,406.</b>	<b>243,630.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,962,890.</b>	<b>6,970,264.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>2,279.</b>	<b>7.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>10,344,273.</b>	<b>17,313,520.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>6,712,189.</b>	<b>5,882,217.</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>1,386,439.</b>	<b>1,599,842.</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>557,590.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>1,337,358.</b>	<b>1,341,562.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>9,435,986.</b>	<b>8,823,621.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>908,287.</b>	<b>8,489,899.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>175,587,137.</b>	<b>End of Year</b> <b>208,424,639.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>51,736,300.</b>	<b>59,757,286.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>123,850,837.</b>	<b>148,667,353.</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>11/04/22</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>	Firm's address ▶ <b>3501 CONCORD ROAD, STE 250</b> <b>YORK, PA 17402</b>		
			Phone no. <b>717-843-3804</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

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

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

4a (Code: ) (Expenses \$ 6,954,199. including grants of \$ 5,882,217. ) (Revenue \$ 243,630. ) YORK COUNTY COMMUNITY FOUNDATION'S GRANTMAKING PROGRAM REACHES BROADLY ACROSS ALL CHARITABLE SECTORS SERVING YORK COUNTY PENNSYLVANIA, AS EVIDENCED BY 1,230 GRANTS TO 321 CHARITABLE ORGANIZATIONS. MAJOR GRANT PROGRAMS INCLUDE YCCF'S FUND FOR YORK COUNTY AND GRANT SUPPORT THROUGH AGENCY ENDOWMENTS. GRANT SUPPORT IS PROVIDED BY BOTH COMPETITIVE APPLICATIONS AND NON-COMPETITIVE DESIGNATIONS. YORK COUNTY COMMUNITY FOUNDATION STRIVES TO BE OUR DONORS' FIRST CHOICE TO ACHIEVE THEIR CHARITABLE GOALS AND A PLACE TO INVEST IN COMMUNITY TRANSFORMATION.

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

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 6,954,199.

**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> ? See instructions	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 Rev. Proc. 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> See instructions		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 the 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 line 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 on 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> 20	
<b>b</b> Enter the number of Forms W-2G included on 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)

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return ..... <b>2a</b> 17		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? ..... <b>2b</b>		X
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? ..... <b>3a</b>	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O ..... <b>3b</b>	X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? ..... <b>4a</b>		X
<b>b</b>	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? ..... <b>5a</b>		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? ..... <b>5b</b>		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? ..... <b>5c</b>		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? ..... <b>6a</b>		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? ..... <b>6b</b>		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? ..... <b>7a</b>		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? ..... <b>7b</b>		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? ..... <b>7c</b>		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year ..... <b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ..... <b>7e</b>		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ..... <b>7f</b>		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... <b>7g</b>	N/A	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? <b>7h</b>	N/A	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? ..... <b>8</b>		X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? ..... <b>9a</b>		X
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? ..... <b>9b</b>		X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 ..... <b>10a</b>	N/A	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ..... <b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders ..... <b>11a</b>	N/A	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) ..... <b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? <b>12a</b>		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year ..... <b>12b</b>	N/A	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? ..... <b>13a</b>	N/A	
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans ..... <b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand ..... <b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? ..... <b>14a</b>		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O ..... <b>14b</b>		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? ..... <b>15</b>		X
If "Yes," see the instructions and file Form 4720, Schedule N.			
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? ..... <b>16</b>		X
If "Yes," complete Form 4720, Schedule O.			
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? ..... <b>17</b>	N/A	
If "Yes," complete Form 6069.			

**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.		
	<b>1a</b> 23		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 23		
<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 on 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 on 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 on Schedule O. See instructions.		X
<b>15a</b>			
<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 **▶**  
**MEREDITH SCHREFFLER, VP FINANCE & OPERATIONS - 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) JANE M. CONOVER (EX-OFFICIO) PRESIDENT, DIRECTOR	45.00 0.10			X				166,267.	0.	23,617.
(2) GEORGE DVORYAK VICE-PRESIDENT, CFO	38.00 2.00			X				119,263.	0.	18,245.
(3) MARY KAY BERNOSKY VP OF DEVELOPMENT	38.00 2.00					X		123,408.	0.	6,170.
(4) LISE LEVIN VP FOR COMMUNITY INVESTMEN	38.00 2.00					X		115,570.	0.	10,521.
(5) KRISTA SNYDER DARR CHAIR	2.00 0.10	X		X				0.	0.	0.
(6) HOLLY A. MAYER 1ST VICE CHAIR (3/21), 2ND VICE CHAI	2.00 0.10	X		X				0.	0.	0.
(7) TIMOTHY KINSLEY 1ST VICE CHAIR (UNTIL 3/21)	2.00 0.10	X		X				0.	0.	0.
(8) HAROLD N MYERS, JR 2ND VICE CHAIR (UNTIL 3/21)	1.00 0.10	X		X				0.	0.	0.
(9) RONALD HERSHNER SECRETARY (UNTIL 5/21), DIRECTOR	1.00 0.00	X		X				0.	0.	0.
(10) KYLE JONES SECRETARY (5/21-9/21), ASST SECRETAR	1.00 0.10	X		X				0.	0.	0.
(11) ELIZABETH DELLINGER ASST SECRETARY (5/21-9/21), SECRETAR	1.00 0.00	X		X				0.	0.	0.
(12) SARAH REINECKER ASST SECRETARY (9/21)	1.00 0.00	X		X				0.	0.	0.
(13) MICHAEL GLEZER TREASURER	2.00 0.10	X		X				0.	0.	0.
(14) JOHN W. BAILEY DIRECTOR	1.00 0.00	X						0.	0.	0.
(15) TIMOTHY J BUPP DIRECTOR (UNTIL 5/21)	1.00 0.00	X						0.	0.	0.
(16) DOMINIC DELICARPINI DIRECTOR	1.00 0.00	X						0.	0.	0.
(17) RANDY FREEDMAN DIRECTOR (START 05/21)	1.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) MIEKE DRISCOLL DIRECTOR (START 5/21)	1.00 0.00	X						0.	0.	0.
(19) MICHAEL C HAUN DIRECTOR	1.00 0.00	X						0.	0.	0.
(20) OLIVER W HOAR DIRECTOR	1.00 0.00	X						0.	0.	0.
(21) JACK KAY DIRECTOR	1.00 0.00	X						0.	0.	0.
(22) LISA KENNEDY DIRECTOR (START 5/21)	1.00 0.00	X						0.	0.	0.
(23) JEFFREY D LOBACH DIRECTOR	1.00 0.50	X						0.	0.	0.
(24) JOSETTE MYERS DIRECTOR (START 05/21)	1.00 0.10	X						0.	0.	0.
(25) SUZANNE MCCONKEY DIRECTOR	1.00 0.10	X						0.	0.	0.
(26) MATTHEW POFF DIRECTOR	1.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								524,508.	0.	58,553.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								524,508.	0.	58,553.

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
COMMONFUND 15 OLD DANBURY ROAD, WILTON, CT 06897	INVESTMENT CONSULTING	362,287.
WHITE ROSE VENTURES LLC 2505 PAMPAS DRIVE, YORK, PA 17408	FEASIBILITY STUDY	235,000.
MASON INVESTMENT ADVISORY SERVICES, 11130 SUNRISE VALLEY DRIVE, RESTON, VA 20191	INVESTMENT CONSULTING	144,436.

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 **3**

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>	207,300.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	9,892,319.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 799,339.				
	<b>h Total.</b> Add lines 1a-1f .....			10,099,619.			
Program Service Revenue	<b>2 a</b> MANAGEMENT FEES	Business Code					
		561000	157,505.	157,505.			
	<b>b</b> CHARITABLE TRUST FEES	525920	86,125.	86,125.			
	<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 .....			243,630.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		1,822,987.		176,992.	1645995.	
	<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				
			(ii) Personal	441.			
	<b>b</b> Less: rental expenses ...	<b>6b</b>	434.				
	<b>c</b> Rental income or (loss)	<b>6c</b>	7.				
	<b>d</b> Net rental income or (loss) .....			7.		7.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other	28,683,843.			
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	23,536,566.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	5,147,277.				
<b>d</b> Net gain or (loss) .....			5,147,277.		5147277.		
<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 .....			17,313,520.	243,630.	176,992.	6793279.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	5,515,500.	5,515,500.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....	366,717.	366,717.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	327,392.	54,346.	171,229.	101,817.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	919,198.	391,512.	287,526.	240,160.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	58,026.	20,361.	21,768.	15,897.
9 Other employee benefits .....	196,342.	60,452.	82,551.	53,339.
10 Payroll taxes .....	98,884.	34,697.	37,096.	27,091.
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....	15,885.		15,885.	
c Accounting .....	28,461.		28,461.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....	510,884.		510,884.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	348,479.	344,998.	3,000.	481.
12 Advertising and promotion .....	36,968.	18,509.		18,459.
13 Office expenses .....	53,557.	9,692.	33,410.	10,455.
14 Information technology .....	98,364.	35,412.	35,866.	27,086.
15 Royalties .....				
16 Occupancy .....	119,773.	42,028.	44,927.	32,818.
17 Travel .....	685.		685.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....				
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	15,563.		15,563.	
23 Insurance .....	16,270.	5,424.	5,423.	5,423.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>PROGRAMS</b>	78,909.	45,728.	10,567.	22,614.
b <b>DUES AND ASSESSMENTS</b>	16,530.	8,823.	5,757.	1,950.
c <b>STAFF DEVELOPMENT</b>	6,224.		6,224.	
d <b>TAXES</b>	-4,990.		-4,990.	
e All other expenses _____				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>8,823,621.</b>	<b>6,954,199.</b>	<b>1,311,832.</b>	<b>557,590.</b>
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> 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 .....	257,058.	<b>1</b>	194,846.
	<b>2</b> Savings and temporary cash investments .....	13,602,885.	<b>2</b>	13,895,721.
	<b>3</b> Pledges and grants receivable, net .....	113,151.	<b>3</b>	7,637.
	<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> 718,990.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 665,652.	37,641.	<b>10c</b> 53,338.
	<b>11</b> Investments - publicly traded securities .....	130,751,747.	<b>11</b>	150,226,045.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	30,414,166.	<b>12</b>	43,614,835.
	<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 .....	410,489.	<b>15</b>	432,217.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	175,587,137.	<b>16</b>	208,424,639.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	180,963.	<b>17</b>	212,058.
	<b>18</b> Grants payable .....	602,197.	<b>18</b>	942,388.
	<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 .....	207,300.	<b>24</b>	0.
	<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 .....	50,745,840.	<b>25</b>	58,602,840.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	51,736,300.	<b>26</b>	59,757,286.
<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 .....	120,252,119.	<b>27</b>	144,699,986.
	<b>28</b> Net assets with donor restrictions .....	3,598,718.	<b>28</b>	3,967,367.
	<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 .....	123,850,837.	<b>32</b>	148,667,353.
<b>33</b> Total liabilities and net assets/fund balances .....	175,587,137.	<b>33</b>	208,424,639.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	17,313,520.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	8,823,621.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	8,489,899.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	123,850,837.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	17,003,217.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-676,600.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	148,667,353.

**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 on 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
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	7857512.	4433942.	5227275.	8167698.	10099619.	35786046.
<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 .....	7857512.	4433942.	5227275.	8167698.	10099619.	35786046.
<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) .....						7288102.
<b>6 Public support.</b> Subtract line 5 from line 4.						28497944.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	7857512.	4433942.	5227275.	8167698.	10099619.	35786046.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	2651813.	2371914.	2125516.	909,877.	1645995.	9705115.
<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.	176,992.	346,825.
<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						45837986.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,104,650.
<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 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	62.17 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	51.23 %
<b>16a 33 1/3% support test - 2021.</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 - 2020.</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 - 2021.</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 - 2020.</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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on 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 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** 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 - 2020.** 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).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<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>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>1</b>		
<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>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>3</b> By reason of the relationship described on 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>1</b>		
<b>2</b>		
<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>			
<b>b</b> Did the activities described on 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>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>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>2a</b>			
<b>2b</b>			
<b>3a</b>			
<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.

<b>Section A - Adjusted Net Income</b>		(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	

<b>Section B - Minimum Asset Amount</b>		(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 ( <i>explain in detail in Part VI</i> ):		
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	

<b>Section C - Distributable Amount</b>			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 2021 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-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, 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 2021. 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 2022.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		



**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

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), 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), 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).

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>373,663.</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>350,500.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>775,814.</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>350,000.</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>400,000.</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>205,450.</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/>	\$ 286,033.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 401,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ 445,488.	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
13	<hr/> <hr/> <hr/>	\$ 350,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ 1,346,975.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ 250,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ 207,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input 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
2	1 SHARE OF BERKSHIRE HATHAWAY _____ _____ _____	\$ 350,500.	01/15/21
7	1,030 SHARES OF PUBLICLY TRADED STOCK _____ _____ _____	\$ 286,033.	11/23/21
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

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
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization <b>YORK COUNTY COMMUNITY FOUNDATION</b>	Employer identification number <b>23-6299868</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2021

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b>	Other exempt purpose expenditures .....														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....														

Yes  No

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		70.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....		X	
<b>j</b> Total. Add lines 1c through 1i .....			70.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

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

**Part IV Supplemental Information**

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

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

LOBBYING CENTERED AROUND SOCIAL NEEDS ACT OF 2021 FOR FUNDING HUMAN SERVICES ORGANIZATIONS.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (2a-2d table). 3-9. Questions about modified easements, states, monitoring policy, staff hours, expenses, and reporting requirements.

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.

Form with sections 1a-1b and 2. 1a: Text of footnote for art collection. 1b: Amounts for revenue and assets. 2: Amounts for art collection for financial gain.

**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	123,850,837.	115,188,831.	98,351,523.	108,232,445.	94,413,588.
b Contributions	9,136,749.	6,961,532.	4,030,861.	3,185,169.	6,255,562.
c Net investment earnings, gains, and losses	22,986,596.	9,803,596.	19,168,302.	-6,407,003.	13,282,198.
d Grants or scholarships	5,882,217.	6,712,188.	4,554,392.	4,909,471.	3,869,229.
e Other expenditures for facilities and programs	65,640.	211,394.	811,626.	769,635.	803,889.
f Administrative expenses	1,358,972.	1,179,540.	995,837.	979,982.	1,045,785.
g End of year balance	148,667,353.	123,850,837.	115,188,831.	98,351,523.	108,232,445.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  97.3300 %
  - b Permanent endowment  2.6700 %
  - c Term endowment  .0000 %
- 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   |     | X  |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 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.	553,503.	8,593.
d Equipment		156,894.	112,149.	44,745.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				53,338.

**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	34,258.	END-OF-YEAR MARKET VALUE
(C) CODO, LLP	50,000.	COST
(D) COMMONFUND GLOBAL PRIVATE		
(E) EQUITY	4,925,538.	END-OF-YEAR MARKET VALUE
(F) DOWNTOWN RENAISSANCE FUND	275,000.	COST
(G) CCI-SSG GLOBAL PRIVATE		
(H) EQUITY	3,829,198.	END-OF-YEAR MARKET VALUE
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>43,614,835.</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	3,356,146.
(5) FUNDS HELD AS AGENCY ENDOWMENTS	32,941,716.
(6) FUNDS HELD FOR RELATED SUPPORTING	
(7) ORGANIZATION	22,304,978.
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>58,602,840.</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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	32,123,341.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	17,003,217.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	377,688.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	17,380,905.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	14,742,436.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	510,884.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	2,060,200.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	2,571,084.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	17,313,520.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	7,306,829.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	434.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	434.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	7,306,395.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	510,884.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	1,006,342.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	1,517,226.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	8,823,621.

**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 2018.

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

REVENUE FROM BENEFICIAL INTEREST IN TRUSTS	10,759.
CHANGE IN SPLIT INTEREST AGREEMENTS	331,688.
REVENUE FROM CHARITABLE REMAINDER TRUSTS	35,241.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	377,688.

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

RENTAL EXPENSES	-434.
AGENCY ENDOWMENT GIFTS	998,111.

**Part XIII** Supplemental Information (continued)

AGENCY ENDOWMENT INVESTMENT INCOME (LOSSES) EXCLUDED FROM

F/S BY SFAS 136 976,398.

FEES FROM CHARITABLE REMAINDER UNITRUSTS 86,125.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 2,060,200.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES 434.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

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

TO SFAS NO 136 1,006,342.



**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

**2021**

Open to Public  
Inspection

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

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

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
10,000 FRIENDS OF PENNSYLVANIA 200 NORTH THIRD STREET HARRISBURG, PA 17101	31-1621197	501(C)(3)	5,250.	0.			GENERAL SUPPORT
ALBRIGHT CARE SERVICES 90 MAPLEWOOD DRIVE LEWISBURG, PA 17837	23-1887138	501(C)(3)	9,518.	0.			POLLINATOR GARDEN AT HAPPY TRAILS NATURE PARK, GENERAL SUPPORT, NORMANDIE RIDGE
AMERICAN CANCER SOCIETY 314 GOOD DRIVE LANCASTER, PA 17603	13-1788491	501(C)(3)	12,388.	0.			GENERAL SUPPORT, IN MEMORY OF TINA RUPPERT, BENEFIT OF RESIDENTS OF YORK COUNTY
AMERICAN HEART ASSOCIATION-YORK DIVISION - 4250 CRUMS MILL ROAD - HARRISBURG, PA 17112	13-5613797	501(C)(3)	9,546.	0.			GENERAL SUPPORT, BENEFIT OF RESIDENTS OF SOUTH CENTRAL PA
AMERICAN PARKINSON DISEASE ASSOCIATION - 135 PARKINSON AVENUE - STATEN ISLAND, NY 10305	13-1962771	501(C)(3)	7,668.	0.			BENEFIT OF RESIDENTS OF SOUTH CENTRAL PA
AMERICAN RED CROSS SOUTH CENTRAL PA CHAPTER - 724 SOUTH GEORGE STREET - YORK, PA 17401	53-0196605	501(C)(3)	11,252.	0.			GENERAL SUPPORT, TO SUPPORT TORNADO VICTIMS IN KENTUCKY

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **162.**

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

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

Schedule I (Form 990) 2021

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
APPELL CENTER FOR THE PERFORMING ARTS - 50 N. GEORGE STREET - YORK, PA 17401	23-2053382	501(C)(3)	66,634.	0.			GENERAL SUPPORT, GIVE LOCAL YORK/STRETCH POOL
ARTBA FOUNDATION 250 E STREET S.W. WASHINGTON, DC 20024	52-6283894	501(C)(3)	15,000.	0.			TMAW CAMPAIGN, TDF SCHOLARSHIP
ASBURY FOUNDATION, INC. ASBURY BETHANY VILLAGE MECHANICSBURG, PA 17055	52-1862674	501(C)(3)	19,500.	0.			ASBURY BROTHERS VILLAGE, CLASSIC CARING GOLF SPONSORSHIP, MUSIC FOR THE MISSION
ASBURY UNITED METHODIST CHURCH 340 EAST MARKET STREET YORK, PA 17403	23-6396152	501(C)(3)	5,231.	0.			GENERAL SUPPORT, BEATTIE AND CHET KIMES YOUTH PROGRAM
BEST BUDDIES IN PENNSYLVANIA 640 FREEDOM BUSINESS CTR, SUITE 115 KING OF PRUSSIA, PA 19406	52-1614576	501(C)(3)	5,500.	0.			YORK COUNTY SOCIAL INCLUSION & LEADERSHIP DEVELOPMENT
BILL GOODLING TEACHER SCHOLARSHIP FUND - 2600 EASTERN BLVD. - YORK, PA 17402	23-3042315	501(C)(3)	5,304.	0.			GENERAL SUPPORT
BYRNES HEALTH EDUCATION CENTER 515 S. GEORGE STREET YORK, PA 17401	23-2588187	501(C)(3)	49,505.	0.			GIVE LOCAL YORK/STRETCH POOL, GENERAL SUPPORT, CAPITAL CAMPAIGN
CAMPS NEWFOUND OWATONNA 4 CAMP NEWFOUND RD. HARRISON, ME 04040	04-2384391	501(C)(3)	14,507.	0.			GENERAL SUPPORT
CASA 8151 15TH AVENUE LANGLEY PARK, MD 20783	52-1372972	501(C)(3)	22,250.	0.			GENERAL SUPPORT, GIVE LOCAL YORK, CASA'S SOLIDARITY FUND

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CBMC OF YORK 2410 WEST MARKET STREET YORK, PA 17404	23-7043832	501(C)(3)	26,106.	0.			GENERAL SUPPORT
CENTRAL PENNSYLVANIA LEADERSHIP SEMINAR - PO BOX 8743 - LANCASTER, PA 17604	23-2344648	501(C)(3)	9,713.	0.			GENERAL SUPPORT
CHILD CARE CONSULTANTS, INC. 29 NORTH DUKE STREET YORK, PA 17401	22-2842846	501(C)(3)	125,000.	0.			FIRST 10, PARENTS AS TEACHERS, CHILD CARE RECRUITMENT AND ONBOARDING SUPPORT
CHILDREN'S AID SOCIETY 343 LINCOLNWAY WEST NEW OXFORD, PA 17350	23-1429838	501(C)(3)	33,217.	0.			GENERAL SUPPORT, GIVE LOCAL YORK, GENERAL SUPPORT OF THE LEHMAN CENTER
CHILDREN'S HOME OF YORK 77 SHOE HOUSE ROAD YORK, PA 17406	23-1352081	501(C)(3)	70,299.	0.			GENERAL SUPPORT, HELP THE INDEPENDENT LIVING PROGRAM AT GEORGE STREET FEEL LIKE HOME, ANGEL
CHILDREN'S MIRACLE NETWORK PO BOX 852 HERSHEY, PA 17033	87-0387205	501(C)(3)	7,668.	0.			GENERAL SUPPORT
CHRISTA MCAULIFFE SCHOLARSHIP FOUNDATION - 2927 SPARROW DRIVE - YORK, PA 17408	25-1622451	501(C)(3)	10,405.	0.			GENERAL SUPPORT
CHRIST LUTHERAN CHURCH-DALLASTOWN 126 WEST MAIN STREET DALLASTOWN, PA 17313	23-1520312	501(C)(3)	14,619.	0.			GENERAL SUPPORT
CORNERSTONE YOUTH HOME 484-486 W. MARKET STREET YORK, PA 17401	82-5100507	501(C)(3)	16,800.	0.			DASH OF HOPE FUNDRAISER, TEACHING THE WHOLE STUDENT, 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COUNCIL ON FOUNDATIONS 1255 23RD STREET NW WASHINGTON, DC 20037	13-6068327	501(C)(3)	8,750.	0.			MEMBERSHIP RENEW-GRANT PORTION
COUNTY OF YORK 28 EAST MARKET STREET YORK, PA 17401	23-6003050	GOVERNMENT	25,760.	0.			AGGREGATION STUDY, TRAUMA INFORMED YOGA FOR WOMEN IN THE WELLNESS COURTS, YORK COUNTY BROADBAND
CREATIVE YORK 10 NORTH BEAVER STREET YORK, PA 17401	23-2616151	501(C)(3)	18,076.	0.			SPONSORSHIP, GENERAL SUPPORT, GIVE LOCAL YORK/STRETCH POOL, DISADVANTAGED YOUTH
CRISPUS ATTUCKS ASSOCIATION 605 SOUTH DUKE STREET YORK, PA 17403	23-1365320	501(C)(3)	22,231.	0.			GENERAL YORK, GIVE LOCAL YORK/STRETCH POOL, EARLY CHILDHOOD CARE AND EDUCATION
CULTURAL ALLIANCE OF YORK COUNTY 2536 EASTERN BLVD PMB 402 YORK, PA 17402	23-2992925	501(C)(3)	41,105.	0.			GENERAL SUPPORT, ARTIST PROFESSIONAL DEVELOPMENT RE-START GRANTS, CAMPAIGN
DALLASTOWN AREA EDUCATIONAL FOUNDATION - 700 NEW SCHOOL LANE - DALLASTOWN, PA 17313	55-0792133	501(C)(3)	7,952.	0.			GENERAL SUPPORT, GIVE LOCAL YORK STRETCH POOL
DOWNTOWN INC 144 ROOSEVELT AVENUE YORK, PA 17401	23-2411781	501(C)(3)	55,278.	0.			YORK COUNTY STORY SLAM, GENERAL SUPPORT, DI BEAUTIFICATION & WAYFINDING, GIVE LOCAL
DREAMRIGHTS CENTER FOR COMMUNITY ARTS - 100 CARLISLE AVENUE - YORK, PA 17401	23-2882835	501(C)(3)	9,000.	0.			GIVE LOCAL YORK, GENERAL SUPPORT
EASTERN YORK DOLLARS FOR SCHOLARS PO BOX 95 WRIGHTSVILLE, PA 05018	46-5052406	501(C)(3)	11,934.	0.			GENERAL SUPPORT, GIVE LOCAL YORK

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 noncash 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, SUITE 150 - PITTSBURGH, PA 15220	25-0965215	501(C)(3)	6,489.	0.			GENERAL SUPPORT
EMMANUEL UNITED CHURCH OF CHRIST 124 BROADWAY HANOVER, PA 17331	23-1472502	501(C)(3)	96,098.	0.			GENERAL SUPPORT
EQUITEAM SUPPORT SERVICES 1200 SOUTH PLEASANT AVENUE DALLASTOWN, PA 17313	20-8055860	501(C)(3)	10,500.	0.			GENERAL SUPPORT, GIVE LOCAL YORK
FARM & NATURAL LANDS TRUST OF YORK COUNTY - 350 NORTH GEORGE STREET - YORK, PA 17401	23-2612674	501(C)(3)	13,540.	0.			GENERAL SUPPORT, GIVE LOCAL YORK STRETCH POOL
FIRST PRESBYTERIAN CHURCH 225 EAST MARKET STREET YORK, PA 17403	23-1355118	501(C)(3)	14,069.	0.			GENERAL SUPPORT, PURCHASE OF FLOWERS, TO SPONSOR A TRUCK THROUGH THE CARING COMPANY
FRIENDS & NEIGHBORS OF PENNSYLVANIA INC - 2723 CARLTON PL - YORK, PA 17408	26-2526908	501(C)(3)	10,000.	0.			SURVIVAL AID FOR PETS AND THEIR PEOPLE
GARDEN CLUB OF YORK 2835 N SUSQEHANNA TRAIL YORK, PA 17406	23-2994596	501(C)(3)	24,981.	0.			BASKETS OF YORK,
GETTYSBURG COLLEGE 300 NORTH WASHINGTON STREET GETTYSBURG, PA 17325	23-1352641	501(C)(3)	10,473.	0.			GENERAL SUPPORT
GIRL SCOUTS IN THE HEART OF PENNSYLVANIA - 350 HALE AVENUE - HARRISBURG, PA 17104	24-0795960	501(C)(3)	6,113.	0.			GENERAL SUPPORT, GIVE LOCAL YORK STRETCH POOL

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLATFELTER MEMORIAL LIBRARY 101 GLENVIEW ROAD SPRING GROVE, PA 17362	23-1580528	501(C)(3)	11,038.	0.			GENERAL SUPPORT, GIVE LOCAL YORK STRETCH POOL
GOLDEN CONNECTIONS COMMUNITY CENTER - 20 GOTHAM PLACE - RED LION, PA 17356	23-2289794	501(C)(3)	5,230.	0.			MEMORY CARE FAMILY SUPPORT PROGRAM
GREATER DOVER AREA DOLLARS FOR SCHOLARS, INC. - 4500 INTERMEDIATE AVENUE - DOVER, PA 17315	46-5143583	501(C)(3)	17,294.	0.			SCHOLARSHIP SUPPORT, GIVE LOCAL YORK
GRETCHEN WOLF SWARTZ SCHOLARSHIP FUND, INC. - 133 NORTH GEORGE STREET - YORK, PA 17401	23-3027519	501(C)(3)	140,865.	0.			GENERAL SUPPORT
HAITI OUTREACH MINISTRIES, INC. 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)	106,541.	0.			WAREHIME/MYERS MANSION FACILITIES OPERATIONS ACCOUNT, GIVE LOCAL YORK STRETCH POOL, 2020
HISTORIC PROSPECT HILL CEMETERY HERITAGE FOUNDATION - 700 NORTH GEORGE STREET - YORK, PA 17404	02-0798587	501(C)(3)	13,862.	0.			GENERAL SUPPORT, GIVE LOCAL YORK STRETCH POOL
HOMWOOD FOUNDATION, INC. 16107 ELLIOTT PKWY WILLIAMSPORT, MD 21795	52-1892689	501(C)(3)	12,739.	0.			GENERAL SUPPORT, MARTINSBURG BLESSED GIVING CAMPAIGN, LIFE ENRICHMENT FUND
HORN FARM CENTER FOR AGRICULTURAL EDUCATION - 4945 HORN ROAD - YORK, PA 17406	20-1061394	501(C)(3)	9,409.	0.			GENERAL SUPPORT, GIVE LOCAL YORK

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUNIOR ACHIEVEMENT OF SOUTH CENTRAL PA - 610 SOUTH GEORGE STREET - YORK, PA 17401	23-1598129	501(C)(3)	31,815.	0.			GENERAL SUPPORT, JA INSPIRE VIRTUAL, GIVEL LOCAL YORK STRETCH POOL
JUNIOR LEAGUE OF YORK 166 WEST MARKET STREET YORK, PA 17401	23-1421913	501(C)(3)	9,818.	0.			GENERAL SUPPORT
KATALASSO INC. 38 SOUTH BELVIDERE AVENUE YORK, PA 17401	45-3170905	501(C)(3)	22,000.	0.			GENERAL SUPPORT
KEYSTONE KIDSPACE 369 NORTH GEORGE STREET YORK, PA 17401	30-0829212	501(C)(3)	11,799.	0.			GENERAL SUPPORT, GIVE LOCAL YORK/STRETCH POOL, PLAY WITH PURPOSE CAPITAL CAMPAIGN
LANCASTER THEOLOGICAL SEMINARY 555 WEST JAMES STREET LANCASTER, PA 17603	23-1353386	501(C)(3)	12,179.	0.			GENERAL SUPPORT
LATINOS UNIDOS OF YORK PO BOX 20651 YORK, PA 17402	82-5516605	501(C)(3)	50,000.	0.			AMBASSADOR PILOT PROGRAM
LEADERSHIP YORK 238 NORTH GEROGUE STREET YORK, PA 17401	23-2139541	501(C)(3)	26,739.	0.			GENERAL SUPPORT, FUTURE LEADERS OF YORK, TO SUPPORT LDS PROGRAM PARTICIPATION, GIVE LOCAL
LEAVE A LEGACY YORK COUNTY 137 EAST MARKET STREET YORK, PA 17401	25-1719216	501(C)(3)	6,920.	0.			GENERAL SUPPORT, LEAD PARTNER
LEG UP FARM, INC. 4880 NORTH SHERMAN STREET MOUNT WOLF, PA 17347	23-2931834	501(C)(3)	24,769.	0.			GENERAL SUPPORT, CAPITAL CAMPAIGN, GIVE LOCAL YORK/STRETCH POOL, PRE-K READINESS PROGRAM, EQUINE

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIFEPATH CHRISTIAN MINISTRIES 371 WEST MARKET STREET YORK, PA 17405	23-6444734	501(C)(3)	28,410.	0.			GENERAL SUPPORT
LOGOS ACADEMY 250 WEST KING STREET YORK, PA 17401	31-1520442	501(C)(3)	25,794.	0.			GENERAL SUPPORT, CAPITAL CAMPAIGN, GIVE LOCAL YORK STRETCH POOL
LOWER SUSQUEHANNA RIVERKEEPER ASSOCIATION - 2098 LONG LEVEL ROAD - WRIGHTSVILLE, PA 17368	68-0620499	501(C)(3)	5,250.	0.			GENERAL SUPPORT
MAKE-A-WISH FOUNDATION OF GREATER PA & SOUTHERN WV - 2951 WHITEFORD ROAD, SUITE 304 - YORK, PA 17402	25-1464177	501(C)(3)	18,427.	0.			GENERAL SUPPORT, GIVE LOCAL YORK STRETCH POOL
MARGARET E. MOUL HOME 2050 BARLEY ROAD YORK, PA 17404	23-2037566	501(C)(3)	20,496.	0.			GENERAL SUPPORT, WHEELCHAIR PROGRAM
MARTIN LIBRARY 159 EAST MARKET STREET YORK, PA 17401	23-1352224	501(C)(3)	48,983.	0.			GENERAL SUPPORT, GIVE LOCAL YORK/STRETCH POOL
MARYLAND & PENNSYLVANIA RAILROAD PRESERVATION SOCIETY - P.O. BOX 2262 - YORK, PA 17405	23-2441623	501(C)(3)	27,146.	0.			GENERAL SUPPORT, GIVE LOCAL YORK STRETCH POOL
MASON-DIXON PUBLIC LIBRARY 250 BAILEY DRIVE STEWARTSTOWN, PA 17363	23-2321504	501(C)(3)	5,952.	0.			GENERAL SUPPORT, GIVE LOCAL YORK STRETCH POOL
MEMORIAL HEALTH FUND 14 WEST MARKET ST YORK, PA 17401	22-2546051	501(C)(3)	5,250.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MENTAL HEALTH AMERICA OF YORK AND ADAMS COUNTIES - 36 SOUTH QUEEN STREET - YORK, PA 17403	23-1576691	501(C)(3)	5,140.	0.			GENERAL SUPPORT, GIVE LOCAL YORK STRETCH POOL
MOUNT WOLF BOROUGH 345 CHESTNUT STREET MOUNT WOLF, PA 17347	23-1952738	GOVERNMENT	10,570.	0.			GENERAL SUPPORT OF MOUNT WOLF ATHLETIC ASSOCIATION
MOUNT ZION LUTHERAN CHURCH 2164 MOUNT ZION ROAD YORK, PA 17406	23-1744704	501(C)(3)	8,097.	0.			GENERAL SUPPORT
MR SANDYS HOMELESS VETERANS FUND 46 SOUTH PERSHING AVENUE SUITE B YORK, PA 17401	82-0748180	501(C)(3)	110,000.	0.			VETS HELPING HANDS, FURNITURE
MT. ZION UNITED CHURCH OF CHRIST 1054 RIDGEWOOD ROAD YORK, PA 17402	23-1884302	501(C)(3)	45,216.	0.			GENERAL SUPPORT, MISSION PROJECTS
NATIONAL ALLIANCE ON MENTAL ILLNESS YORK COUNTY - 140 ROOSEVELT AVE - YORK, PA 17401	80-0382284	501(C)(3)	8,810.	0.			P.A.U.S.E. PILOT PROGRAM
NEW BIRTH OF FREEDOM COUNCIL, BOY SCOUTS OF AMERICA - 1 BADEN POWELL LANE - MECHANICSBURG, PA 17050	23-1365194	501(C)(3)	9,235.	0.			GENERAL SUPPORT, GIVE LOCAL YORK/STRETCH POOL, EAGLE SCOUT RECOGNITION LIFE SPONSOR,
NEW HOPE MINISTRIES P.O. BOX 448 DILLSBURG, PA 17019	23-2223120	501(C)(3)	20,000.	0.			COVID19 RESPONSE FUND HOUSING ASSISTANCE
NEW LIFE FOR GIRLS P.O. BOX 170 DOVER, PA 17315	23-1912101	501(C)(3)	6,050.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHEASTERN FOUNDATION 215 STEFFIE DRIVE MOUNT WOLF, PA 17347	26-1499191	501(C)(3)	13,208.	0.			GIVE LOCAL YORK STRETCH POOL
NORTHERN CENTRAL RAILWAY OF YORK 2 W. MAIN STREET NEW FREEDOM, PA 17349	20-4755150	501(C)(3)	38,828.	0.			GENERAL SUPPORT, MANAGEMENT ASSISTANCE/STRATEGIC PLANNING, GIVE LOCAL
OLIVIA'S HOUSE - A GRIEF AND LOSS CENTER FOR CHILDREN - 830 SOUTH GEORGE STREET - YORK, PA 17403	23-3100851	501(C)(3)	8,241.	0.			GENERAL SUPPORT, GIVE LOCAL YORK/STRETCH POOL
OTTERBEIN UNITED METHODIST CHURCH 131 CENTER STREET MOUNT WOLF, PA 17347	23-6277722	501(C)(3)	13,776.	0.			GENERAL SUPPORT, EARLY CHILDHOOD CARE AND EDUCATION
PAPPUS HOUSE 253 CHERRY STREET YORK, PA 17402	45-2869258	501(C)(3)	9,211.	0.			GENERAL SUPPORT, CAPITAL CAMPAIGN, GIVE LOCAL YORK STRETCH POOL
PARTNERSHIP FOR ECONOMIC DEVELOPMENT IN YORK COUNTY, INC. - 144 ROOSEVELT AVE., STE 10 - YORK, PA 17401	23-2768349	501(C)(3)	30,388.	0.			GENERAL SUPPORT, YORK COUNTY RECOVERY DATA, BLOOM EMPOWERMENT CENTER - SMALL BUSINESS PROGRAM
PENN-MAR HUMAN SERVICES, INC. 10709 SUSQUEHANNA TRAIL GLEN ROCK, PA 17327	52-1590195	501(C)(3)	8,170.	0.			GENERAL SUPPORT, GIVE LOCAL YORK STRETCH POOL
PENN STATE YORK 1031 EDGEComb AVENUE YORK, PA 17403	24-6000376	GOVERNMENT	9,612.	0.			GENERAL SUPPORT, SCHOLARSHIPS, FOUNDER'S LECTURE SERIES
PINNACLE HEALTH FOUNDATION PO BOX 8700 HARRISBURG, PA 17105	22-2691718	501(C)(3)	10,000.	0.			TRANSFORM THE TRAIL

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLANNED PARENTHOOD KEYSTONE 610 LOUIS DRIVE WARMINSTER, PA 18974	23-2450112	501(C)(3)	15,446.	0.			GENERAL SUPPORT, GIVE LOCAL YORK STRETCH POOL
ROTARY CLUB OF YORK CHARITABLE ENDOWMENT FUND - LYNNE MORRISON - YORK, PA 17401	23-2642321	501(C)(3)	43,514.	0.			GENERAL SUPPORT, GIVE LOCAL YORK/STRETCH POOL, SCHOLARSHIPS, PRESERVE PLANET EARTH COMMITTEE'S
SALEM SQUARE COMMUNITY ASSOCIATION 531 WEST KING STREET YORK, PA 17401	23-3068727	501(C)(3)	15,800.	0.			PEDAL 4 PEACE YOUTH PROGRAM HUB #1, GATES PROJECT REPAIRS
SALVATION ARMY 50 EAST KING STREET YORK, PA 17405	13-5562351	501(C)(3)	61,128.	0.			GENERAL SUPPORT, GIVE LOCAL YORK, PA SUMMER CAMP PROGRAM, RENTAL ASSISTANCE, YOUTH PROGRAM
SCHOOL DISTRICT OF THE CITY OF YORK - 31 NORTH PERSHING AVENUE - YORK, PA 17405	23-6004284	GOVERNMENT	25,897.	0.			PROJECT BREAKTHROUGH, PROJECT CAP- COLLEGE ACCELERATION PROGRAM
SERVANTS, INC. 100 REDCO AVENUE, SUITE C-0 RED LION, PA 17356	23-3042387	501(C)(3)	6,647.	0.			GENERAL SUPPORT
SHADOWFAX CORPORATION 386 PATTISON STREET YORK, PA 17403	23-2368549	501(C)(3)	5,261.	0.			GENERAL SUPPORT
SHILOH BAPTIST CHURCH 740 W LOCUST ST YORK, PA 17401	22-2471833	501(C)(3)	10,000.	0.			SHILOH BAPTIST CHURCH: THE IMPACT PROJECT (TIP)
SOUTHERN YORK COUNTY SCHOOL DISTRICT FOUNDATION - PO BOX 128 - GLEN ROCK, PA 17327	23-2862892	501(C)(3)	29,092.	0.			GIVE LOCAL YORK STRETCH POOL

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPIRITRUST LUTHERAN 1050 PENNSYLVANIA AVENUE YORK, PA 17404	23-1476329	501(C)(3)	21,139.	0.			GENERAL SUPPORT, ELDER ABUSE TRAINING/ALZHEIMERS CARE TRAINING AND EDUCATION, GIVE LOCAL
SPRING GARDEN BAND 993 MARBROOK LANE YORK, PA 17404	22-2459929	501(C)(3)	47,372.	0.			GENERAL SUPPORT
SPRING GROVE AREA EDUCATION FUND 100 EAST COLLEGE AVENUE SPRING GROVE, PA 17362	47-1901147	501(C)(3)	13,306.	0.			GENERAL SUPPORT
SPRING GROVE AREA SCHOLARSHIP FUND, INC. - PO BOX 66 - SPRING GROVE, PA 17362	46-3480762	501(C)(3)	24,259.	0.			GENERAL SUPPORT, GIVE LOCAL YORK STRETCH POOL
SPRING GROVE AREA SCHOOL DISTRICT 100 EAST COLLEGE AVENUE SPRING GROVE, PA 17362	23-6004845	501(C)(3)	14,262.	0.			GIVE LOCAL YORK STRETCH POOL
STICK-N-MOVE BOXING 611 JESSOP PLACE APT 2 YORK, PA 17401	27-0682162	501(C)(3)	12,000.	0.			PURCHASE EQUIPMENT FOR NEW SPACE AT VONI GRIMES GYM
ST. JAMES LUTHERAN CHURCH 25 NORTH ADAMS STREET YORK, PA 17404	41-1568278	501(C)(3)	7,675.	0.			GENERAL SUPPORT
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)	6,477.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. JOHN THE BAPTIST EPISCOPAL CHURCH - 140 NORTH BEAVER ST. - YORK, PA 17401	23-1365285	501(C)(3)	54,323.	0.			GENERAL SUPPORT, TO SUPPORT ASSISTANT RECTOR POSITION
ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. - 262 DANNY THOMAS PL. - MEMPHIS, TN 38105	62-0646012	501(C)(3)	7,668.	0.			GENERAL SUPPORT
ST. PAUL EVANGELICAL LUTHERAN CHURCH - 201 SOUTH MAIN STREET - SPRING GROVE, PA 17362	23-1370472	501(C)(3)	70,684.	0.			GENERAL SUPPORT
ST. PAUL'S LUTHERAN CHURCH 25 WEST SPRINGETTSBURY AVENUE YORK, PA 17403	23-1352477	501(C)(3)	8,211.	0.			GENERAL SUPPORT, EARLY CHILDHOOD CARE AND EDUCATION
SUSQUEHANNA HERITAGE CORPORATION 1706 LONG LEVEL ROAD WRIGHTSVILLE, PA 17368	75-3087098	501(C)(3)	14,609.	0.			GENERAL SUPPORT, GIVE LOCAL YORK STRETCH POOL
TENFOLD 116 N. GEORGE STREET YORK, PA 17401	23-1731792	501(C)(3)	376,466.	0.			YORK RENTAL STABILITY PROGRAM
THEATRE ARTS FOR EVERYONE 1604 2ND AVENUE YORK, PA 17403	47-5402481	501(C)(3)	6,000.	0.			THEATRECONNECTS
THE BELMONT THEATRE 27 S. BELMONT STREET YORK, PA 17403	23-1251224	501(C)(3)	16,584.	0.			GENERAL SUPPORT, GIVE LOCAL YORK STRETCH POOL
THE SUSTAINABILITY NEXUS 2233 GREYS FERRY AVE PHILADELPHIA, PA 19146	45-4939557	501(C)(3)	50,000.	0.			REGENERATING THE YCCF SUSTAINABLE ENERGY PROGRAM

Schedule I (Form 990)

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

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TRINITY ROTHS UNITED CHURCH OF CHRIST - 6417 CHURCH ROAD - SPRING GROVE, PA 17362	34-1927041	501(C)(3)	5,798.	0.			GENERAL SUPPORT, SCHOLARSHIPS TO WORTH STUDENTS CHOSEN BY THE CHURCH
TRUENORTH WELLNESS SERVICES 625 WEST ELM AVE. HANOVER, PA 17331	23-2007907	501(C)(3)	22,385.	0.			GENERAL SUPPORT,
UNITED WAY OF YORK COUNTY 140 EAST MARKET STREET YORK, PA 17401	23-1352588	501(C)(3)	117,962.	0.			GENERAL SUPPORT, FOCUS ON OUR FUTURE, C IS FOR COMMUNITY, A UNITED WAY ALPHABET, TOCQUEVILLE
VISIONCORPS 244 NORTH QUEEN STREET LANCASTER, PA 17603	23-1352349	501(C)(3)	16,392.	0.			GENERAL SUPPORT, GIVE LOCAL YORK STRETCH POOL
VNA HOME HEALTH - WELLSPAN 540 S. GEORGE ST. YORK, PA 17401	23-1352573	501(C)(3)	29,340.	0.			GENERAL SUPPORT
WELLSPAN HEALTH 45 MONUMENT ROAD, SUITE 200 YORK, PA 17403	22-2517863	501(C)(3)	5,520.	0.			FALLS FREE YORK COUNTY
WEST YORK AREA SCHOOL DISTRICT 2605 WEST MARKET STREET YORK, PA 17404	23-1642980	501(C)(3)	11,060.	0.			MUSIC PROGRAM
WHITE ROSE LEADERSHIP INSTITUTE 144 ROOSEVELT AVENUE, SUITE 206 YORK, PA 17401	83-1246505	501(C)(3)	36,704.	0.			GENERAL SUPPORT, MATCH FUNDS FOR GLY, PHILANTHROPIC SPONSORSHIP
WINDY HILL SENIOR CENTER, INC. 1472 ROTH'S CHURCH ROAD, SUITE 103 SPRING GROVE, PA 17362	23-2342745	501(C)(3)	5,259.	0.			YORK COUNTY SENIOR CENTERS CO-OP PROJECT, GIVE LOCAL YORK STRETCH POOL

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

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WITF INC 4801 LINDLE ROAD HARRISBURG, PA 17111	23-1629016	501(C)(3)	7,699.	0.			GENERAL SUPPORT, GIVE LOCAL YORK STRETCH POOL
YMCA OF YORK AND YORK COUNTY 90 NORTH NEWBERRY STREET YORK, PA 17401	23-1352600	501(C)(3)	36,529.	0.			GENERAL SUPPORT, CAPITAL CAMPAIGN, BROOKS ROBINSON CLASSIC, GIVE LOCAL YORK/STRETCH POOL, WORTH
YORK ACADEMY REGIONAL CHARTER SCHOOL - 32 WEST NORTH STREET SUITE 210 - YORK, PA 17401	27-2294198	501(C)(3)	15,500.	0.			CAPITAL CAMPAIGN, WAGMAN GYMNASIUM, YA FOUNDATION ENDOWMENT
YORK ART ASSOCIATION 220 SOUTH MARSHALL STREET YORK, PA 17402	23-1984781	501(C)(3)	39,619.	0.			GENERAL SUPPORT, ARTIST AWARDS, GIVE LOCAL YORK STRETCH POOL
YORK BENEVOLENT ASSOCIATION P.O. BOX 5041 YORK, PA 17405	23-1353396	501(C)(3)	26,724.	0.			GENERAL SUPPORT, GIVE LOCAL YORK STRETCH POOL
YORK CATHOLIC HIGH SCHOOL 601 EAST SPRINGETTSBURY AVENUE YORK, PA 17403	23-1381037	501(C)(3)	205,070.	0.			CAPITAL CAMPAIGN II, LACROSSE AND FOOTBALL, TUITION ASSISTANCE, GROW TODAY, IMPACT TOMORROW
YORK CITY BUREAU OF HEALTH 101 SOUTH GEORGE STREET YORK, PA 17401	23-6001908	GOVERNMENT	130,984.	0.			GENERAL SUPPORT
YORK CITY DOLLARS FOR SCHOLARS 1120 GREENLEIGH DRIVE YORK, PA 17403	46-5072652	501(C)(3)	12,366.	0.			GENERAL SUPPORT, GIVE LOCAL YORK STRETCH POOL
YORK CITY LITTLE LEAGUE BASEBALL PO BOX 1062 YORK, PA 17405	23-1688231	501(C)(3)	6,593.	0.			GENERAL SUPPORT, REVOLUTION TICKETS, GIVE LOCAL YORK STRETCH POOL

Schedule I (Form 990)

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

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YORK CITY PARKS CONSERVANCY PO BOX 1912 YORK, PA 17401	23-3066098	501(C)(3)	37,523.	0.			GENERAL SUPPORT, GIVE LOCAL YORK STRETCH POOL, CAMPAIGN TO TRANSFORM OUR PARKS
YORK COLLEGE OF PENNSYLVANIA 441 COUNTRY CLUB ROAD YORK, PA 17403	23-1352698	501(C)(3)	125,780.	0.			GENERAL SUPPORT, GIVE LOCAL YORK, CENTER FOR COMMUNITU ENGAGMENT, ALUMNI ASSOCIATION, YC
YORK COUNTRY DAY SCHOOL 1000 INDIAN ROCK DAM ROAD YORK, PA 17403	23-1352698	501(C)(3)	56,598.	0.			GENERAL SUPPORT, CAPITAL CAMPAIGN, SCHOLARSHIPS
YORK COUNTY 4-H ENDOWMENT 4813 SHAFFER ROAD SEVEN VALLEYS, PA 17360	23-6957724	501(C)(3)	10,345.	0.			GENERAL SUPPORT, GIVE LOCAL YORK, MAINTENANCE/REPAIR TO BAIR STATION AND OTHER
YORK COUNTY AGRICULTURAL SOCIETY 334 CARLISLE AVENUE YORK, PA 17404	23-1241290	501(C)(3)	105,493.	0.			GENERAL SUPPORT, GIVE LOCAL YORK STRETCH POOL,
YORK COUNTY BAR FOUNDATION 137 EAST MARKET STREET YORK, PA 17401	23-2647164	501(C)(3)	8,220.	0.			GENERAL SUPPORT, INCREASING ACCESS TO JUSTICE, GIVE LOCAL YORK STRETCH POOL, ENDOWMENT
YORK COUNTY FOOD BANK, INC. 254 WEST PRINCESS STREET YORK, PA 17401	23-2452484	501(C)(3)	6,550.	0.			GENERAL SUPPORT
YORK COUNTY HISTORY CENTER 250 EAST MARKET STREET YORK, PA 17403	23-1352323	501(C)(3)	209,754.	0.			GENERAL SUPPORT, GIVE LOCAL YORK, ACCESSIBILITY LIFT FOR YORK'S COLONIAL COURT HOUSE, MAINTENANCE
YORK COUNTY HONORS CHOIRS 340 EAST MARKET STREET YORK, PA 17405	47-4155732	501(C)(3)	28,616.	0.			GENRAL SUPPORT, GIVE LOCAL YORK/STRETCH POOL

Schedule I (Form 990)

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

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YORK COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY - 144 ROOSEVELT AVENUE, SUITE 100 - YORK, PA 17401	23-7045116	GOVERNMENT	10,000.	0.			YORKTOWNE HOTEL WORKFORCE TRAINING PROGRAM
YORK COUNTY LIBRARIES 159 EAST MARKET STREET YORK, PA 17401	23-7394108	501(C)(3)	29,776.	0.			GENERAL SUPPORT, CAPITAL CAMPAIGN, DIVERSITY, EQUITY AND INCLUSION ANALYSIS OF YORK COUNTY
YORK COUNTY LITERACY COUNCIL 1416 6TH AVENUE YORK, PA 17403	23-2088132	501(C)(3)	29,949.	0.			GENERAL SUPPORT, ESL CLASSES, GIVE LOCAL YORK STRETCH POOL
YORK COUNTY PLANNING COMMISSION YORK COUNTY ADMINISTRATIVE CENTER YORK, PA 17401	23-1601506	GOVERNMENT	82,500.	0.			PILOT ADV AG OUTREACH & BMP IMPLEMENTATION IN THE CODORUS WATERSHED, PILOT PARTNERSHIP TO ADV AG
YORK COUNTY RAIL TRAIL AUTHORITY 28 EAST MARKET STREET SEVEN VALLEYS, PA 17360	23-2625950	GOVERNMENT	23,550.	0.			GENERAL SUPPORT, GIVE LOCAL YORK, OIL CREEK RESTORATION
YORK COUNTY SPCA 3159 SUSQUEHANNA TRAIL NORTH YORK, PA 17406	23-1399588	501(C)(3)	56,382.	0.			GENERAL SUPPORT, GIVE LOCAL YORK/STRETCH POOL
YORK DAY NURSERY 450 EAST PHILADELPHIA STREET YORK, PA 17403	23-1649205	501(C)(3)	65,968.	0.			GENERAL SUPPORT, CAPITAL CAMPAIGN, TEACHER SUPPORT FOR YDN AT YORK COUNTY SCHOOL OF TECHNOLOGY,
YORK FRESH FOOD FARMS 12559 COLLINSVILLE RD BROGUE, PA 17309	47-5548242	501(C)(3)	20,000.	0.			GENERAL SUPPORT, HIGH TUNNEL UPGRADES FOR SEASON EXTENSION/INCREASED
YORK HABITAT FOR HUMANITY 33 SOUTH SEWARD STREET YORK, PA 17404	22-2670895	501(C)(3)	6,283.	0.			GENERAL SUPPORT, GIVE LOCAL YORK STRETCH POOL

Schedule I (Form 990)

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

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YORK HEALTH FOUNDATION 2500 S. GEORGE STREET YORK, PA 17403	23-3050192	501(C)(3)	16,975.	0.			GENERAL SUPPORT, CAMPAIGN FOR WELLSPAN YORK CENTER, BENTZEL DENTAL CENTER, 1880 SOCIETY, CANCER
YORK JEWISH COMMUNITY CENTER 2000 HOLLYWOOD DRIVE YORK, PA 17403	23-1355127	501(C)(3)	17,619.	0.			GENERAL SUPPORT, PARKINSON MOVEMENT AT THE J, GIVE LOCAL YORK STRETCH POOL,
YORK SUBURBAN DOLLARS FOR SCHOLARS 1800 HOLLYWOOD DRIVE YORK, PA 17403	46-5146589	501(C)(3)	18,874.	0.			GENERAL SUPPORT, GIVE LOCAL YORK STRETCH POOL
YORK SUBURBAN EDUCATION FOUNDATION 1800 HOLLYWOOD DRIVE YORK, PA 17403	26-2935232	501(C)(3)	9,484.	0.			GENERAL SUPPORT, GIVE LOCAL YORK/STRETCH POOL, REPLENISHING YSEF IMPACT FOUNDATION IMPACT CLOSETS
YORK SYMPHONY ORCHESTRA 50 NORTH GEORGE STREET YORK, PA 17401	23-6298810	501(C)(3)	233,315.	0.			GENERAL SUPPORT, GIVE LOCAL YORK STRETCH POOL, YSO CONCERT STREAMING TO YOU!
YORK TOWN CRAFT GUILD 639 NORTH FRANKLIN STREET YORK, PA 17403	23-3096728	501(C)(3)	6,970.	0.			GENERAL SUPPORT, METALS
YORK YOUTH SYMPHONY ORCHESTRA 50 NORTH GEORGE STREET YORK, PA 17401	23-2236458	501(C)(3)	47,645.	0.			GENERAL SUPPORT, GIVE LOCAL YORK STRETCH POOL
YOUNG LIFE YORK CITY 35 S. DUKE STREET YORK, PA 17405	84-0385934	501(C)(3)	5,250.	0.			GENERAL SUPPORT
YOUNG THINKERS OF YORK, INC. 7 E. MARKET STREET YORK, PA 17401	81-4855797	501(C)(3)	5,500.	0.			FIRST TECH CHALLENGE PROGRAM

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of noncash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Includes one entry for YWCA YORK.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIP FOR YORK CITY HIGH SCHOOL STUDENTS	32	46,251.	0.		
SCHOLARSHIP FOR NORTHEASTERN HIGH SCHOOL STUDENTS	10	40,667.	0.		
SCHOLARSHIP FOR DALLASTOWN HIGH SCHOOL STUDENTS	14	25,350.	0.		
SCHOLARSHIP FOR SOUTH WESTERN HIGH SCHOOL STUDENTS	13	22,150.	0.		
SCHOLARSHIP FOR PENN STATE UNIVERSITY STUDENTS	13	20,350.	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 YORK SUBURBAN HIGH SCHOOL STUDENTS	11.	18,472.	0.		
SCHOLARSHIP FOR SOUTHERN HIGH SCHOOL STUDENTS	6.	16,114.	0.		
SCHOLARSHIP FOR SPRING GROVE HIGH SCHOOL STUDENTS	10.	14,980.	0.		
SCHOLARSHIP FOR EASTERN YORK HIGH SCHOOL STUDENTS	7.	13,582.	0.		
SCHOLARSHIPS FOR PENN STATE UNIVERSITY STUDENTS	7.	11,250.	0.		
SCHOLARSHIP FOR SOUTH EASTERN HIGH SCHOOL STUDENTS	5.	10,600.	0.		
SCHOLARSHIP FOR LANCASTER BIBLE COLLEGE STUDENTS	2.	10,000.	0.		
SCHOLARSHIPS FOR YORK COLLEGE OF PENNSYLVANIA STUDENTS	5.	10,000.	0.		
SCHOLARSHIP FOR RED LION HIGH SCHOOL STUDENTS	4.	8,000.	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 HARRISBURG AREA COMMUNITY COLLEGE STUDENTS	4.	7,600.	0.		
SCHOLARSHIP FOR MILLERSVILLE UNIVERSITY STUDENTS	6.	7,400.	0.		
SCHOLARSHIP FOR ELIZABETHTOWN COLLEGE STUDENTS	4.	6,100.	0.		
SCHOLARSHIP FOR BLOOMSBURG UNIVERSITY STUDENTS	3.	6,000.	0.		
SCHOLARSHIP FOR UNIVERSITY OF DELAWARE STUDENTS	3.	5,500.	0.		
SCHOLARSHIP FOR MESSIAH COLLEGE STUDENTS	3.	5,000.	0.		
SCHOLARSHIP FOR BRIGHAM YOUNG UNIVERISTY STUDENTS	2.	4,500.	0.		
SCHOLARSHIP FOR CARNEGI MELLON UNIVERSITY STUDENTS	1.	4,500.	0.		
SCHOLARSHIP FOR DELAWARE VALLEY UNIVERSITY STUDENTS	1.	4,500.	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 DELAWARE VALLEY UNIVERSITY STUDENTS	1.	4,500.	0.		
SCHOLARSHIP FOR UNIVERSITY OF PITTSBURGH STUDENTS	2.	4,100.	0.		
SCHOLARSHIP FOR VILLANOVA UNIVERSITY STUDENTS	2.	4,000.	0.		
SCHOLARSHIP FOR MCDANIEL COLLEGE STUDENTS	2.	3,000.	0.		
SCHOLARSHIP FOR UNIVERSITY OF NEBRASKA LINCOLN	2.	3,000.	0.		
SCHOLARSHIP FOR LONG ISLAND UNIVERSITY POST STUDENTS	2.	2,500.	0.		
SCHOLARSHIP FOR COASTAL CAROLINA UNIVERSITY STUDENTS	3.	2,250.	0.		
SCHOLARSHIP FOR LOCK HAVEN UNIVERSITY STUDENTS	1.	2,000.	0.		
SCHOLARSHIP FOR INDIANA UNIVERSITY OF PENNSYLVANIA 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 FLORIDA SOUTHWESTERN STATE COLLEGE STUDENTS	1.	2,000.	0.		
SCHOLARSHIP FOR THADDEUS STEVENS COLLEGE OF TECHNOLOGY STUDENTS	2.	2,000.	0.		
SCHOLARSHIP FOR UNIVERSITY OF PITTSBURGH SCHOOL OF DENTAL MEDICINE STUDENTS	2.	2,000.	0.		
SCHOLARSHIP FOR MANSFIELD UNIVERSITY STUDENTS	2.	1,500.	0.		
SCHOLARSHIP FOR ST. VINCENT COLLEGE STUDENTS	1.	1,500.	0.		
SCHOLARSHIP FOR UNIVERSITY OF LYNCHBURG	2.	1,500.	0.		
SCHOLARSHIP FOR DREXEL UNIVERSITY STUDENTS	1.	1,250.	0.		
SCHOLARSHIP FOR FRANKLIN AND MARSHALL COLLEGE STUDENTS	1.	1,250.	0.		
SCHOLARSHIP FOR PENN STATE YORK STUDENTS	1.	1,000.	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 ARIZONA STATE UNIVERSITY	1.	1,000.	0.		
SCHOLARSHIP FOR CABRINI UNIVERSITY STUDENTS	1.	1,000.	0.		
SCHOLARSHIP FOR LEBANON VALLEY COLLEGE STUDENTS	1.	1,000.	0.		
SCHOLARSHIP FOR SHIPPENSBURG UNIVERSITY STUDENTS	1.	1,000.	0.		
SCHOLARSHIP FOR WESTER CHESTER UNIVERSITY STUDENTS	1.	1,000.	0.		
SCHOLARSHIP FOR BRYN MAWR COLLEGE STUDENTS	1.	500.	0.		
SCHOLARSHIP FOR MISCERICORDIA UNIVERSITY STUDENTS	1.	500.	0.		
SCHOLARSHIP FOR SHEPHARD UNIVERSITY STUDENTS	1.	500.	0.		

**Part IV** Supplemental Information

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

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ALBRIGHT CARE SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: POLLINATOR GARDEN AT HAPPY TRAILS NATURE PARK, GENERAL SUPPORT, NORMANDIE RIDGE BENEVOLENT CARE ENDOWMENT

NAME OF ORGANIZATION OR GOVERNMENT: CHILDREN'S HOME OF YORK

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, HELP THE INDEPENDENT LIVING PROGRAM AT GEORGE STREET FEEL LIKE HOME, ANGEL PROGRAM, GIVE LOCAL YORK/STRETCH POOL

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CREATIVE YORK

(H) PURPOSE OF GRANT OR ASSISTANCE: SPONSORSHIP, GENERAL SUPPORT, GIVE LOCAL YORK/STRETCH POOL, DISADVANTAGED YOUTH PROGRAM, SPREAD THE LOVE CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT: DOWNTOWN INC

(H) PURPOSE OF GRANT OR ASSISTANCE: YORK COUNTY STORY SLAM, GENERAL SUPPORT, DI BEAUTIFICATION & WAYFINDING, GIVE LOCAL YORK

NAME OF ORGANIZATION OR GOVERNMENT: HANOVER AREA HISTORICAL SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: WAREHIME/MYERS MANSION FACILITIES OPERATIONS ACCOUNT, GIVE LOCAL YORK STRETCH POOL, 2020 INVESTMENT PERFORMANCE

NAME OF ORGANIZATION OR GOVERNMENT: LEADERSHIP YORK

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, FUTURE LEADERS OF YORK, TO SUPPORT LDS PROGRAM PARTICIPATION, GIVE LOCAL YORK STRETCH POOL, SERVANT LEADERSHIP SPONSORSHIP

NAME OF ORGANIZATION OR GOVERNMENT: LEG UP FARM, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, CAPITAL CAMPAIGN, GIVE LOCAL YORK/STRETCH POOL, PRE-K READINESS PROGRAM, EQUINE THERAPY PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

NEW BIRTH OF FREEDOM COUNCIL, BOY SCOUTS OF AMERICA

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

**Part IV Supplemental Information**

YORK/STRETCH POOL, EAGLE SCOUT RECOGNITION LIFE SPONSOR, DISTINGUISHED  
CITIZEN SPONSORSHIP

NAME OF ORGANIZATION OR GOVERNMENT: NORTHERN CENTRAL RAILWAY OF YORK

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

ASSISTANCE/STRATEGIC PLANNING, GIVE LOCAL YORK/STRETCH POOL, MEMORIAL  
CONTRIBUTION

NAME OF ORGANIZATION OR GOVERNMENT:

ROTARY CLUB OF YORK CHARITABLE ENDOWMENT FUND

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

YORK/STRETCH POOL, SCHOLARSHIPS, PRESERVE PLANET EARTH COMMITTEE'S TREE  
PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: SPIRITRUST LUTHERAN

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, ELDER ABUSE

TRAINING/ALZHEIMERS CARE TRAINING AND EDUCATION, GIVE LOCAL YORK STRETCH  
POOL

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF YORK COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, FOCUS ON OUR

FUTURE, C IS FOR COMMUNITY, A UNITED WAY ALPHABET, TOCQUEVILLE SOCIETY  
CAMPAIGN

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

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

BROOKS ROBINSON CLASSIC, GIVE LOCAL YORK/STRETCH POOL, WORTH YOUTH  
SCHOLARSHIPS, WORTH BOY MEMBERSHIP PROGRAM

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: YORK CATHOLIC HIGH SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: CAPITAL CAMPAIGN II, LACROSSE AND FOOTBALL, TUITION ASSISTANCE, GROW TODAY, IMPACT TOMORROW CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT: YORK COLLEGE OF PENNSYLVANIA

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, GIVE LOCAL YORK, CENTER FOR COMMUNITU ENGAGMENT, ALUMNI ASSOCIATION, YC OPPORTUNITY SCHOLARSHIP PROGRAM, KNOWLEDGE PARK AT YORK COLLEGE

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

(H) PURPOSE OF GRANT OR ASSISTANCE: GENRAL SUPPORT, GIVE LOCAL YORK, MAINTENANCE/REPAIR TO BAIR STATION AND OTHER FACILITIES

NAME OF ORGANIZATION OR GOVERNMENT: YORK COUNTY BAR FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, INCREASING ACCESS TO JUSTICE, GIVE LOCAL YORK STRETCH POOL, ENDOWMENT FUND

NAME OF ORGANIZATION OR GOVERNMENT: YORK COUNTY HISTORY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, GIVE LOCAL YORK, ACCESSIBILITY LIFT FOR YORK'S COLONIAL COURT HOUSE, MAINTENANCE FOR GATES HOUSE AND PLOUGH TAVERN

NAME OF ORGANIZATION OR GOVERNMENT: YORK COUNTY LIBRARIES

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, CAPITAL CAMPAIGN, DIVERSITY, EQUITY AND INCLUSION ANALYSIS OF YORK COUNTY LIBRARIES' COLLECTIONS AND RESOURCES, MOMENTS WITH MOM EDITING PROJECT

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: YORK COUNTY PLANNING COMMISSION

(H) PURPOSE OF GRANT OR ASSISTANCE: PILOT ADV AG OUTREACH & BMP

IMPLEMENTATION IN THE CODORUS WATERSHED, PILOT PARTNERSHIP TO ADV AG  
OUTREACH & BMP IMPLEMENATION IN THE CODORUS WATERSHED, EQUITY/INCLUSION  
COMMUNITY PLANNER

NAME OF ORGANIZATION OR GOVERNMENT: YORK DAY NURSERY

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, CAPITAL CAMPAIGN,  
TEACHER SUPPORT FOR YDN AT YORK COUNTY SCHOOL OF TECHNOLOGY, EARLY  
CHILDHOOD CARE & EDUCATION, SCHOLARSHIPS TO SUBSIDIZE ATTENDANCE OF  
PRE-SCHOOL CHILDREN

NAME OF ORGANIZATION OR GOVERNMENT: YORK FRESH FOOD FARMS

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, HIGH TUNNEL  
UPGRADES FOR SEASON EXTENSION/INCREASED PRODUCTIVITY

NAME OF ORGANIZATION OR GOVERNMENT: YORK HEALTH FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, CAMPAIGN FOR  
WELLSPAN YORK CENTER, BENTZEL DENTAL CENTER, 1880 SOCIETY, CANCER PATIENT  
HELP FUND

NAME OF ORGANIZATION OR GOVERNMENT: YWCA YORK

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, CAMP CANN-EDI-ON,  
GIVE LOCAL YORK, CAPITAL CAMPAIGN, QUANTUM OPPTS PROGRAM, TEMPLE GUARD,  
RACE AGAINST RACISM SPONSORSHIP, ACCESS YORK, YOUTH AND ADULT AQUATIC  
PROGRAM NEEDS, QUANTUM OPPTS EXPANSION

**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

**2021**

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) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JANE M. CONOVER (EX-OFFICIO) PRESIDENT, DIRECTOR	(i)	166,267.	0.	0.	8,485.	15,132.	189,884.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

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	10	799,339.	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) 2021

**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)**

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 Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

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:

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 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:

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

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

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 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	331,688.
AGENCY ENDOWMENT GIFTS	-998,111.
AGENCY ENDOWMENT INVESTMENT INCOME	-976,398.

Name of the organization YORK COUNTY COMMUNITY FOUNDATION	Employer identification number 23-6299868
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AGENCY ENDOWMENT GRANT DISTRIBUTIONS	1,006,342.
REVENUE FROM BENEFICIAL INTERESTS IN TRUSTS	10,763.
CHARITABLE REMAINDER UNITRUST (REVENUE)/EXPENSE	-86,125.
REVENUE FROM CHARITABLE REMAINDER TRUSTS	35,241.
TOTAL TO FORM 990, PART XI, LINE 9	-676,600.

FORM 990, PART XII, LINE 2C:

THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
TROVESTREET, LLC - 87-1799161 14 W. MARKET ST YORK, PA 17401	PROVIDING SERVICES THAT BENEFIT THE AGING COMMUNITY	PENNSYLVANIA	80,000.	80,000.	YORK COUNTY COMMUNITY FOUNDATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
YORK COUNTY COMMUNITY FOUNDATION ADVOCACY COUNCIL - 47-2479632, 14 W. MARKET STREET, YORK, PA 17401	ADVOCACY FOR YORK COUNTY COMMUNITY FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 12B, II			X
MEMORIAL HEALTH FUND - 22-2546057 14 W. MARKET STREET YORK, PA 17401	CHARITABLE GRANT MAKING	PENNSYLVANIA	501(C)(3)	LINE 12B, II			X

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

Schedule R (Form 990) 2021

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

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

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

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



IRS e-file Signature Authorization for a Tax Exempt Entity

Form 8879-TE

For calendar year 2021, or fiscal year beginning \_\_\_\_\_, 2021, and ending \_\_\_\_\_, 20\_\_

2021

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

YORK COUNTY COMMUNITY FOUNDATION

EIN or SSN

23-6299868

Name and title of officer or person subject to tax

MICHAEL GLEZER TREASURER

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 3 columns: Line number, Description, and Amount. Includes rows for Form 990, Form 990-EZ, Form 1120-POL, Form 990-PF, Form 8868, Form 990-T, Form 4720, Form 5227, Form 5330, and Form 8038-CP.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [ ] I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

[X] I authorize RKL LLP to enter my PIN 17404. ERO firm name. Enter five numbers, but do not enter all zeros.

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \*\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*\*\* Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

24623317402

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature AMY GOHN ANSTINE, CPA Date 11/04/22

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form 8879-TE (2021)

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

**2021**

For calendar year 2021 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"/> 529A</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>207,424,639.</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

**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 ▶ **MEREDITH SCHREFFLER, VP FINANCE** 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	177,087.
2 Reserved .....	2	
3 Add lines 1 and 2 .....	3	177,087.
4 Charitable contributions (see instructions for limitation rules) <b>STMT 1 STMT 2</b> .....	4	95.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	5	176,992.
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	176,992.
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	175,992.

**Part II Tax Computation**

1 <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) .....	1	36,958.
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	36,958.

LHA For Paperwork Reduction Act Notice, see instructions.

<b>Part III Tax and Payments</b>			
<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>	36,958.
<b>3</b>	Other amounts due. 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>	36,958.
<b>5</b>	Current 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 2020 overpayment credited to 2021	<b>6a</b>	2,862.
<b>b</b>	2021 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	<b>6b</b>	35,000.
<b>c</b>	Tax deposited with Form 8868	<b>6c</b>	
<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>	37,862.
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>8</b>	128.
<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>	776.
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2022 estimated tax</b> 776. <b>Refunded</b>	<b>11</b>	0.

<b>Part IV Statements Regarding Certain Activities and Other Information</b> (see instructions)		Yes	No
<b>1</b>	At any time during the 2021 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>4</b>	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 4.		
<b>5</b>	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
Business Activity Code			
Available post-2017 NOL carryover			
\$			
\$			
<b>6a</b>	Did the organization change its method of accounting? (see instructions)		X
<b>b</b>	If 6a 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 6b. Also, provide any other additional information. See instructions.

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

**Sign Here**

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

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

**Paid Preparer Use Only**

Print/Type preparer's name: **AMY GOHN ANSTINE, CPA** Preparer's signature: **AMY GOHN ANSTINE, CPA** Date: **11/04/22** Check  if self-employed PTIN: **P00072689**

Firm's name: **RKL LLP** Firm's EIN: **23-2108173**

Firm's address: **3501 CONCORD ROAD, STE 250 YORK, PA 17402** Phone no. **717-843-3804**

FORM 990-T

CONTRIBUTIONS

STATEMENT 1

DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CHARITABLE CONTRIBUTIONS - COMMONFUND GLOBAL PRIV. EQUITY PART. 2014	N/A	27.
CHARITABLE CONTRIBUTIONS - COMMONFUND GLOABL PRIV. EQUITY FUND II, LP	N/A	26.
CHARITABLE CONTRIBUTIONS - COMMONFUND CAPITAL SECONDARY PARTNERS II, LP	N/A	8.
CHARITABLE CONTRIBUTIONS - COMMONFUND GLOBAL PRIV. EQUITY FUND III, LP	N/A	10.
CHARITABLE CONTRIBUTIONS - COMMONFUND CAPITAL ENVIRONMENTAL SUSTAINABILITY P	N/A	24.
TOTAL TO FORM 990-T, PART I, LINE 4		95.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 2

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT  
 QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS  
 FOR TAX YEAR 2016  
 FOR TAX YEAR 2017  
 FOR TAX YEAR 2018  
 FOR TAX YEAR 2019  
 FOR TAX YEAR 2020

TOTAL CARRYOVER

TOTAL CURRENT YEAR 10% CONTRIBUTIONS

95

TOTAL CONTRIBUTIONS AVAILABLE

95

TAXABLE INCOME LIMITATION AS ADJUSTED

17,609

EXCESS CONTRIBUTIONS

0

EXCESS 100% CONTRIBUTIONS

0

TOTAL EXCESS CONTRIBUTIONS

0

ALLOWABLE CONTRIBUTIONS DEDUCTION

95

TOTAL CONTRIBUTION DEDUCTION

95

**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).

1  
OMB No. 1545-0047

**2021**

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>	216,064.		216,064.
<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 3</b>	<b>5</b>	-37,778.		-37,778.
<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>STMT 4</b>	<b>12</b>	430.		430.
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b>	178,716.		178,716.

**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>2</b> Salaries and wages				
<b>3</b> Repairs and maintenance				
<b>4</b> Bad debts				
<b>5</b> Interest (attach statement). See instructions				
<b>6</b> Taxes and licenses				
<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>10</b> Contributions to deferred compensation plans				
<b>11</b> Employee benefit programs				
<b>12</b> Excess exempt expenses (Part VIII)				
<b>13</b> Excess readership costs (Part IX)				
<b>14</b> Other deductions (attach statement) <b>SEE STATEMENT 5</b>				1,629.
<b>15 Total deductions.</b> Add lines 1 through 14				1,629.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>			177,087.
<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>			177,087.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

**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)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on 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 3

DESCRIPTION	NET INCOME OR (LOSS)
COMMONFUND CAPITAL VENTURE PART. XII - INTEREST INCOME	125.
COMMONFUND CAPITAL VENTURE PART. XII - DIVIDEND INCOME	705.
COMMONFUND CAPITAL VENTURE PART. XII - OTHER PORTFOLIO INCOME (LOSS)	1.
COMMONFUND CAPITAL VENTURE PART. XII - OTHER INCOME (LOSS)	-4,681.
COMMONFUND GLOBAL PRIV. EQUITY PART. 2014 - ORDINARY BUSINESS INCOME (LOSS)	21,943.
COMMONFUND GLOBAL PRIV. EQUITY PART. 2014 - NET RENTAL REAL ESTATE INCOME	-1.
COMMONFUND GLOBAL PRIV. EQUITY PART. 2014 - INTEREST INCOME	593.
COMMONFUND GLOBAL PRIV. EQUITY PART. 2014 - DIVIDEND INCOME	426.
COMMONFUND GLOBAL PRIV. EQUITY PART. 2014 - OTHER PORTFOLIO INCOME (LOSS)	-22.
COMMONFUND GLOBAL PRIV. EQUITY PART. 2014 - OTHER INCOME (LOSS)	-1,098.
COMMONFUND GLOABL PRIV. EQUITY FUND II, LP - ORDINARY BUSINESS INCOME (LOSS)	-8,847.
COMMONFUND GLOABL PRIV. EQUITY FUND II, LP - NET RENTAL REAL ESTATE INCOME	-42.
COMMONFUND GLOABL PRIV. EQUITY FUND II, LP - OTHER NET RENTAL INCOME (LOSS)	15.
COMMONFUND GLOABL PRIV. EQUITY FUND II, LP - INTEREST INCOME	1,446.
COMMONFUND GLOABL PRIV. EQUITY FUND II, LP - DIVIDEND INCOME	1,657.
COMMONFUND GLOABL PRIV. EQUITY FUND II, LP - ROYALTIES	250.
COMMONFUND GLOABL PRIV. EQUITY FUND II, LP - OTHER PORTFOLIO INCOME (LOSS)	1,320.
COMMONFUND GLOABL PRIV. EQUITY FUND II, LP - OTHER INCOME (LOSS)	-13,647.
COMMONFUND CAPITAL SECONDARY PARTNERS II, LP - ORDINARY BUSINESS INCOME (LOS	2,830.
COMMONFUND CAPITAL SECONDARY PARTNERS II, LP - NET RENTAL REAL ESTATE INCOME	-765.
COMMONFUND CAPITAL SECONDARY PARTNERS II, LP - OTHER NET RENTAL INCOME (LOSS	3.
COMMONFUND CAPITAL SECONDARY PARTNERS II, LP - INTEREST INCOME	548.
COMMONFUND CAPITAL SECONDARY PARTNERS II, LP - DIVIDEND INCOME	1,234.
COMMONFUND CAPITAL SECONDARY PARTNERS II, LP - ROYALTIES	618.
COMMONFUND CAPITAL SECONDARY PARTNERS II, LP - OTHER PORTFOLIO INCOME (LOSS)	406.
COMMONFUND CAPITAL SECONDARY PARTNERS II, LP - OTHER INCOME (LOSS)	-3,314.
COMMONFUND GLOBAL PRIV. EQUITY FUND III, LP - ORDINARY BUSINESS INCOME (LOSS	1,205.
COMMONFUND GLOBAL PRIV. EQUITY FUND III, LP - NET RENTAL REAL ESTATE INCOME	-52.

COMMONFUND GLOBAL PRIV. EQUITY FUND III, LP - OTHER NET RENTAL INCOME (LOSS)	1.
COMMONFUND GLOBAL PRIV. EQUITY FUND III, LP - INTEREST INCOME	514.
COMMONFUND GLOBAL PRIV. EQUITY FUND III, LP - DIVIDEND INCOME	215.
COMMONFUND GLOBAL PRIV. EQUITY FUND III, LP - ROYALTIES	234.
COMMONFUND GLOBAL PRIV. EQUITY FUND III, LP - OTHER PORTFOLIO INCOME (LOSS)	463.
COMMONFUND GLOBAL PRIV. EQUITY FUND III, LP - OTHER INCOME (LOSS)	-14,103.
COMMONFUND CAPITAL SECONDARY PARTNERS III, LP - ORDINARY BUSINESS INCOME (LOSS)	-265.
COMMONFUND CAPITAL SECONDARY PARTNERS III, LP - NET RENTAL REAL ESTATE INCOME	-3.
COMMONFUND CAPITAL SECONDARY PARTNERS III, LP - INTEREST INCOME	87.
COMMONFUND CAPITAL SECONDARY PARTNERS III, LP - DIVIDEND INCOME	328.
COMMONFUND CAPITAL SECONDARY PARTNERS III, LP - OTHER PORTFOLIO INCOME (LOSS)	205.
COMMONFUND CAPITAL SECONDARY PARTNERS III, LP - OTHER INCOME (LOSS)	-1,606.
COMMONFUND CAPITAL VENTURE PARTNERS XIII, L.P. - ORDINARY BUSINESS INCOME (LOSS)	2.
COMMONFUND CAPITAL VENTURE PARTNERS XIII, L.P. - INTEREST INCOME	53.
COMMONFUND CAPITAL VENTURE PARTNERS XIII, L.P. - DIVIDEND INCOME	96.
COMMONFUND CAPITAL VENTURE PARTNERS XIII, L.P. - OTHER PORTFOLIO INCOME (LOSS)	-23.
COMMONFUND CAPITAL VENTURE PARTNERS XIII, L.P. - OTHER INCOME (LOSS)	-4,389.
COMMONFUND CAPITAL ENVIRONMENTAL SUSTAINABILITY PARTNERS 2020, L - ORDINARY BUSINESS INCOME (LOSS)	-14,481.
COMMONFUND CAPITAL ENVIRONMENTAL SUSTAINABILITY PARTNERS 2020, L - NET RENTAL REAL ESTATE INCOME	-240.
COMMONFUND CAPITAL ENVIRONMENTAL SUSTAINABILITY PARTNERS 2020, L - INTEREST INCOME	2.
COMMONFUND CAPITAL ENVIRONMENTAL SUSTAINABILITY PARTNERS 2020, L - OTHER INCOME (LOSS)	-7,073.
COMMONFUND CAPITAL VENTURE PARTNERS XIV, L.P. - OTHER INCOME (LOSS)	-651.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	-37,778.

FORM 990-T (A)	OTHER INCOME	STATEMENT 4
DESCRIPTION		AMOUNT
CANCELLATION OF DEBT - COMMONFUND GLOBAL PRIV. EQUITY PART. 2014		33.
CANCELLATION OF DEBT - COMMONFUND GLOABL PRIV. EQUITY FUND II, LP		38.
CANCELLATION OF DEBT - COMMONFUND CAPITAL SECONDARY PARTNERS II, LP		341.
CANCELLATION OF DEBT - COMMONFUND GLOBAL PRIV. EQUITY FUND III, LP		17.
CANCELLATION OF DEBT - COMMONFUND CAPITAL VENTURE PARTNERS XIII, L.P.		1.
TOTAL TO SCHEDULE A, PART I, LINE 12		430.

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 5
DESCRIPTION		AMOUNT
OTHER DEDUCTIONS - PORTFOLIO FROM COMMONFUND GLOBAL PRIV. EQUITY PART. 2014		4.
OTHER DEDUCTIONS - PORTFOLIO FROM COMMONFUND GLOABL PRIV. EQUITY FUND II, LP		190.
OTHER DEDUCTIONS - PORTFOLIO FROM COMMONFUND CAPITAL SECONDARY PARTNERS II,		8.
OTHER DEDUCTIONS - PORTFOLIO FROM COMMONFUND GLOBAL PRIV. EQUITY FUND III, L		1,427.
TOTAL TO SCHEDULE A, PART II, LINE 14		1,629.

**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

**2021**

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>5,247.</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>5,247.</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>196,076.</b>
<b>11</b> Enter gain from Form 4797, line 7 or 9 .....			<b>11</b>	<b>14,741.</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>210,817.</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>5,247.</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>210,817.</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>216,064.</b>

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



Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

23-6299868

YORK COUNTY COMMUNITY FOUNDATION

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
(X) (F) Long-term transactions not reported to you on Form 1099-B

Table with 8 columns: (a) Description of property, (b) Date acquired, (c) Date sold or disposed of, (d) Proceeds (sales price), (e) Cost or other basis, (f) Adjustment, if any, to gain or loss, (g) Gain or (loss), (h) Gain or (loss). Rows include various COMMONFUND CAPITAL and VENTURE PART entries with corresponding gain/loss values.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

**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.

Name(s) shown on return

Identifying number

**YORK COUNTY COMMUNITY FOUNDATION**

**23-6299868**

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 .....
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets .....
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets .....

**1a**  
**1b**  
**1c**

**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 6</b>						

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

**3**  
**4**  
**5**  
**6**  
**7** **14,741.**

**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 .....
- 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 .....

**8**  
**9** **14,741.**

**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 .....
- 12** Gain, if any, from line 7 or amount from line 8, if applicable .....
- 13** Gain, if any, from line 31 .....
- 14** Net gain or (loss) from Form 4684, lines 31 and 38a .....
- 15** Ordinary gain from installment sales from Form 6252, line 25 or 36 .....
- 16** Ordinary gain or (loss) from like-kind exchanges from Form 8824 .....
- 17** Combine lines 10 through 16 .....

**11** ( )  
**12**  
**13**  
**14**  
**15**  
**16**  
**17**

**18** For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

- a** If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions .....
- 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 .....

**18a**  
**18b**

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 1a 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 6

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
COMMONFUND GLOBAL PRIV. EQUITY PART. 201						10,570.
COMMONFUND GLOABL PRIV. EQUITY FUND II, COMMONFUND CAPITAL SECONDARY PARTNERS II						508. 3,387.
COMMONFUND GLOBAL PRIV. EQUITY FUND III, COMMONFUND CAPITAL SECONDARY PARTNERS II						221. 55.
TOTAL TO 4797, PART I, LINE 2						14,741.

**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

**2021**

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>5,247.</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>5,247.</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>196,076.</b>
<b>11</b> Enter gain from Form 4797, line 7 or 9 .....			<b>11</b>	<b>14,741.</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>210,817.</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>5,247.</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>210,817.</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>216,064.</b>

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

### Sales and Other Dispositions of Capital Assets

**2021**

Attachment  
Sequence No. **12A**

► Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.  
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

**Social security number or  
taxpayer identification no.**

**23-6299868**

**YORK COUNTY COMMUNITY FOUNDATION**

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part I Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.  
**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	COMMONFUND CAPITAL							
	VENTURE PART. XII							3,530.
	COMMONFUND GLOBAL							
	PRIV. EQUITY PART.							
	201							<37.>
	COMMONFUND GLOABL							
	PRIV. EQUITY FUND							
	II,							145.
	COMMONFUND CAPITAL							
	SECONDARY PARTNERS							
	II							684.
	COMMONFUND GLOBAL							
	PRIV. EQUITY FUND							
	III,							118.
	COMMONFUND CAPITAL							
	SECONDARY PARTNERS							
	II							144.
	COMMONFUND CAPITAL							
	VENTURE PARTNERS							
	XIII							663.

**2 Totals.** Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 1b** (if **Box A** above is checked), **line 2** (if **Box B** above is checked), or **line 3** (if **Box C** above is checked) ►

5,247.

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

**Social security number or taxpayer identification no.**

**YORK COUNTY COMMUNITY FOUNDATION**

**23-6299868**

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	COMMONFUND CAPITAL VENTURE PART. XII							13,575.
	COMMONFUND GLOBAL PRIV. EQUITY PART. 201							43,093.
	COMMONFUND GLOABL PRIV. EQUITY FUND II,							19,978.
	COMMONFUND CAPITAL SECONDARY PARTNERS II							62,148.
	COMMONFUND GLOBAL PRIV. EQUITY FUND III,							5,460.
	COMMONFUND CAPITAL SECONDARY PARTNERS II							5,414.
	COMMONFUND CAPITAL VENTURE PARTNERS XIII							18,877.
	COMMONFUND CAPITAL ENVIRONMENTAL SUSTAIN							27,531.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked)								196,076.

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

**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.

Name(s) shown on return

Identifying number

**YORK COUNTY COMMUNITY FOUNDATION**

**23-6299868**

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 .....
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets .....
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets .....

**1a**  
**1b**  
**1c**

**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 7</b>						
<b>3</b>	Gain, if any, from Form 4684, line 39 .....						<b>3</b>
<b>4</b>	Section 1231 gain from installment sales from Form 6252, line 26 or 37 .....						<b>4</b>
<b>5</b>	Section 1231 gain or (loss) from like-kind exchanges from Form 8824 .....						<b>5</b>
<b>6</b>	Gain, if any, from line 32, from other than casualty or theft .....						<b>6</b>
<b>7</b>	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows .....						<b>7</b> <b>14,741.</b>
<p><b>Partnerships and S corporations.</b> Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.</p> <p><b>Individuals, partners, S corporation shareholders, and all others.</b> If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.</p>							
<b>8</b>	Nonrecaptured net section 1231 losses from prior years. See instructions .....						<b>8</b>
<b>9</b>	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>14,741.</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):

<b>11</b>	Loss, if any, from line 7 .....						<b>11</b> ( )
<b>12</b>	Gain, if any, from line 7 or amount from line 8, if applicable .....						<b>12</b>
<b>13</b>	Gain, if any, from line 31 .....						<b>13</b>
<b>14</b>	Net gain or (loss) from Form 4684, lines 31 and 38a .....						<b>14</b>
<b>15</b>	Ordinary gain from installment sales from Form 6252, line 25 or 36 .....						<b>15</b>
<b>16</b>	Ordinary gain or (loss) from like-kind exchanges from Form 8824 .....						<b>16</b>
<b>17</b>	Combine lines 10 through 16 .....						<b>17</b>
<b>18</b>	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 1a 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 7

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
COMMONFUND GLOBAL PRIV. EQUITY PART. 201						10,570.
COMMONFUND GLOABL PRIV. EQUITY FUND II, COMMONFUND CAPITAL SECONDARY PARTNERS II						508. 3,387.
COMMONFUND GLOBAL PRIV. EQUITY FUND III, COMMONFUND CAPITAL SECONDARY PARTNERS II						221. 55.
TOTAL TO 4797, PART I, LINE 2						14,741.