

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2023

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

A For the **2023** calendar year, or tax year beginning and ending

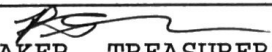
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization YORK COUNTY COMMUNITY FOUNDATION		D Employer identification number 23-6299868
	Doing business as		E Telephone number (717)848-3733
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 163,027,677.
	14 WEST MARKET STREET		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code YORK, PA 17401-1617		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
F Name and address of principal officer: PATRICK BRUBAKER		If "No," attach a list. See instructions	
SAME AS C ABOVE		H(c) Group exemption number	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		L Year of formation: 1961	
J Website: WWW.YCCF.ORG		M State of legal domicile: PA	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: WE CREATE A VIBRANT YORK COUNTY BY ENGAGING DONORS, PROVIDING COMMUNITY LEADERSHIP AND INVESTING IN		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	16
	6 Total number of volunteers (estimate if necessary)	6	100
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-29,848.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	8,986,147.	8,523,471.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	238,543.	226,421.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,674,567.	8,209,469.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	98,432.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12,899,257.	17,057,793.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	6,286,310.	9,533,791.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)	1,602,131.	1,784,274.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	639,585.	1,266,334.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,266,334.	1,496,964.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	9,154,775.	12,815,029.
	20 Total assets (Part X, line 16)	3,744,482.	4,242,764.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	187,288,078.	205,052,335.
		53,033,993.	57,720,756.
		134,254,085.	147,331,579.

Part II Signature Block

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

Sign Here	Signature of officer 	Date 10/29/24			
	PATRICK BRUBAKER, TREASURER	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name DOUGLAS L. BERMAN, CPA	Preparer's signature DOUGLAS L. BERMAN, C	Date 10/24/24	Check if self-employed <input type="checkbox"/>	PTIN P01269555
	Firm's name RKL LLP	Firm's EIN 23-2108173	Phone no. 717-843-3804		
Firm's address 3501 CONCORD ROAD, STE 250 YORK, PA 17402					

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 \$ 10,558,331. including grants of \$ 9,533,791.) (Revenue \$ 226,421.) YORK COUNTY COMMUNITY FOUNDATION'S GRANTMAKING PROGRAM REACHES BROADLY ACROSS ALL CHARITABLE SECTORS SERVING YORK COUNTY PENNSYLVANIA, AS EVIDENCED BY MORE THAN 1,450 GRANTS TO 424 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

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 10,558,331.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21, with sub-questions a-f for questions 11, 12, and 20. 'X' marks indicate 'Yes' answers for questions 1, 2, 6, 10, 11a, 11b, 11e, 11f, 12b, 13, 14a, 14b, 15, 16, 17, 18, 19, 20a, 20b, and 21.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and noncash contributions.

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 [X]

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes rows for employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

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
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a		19
b	Enter the number of voting members included on line 1a, above, who are independent		19
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	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
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
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
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed PA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. 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, box 6 of 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, CEO	45.00 0.10			X				177,508.	0.	24,687.
(2) MEREDITH SCHREFFLER VP FINANCE & OPERATIONS	38.00 2.00			X				126,215.	0.	15,609.
(3) ADRIAN BUCKNER VP FOR COMMUNITY INVESTMENT	38.00 2.00					X		133,321.	0.	7,123.
(4) MARY KAY BERNOSKY VICE-PRESIDENT FOR DEVELOPMENT	38.00 2.00					X		132,447.	0.	6,622.
(5) DONNA JONES CONTROLLER	38.00 2.00					X		100,691.	0.	23,272.
(6) SARAH THOMAS VP COMMUNICATIONS & CULTURE	38.00 2.00					X		101,078.	0.	12,048.
(7) HOLLY A. MAYER CHAIR	2.00 0.10	X		X				0.	0.	0.
(8) HAROLD N MYERS JR 1ST VICE	2.00 0.10	X		X				0.	0.	0.
(9) MICHAEL GLEZER TREASURER / 2ND VICE CHAIR	2.00 0.10	X		X				0.	0.	0.
(10) PATRICK BRUBAKER TREASURER (START 8/23)	2.00 0.10	X		X				0.	0.	0.
(11) ELIZABETH DELLINGER SECRETARY	1.00 0.00	X		X				0.	0.	0.
(12) SARAH REINECKER ASSISTANT SECRETARY	1.00 0.00	X		X				0.	0.	0.
(13) DOMINIC DELLICARPINI DIRECTOR (THRU 5/23)	1.00 0.10	X						0.	0.	0.
(14) MIEKE DRISCOLL DIRECTOR	1.00 0.00	X						0.	0.	0.
(15) RANDY FREEDMAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(16) CINDY FRUITRAIL DIRECTOR (START 5/23)	1.00 0.00	X						0.	0.	0.
(17) MICHAEL C HAUN DIRECTOR (THRU 5/23)	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) OLIVER W HOAR DIRECTOR	1.00 0.00	X						0.	0.	0.
(19) JACK KAY DIRECTOR (THRU 5/23)	1.00 0.00	X						0.	0.	0.
(20) LISA KENNEDY DIRECTOR	1.00 0.00	X						0.	0.	0.
(21) JODY LEIGHTY DIRECTOR	1.00 0.00	X						0.	0.	0.
(22) JEFFREY D LOBACH DIRECTOR (THRU 5/23)	1.00 0.50	X						0.	0.	0.
(23) HEATHER MAXFIELD DIRECTOR (START 5/23)	1.00 0.00	X						0.	0.	0.
(24) SUZANNE MCCONKEY DIRECTOR	1.00 0.00	X						0.	0.	0.
(25) MATTHEW POFF DIRECTOR	1.00 0.00	X						0.	0.	0.
(26) SHERRY ROLAND-WASHINGTON DIRECTOR	1.00 0.00	X						0.	0.	0.
1b Subtotal								771,260.	0.	89,361.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								771,260.	0.	89,361.

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 6

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
COMMONFUND 15 OLD DANBURY ROAD, WILTON, CT 06897	INVESTMENT CONSULTING	287,439.
MASON INVESTMENT ADVISORY SERVICES, 11130 SUNRISE VALLEY DRIVE, RESTON, VA 20191	INVESTMENT CONSULTING	141,133.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	8,523,471.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 74,438.				
	h	Total. Add lines 1a-1f		8,523,471.				
Program Service Revenue	2 a	MANAGEMENT FEES	Business Code	561000	150,825.	150,825.		
	b	CHARITABLE TRUST FEES	Business Code	525920	75,596.	75,596.		
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			226,421.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			2,352,252.		-29,848.	2382100.
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses ...	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
					151,827,101.			
	b	Less: cost or other basis and sales expenses	7b		145,969,884.			
	c	Gain or (loss)	7c		5,857,217.			
	d	Net gain or (loss)			5,857,217.			5857217.
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a						
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	UBIT REFUND	Business Code	900099	98,432.		98,432.	
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d			98,432.			
12	Total revenue. See instructions			17,057,793.	226,421.	-29,848.	8337749.	

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 ...	9,162,898.	9,162,898.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	370,893.	370,893.		
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	344,020.	57,641.	178,191.	108,188.
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	1,150,084.	394,364.	435,882.	319,838.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	42,484.	16,880.	13,241.	12,363.
9 Other employee benefits	138,213.	50,266.	47,778.	40,169.
10 Payroll taxes	109,473.	37,537.	41,495.	30,441.
11 Fees for services (nonemployees):				
a Management				
b Legal	31,382.		31,382.	
c Accounting	44,802.		44,802.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	428,724.		428,724.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	288,956.	176,383.	112,319.	254.
12 Advertising and promotion	62,230.	45,156.		17,074.
13 Office expenses	119,117.	47,274.	57,729.	14,114.
14 Information technology	91,318.	14,541.	42,098.	34,679.
15 Royalties				
16 Occupancy	124,241.	42,601.	47,093.	34,547.
17 Travel	20,695.	3,247.	15,166.	2,282.
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	21,801.		21,801.	
23 Insurance	14,220.	4,740.	4,740.	4,740.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PROGRAMS	171,041.	120,401.	30,920.	19,720.
b UBIT EXPENSE	50,000.		50,000.	
c DUES AND ASSESSMENTS	16,218.	1,290.	13,752.	1,176.
d STAFF DEVELOPMENT	12,219.	12,219.		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	12,815,029.	10,558,331.	1,617,113.	639,585.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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
Assets	1 Cash - non-interest-bearing	204,321.	1	253,446.
	2 Savings and temporary cash investments	14,151,135.	2	10,310,903.
	3 Pledges and grants receivable, net	18,490.	3	23,153.
	4 Accounts receivable, net	33,409.	4	3,500,517.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 668,231.		
	b Less: accumulated depreciation	10b 621,140.	42,530.	10c 47,091.
	11 Investments - publicly traded securities	126,382,565.	11	142,201,401.
	12 Investments - other securities. See Part IV, line 11	45,700,380.	12	48,016,388.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	755,248.	15	699,436.
16 Total assets. Add lines 1 through 15 (must equal line 33)	187,288,078.	16	205,052,335.	
Liabilities	17 Accounts payable and accrued expenses	159,540.	17	184,487.
	18 Grants payable	670,957.	18	438,282.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	52,203,496.	25	57,097,987.
	26 Total liabilities. Add lines 17 through 25	53,033,993.	26	57,720,756.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	130,946,616.	27	144,505,609.
	28 Net assets with donor restrictions	3,307,469.	28	2,825,970.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	134,254,085.	32	147,331,579.
33 Total liabilities and net assets/fund balances	187,288,078.	33	205,052,335.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,057,793.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,815,029.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,242,764.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	134,254,085.
5	Net unrealized gains (losses) on investments	5	9,646,133.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-811,403.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	147,331,579.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?	X	
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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2023)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5227275.	8167698.	10099619.	8986147.	8523471.	41004210.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	5227275.	8167698.	10099619.	8986147.	8523471.	41004210.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						7275915.
6 Public support. Subtract line 5 from line 4.						33728295.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	5227275.	8167698.	10099619.	8986147.	8523471.	41004210.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2125516.	909,877.	1645995.	1563024.	2352252.	8596664.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	84,956.	69,847.	176,992.	72,574.	0.	404,369.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					98,432.	98,432.
11 Total support. Add lines 7 through 10						50103675.
12 Gross receipts from related activities, etc. (see instructions)					12	1,134,951.
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	67.32	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	68.33	%
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2023. 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 - 2022. 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 on line 12 of 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined 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>		
c 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>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: 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? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<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	Minimum Asset Amount (add line 7 to line 6)	8	

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	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	Total annual distributions. 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 2023 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-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Part VI

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

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

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).

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

Schedule B (Form 990) (2023)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>1,107,000.</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>182,195.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>200,276.</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>194,211.</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>462,823.</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>300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>3,500,517.</u>	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.)
	<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.)
	<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 YORK COUNTY COMMUNITY FOUNDATION	Employer identification number 23-6299868
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

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 regarding 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. Monitoring and reporting requirements (checkboxes for policy, expenses, and section 170(h) 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 art collection (revenue/assets). 2: Amounts for art collection for financial gain (revenue/assets).

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 in 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	134,254,085.	148,667,353.	123,850,837.	115,188,831.	98,351,523.
b Contributions	7,256,896.	7,045,346.	9,136,749.	6,961,532.	4,030,861.
c Net investment earnings, gains, and losses	17,261,936.	-13,981,550.	22,986,596.	9,803,596.	19,168,302.
d Grants or scholarships	9,718,887.	5,990,758.	5,882,217.	6,712,188.	4,554,392.
e Other expenditures for facilities and programs	279.	1,715.	65,640.	211,394.	811,626.
f Administrative expenses	1,722,172.	1,484,591.	1,358,972.	1,179,540.	995,837.
g End of year balance	147,331,579.	134,254,085.	148,667,353.	123,850,837.	115,188,831.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 98.0800 %
 - b Permanent endowment 1.9200 %
 - 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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		562,096.	562,096.	0.
d Equipment		106,135.	59,044.	47,091.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				47,091.

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) BEAVER STREET HOLDINGS		
(B) MORTGAGE	250,000.	COST
(C) CCI-SSG GLOBAL PRIVATE		
(D) EQUITY	3,784,282.	END-OF-YEAR MARKET VALUE
(E) CCI-SSG GLOBAL PRIVATE		
(F) EQUITY FUND III	2,336,533.	END-OF-YEAR MARKET VALUE
(G) CCI-SSG GLOBAL PRIVATE		
(H) EQUITY FUND IV	1,716,077.	END-OF-YEAR MARKET VALUE
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	48,016,388.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

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	2,290,675.
(5) FUNDS HELD AS AGENCY ENDOWMENTS	33,621,552.
(6) FUNDS HELD FOR RELATED SUPPORTING	
(7) ORGANIZATION	20,799,403.
(8) OBLIGATION UNDER OPERATING LEASE	386,357.
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	57,097,987.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	24,250,827.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	9,646,516.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	678,955.	
e	Add lines 2a through 2d	2e		10,325,471.
3	Subtract line 2e from line 1	3		13,925,356.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	428,724.	
b	Other (Describe in Part XIII.)	4b	2,703,713.	
c	Add lines 4a and 4b	4c		3,132,437.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		17,057,793.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

1	Total expenses and losses per audited financial statements		1	11,171,381.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1	3		11,171,381.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	428,724.	
b	Other (Describe in Part XIII.)	4b	1,214,924.	
c	Add lines 4a and 4b	4c		1,643,648.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		12,815,029.

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 ORGANIZATION, INCLUDING WHETHER THE ENTITY IS EXEMPT FROM INCOME TAXES. MANAGEMENT OF THE ORGANIZATION EVALUATED THE TAX POSITIONS TAKEN AND CONCLUDED THAT THE ORGANIZATION 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 CONSOLIDATED FINANCIAL STATEMENTS. WITH FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE, OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2020.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

REVENUE FROM BENEFICIAL INTEREST IN TRUSTS	10,854.
CHANGE IN SPLIT INTEREST AGREEMENTS	716,533.
TAX EXPENSES	-48,432.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	678,955.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AGENCY ENDOWMENT GIFTS	1,454,612.
AGENCY ENDOWMENT INVESTMENT INCOME (LOSSES) EXCLUDED FROM	

Part XIII Supplemental Information (continued)

F/S BY SFAS 136 1,173,505.

FEES FROM CHARITABLE REMAINDER UNITRUSTS 75,596.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 2,703,713.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

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

TO SFAS NO 136 1,164,924.

TAX EXPENSE 50,000.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 1,214,924.

Part XIII Supplemental Information (continued)

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category (including name of security), (b) Book value, and (c) Method of valuation: Cost or end-of-year market value. Rows include various funds like COMMONFUND GLOBAL PRIVATE EQUITY, COMMONFUND PRIVATE CREDIT II, etc.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2023

**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
NEW BIRTH OF FREEDOM COUNCIL, BOY SCOUTS OF AMERICA - 1 BADEN POWELL LANE - MECHANICSBURG, PA 17050	23-1365194	501(C)3	19,231.	0.			GENERAL SUPPORT, GIVE LOCAL YORK, STRETCH POOL, 35TH ANNUAL YORK DISTINGUISHED CITIZEN
CREATIVE YORK 10 N. BEAVER ST. YORK, PA 17401	23-2616151	501(C)3	18,129.	0.			GENERAL SUPPORT, GIVE LOCAL YORK, STRETCH POOL, EMERGING VISIONS
DREAMWRIGHTS CENTER FOR COMMUNITY ARTS - 100 CARLISLE AVENUE - YORK, PA 17401	23-2882835	501(C)3	12,781.	0.			GENERAL SUPPORT, GIVE LOCAL YORK, STRETCH POOL, EDUCATION SUPPORT
SPRING GROVE AREA SCHOOL DISTRICT 100 EAST COLLEGE AVENUE SPRING GROVE, PA 17362	23-6004845	501(C)3	39,090.	0.			TO SUPPORT LITERACY EDUCATION, LENDING LIBRARY
SPRING GROVE AREA EDUCATION FUND 100 EAST COLLEGE AVENUE SPRING GROVE, PA 17362	47-1901147	501(C)3	14,835.	0.			GENERAL SUPPORT, STRETCH POOL
SERVANTS INC. 100 REDCO AVENUE, SUITE C-0 RED LION, PA 17356	23-3042387	501(C)3	53,305.	0.			GENERAL SUPPORT, STRETCH POOL, HURRICANE IDA DISASTER RELIEF, HOME HELPS PROJECT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 194.

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

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

Schedule I (Form 990) 2023

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
YORK COUNTRY DAY SCHOOL 1000 INDIAN ROCK DAM ROAD YORK, PA 17403	23-1352698	501(C)3	104,478.	0.			GENERAL SUPPORT, SNYDER ENDOWMENT, SCHOLARSHIPS
BRO2GO INC 101 S QUEEN STREET YORK, PA 17403	82-3881034	501(C)3	10,000.	0.			BRO2GO CAREERS EXPANSION PROJECT
CITY OF YORK 101 SOUTH GEORGE STREET YORK, PA 17401	23-6001908	GOVERNMENT	8,625.	0.			CITY OF YORK, PUBLIC WORKS DEPT FOR CAPITAL IMPROVEMENTS RELATED TO GEAR GARDEN IN FOUNDRY
YORK CITY BUREAU OF HEALTH 101 SOUTH GEORGE STREET YORK, PA 17401	23-6001908	501(C)3	140,552.	0.			GENERAL SUPPORT
PENN STATE YORK 1031 EDGEComb AVENUE YORK, PA 17403	24-6000376	501(C)3	10,341.	0.			GENERAL SUPPORT, FOUNDER'S LECTURE SERIES, SCHOLARSHIPS
THE PENNSYLVANIA STATE UNIVERSITY PHILANTHROPIC FUND - 1031 EDGEComb AVENUE - YORK, PA 17403	27-4628784	501(C)3	15,000.	0.			PENN STATE YORK BASEBALL'S NEW HOME AT YORK REVOLUTION'S WELLSPAN PARK/YEAR 1 OF 3
CHRIST EVANGELICAL LUTHERAN CHURCH - SHREWSBURY - 105 SOUTH MAIN STREET - SHREWSBURY, PA 17361	23-2051473	501(C)3	8,328.	0.			GENERAL SUPPORT
SPIRITRUST LUTHERAN 1050 PENNSYLVANIA AVENUE YORK, PA 17404	23-1476329	501(C)3	28,759.	0.			SPRENKLE SENSORY ROOM, GENERAL SUPPORT, STRETCH POOL, TO SUPPORT SHREWSBURY LUTHERAN
MT. ZION UNITED CHURCH OF CHRIST 1054 RIDGEWOOD ROAD YORK, PA 17402	23-1884302	501(C)3	60,217.	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
PENN-MAR HUMAN SERVICES, INC. 10709 SUSQUEHANNA TRAIL GLEN ROCK, PA 17327	52-1590195	501(C)3	14,231.	0.			GENERAL SUPPORT, GIVE LOCAL YORK, STRETCH POOL, BUILDING BOLD FUTURES CAMPAIGN
YORK CITY DOLLARS FOR SCHOLARS 1120 GREENLEIGH DRIVE YORK, PA 17403	46-5072652	501(C)3	13,857.	0.			GENERAL SUPPORT, STRETCH POOL
THE PARLIAMENT ARTS ORGANIZATION 116 E. KING ST. YORK, PA 17401	45-4008994	501(C)3	50,000.	0.			ROYAL SQUARE MURAL PARK - PEDESTRIAN SAFETY PROJECT
FAMILY FIRST HEALTH 116 SOUTH GEORGE STREET YORK, PA 17401	23-7118262	501(C)3	80,000.	0.			REPLACEMENT ELEVATOR
EQUITEAM SUPPORT SERVICES 1200 SOUTH PLEASANT AVENUE DALLASTOWN, PA 17313	20-8055860	501(C)3	10,000.	0.			GENERAL SUPPORT
GIRLS ON THE RUN MID STATE PA 123 N. ENOLA DRIVE SUITE 1A ENOLA, PA 17025	20-5095044	501(C)3	15,000.	0.			BRIDGING GAP BETWEEN PARTICIPANT/VOLUNTEER DEMOMOGRAPHICS, CAMPT GOTR AT KEYSTONE KIDSPACE
EMMANUEL UNITED CHURCH OF CHRIST 124 BROADWAY HANOVER, PA 17331	23-1472502	501(C)3	103,681.	0.			GENERAL SUPPORT
GIRLS WHO CODE INC. 1250 BROADWAY, 17TH FLOOR NEW YORK, NY 10010	30-0728021	501(C)3	6,000.	0.			ENHANCING RESOURCES FOR GIRLS WHO CODE'S 3RD-12TH GRADE AFTERSCHOOL CLUBS PROGRAM
COUNCIL ON FOUNDATIONS 1255 23RD STREET NW, SUITE 200 WASHINGTON, DC 20037	13-6068327	501(C)3	8,750.	0.			COF 2023 MEMBERSHIP DUES - GRANT PORTION

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YORK FRESH FOOD FARMS 12559 COLLINSVILLE RD BROGUE, PA 17309	47-5548242	501(C)3	6,000.	0.			GIVE LOCAL YORK, GENERAL SUPPORT
FAITH UNITED METHODIST CHURCH - HELLAM - 126 EAST MARKET STREET - YORK, PA 17406	23-2264669	501(C)3	9,985.	0.			GENERAL SUPPORT, EASTERN YORK WORKCAMP INITIATIVE
CHRIST LUTHERAN CHURCH-DALLASTOWN 126 WEST MAIN STREET DALLASTOWN, PA 17313	23-1520312	501(C)3	17,545.	0.			GENERAL SUPPORT
OTTERBEIN CHURCH MOUNT WOLF 131 CENTER STREET, PO BOX 386 MOUNT WOLF, PA 17347	23-6277722	501(C)3	14,871.	0.			GENERAL SUPPORT, EARLY CHILDHOOD CARE AND EDUCATION, SUPPORT FAMILIES IN NEED
GRETCHEN WOLF SWARTZ SCHOLARSHIP FUND, INC. - 135 NORTH GEORGE STREET, STE. 400 - YORK, PA 17401	23-3027519	501(C)3	149,280.	0.			GENERAL SUPPORT
AMERICAN PARKINSON DISEASE ASSOCIATION - 135 PARKINSON AVENUE - STATEN ISLAND, NY 10305	13-1962771	501(C)3	8,230.	0.			FOR THE BENEFIT OF RESIDENTS OF SOUTH CENTRAL PENNSYLVANIA.
LEAVE A LEGACY YORK COUNTY 137 EAST MARKET STREET YORK, PA 17401	23-2647164	501(C)3	7,235.	0.			GENERAL SUPPORT, LEAD PARTNER
MEMORIAL HEALTH FUND 14 WEST MARKET ST YORK, PA 17401	22-2546051	501(C)3	5,757.	0.			GENERAL SUPPORT, STRETCH POOL, AGENCY ENDOWMENT FUND GRAND DISTRIBUTION FOR GENERAL SUPPORT
UNITED WAY OF YORK COUNTY 140 EAST MARKET STREET YORK, PA 17401	23-1352588	501(C)3	167,670.	0.			GENERAL SUPPORT, UWC ALICE STUDY/SURVEY, TOCQUEVILLE SOCIETY, SEEDLING SCHOLARSHIP

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NEW LIFE CENTER FOR CHILDREN AND MOTHERS - 140 NEW LIFE COURT, PO BOX 157 - GLEN ROCK, PA 17327	23-2383155	501(C)3	10,000.	0.			ROOM FURNISHINGS AND OPERATING COST
ST. JOHN THE BAPTIST EPISCOPAL CHURCH - 140 NORTH BEAVER ST. - YORK, PA 17401	23-1365285	501(C)3	45,240.	0.			GENERAL SUPPORT, ASSIST IN REDUCING CHURCH MORTGAGE
ROTARY CLUB OF YORK CHARITABLE ENDOWMENT FUND - 140 ROOSEVELT AVENUE SUITE 209 - YORK, PA 17401	23-2642321	501(C)3	53,413.	0.			GENERAL SUPPORT, GIVE LOCAL YORK, STRETCH POOL, SCHOLARSHIPS, ROSENMILLER HEALTH CARE
YORK LITERACY INSTITUTE 1416 6TH AVENUE YORK, PA 17403	23-2088132	501(C)3	30,160.	0.			GENERAL SUPPORT, NEXT STEP PROGRAM, GIVE LOCAL YORK, STRETCH POOL
PARTNERSHIP FOR ECONOMIC DEVELOPMENT OF YORK COUNTY - 144 ROOSEVELT AVE - YORK, PA 17401	23-2768349	501(C)3	121,000.	0.			GENERAL SUPPORT, YCEA PATHWAYS WORKFORCE COLLABORATIVE
DOWNTOWN INC 144 ROOSEVELT AVE, SUITE 100 YORK, PA 17401	23-2411781	501(C)3	63,600.	0.			OPHELIA'S MAKING AGENCY, GENERAL SUPPORT, DOWNTOWN PLANTINGS WECO EXPANSION PHASE 1, GIVE LOCAL YORK,
WHITE ROSE LEADERSHIP INSTITUTE 144 ROOSEVELT AVENUE, SUITE 206 YORK, PA 17401	83-1246505	501(C)3	45,266.	0.			INHERITANCE PROJECT: INTEGRATION GROUP COACHING, GENERAL SUPPORT, GIVE LOCAL YORK
MY CHOICE 2 CHANGE, INC. 147 EAST MARKET STREET YORK, PA 17405	81-1594197	501(C)3	10,000.	0.			WORKFORCE DEVELOPMENT FOR SPECIALIZED POPULATIONS
WINDY HILL SENIOR CENTER, INC. 1472 ROTH'S CHURCH ROAD, SUITE 103 SPRING GROVE, PA 17362	23-2342745	501(C)3	26,841.	0.			CREATIVE WRITING & EXPRESSION FOR OLDER ADULTS, GENERAL SUPPORT, STRETCH POOL

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YORK COUNTY FOOD BANK, INC. 15 MARIANNE DRIVE YORK, PA 17401	23-2452484	501(C)3	14,500.	0.			GENERAL SUPPORT, GIVE LOCAL YORK
OLDFIELDS SCHOOL 1500 GLENCOE ROAD GLENCOE, MD 21152	52-0591645	501(C)3	10,000.	0.			GENERAL SUPPORT
YORK COUNTY LIBRARIES 159 EAST MARKET STREET YORK, PA 17401	23-7394108	501(C)3	16,229.	0.			SUMMERQUEST 2023, GIVE LOCAL YORK, GENERAL SUPPORT
MARTIN LIBRARY 159 EAST MARKET STREET YORK, PA 17401	23-1352224	501(C)3	46,925.	0.			GENERAL SUPPORT, GIVE LOCAL YORK, STRETCH POOL
BELL SOCIALIZATION SERVICES 160 S. GEORGE STREET YORK, PA 17401	23-1896438	501(C)3	40,581.	0.			GENERAL SUPPORT, STRETCH POOL, BEDS/LAUNDRY EQUIP. FOR INCREASED CAPACITY AT NEW BELL HOMELESS FAMILY
HOMWOOD FOUNDATION, INC. 16107 ELLIOTT PKWY WILLIAMSPORT, MD 21795	52-1892689	501(C)3	5,402.	0.			GENERAL SUPPORT, HOMEWOOD GOLF CLASSIC/SILVER SPONSORSHIP
SUSQUEHANNA HERITAGE CORPORATION 1706 LONG LEVEL ROAD WRIGHTSVILLE, PA 17368	75-3087098	501(C)3	210,679.	0.			GENERAL SUPPORT, GIVE LOCAL YORK, STRETCH POOL, MIFFLIN HOUSE CAPITAL CAMPAIGN
ST. JOHN EVANGELICAL LUTHERAN CHURCH - 175 EAST MAIN STREET - NEW FREEDOM, PA 17349	23-1979891	501(C)3	6,938.	0.			GENERAL SUPPORT
YORK SUBURBAN DOLLARS FOR SCHOLARS 1800 HOLLYWOOD DRIVE YORK, PA 17403	46-5146589	501(C)3	21,156.	0.			GENERAL SUPPORT, GIVE LOCAL YORK

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WEST YORK AREA SCHOOL DISTRICT 1891 LOUCKS ROAD, SUITE 100 YORK, PA 17408	23-1642980	501(C)3	16,002.	0.			PROVIDE ESSENTIALS NEEDED FOR MIDDLE SCHOOL STUDENTS, SUPPORT MUSIC DEPT AND MUSIC PROGRAMS
EICHELBERGER PERFORMING ARTS CENTER - 195 STOCK STREET, SUITE 200 - HANOVER, PA 17331	23-2915952	501(C)3	102,108.	0.			NEW SEATS, GENERAL SUPPORT, STRETCH POOL
NORTHERN CENTRAL RAILWAY OF YORK 2 W. MAIN STREET, PO BOX 128 NEW FREEDOM, PA 17349	20-4755150	501(C)3	14,946.	0.			GENERAL SUPPORT, "ALL ABOARD NCR TRAIN EXCURSIONS VIA ACCESSIBLE SIDEWALK", GIVE LOCAL
10,000 FRIENDS OF PENNSYLVANIA 200 NORTH THIRD STREET, SUITE 407 HARRISBURG, PA 17101	31-1621197	501(C)3	5,250.	0.			GENERAL SUPPORT
YORK JEWISH COMMUNITY CENTER 2000 HOLLYWOOD DRIVE YORK, PA 17403	23-1355127	501(C)3	62,103.	0.			GENERAL SUPPORT, STRETCH POOL, TUESDAY CLUB EXPANSION, EARLY CHILDHOOD CARE AND
ST. PAUL EVANGELICAL LUTHERAN CHURCH - 201 SOUTH MAIN STREET - SPRING GROVE, PA 17362	23-1370472	501(C)3	135,395.	0.			GENERAL SUPPORT, CEMETARY REPAIRS AND MAINTENANCE, CHURCH RESERVE FUND
PENNSYLVANIA COLLEGE OF ART & DESIGN - 204 N PRINCE STREET - LANCASTER, PA 17603	23-2215278	501(C)3	30,000.	0.			EXPANDING PENNSYLVANIA COLLEGE OF ART & DESIGN'S MISSION
THE ADVANTAGE PROGRAM 204 ST. CHARLES WAY, BOX 371 YORK, PA 17402	85-3101194	501(C)3	9,000.	0.			TAPIN SUMMER CAMP
HANOVER AGAINST HUNGER 205 S. FORNEY AVENUE HANOVER, PA 17331	88-2987287	501(C)3	35,000.	0.			FOR GENERAL PURPOSES

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MARGARET E. MOUL HOME 2050 BARLEY ROAD YORK, PA 17404	23-2037566	501(C)3	16,656.	0.			GENERAL SUPPORT, GIVE LOCAL YORK
LOWER SUSQUEHANNA RIVERKEEPER ASSOCIATION - 2098 LONG LEVEL ROAD - WRIGHTSVILLE, PA 17368	68-0620499	501(C)3	10,730.	0.			GIVE LOCAL YORK, GENERAL SUPPORT, GREENER CODORUS INITIATIVE
HANOVER AREA HISTORICAL SOCIETY 21 BALTIMORE STREET, PO BOX 305 HANOVER, PA 17331	23-6407016	501(C)3	96,330.	0.			WAREHIME/MYERS MANSION FACILITIES OPERATIONS ACCOUNT, GIVE LOCAL YORK, GENERAL SUPPORT
JUNIOR LEAGUE OF YORK 211 PAULINE DRIVE, BOX 522 YORK, PA 17402	23-1421913	501(C)3	10,933.	0.			GENERAL SUPPORT, GIVE LOCAL YORK
NORTHEASTERN FOUNDATION 215 STEFFIE DRIVE MOUNT WOLF, PA 17347	26-1499191	501(C)3	9,825.	0.			GENERAL SUPPORT
MOUNT ZION LUTHERAN CHURCH 2164 MOUNT ZION ROAD YORK, PA 17406	23-1744704	501(C)3	82,225.	0.			GENERAL SUPPORT
YORK ART ASSOCIATION 220 SOUTH MARSHALL STREET YORK, PA 17402	23-1984781	501(C)3	11,331.	0.			SUSTAINABILITY INITIATIVE, GENERAL SUPPORT, STRETCH POOL, ARTIST AWARDS
FIRST PRESBYTERIAN CHURCH 225 EAST MARKET STREET YORK, PA 17403	23-1355118	501(C)3	20,933.	0.			ANNUAL ANNE HOOVER ORGAN CONCERT, GENERAL SUPPORT, SPONSOR TRUCK THRU CARING COMPANY, GIVE LOCAL YORK,
YWCA HANOVER 23 W. CHESTNUT STREET HANOVER, PA 17331	23-1352608	501(C)3	11,199.	0.			SELF DEFENSE CLASS FOR SENIORS, SAFE HOME PROJECT, EARLY CHILDHOOD CARE AND EDUCATION

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LEADERSHIP YORK 238 NORTH GEROGUE STREET YORK, PA 17401	23-2139541	501(C)3	256,150.	0.			GENERAL SUPPORT, SERVANT LEADERSHIP SPONSOR GRADUATION, GIVE LOCAL YORK, STRETCH POOL
ST. JOHN CHRYSOSTOM ANTIOCHIAN ORTHODOX CHURCH - 2397 NORTH SHERMAN STREET - YORK, PA 17406	11-6007930	501(C)3	24,692.	0.			GENERAL SUPPORT
COLUMBIA PUBLIC LIBRARY 24 SOUTH SIXTH STREET COLUMBIA, PA 17512-1517	23-6050185	501(C)3	5,093.	0.			DESIGNATED GRANT FOR GENERAL SUPPORT
WATERSHED ALLIANCE OF YORK, INC. 2401 PLEASANT VALLEY ROAD, SUITE 10 YORK, PA 17402	41-2028968	501(C)3	5,500.	0.			YOUTH AND FAMILY FISHING AND CONSERVATION DAY, STREET 2 CREEK PROJECT
CBMC OF YORK 2410 WEST MARKET STREET YORK, PA 17404	23-7043832	501(C)3	7,651.	0.			GENERAL SUPPORT
VISIONCORPS 244 NORTH QUEEN STREET LANCASTER, PA 17603	23-1352349	501(C)3	17,822.	0.			STRETCH POOL, GENERAL SUPPORT
DOVER TOWNSHIP 2480 WEST CANAL ROAD DOVER, PA 17315	23-6000295	GOVERNMENT	30,000.	0.			EAGLE VIEW PARK - PLAYGROUNDS
THE JEWISH FEDERATIONS OF NORTH AMERICA INC. - 25 BROADWAY SUITE 1700 - NEW YORK, NY 10004	13-1624240	501(C)3	10,000.	0.			2023 ISRAEL CRISIS
EASTERN YORK DOLLARS FOR SCHOLARS 25 N. WILSON LANE YORK, PA 17406	46-5052406	501(C)3	13,026.	0.			GIVE LOCAL YORK, GENERAL SUPPORT

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ST. JAMES LUTHERAN CHURCH 25 NORTH ADAMS STREET YORK, PA 17404	41-1568278	501(C)3	8,237.	0.			GENERAL SUPPORT
ST. PAUL'S LUTHERAN CHURCH 25 WEST SPRINGETTSBURY AVENUE YORK, PA 17403	23-1352477	501(C)3	9,842.	0.			GENERAL SUPPORT, EARLY CHILDHOOD CARE AND EDUCATION
MASON-DIXON PUBLIC LIBRARY 250 BAILEY DRIVE STEWARTSTOWN, PA 17363	23-2321504	501(C)3	6,562.	0.			GENERAL SUPPORT, STRETCH POOL
ARTBA FOUNDATION 250 E STREET S.W., SUITE 900 WASHINGTON, DC 20024	52-6283894	501(C)3	15,000.	0.			TRANSPORTATION MAKES AMERICAN WORK CAMPAIGN
YORK COUNTY HISTORY CENTER 250 EAST MARKET STREET YORK, PA 17403	23-1352323	501(C)3	223,447.	0.			ANNUAL FUND, GENERAL SUPPORT, MAINTENANCE OF GATES HOUSE AND PLOUGH TAVERN, CAPITAL PROJECT,
GOLDEN VISIONS ADULT DAY SERVICES AND COMMUNITY SENIOR CENTER - 250 FAME AVENUE, SUITE 125 - HANOVER, PA 17331	23-2604938	501(C)3	10,000.	0.			GENERAL OPERATING
LOGOS WORKS PARTNERS 250 WEST KING STREET YORK, PA 17401	85-3282711	501(C)3	189,000.	0.			HANDLE WITH CARE PROGRAM, YORKSAFENET PHASE 2 STUDY/SYSTEM DESIGN, UPLIFT US, MONITORED
LOGOS ACADEMY 250 WEST KING STREET YORK, PA 17401	31-1520442	501(C)3	23,458.	0.			LOGOS ACADEMY CAMPUS EXPANSION, CAPITAL CAMPAIGN, INTERSHIPS/CAREER
WELLSPAN YORK HEALTH FOUNDATION 2500 S. GEORGE STREET YORK, PA 17403	23-3050192	501(C)3	37,000.	0.			GENERAL SUPPORT, GIFT CARD TO USE AT FOOD TRUCK FAIR, 1880 SOCIETY, NURSING DEPARTMENT, TO

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PAPPUS HOUSE 253 CHERRY STREET YORK, PA 17402	45-2869258	501(C)3	15,396.	0.			GENERAL SUPPORT, CAPITAL CAMPAIGN, GIVE LOCAL YORK, STRETCH POOL
CULTURAL ALLIANCE OF YORK COUNTY 2536 EASTERN BLVD PMB 402 YORK, PA 17402	23-2992925	501(C)3	43,427.	0.			GENERAL SUPPORT, SUPPORT ARTIST/ART THERAPY W/ CHOY, ANNUAL CAMPAIGN, ENCORE PROGRAM, ARTIST
ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. - 262 DANNY THOMAS PL. - MEMPHIS, TN 38105	62-0646012	501(C)3	14,327.	0.			GENERAL SUPPORT, TO SUPPORT SAFER UKRAINE
THE BELMONT THEATRE 27 S. BELMONT STREET YORK, PA 17403	23-1251224	501(C)3	45,478.	0.			GENERAL SUPPORT, STRETCH POOL
WHITE ROSE SENIOR CENTER, INC. 27 SOUTH BROAD STREET, STE 1 YORK, PA 17403-5665	23-2373478	501(C)3	10,000.	0.			GENERAL SUPPORT
FRIENDS & NEIGHBORS OF PENNSYLVANIA INC - 2723 CARLTON PL - YORK, PA 17408	26-2526908	501(C)3	89,000.	0.			PROGRAM COORDINATOR, NPO SURVEY DRAWING WINNER
HISTORIC PROSPECT HILL CEMETERY HERITAGE FOUNDATION - 2744 FAIRWAY DRIVE - YORK, PA 17402	02-0798587	501(C)3	16,425.	0.			AGENCY ENDOWMENT FUND GRANT DISTRIBUTION FOR GENERAL SUPPORT
PENNSYLVANIA IMMIGRATION RESOURCE CENTER - 294 PLEASANT ACRES RD, SUITE 202, PO BOX 20339 - YORK, PA 17402	23-2851213	501(C)3	5,700.	0.			BUILDING HOPE IN YORK FOR OUR HAITIAN NEIGHBORS, NPO SURVEY DRAWING WINNER
MAKE-A-WISH FOUNDATION OF GREATER PA & SOUTHERN WV - 2951 WHITEFORD ROAD, SUITE 304 - YORK, PA 17402	25-1464177	501(C)3	20,093.	0.			GENERAL SUPPORT, GIVE LOCAL YORK

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AFFORDABLE HOUSING ADVOCATES 3 RATHTON ROAD YORK, PA 17403	23-2022702	501(C)3	51,667.	0.			HOUSING COORDINATOR, GIVE LOCAL YORK
GETTYSBURG COLLEGE 300 NORTH WASHINGTON STREET, PO BOX GETTYSBURG, PA 17325	23-1352641	501(C)3	11,255.	0.			GENERAL SUPPORT
AMERICAN CANCER SOCIETY 314 GOOD DRIVE LANCASTER, PA 17603	13-1788491	501(C)3	12,215.	0.			DESIGNATED GRANT FOR GENERAL SUPPORT
YORK COUNTY SPCA 3159 SUSQUEHANNA TRAIL NORTH YORK, PA 17406	23-1399588	501(C)3	68,069.	0.			GENERAL SUPPORT, GIVE LOCAL YORK, STRETCH POOL
YWCA YORK 320 EAST MARKET STREET YORK, PA 17403	23-1360889	501(C)3	105,861.	0.			TO SUPPORT ACCESS YORK, GIVE LOCAL YORK, STRETCH POOL, SUPPORT YOUTH/ADULT AQUATIC PROGRAMMING
APJ FOUNDATION 320 SOUTH RICHLAND AVE. YORK, PA 17404	87-2112204	501(C)3	50,000.	0.			VOCATIONAL TRAINING
MANCHESTER TOWNSHIP 3200 FARMTRAIL ROAD YORK, PA 17406	23-1601338	501(C)3	5,193.	0.			REPAIRS TO INSPIRING HOPE PLAYGROUND, SLIDE REPLACEMENT
THE HARRISBURG UNIVERSITY OF SCIENCE AND TECHNOLOGY - 326 MARKET STREET - HARRISBURG, PA 17101	25-1900793	501(C)3	1,000,000.	0.			GRANT FOR THE RESTRICTED PURPOSE OF CONSTRUCTING OF THE INSTITUTE FOR SUSTAINABLE AGRICULTURAL
YORK HABITAT FOR HUMANITY 33 SOUTH SEWARD STREET YORK, PA 17404	22-2670895	501(C)3	7,573.	0.			GENERAL SUPPORT, GIVE LOCAL YORK

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YORK COUNTY AGRICULTURAL SOCIETY 334 CARLISLE AVENUE YORK, PA 17404	23-1241290	501(C)3	114,330.	0.			GENERAL SUPPORT, STRETCH POOL
ASBURY UNITED METHODIST CHURCH 340 EAST MARKET STREET YORK, PA 17403	23-6396152	501(C)3	5,604.	0.			DESIGNATED FOR GENERAL SUPPORT, DESIGNATED FOR BEATTIE AND CHET KIMES YOUTH PROGRAM
YORK COUNTY HONORS CHOIRS 340 EAST MARKET STREET, PO BOX 827 YORK, PA 17405	47-4155732	501(C)3	33,863.	0.			TO SUPPORT YORK COUNTY HONORS CHOIRS, GIVE LOCAL YORK, GENERAL SUPPORT, STRETCH POOL
CHILDREN'S AID SOCIETY 343 LINCOLNWAY WEST NEW OXFORD, PA 17350	23-1429838	501(C)3	19,551.	0.			GENERAL SUPPORT FOR LEHMAN CENTER, GIVE LOCAL YORK, STRETCH POOL
MOUNT WOLF BOROUGH 345 CHESTNUT STREET, PO BOX 458 MOUNT WOLF, PA 17347	23-1952738	GOVERNMENT	11,322.	0.			GENERAL SUPPORT OF MOUNT WOLF ATHLETIC ASSOCIATION
YOUNG LIFE YORK CITY 35 S. DUKE STREET, PO BOX 1171 YORK, PA 17405	84-0385934	501(C)3	5,250.	0.			GENERAL SUPPORT
NATIONAL ALLIANCE ON MENTAL ILLNESS YORK COUNTY - 35 SOUTH DUKE STREET, SUITE 200 - YORK, PA 17401	80-0382284	501(C)3	15,000.	0.			PAUSE YOUTH MENTAL HEALTH SUPPORT
GIRL SCOUTS IN THE HEART OF PENNSYLVANIA - 350 HALE AVENUE - HARRISBURG, PA 17104	24-0795960	501(C)3	6,653.	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	163,521.	0.			STRETCH POOL, GIVE LOCAL YORK, GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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	5,581.	0.			GENERAL SUPPORT, STRETCH POOL
LIFEPATH CHRISTIAN MINISTRIES 371 WEST MARKET STREET, PO BOX 1968 YORK, PA 17405	23-6444734	501(C)3	20,514.	0.			GENERAL SUPPORT
SOUTH EASTERN COMMUNITY EDUCATION FOUNDATION - 377 MAIN STREET - FAWN GROVE, PA 17321	33-1133201	501(C)3	6,336.	0.			TO SUPPORT NEEDS WITHIN THE MUSIC PROGRAMS AT KENNARD-DALE HIGH SCHOOL
SHADOWFAX CORPORATION 386 PATTISON STREET YORK, PA 17403	23-2368549	501(C)3	6,535.	0.			NPO SURVEY DRAWING WINNER, STRETCH POOL, GENERAL SUPPORT
CENTRAL PENNSYLVANIA FOOD BANK 3908 COREY ROAD HARRISBURG, PA 17109	23-2202250	501(C)3	50,000.	0.			GENERAL SUPPORT
ALDERSGATE UNITED METHODIST CHURCH 397 TYLER RUN ROAD YORK, PA 17403	23-1484201	501(C)3	6,857.	0.			FOR BENEFIT OF MISSIONS
CAMPS NEWFOUND OWATONNA 4 CAMP NEWFOUND ROAD HARRISON, ME 40401	04-2384391	501(C)3	15,574.	0.			GENERAL SUPPORT
PENNSYLVANIA INTERFAITH COMMUNITY PROGRAMS INC. - 40 E. HIGH STREET - GETTYSBURG, PA 17325	23-2015671	501(C)3	10,000.	0.			"HAND UP" PROGRAM
WOMEN'S CARE CENTER 40 SOUTH RICHLAND AVE., PO BOX 1621 YORK, PA 17405	23-2608350	501(C)3	6,281.	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
MISS BOBBI'S PLACE 4017 ALLISON DRIVE YORK, PA 17402	84-3119403	501(C)3	20,000.	0.			RENOVATION OF A UNIT ON WEST HOPE AVENUE
AMERICAN HEART ASSOCIATION-YORK DIVISION - 4250 CRUMS MILL ROAD, SUITE 100 - HARRISBURG, PA 17112	13-5613797	501(C)3	10,491.	0.			DESIGNATED GRANT FOR GENERAL SUPPORT
AMERICAN RED CROSS 431 18TH STREET NW WASHINGTON, DC 20006	53-0196605	501(C)3	31,914.	0.			GENERAL SUPPORT, GIVE LOCAL YORK, FIRE PREVENTION
KEYSTONE HUMAN SERVICES 4391 STURBRIDGE DRIVE HARRISBURG, PA 17110	23-1915567	501(C)3	10,000.	0.			SUSQUEHANNA SERVICE DOGS PARTNER FUND
THE SALVATION ARMY 440 WEST NYACK RD WEST NYACK, NY 10994	13-5562351	501(C)3	53,716.	0.			FOOD PANTRY YORK, PA, GENERAL SUPPORT, GIVE LOCAL YORK, YOUTH PROGRAM W/ PREFERENCE FOR CAMPING
YORK COLLEGE OF PENNSYLVANIA 441 COUNTRY CLUB ROAD YORK, PA 17403	23-1352698	501(C)3	155,595.	0.			GENERAL SUPPORT, SCHOLARSHIPS, GIVE LOCAL YORK, GRASSROOTS GROWTH INITIATIVE, YCCOSP,
YORK DAY EARLY LEARNING 450 EAST PHILADELPHIA STREET YORK, PA 17403	23-1649205	501(C)3	119,035.	0.			GENERAL SUPPORT, NPO SURVEY DRAWING WINNER, GIVE LOCAL YORK, RENOVATIONS OUTDOOR PLAY
CATHOLIC CHARITIES - CAMP HILL 4800 UNION DEPOSIT ROAD HARRISBURG, PA 17111	23-1494791	501(C)3	20,000.	0.			DUAL DIAGNOSIS STUDENT CAREER PREPARATION PROGRAM
WITF INC 4801 LINDLE ROAD HARRISBURG, PA 17111	23-1629016	501(C)3	8,161.	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 COUNTY 4-H ENDOWMENT 4813 SHAFFER ROAD SEVEN VALLEYS, PA 17360	23-6957724	501(C)3	11,104.	0.			GENERAL SUPPORT, MAINTENANCE/REPAIRS
LEG UP FARM, INC. 4880 NORTH SHERMAN STREET MOUNT WOLF, PA 17347	23-2931834	501(C)3	77,985.	0.			GENERAL SUPPORT, GIVE LOCAL YORK, STRETCH POOL, EQUINE THERAPY PROGRAM, EMBRACING VOLUNTEERISM,
HORN FARM CENTER FOR AGRICULTURAL EDUCATION - 4945 HORN ROAD - YORK, PA 17406	20-1061394	501(C)3	11,500.	0.			GENERAL SUPPORT, GIVE LOCAL YORK
CENTRAL PENNSYLVANIA YOUTH BALLE 5 N. ORANGE STREET, SUITE 3 CARLISLE, PA 17013	23-1971982	501(C)3	5,264.	0.			REINVENTING RECOVERY WORKOUT RECOVERY TOOLS
APPELL CENTER FOR THE PERFORMING ARTS - 50 N. GEORGE STREET - YORK, PA 17401	23-2053382	501(C)3	114,572.	0.			CENTENNIAL CAMPAIGN, GIVE LOCAL YORK, STRETCH POOL, STAGE THE PAGE:BOY WHO GREW FLOWERS, SPONSORSHIP
YORK SYMPHONY ORCHESTRA 50 NORTH GEORGE STREET YORK, PA 17401	23-6298810	501(C)3	279,328.	0.			GENERAL SUPPORT, GIVE LOCAL YORK, STRETCH POOL
YORK YOUTH SYMPHONY ORCHESTRA 50 NORTH GEORGE STREET YORK, PA 17401	23-2236458	501(C)3	55,035.	0.			GENERAL SUPPORT, STRETCH POOL
ALLIANCE FOR THE CHESAPEAKE BAY 501 SIXTH STREET ANNAPOLIS, MD 21403	54-1060924	501(C)3	50,250.	0.			EXPANDING CORPORATE SUSTAINABILITY INITIATIVE INTO YORK COUNTY, GIVE LOCAL YORK
THE PROGRAM, "IT'S ABOUT CHANGE" 506 SOUTH GEORGE STREET YORK, PA 17401	25-1580223	501(C)3	75,000.	0.			THE REENTRY OPPORTUNITY CENTER (THE R.O.C.) - READY TO WORK PROGRAM - (YEAR TWO)

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
BYRNES HEALTH EDUCATION CENTER 515 S. GEORGE STREET YORK, PA 17401	23-2588187	501(C)3	127,841.	0.			GENERAL SUPPORT, 25TH ANNIV CAPITAL CAMPAIGN, STEM LAB EQUIPMENT, FOR HEALTH EDUCATION IN THE
YORK BUILDERS ASSOCIATION WORKFORCE NOW FOUNDATION INC. - 540 GREENBRIAR ROAD, YORK PA 17404 - YORK, PA 17404	88-1376845	501(C)3	15,960.	0.			BUILDING TRADES PRE-APPRENTICESHIP
VNA HOME HEALTH - WELLSPAN 540 S. GEORGE ST. YORK, PA 17401	23-1352573	501(C)3	57,617.	0.			GENERAL SUPPORT
LANCASTER THEOLOGICAL SEMINARY 555 WEST JAMES STREET LANCASTER, PA 17603	23-1353386	501(C)3	8,024.	0.			GENERAL SUPPORT
SOUTHEASTERN ADAMS VOLUNTEER EMERGENCY SERVICES CO. - 5865 HANOVER ROAD - HANOVER, PA 17331	20-1979115	501(C)3	100,000.	0.			REPLACEMENT APPARATUS
MANTEC 600 NORTH HARTLEY STREET, SUITE 100 YORK, PA 17404	23-2518545	501(C)3	25,000.	0.			TO EXPLORE MANUFACTURING CAREERS FOR STUDENTS
YORK CATHOLIC HIGH SCHOOL 601 EAST SPRINGETTSBURY AVENUE YORK, PA 17403	23-1381037	501(C)3	6,971.	0.			TUISHOLARSHIPS, GIVE LOCAL YORK, STRETCH POOL, GREEN & GOLD GALA TABLE SPONSOR
CRISPUS ATTUCKS ASSOCIATION 605 SOUTH DUKE STREET YORK, PA 17401	23-1365320	501(C)3	216,063.	0.			CELEBRATE/TEACH LIVING HISTORY OF AFRICAN-AMERICANS, GIVE LOCAL YORK, CULTIVATING
PLANNED PARENTHOOD KEYSTONE 610 LOUIS DRIVE, SUITE 300 WARMINSTER, PA 18974	23-2450112	501(C)3	17,457.	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.)

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JUNIOR ACHIEVEMENT OF SOUTH CENTRAL PA - 610 SOUTH GEORGE STREET - YORK, PA 17401	23-1598129	501(C)3	28,000.	0.			GENERAL SUPPORT, GIVE LOCAL YORK, STRETCH POOL, JUNIOR ACHIEVEMENT PROGRAMS IN YORK COUNTY
TRUENORTH WELLNESS SERVICES 625 WEST ELM AVE. HANOVER, PA 17331	23-2007907	501(C)3	25,610.	0.			GENERAL SUPPORT W/ PREFERENCE FOR PROFESSIONAL DEVELOPMENT, GIVE LOCAL YORK STRETCH
CATHOLIC HARVEST FOOD PANTRY 628 EAST MARKET STREET YORK, PA 17403	23-1494791	501(C)3	10,500.	0.			GENERAL SUPPORT, GIVE LOCAL YORK
YORK TOWN CRAFT GUILD 639 NORTH FRANKLIN STREET YORK, PA 17403	23-3096728	501(C)3	8,625.	0.			METALS, GENERAL SUPPORT
TRINITY ROTHS UNITED CHURCH OF CHRIST - 6417 CHURCH ROAD - SPRING GROVE, PA 17362	34-1927041	501(C)3	6,308.	0.			GENERAL SUPPORT, SCHOLARSHIPS
THE MOVEMENT OF YORK, INC. 678 E. MARKET ST. YORK, PA 17403	84-4488642	501(C)3	60,000.	0.			THE MOVEMENT CAPACITY BUILDING AND SUCCESSION PLANNING
RED LION AREA SCHOOL DISTRICT 696 DELTA ROAD RED LION, PA 17356	23-1674306	501(C)3	30,093.	0.			GENERAL SUPPORT
DALLASTOWN AREA EDUCATIONAL FOUNDATION - 700 NEW SCHOOL LANE - DALLASTOWN, PA 17313	55-0792133	501(C)3	8,653.	0.			GIVE LOCAL YORK, GENERAL SUPPORT
TYPICAL LIFE CORPORATION 707 LOUCKS ROAD YORK, PA 17404	23-2987492	501(C)3	34,000.	0.			HOME MODIFICATIONS FOR AGING IN PLACE

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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FAITH IN GOD MINISTRIES COMMUNITY DEVELOPMENT CORPORATION INC. - 713 MANOR STREET - YORK, PA 17403	59-3780317	501(C)3	40,000.	0.			JACK AND JILL NURSERY & JACK AND JILL SUMMER CAMP AT THE SIEBENTHAL RESORT
SHILOH BAPTIST CHURCH 740 W LOCUST ST YORK, PA 17401	22-2471833	501(C)3	64,483.	0.			SOULS TO THE POLLS 2, THE IMPACT PROJECT
CHILDREN'S HOME OF YORK 77 SHOE HOUSE ROAD YORK, PA 17406	23-1352081	501(C)3	21,816.	0.			GENERAL SUPPORT, GIVE LOCAL YORK, STRETCH POOL, TO SUPPORT ARTIST AND ART THERAPY ENGAGEMENT
PEDAL 4 PEACE 802 SOUTH ALBEMARLE STREET YORK, PA 17403	85-3363446	501(C)3	25,157.	0.			ONE HEART BEAT COWBOY PROGRAM (OHB COWBOYS)
HOFFMAN HOMES INC. 815 ORPHANAGE ROAD LITTLESTOWN, PA 17340-9329	23-2732296	501(C)3	23,500.	0.			WELLNESS & RECREATIONAL THERAPY, ECONOMIC MOBILITY, ELECTRONIC BUILDING ACCESS
OLIVIA'S HOUSE - A GRIEF AND LOSS CENTER FOR CHILDREN - 830 SOUTH GEORGE STREET - YORK, PA 17403	23-3100851	501(C)3	9,898.	0.			GIVE LOCAL YORK, GENERAL SUPPORT, STRETCH POOL
FAHRNEY-KEEDY SENIOR LIVING COMMUNITY - 8507 MAPLEVILLE ROAD - BOONSBORO, MD 21713	52-0610464	501(C)3	6,000.	0.			GOLD SPONSOR OF GOLF TOURNAMENT
YMCA OF THE ROSES 90 NORTH NEWBERRY STREET YORK, PA 17401	23-1352600	501(C)3	135,075.	0.			GENERAL SUPPORT, YMCA YOUTH MEMBERSHIP, CAMPAIGN FOR THE GENERATIONS, MARCH ON
WHITE ROSE PICKLEBALL ASSOCIATION 940 VANDER AVENUE YORK, PA 17403	82-3474779	501(C)3	10,000.	0.			PAVILION/BATHROOM PROJECT

Schedule I (Form 990)

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SPRING GARDEN BAND 993 MARBROOK LANE YORK, PA 17404	22-2459929	501(C)3	51,815.	0.			GENERAL SUPPORT
MISERICORDIA NURSING & REHABILITATION CENTER - 998 SOUTH RUSSELL STREET - YORK, PA 17402	23-1352170	501(C)3	10,531.	0.			GENERAL SUPPORT, STRETCH POOL
ASBURY FOUNDATION, INC. ASBURY BETHANY VILLAGE. 325 WESLEY MECHANICSBURG, PA 17055	52-1862674	501(C)3	20,000.	0.			CLASSIC CARING GOLF SPONSORSHIP
CHILDREN'S MIRACLE NETWORK C/O PENN STATE MILTON S. HERSHEY MEDICAL CENTER, PO BOX 852 - HERSHEY, PA 17	87-0387205	501(C)3	8,230.	0.			GENERAL SUPPORT
BILL GOODLING TEACHER SCHOLARSHIP FUND - C/O STAMBAUGH NESS, PC, 2600 EASTERN BLVD. - YORK, PA 17402	23-3042315	501(C)3	5,366.	0.			AGENCY ENDOWMENT FUND DISTRIBUTION FOR GENERAL SUPPORT
COMMUNITY CONNECTIONS FOR CHILDREN ELRC REGION 10 YORK, PA 17401	22-2842846	501(C)3	349,794.	0.			YORK ELIC ECE AWARD GRANT, ECE INITIATIVE
SERVICE CORPS OF RETIRED EXECUTIVES ASSOCIATION - JD BROWN CENTER FOR ENTREPRENEURSHIP, 410 KINGS MILL ROAD - YORK, PA 17401	52-1067290	501(C)3	5,356.	0.			GENERAL SUPPORT, VOLUNTEER MENTOR CONSULTANTS ADVISING NEW BUSINESS OWNERS
PRESBYTERIAN HOMES, INC. ONE TRINITY DRIVE EAST, SUITE 201 DILLSBURG, PA 17019	23-2941518	501(C)3	6,000.	0.			HEALTHIER DAYS FOR YORK COUNTY SENIORS
WREATHS ACROSS AMERICA P. O. BOX 249 4 POINT STREET COLUMBIA FALLS, ME 04623	20-8362270	501(C)3	15,000.	0.			MT. OLIVET CEMETERY/PAHMOC MT. OLIVET CEMETERY, INDIANTOWN GAP NATIONAL

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
GOLDMAN SACHS PHILANTHROPY FUND P.O. BOX 15203 ALBANY, NY 12212-5203	31-1774905	501(C)3	206,897.	0.			TO BE APPLIED TO THE VIZZI FAMILY FUND
NEW LIFE FOR GIRLS P.O. BOX 170 DOVER, PA 17315	23-1912101	501(C)3	7,300.	0.			GENERAL SUPPORT
MARYLAND & PENNSYLVANIA RAILROAD PRESERVATION SOCIETY - P.O. BOX 2262 - YORK, PA 17405	23-2441623	501(C)3	54,046.	0.			GENERAL SUPPORT, GIVE LOCAL YORK, STRETCH POOL
NEW HOPE MINISTRIES P.O. BOX 448, 99 W. CHURCH STREET DILLSBURG, PA 17019	23-2223120	501(C)3	190,500.	0.			HOPE RIDES, GENERAL SUPPORT, GIVE LOCAL YORK, SPRING GROVE FOOD PANTRY
YORK BENEVOLENT ASSOCIATION P.O. BOX 5041 YORK, PA 17405	23-1353396	501(C)3	28,508.	0.			GENERAL SUPPORT, STRETCH POOL
RAINBOW ROSE CENTER PO BOX 1134 YORK, PA 17405	84-4860991	501(C)3	6,000.	0.			RAINBOW ROSE CENTER SILVER TRIANGLE SUPPORT GROUP
NORTHEAST NEIGHBORHOOD ASSOCIATION PO BOX 1148 YORK, PA 17405	23-2904596	501(C)3	50,000.	0.			NEIGHBORHOOD IMPROVEMENT PROJECTS
SOUTHERN YORK COUNTY SCHOOL DISTRICT FOUNDATION - PO BOX 128 - GLEN ROCK, PA 17327	23-2862892	501(C)3	45,518.	0.			GIVE LOCAL YORK, GENERAL SUPPORT
YORK CITY PARKS CONSERVANCY PO BOX 1912 YORK, PA 17405	23-3066098	501(C)3	6,857.	0.			GIVE LOCAL YORK/ PAL'S PARK, TO SUPPORT REDI MENZER MEMORIAL SKATEPARK, 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 RAIL TRAIL AUTHORITY PO BOX 335 SEVEN VALLEYS, PA 17360	23-2625950	GOVERNMENT	24,050.	0.			GENERAL SUPPORT, OIL CREEK RESTORATION DESIGN:SITE A-PHASE 1, GIVE LOCAL YORK
AMERICAN NATIONAL RED CROSS PO BOX 37839 BOONE, IA 50037	53-0196605	501(C)3	15,000.	0.			HOME FIRE RELIEF
HAITI OUTREACH MINISTRIES, INC. PO BOX 607 EMIGSVILLE, PA 17318	23-2859951	501(C)3	24,000.	0.			GENERAL SUPPORT
SPRING GROVE AREA SCHOLARSHIP FUND, INC. - PO BOX 66 - SPRING GROVE, PA 17362	46-3480762	501(C)3	57,996.	0.			GENERAL SUPPORT, STRETCH POOL
GARDEN CLUB OF YORK PO BOX 7079 YORK, PA 17404	23-2994596	501(C)3	30,907.	0.			SPONSOR HANGING BASKETS, BASKETS/CITY BEAUTIFICATION, GIVE LOCAL YORK
EASTER SEALS WESTERN AND CENTRAL PENNSYLVANIA - SIX PARKWAY CENTER, SUITE 150, 875 GREENTREE ROAD - PITTSBURGH, PA 15220	25-0965215	501(C)3	7,286.	0.			GENERAL SUPPORT

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 ACADIA UNIVERSITY	2	2,500.	0.		
SCHOLARSHIP FOR BERRY COLLEGE STUDENTS	1	2,000.	0.		
SCHOLARSHIP FOR BLOOMSBURG UNIVERSITY STUDENTS	1	1,000.	0.		
SCHOLARSHIP FOR CHRISTOPHER NEWPORT UNIVERSITY STUDENTS	1	3,000.	0.		
SCHOLARSHIP FOR CLEMSON UNIVERSITY STUDENTS	1	1,250.	0.		

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

PART I, LINE 2:

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

Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIP FOR COASTAL CAROLINA UNIVERSITY STUDENTS	1.	1,250.	0.		
SCHOLARSHIP FOR DAEMAN COLLEGE STUDENTS	1.	2,500.	0.		
SCHOLARSHIP FOR DALLASTOWN HIGH SCHOOL STUDENTS	11.	22,300.	0.		
SCHOLARSHIP FOR DELAWARE VALLEY UNIVERSITY STUDENTS	1.	200.	0.		
SCHOLARSHIP FOR DICKINSON COLLEGE STUDENTS	1.	1,500.	0.		
SCHOLARSHIP FOR DUQUESNE UNIVERSITY STUDENTS	1.	500.	0.		
SCHOLARSHIP FOR EAST STROUDSBURG UNIVERSITY STUDENTS	1.	1,250.	0.		
SCHOLARSHIP FOR EASTERN UNIVERSITY STUDENTS	1.	5,000.	0.		
SCHOLARSHIP FOR EASTERN YORK HIGH SCHOOL STUDENTS	7.	12,300.	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 ECKERD COLLEGE STUDENTS	1.	1,300.	0.		
SCHOLARSHIP FOR ELIZABETHTOWN COLLEGE STUDENTS	1.	3,300.	0.		
SCHOLARSHIP FOR HACC YORK CAMPUS STUDENTS	1.	1,273.	0.		
SCHOLARSHIP FOR HOPE COLLEGE STUDENTS	2.	2,500.	0.		
SCHOLARSHIP FOR INDIANA UNIVERSITY OF PENNSYLVANIA STUDENTS	1.	1,300.	0.		
SCHOLARSHIP FOR JUNIATA COLLEGE STUDENTS	3.	4,500.	0.		
SCHOLARSHIP FOR KEUKA COLLEGE STUDENTS	1.	2,500.	0.		
SCHOLARSHIP FOR LEBANON VALLEY COLLEGE STUDENTS	2.	3,500.	0.		
SCHOLARSHIP FOR LEHIGH UNIVERSITY STUDENTS	5.	5,000.	0.		

Schedule I (Form 990)

Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIP FOR LOCK HAVEN UNIVERSITY STUDENTS	2.	6,500.	0.		
SCHOLARSHIP FOR LOYOLA UNIVERSITY OF MARYLAND STUDENTS	1.	5,000.	0.		
SCHOLARSHIP FOR LYCOMING COLLEGE STUDENTS	1.	1,250.	0.		
SCHOLARSHIP FOR MERCYHURST UNIVERSITY STUDENTS	1.	2,000.	0.		
SCHOLARSHIP FOR MESSIAH UNIVERSITY STUDENTS	1.	5,000.	0.		
SCHOLARSHIP FOR MILLERSVILLE UNIVERSITY STUDENTS	4.	3,500.	0.		
SCHOLARSHIP FOR MUSKINGUM UNIVERSITY STUDENTS	2.	1,000.	0.		
SCHOLARSHIP FOR NORTH CAROLINA AGRICULTURAL AND TECHNICAL STATE UNIVERSITY	1.	2,000.	0.		
SCHOLARSHIP FOR NORTHEASTERN HIGH SCHOOL STUDENTS	31.	44,971.	0.		

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Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIP FOR PENN STATE UNIVERSITY STUDENTS	7.	13,750.	0.		
SCHOLARSHIP FOR PENN STATE UNIVERSITY STUDENTS YORK	1.	1,500.	0.		
SCHOLARSHIP FOR PENNSYLVANIA COLLEGE OF TECHNOLOGY	1.	1,500.	0.		
SCHOLARSHIP FOR RED LION HIGH SCHOOL STUDENTS	5.	9,300.	0.		
SCHOLARSHIP FOR SALISBURY UNIVERSITY STUDENTS	1.	1,000.	0.		
SCHOLARSHIP FOR SAVANNAH COLLEGE OF ART AND DESIGN STUDENTS	2.	1,500.	0.		
SCHOLARSHIP FOR SHENANDOAH UNIVERSITY STUDENTS	2.	1,500.	0.		
SCHOLARSHIP FOR SHIPPENBURG UNIVERSITY STUDENTS	6.	4,500.	0.		
SCHOLARSHIP FOR SOUTH EASTERN HIGH SCHOOL STUDENTS	8.	11,800.	0.		

Schedule I (Form 990)

Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIP FOR SOUTH WESTERN HIGH SCHOOL STUDENTS	13.	21,300.	0.		
SCHOLARSHIP FOR SOUTHERN HIGH SCHOOL STUDENTS	7.	13,050.	0.		
SCHOLARSHIP FOR SPRING GROVE HIGH SCHOOL STUDENTS	8.	12,580.	0.		
SCHOLARSHIP FOR ST. JOSEPH'S UNIVERSITY STUDENTS	1.	500.	0.		
SCHOLARSHIP FOR STEVENSON UNIVERSITY STUDENTS	1.	1,000.	0.		
SCHOLARSHIP FOR THE UNIVERSITY OF ALABAMA IN HUNTSVILLE	2.	1,500.	0.		
SCHOLARSHIP FOR THE UNIVERSITY OF TENNESSEE, KNOXVILLE STUDENTS	1.	2,000.	0.		
SCHOLARSHIP FOR UNIVERSITY OF DELAWARE STUDENTS	2.	6,000.	0.		
SCHOLARSHIP FOR UNIVERSITY OF FINDLAY STUDENTS	1.	1,500.	0.		

Schedule I (Form 990)

Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIP FOR UNIVERSITY OF KENTUCKY STUDENTS	1.	1,250.	0.		
SCHOLARSHIP FOR UNIVERSITY OF MARY WASHINGTON STUDENTS	1.	2,500.	0.		
SCHOLARSHIP FOR UNIVERSITY OF PITTSBURGH JOHNSTOWN STUDENTS	1.	1,000.	0.		
SCHOLARSHIP FOR UNIVERSITY OF PITTSBURGH STUDENTS	4.	6,500.	0.		
SCHOLARSHIP FOR UTAH VALLEY UNIVERSITY STUDENTS	1.	1,000.	0.		
SCHOLARSHIP FOR VIRGINIA TECH STUDENTS	2.	1,500.	0.		
SCHOLARSHIP FOR WESLEYAN UNIVERSITY STUDENTS	1.	5,000.	0.		
SCHOLARSHIP FOR WEST CHESTER UNIVERSITY STUDENTS	4.	4,000.	0.		
SCHOLARSHIP FOR WINSTON-SALEM STATE UNIVERSITY STUDENTS	1.	1,000.	0.		

Schedule I (Form 990)

Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIP FOR YORK CITY HIGH SCHOOL STUDENTS	50.	53,746.	0.		
SCHOLARSHIP FOR YORK COLLEGE OF PENNSYLVANIA STUDENTS	10.	15,850.	0.		
SCHOLARSHIP FOR YORK SUBURBAN HIGH SCHOOL STUDENTS	15.	18,822.	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:

NEW BIRTH OF FREEDOM COUNCIL, BOY SCOUTS OF AMERICA

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, GIVE LOCAL YORK, STRETCH POOL, 35TH ANNUAL YORK DISTINGUISHED CITIZEN CELEBRATION

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF YORK

(H) PURPOSE OF GRANT OR ASSISTANCE: CITY OF YORK, PUBLIC WORKS DEPT FOR CAPITAL IMPROVEMENTS RELATED TO GEAR GARDEN IN FOUNDRY PARK ON THE

Part IV Supplemental Information

CODORUS, PENN PARK, AGING IN PLACE CAMERA PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: SPIRITRUST LUTHERAN

(H) PURPOSE OF GRANT OR ASSISTANCE: SPRENKLE SENSORY ROOM, GENERAL SUPPORT, STRETCH POOL, TO SUPPORT SHREWBURY LUTHERAN VILLAGE, ELDER ABUSE TRAINING OR ALZHEIMERS CARE TRAINING AND EDUCATION

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF YORK COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, UWC ALICE STUDY/SURVEY, TOCQUEVILLE SOCIETY, SEEDLING SCHOLARSHIP PROGRAM, FOCUS ON OUR FUTURE, STRETCH POOL

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, ROSENMILLER HEALTH CARE SCHOLARSHIP FUND, PRESERVE PLANET EARTH COMMITTEE TREE PROJECT, SENDAFA SANITATION PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: DOWNTOWN INC

(H) PURPOSE OF GRANT OR ASSISTANCE: OPHELIA'S MAKING AGENCY, GENERAL SUPPORT, DOWNTOWN PLANTINGS WECO EXPANSION PHASE 1, GIVE LOCAL YORK, KABLE HOUSE PRESENTS, DOWNTOWN YORK POLICE RESOURCE CENTER

NAME OF ORGANIZATION OR GOVERNMENT: WHITE ROSE LEADERSHIP INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: INHERITANCE PROJECT: INTEGRATION GROUP COACHING, GENERAL SUPPORT, GIVE LOCAL YORK REFRAME AGING PRIZE, GIVE LOCAL YORK

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: BELL SOCIALIZATION SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, STRETCH POOL, BEDS/LAUNDRY EQUIP. FOR INCREASED CAPACITY AT NEW BELL HOMELESS FAMILY SHELTER, GIVE LOCAL YORK, RENTAL APP FEE ASSISTANCE PROGRAM, FINANCIAL HELP W/RENT FOR HOMELESS WORKING FAMILIES READY TO BE RE-HOUSED

NAME OF ORGANIZATION OR GOVERNMENT: NORTHERN CENTRAL RAILWAY OF YORK

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, "ALL ABOARD NCR TRAIN EXCURSIONS VIA ACCESSIBLE SIDEWALK", GIVE LOCAL YORK, STRETCH POOL

NAME OF ORGANIZATION OR GOVERNMENT: YORK JEWISH COMMUNITY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, STRETCH POOL, TUESDAY CLUB EXPANSION, EARLY CHILDHOOD CARE AND EDUCATION, CHILDCARE FOR FAMILIES IN NEED, INFANT CARE START-UP COSTS

NAME OF ORGANIZATION OR GOVERNMENT: FIRST PRESBYTERIAN CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL ANNE HOOVER ORGAN CONCERT, GENERAL SUPPORT, SPONSOR TRUCK THRU CARING COMPANY, GIVE LOCAL YORK, FLOWER

NAME OF ORGANIZATION OR GOVERNMENT: YORK COUNTY HISTORY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL FUND, GENERAL SUPPORT, MAINTENANCE OF GATES HOUSE AND PLOUGH TAVERN, CAPITAL PROJECT, GIVE LOCAL YORK, STRETCH POOL, SUPPORT AGRICULTURAL AND INDUSTRIAL MUSEUM, PURCHASE BOOKS, COMPUTER/OTHER MEDIA ENHANCEMENTS, EDUCATIONAL PROGRAMMING

NAME OF ORGANIZATION OR GOVERNMENT: LOGOS WORKS PARTNERS

(H) PURPOSE OF GRANT OR ASSISTANCE: HANDLE WITH CARE PROGRAM,

Part IV Supplemental Information

YORKSAFENET PHASE 2 STUDY/SYSTEM DESIGN, UPLIFT US, MONITORED PUBLIC SAFETY CAMERAS, CAPACITY BUILDING THROUGH COMMUNITY COLLABORATION

NAME OF ORGANIZATION OR GOVERNMENT: LOGOS ACADEMY

(H) PURPOSE OF GRANT OR ASSISTANCE: LOGOS ACADEMY CAMPUS EXPANSION, CAPITAL CAMPAIGN, INTERSHIPS/CAREER EXPLORATION OPPORTUNITIES, STRETCH POOL, GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: WELLSPAN YORK HEALTH FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, GIFT CARD TO USE AT FOOD TRUCK FAIR, 1880 SOCIETY, NURSING DEPARTMENT, TO SUPPORT BENTZEL DENTAL CENTER AND HOODNER DENTAL CLINIC PATIENT FINANCIAL ASSISTANCE, CANCER PATIENT HELP FUND, CAMPAIGN FOR WELLSPAN YORK CANCER CENTER, PHILIP A. HOOVER MEDICAL LIBRARY

NAME OF ORGANIZATION OR GOVERNMENT: CULTURAL ALLIANCE OF YORK COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, SUPPORT ARTIST/ART THERAPY W/ CHOY, ANNUAL CAMPAIGN, ENCORE PROGRAM, ARTIST NAVIGATOR PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: YWCA YORK

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT ACCESS YORK, GIVE LOCAL YORK, STRETCH POOL, SUPPORT YOUTH/ADULT AQUATIC PROGRAMMING NEEDS, CAMP CANN-EDI-ON, GENERAL SUPPORT, YWCA YORK'S ADULT AQUATICS PROGRAM, QUANTUM OPPORTUNITIES PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

THE HARRISBURG UNIVERSITY OF SCIENCE AND TECHNOLOGY

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT FOR THE RESTRICTED PURPOSE OF CONSTRUCTING OF THE INSTITUTE FOR SUSTAINABLE AGRICULTURAL AND MANUFACTURING(ISAM) IN THE CITY OF YORK PA

NAME OF ORGANIZATION OR GOVERNMENT: THE SALVATION ARMY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PANTRY YORK, PA, GENERAL SUPPORT, GIVE LOCAL YORK, YOUTH PROGRAM W/ PREFERENCE FOR CAMPING PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: YORK COLLEGE OF PENNSYLVANIA

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, SCHOLARSHIPS, GIVE LOCAL YORK, GRASSROOTS GROWTH INITIATIVE, YCCOSP, INCREASING CAPACITY FOR GRASSROOTS ORGANIZATIONS, A DESIGN THINKING TEST, KNOWLEDGE PARK AT YORK COLLEGE

NAME OF ORGANIZATION OR GOVERNMENT: YORK DAY EARLY LEARNING

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, NPO SURVEY DRAWING WINNER, GIVE LOCAL YORK, RENOVATIONS OUTDOOR PLAY AREA, DISMANTLING RACISM IN EARLY CHILDHOOD CLASSROOM

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

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, GIVE LOCAL YORK, STRETCH POOL, EQUINE THERAPY PROGRAM, EMBRACING VOLUNTEERISM, ECOLOGICAL RESTORATION

NAME OF ORGANIZATION OR GOVERNMENT: BYRNES HEALTH EDUCATION CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, 25TH ANNIV CAPITAL CAMPAIGN, STEM LAB EQUIPMENT, FOR HEALTH EDUCATION IN THE SOUTH WESTERN SD, HEARTBEAT CAMPAIGN

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CRISPUS ATTUCKS ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: CELEBRATE/TEACH LIVING HISTORY OF AFRICAN-AMERICANS, GIVE LOCAL YORK, CULTIVATING HEALTHY LIVING, CA CHILDREN'S CENTER, CA HISTORY/CULTURE CENTER

NAME OF ORGANIZATION OR GOVERNMENT: TRUENORTH WELLNESS SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT W/ PREFERENCE FOR PROFESSIONAL DEVELOPMENT, GIVE LOCAL YORK STRETCH POOL

NAME OF ORGANIZATION OR GOVERNMENT: YMCA OF THE ROSES

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, YMCA YOUTH MEMBERSHIP, CAMPAIGN FOR THE GENERATIONS, MARCH ON WASHINGTON, GIVE LOCAL YORK, STRETCH POOL, YMCA NEW AMERICAN WELCOME CENTER ESL INITIATIVE, EARLY CHILDHOOD EDUCATION, DIABETES COALITION OF YORK COUNTY EXPANSION, YOUTH DEVELOPMENT AT TECHREV YORK

NAME OF ORGANIZATION OR GOVERNMENT: WREATHS ACROSS AMERICA

(H) PURPOSE OF GRANT OR ASSISTANCE: MT. OLIVET CEMETERY/PAHMOC MT. OLIVET CEMETERY, INDIANTOWN GAP NATIONAL CEMETERY/PAIGNA INDIANTOWN GAP NAT'L CEMETERY

**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 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

YORK COUNTY COMMUNITY FOUNDATION

Employer identification number

23-6299868

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> 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 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	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> 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		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	<input checked="" type="checkbox"/>
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	<input checked="" type="checkbox"/>
c Participate in or receive payment from an equity-based compensation arrangement?	4c	<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.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	<input checked="" type="checkbox"/>
b Any related organization?	5b	<input checked="" type="checkbox"/>
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	<input checked="" type="checkbox"/>
b Any related organization?	6b	<input checked="" type="checkbox"/>
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	<input checked="" type="checkbox"/>
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	<input checked="" type="checkbox"/>
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2023

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, CEO	(i)	177,508.	0.	0.	9,173.	15,514.	202,195.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE L
(Form 990)

Transactions With Interested Persons

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

2023

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization YORK COUNTY COMMUNITY FOUNDATION	Employer identification number 23-6299868
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ _____

Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
				(1)									
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total							\$						

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part IV Business Transactions Involving Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DOMINIC DELLICARPINI	DIRECTOR	48,070.	WAGES PAID		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: DOMINIC DELLICARPINI

(D) DESCRIPTION OF TRANSACTION: WAGES PAID TO FAMILY MEMBER, RABIYA KHAN, EMPLOYEE

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

YORK COUNTY COMMUNITY FOUNDATION

Employer identification number

23-6299868

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	6	74,438.	FMV DATE OF 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**

	Yes	No
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 3 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.		

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

Schedule M (Form 990) 2023

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

NUMBER OF CONTRIBUTIONS IS NUMBER OF STOCK SECURITIES THAT WERE SOLD DURING THE YEAR.

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 for the latest information.

OMB No. 1545-0047

2023

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:

ACCOUNTABILITY AS CONFIRMED THROUGH THE COUNCIL ON FOUNDATION'S
NATIONAL STANDARDS FOR U.S. COMMUNITY FOUNDATIONS PROGRAM. THE PROGRAM
IS DESIGNED TO PROVIDE QUALITY ASSURANCE TO DONORS, AS WELL AS TO THEIR
LEGAL AND FINANCIAL ADVISORS. YCCF ALSO EARNED THE PLATINUM SEAL OF
TRANSPARENCY FROM GUIDESTAR BY PROVIDING AUTHORITATIVE DATA FROM
SEVERAL VALIDATED SOURCES, INCLUDING 990S.

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 V, LINE 1C:

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

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

ALL BOARD MEMBERS, COMMITTEE MEMBERS AND STAFF ARE REQUIRED TO COMPLY WITH

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

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

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

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

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

FORM 990, PART VI, SECTION C, LINE 19:

THE FOUNDATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC BY MAINTAINING A COPY OF THE ANNUAL AUDITED FINANCIAL STATEMENTS ON OUR OWN WEBSITE. SUMMARY FINANCIAL STATEMENTS ARE INCLUDED IN THE FOUNDATION'S 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:

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

CHANGE IN VALUE OF SPLIT INTEREST TRUSTS	716,533.
AGENCY ENDOWMENT GIFTS	-1,454,612.
AGENCY ENDOWMENT INVESTMENT INCOME	-1,173,505.
AGENCY ENDOWMENT GRANT DISTRIBUTIONS	1,164,924.
REVENUE FROM BENEFICIAL INTERESTS IN TRUSTS	10,853.
CHARITABLE REMAINDER UNITRUST (REVENUE)/EXPENSE	-75,596.
TOTAL TO FORM 990, PART XI, LINE 9	-811,403.

FORM 990, PART XII, LINE 2C:

THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

2023

**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	198,876.	132,531.	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 - 22-2546051 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) 2023

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

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

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

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

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

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

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

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

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

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

Part VII Supplemental Information

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

Lined area for supplemental information.

Type and Entity: NOL CA		DETAIL CARRYOVER SCHEDULE										
Section 382 Annual Limitation		Section 382 Carryover										
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____
A	2023	3,888.										
B												
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												
Detail Type	ESBC	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____
A												
B												
C												
D												
E												
F												
G												
H												
I												
J												
K												
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P												
Q												
R												
S												
T												
U												
V												
W												

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

2023

For calendar year 2023 or other tax year beginning _____, and ending _____

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

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

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

Department of the Treasury Internal Revenue Service

Form 990-T header section including: A Check box if address changed, B Exempt under section 501(c)(3), C Book value of all assets at end of year 205,052,335, D Employer identification number 23-6299868, E Group exemption number, F Check box if an amended return.

G Check organization type: 501(c) corporation (checked), 501(c) trust, 401(a) trust, Other trust, State college/university, 6417(d)(1)(A) Applicable entity.

H Check if filing only to claim: Credit from Form 8941, Refund shown on Form 2439, Elective payment amount from Form 3800.

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 (checked)

L The books are in care of MEREDITH SCHREFFLER, VP FINANCE Telephone number 717-848-3733

Part I Total Unrelated Business Taxable Income table with 11 rows and 2 columns (description, amount). Total amount is 0.

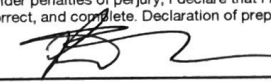
Part II Tax Computation table with 7 rows and 2 columns (description, amount). Total amount is 0.

Part III Tax and Payments table with 5 main rows and sub-rows (1a-1d, 3a-3e), 2 columns (description, amount). Total tax amount is 0.

Part III Tax and Payments <i>(continued)</i>			
6 a	Payments: Preceding year's overpayment credited to the current year	6a	50,000.
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	
c	Tax deposited with Form 8868	6c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
e	Backup withholding (see instructions)	6e	
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	
g	Elective payment election amount from Form 3800	6g	
h	Payment from Form 2439	6h	
i	Credit from Form 4136	6i	
j	Other (see instructions)	6j	
7	Total payments. Add lines 6a through 6j	7	50,000.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	50,000.
11	Enter the amount of line 10 you want: Credited to 2024 estimated tax 50,000. Refunded	11	0.

Part IV Statements Regarding Certain Activities and Other Information <i>(see instructions)</i>			Yes	No
1	At any time during the 2023 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
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			X
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$			
4	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 6.			
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available 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		
		\$		
		\$		
		\$		
		\$		
6 a	Reserved for future use			
b	Reserved for future use			

Part V Supplemental Information		
Provide any additional information. See instructions.		

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	 Signature of officer	10/29/24 Date	TREASURER Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Paid Preparer Use Only	Print/Type preparer's name DOUGLAS L. BERMAN, CPA	Preparer's signature DOUGLAS L. BERMAN, CPA	Date 10/24/24	Check <input type="checkbox"/> if self-employed PTIN P01269555
	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

**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 for instructions and the latest information.

OMB No. 1545-0123

2023

Name YORK COUNTY COMMUNITY FOUNDATION	Employer identification number 23-6299868
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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)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				2,803.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	2,803.

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)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				45,363.
11 Enter gain from Form 4797, line 7 or 9			11	20,734.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	66,097.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	2,803.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	66,097.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	68,900.

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

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

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

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 2023 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)
	SEE STATEMENT 7						

- 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 **20,734.**

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 **20,734.**

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	12	13	14	15	16	17

- 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.

Form **4797** (2023)

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	
25 If section 1245 property:			
a	Depreciation allowed or allowable from line 22	25a	
b	Enter the smaller of line 24 or 25a	25b	
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.			
a	Additional depreciation after 1975. See instructions	26a	
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b	
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c	
d	Additional depreciation after 1969 and before 1976	26d	
e	Enter the smaller of line 26c or 26d	26e	
f	Section 291 amount (corporations only)	26f	
g	Add lines 26b, 26e, and 26f	26g	
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.			
a	Soil, water, and land clearing expenses	27a	
b	Line 27a multiplied by applicable percentage	27b	
c	Enter the smaller of line 24 or 27b	27c	
28 If section 1254 property:			
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a	
b	Enter the smaller of line 24 or 28a	28b	
29 If section 1255 property:			
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a	
b	Enter the smaller of line 24 or 29a. See instructions	29b	

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

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

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

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

FORM 4797

PROPERTY HELD MORE THAN ONE YEAR

STATEMENT 7

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
COMMONFUND GLOBAL PRIV. EQUITY PART. 201						-22.
COMMONFUND GLOABL PRIV. EQUITY FUND II, COMMONFUND CAPITAL SECONDARY PARTNERS II						12,275.
COMMONFUND GLOBAL PRIV. EQUITY FUND III, COMMONFUND CAPITAL SECONDARY PARTNERS II						4,246.
COMMONFUND CAPITAL ENVIRONMENTAL SUSTAIN						620.
COMMONFUND REAL ESTATE OPPORTUNITY FUND COMMONFUND CAPITAL OCIO						229.
GLOBAL PRIVATE E						95.
TOTAL TO 4797, PART I, LINE 2						20,734.

**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 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

2023

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

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

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

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances c Balance	1c		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a 68,900.		68,900.
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 1	5 -98,390.		-98,390.
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement) STMT 2	12 190.		190.
13 Total. Combine lines 3 through 12	13 -29,300.		-29,300.

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

1 Compensation of officers, directors, and trustees (Part X)	1	
2 Salaries and wages	2	
3 Repairs and maintenance	3	
4 Bad debts	4	
5 Interest (attach statement). See instructions	5	
6 Taxes and licenses	6	
7 Depreciation (attach Form 4562). See instructions	7	
8 Less depreciation claimed in Part III and elsewhere on return	8a	8b
9 Depletion	9	
10 Contributions to deferred compensation plans	10	
11 Employee benefit programs	11	
12 Excess exempt expenses (Part VIII)	12	
13 Excess readership costs (Part IX)	13	
14 Other deductions (attach statement) SEE STATEMENT 3	14	548.
15 Total deductions. Add lines 1 through 14	15	548.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	-29,848.
17 Deduction for net operating loss. See instructions	17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18	-29,848.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

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	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. 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 2a and 2b (attach statement)				
5 Total deductions. 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 Total gross income (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 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11 Total dividends-received deductions included in line 10				0.

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

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)						
(2)						
(3)						
(4)						
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).		
Totals			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).
Totals		0.		0.

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

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

FORM 990-T (A)

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 1

DESCRIPTION	NET INCOME OR (LOSS)
COMMONFUND CAPITAL VENTURE PART. XII - INTEREST INCOME	13.
COMMONFUND CAPITAL VENTURE PART. XII - DIVIDEND INCOME	35.
COMMONFUND CAPITAL VENTURE PART. XII - OTHER PORTFOLIO INCOME (LOSS)	4.
COMMONFUND CAPITAL VENTURE PART. XII - OTHER INCOME (LOSS)	-378.
COMMONFUND GLOBAL PRIV. EQUITY PART. 2014 - ORDINARY BUSINESS INCOME (LOSS)	20,358.
COMMONFUND GLOBAL PRIV. EQUITY PART. 2014 - NET RENTAL REAL ESTATE INCOME	-30.
COMMONFUND GLOBAL PRIV. EQUITY PART. 2014 - INTEREST INCOME	670.
COMMONFUND GLOBAL PRIV. EQUITY PART. 2014 - DIVIDEND INCOME	89.
COMMONFUND GLOBAL PRIV. EQUITY PART. 2014 - OTHER PORTFOLIO INCOME (LOSS)	8.
COMMONFUND GLOBAL PRIV. EQUITY PART. 2014 - OTHER INCOME (LOSS)	-5,216.
COMMONFUND GLOABL PRIV. EQUITY FUND II, LP - ORDINARY BUSINESS INCOME (LOSS)	-5,319.
COMMONFUND GLOABL PRIV. EQUITY FUND II, LP - NET RENTAL REAL ESTATE INCOME	-161.
COMMONFUND GLOABL PRIV. EQUITY FUND II, LP - OTHER NET RENTAL INCOME (LOSS)	29.
COMMONFUND GLOABL PRIV. EQUITY FUND II, LP - INTEREST INCOME	1,465.
COMMONFUND GLOABL PRIV. EQUITY FUND II, LP - DIVIDEND INCOME	740.
COMMONFUND GLOABL PRIV. EQUITY FUND II, LP - ROYALTIES	38.
COMMONFUND GLOABL PRIV. EQUITY FUND II, LP - OTHER PORTFOLIO INCOME (LOSS)	71.
COMMONFUND GLOABL PRIV. EQUITY FUND II, LP - OTHER INCOME (LOSS)	-9,041.
COMMONFUND CAPITAL SECONDARY PARTNERS II, LP - ORDINARY BUSINESS INCOME (LOS	19,239.
COMMONFUND CAPITAL SECONDARY PARTNERS II, LP - NET RENTAL REAL ESTATE INCOME	-130.
COMMONFUND CAPITAL SECONDARY PARTNERS II, LP - OTHER NET RENTAL INCOME (LOSS	37.
COMMONFUND CAPITAL SECONDARY PARTNERS II, LP - INTEREST INCOME	71.
COMMONFUND CAPITAL SECONDARY PARTNERS II, LP - DIVIDEND INCOME	30.
COMMONFUND CAPITAL SECONDARY PARTNERS II, LP - ROYALTIES	162.
COMMONFUND CAPITAL SECONDARY PARTNERS II, LP - OTHER PORTFOLIO INCOME (LOSS)	46.
COMMONFUND CAPITAL SECONDARY PARTNERS II, LP - OTHER INCOME (LOSS)	-5,261.
COMMONFUND GLOBAL PRIV. EQUITY FUND III, LP - ORDINARY BUSINESS INCOME (LOSS	-421.
COMMONFUND GLOBAL PRIV. EQUITY FUND III, LP - NET RENTAL REAL ESTATE INCOME	-30.

COMMONFUND GLOBAL PRIV. EQUITY FUND III, LP - OTHER NET RENTAL INCOME (LOSS)	1.
COMMONFUND GLOBAL PRIV. EQUITY FUND III, LP - INTEREST INCOME	951.
COMMONFUND GLOBAL PRIV. EQUITY FUND III, LP - DIVIDEND INCOME	1,787.
COMMONFUND GLOBAL PRIV. EQUITY FUND III, LP - ROYALTIES	38.
COMMONFUND GLOBAL PRIV. EQUITY FUND III, LP - OTHER PORTFOLIO INCOME (LOSS)	5.
COMMONFUND GLOBAL PRIV. EQUITY FUND III, LP - OTHER INCOME (LOSS)	-12,453.
COMMONFUND CAPITAL SECONDARY PARTNERS III, LP - ORDINARY BUSINESS INCOME (LO	-2,657.
COMMONFUND CAPITAL SECONDARY PARTNERS III, LP - NET RENTAL REAL ESTATE INCOM	-111.
COMMONFUND CAPITAL SECONDARY PARTNERS III, LP - INTEREST INCOME	579.
COMMONFUND CAPITAL SECONDARY PARTNERS III, LP - DIVIDEND INCOME	2,346.
COMMONFUND CAPITAL SECONDARY PARTNERS III, LP - ROYALTIES	6.
COMMONFUND CAPITAL SECONDARY PARTNERS III, LP - OTHER PORTFOLIO INCOME (LOSS	1,904.
COMMONFUND CAPITAL SECONDARY PARTNERS III, LP - GUARANTEED PAYMENTS	2,718.
COMMONFUND CAPITAL SECONDARY PARTNERS III, LP - OTHER INCOME (LOSS)	-15,424.
COMMONFUND CAPITAL VENTURE PARTNERS XIII, L.P. - INTEREST INCOME	33.
COMMONFUND CAPITAL VENTURE PARTNERS XIII, L.P. - DIVIDEND INCOME	57.
COMMONFUND CAPITAL VENTURE PARTNERS XIII, L.P. - OTHER PORTFOLIO INCOME (LOS	8.
COMMONFUND CAPITAL VENTURE PARTNERS XIII, L.P. - OTHER INCOME (LOSS)	762.
COMMONFUND CAPITAL ENVIRONMENTAL SUSTAINABILITY PARTNERS 2020, L - ORDINARY	-11,824.
COMMONFUND CAPITAL ENVIRONMENTAL SUSTAINABILITY PARTNERS 2020, L - NET RENTA	-445.
COMMONFUND CAPITAL ENVIRONMENTAL SUSTAINABILITY PARTNERS 2020, L - OTHER NET	1.
COMMONFUND CAPITAL ENVIRONMENTAL SUSTAINABILITY PARTNERS 2020, L - INTEREST	253.
COMMONFUND CAPITAL ENVIRONMENTAL SUSTAINABILITY PARTNERS 2020, L - DIVIDEND	33.
COMMONFUND CAPITAL ENVIRONMENTAL SUSTAINABILITY PARTNERS 2020, L - OTHER POR	-8.
COMMONFUND CAPITAL ENVIRONMENTAL SUSTAINABILITY PARTNERS 2020, L - OTHER INC	-1,753.
COMMONFUND CAPITAL VENTURE PARTNERS XIV, L.P. - ORDINARY BUSINESS INCOME (LO	1,239.
COMMONFUND CAPITAL VENTURE PARTNERS XIV, L.P. - INTEREST INCOME	87.
COMMONFUND CAPITAL VENTURE PARTNERS XIV, L.P. - OTHER INCOME (LOSS)	-15,048.
COMMONFUND PRIVATE CREDIT FUND II LP - ORDINARY BUSINESS INCOME (LOSS)	3,470.
COMMONFUND REAL ESTATE OPPORTUNITY FUND II LP - ORDINARY BUSINESS INCOME (LO	-10,437.

YORK COUNTY COMMUNITY FOUNDATION

23-6299868

COMMONFUND REAL ESTATE OPPORTUNITY FUND II LP - NET RENTAL REAL ESTATE INCOM	-14,487.
COMMONFUND REAL ESTATE OPPORTUNITY FUND II LP - INTEREST INCOME	23.
COMMONFUND CAPITAL OCIO GLOBAL PRIVATE EQUITY FUND IV LP - ORDINARY BUSINESS	-8,500.
COMMONFUND CAPITAL OCIO GLOBAL PRIVATE EQUITY FUND IV LP - NET RENTAL REAL E	-2.
COMMONFUND CAPITAL OCIO GLOBAL PRIVATE EQUITY FUND IV LP - OTHER NET RENTAL	31.
COMMONFUND CAPITAL OCIO GLOBAL PRIVATE EQUITY FUND IV LP - INTEREST INCOME	692.
COMMONFUND CAPITAL OCIO GLOBAL PRIVATE EQUITY FUND IV LP - DIVIDEND INCOME	1,742.
COMMONFUND CAPITAL OCIO GLOBAL PRIVATE EQUITY FUND IV LP - ROYALTIES	2.
COMMONFUND CAPITAL OCIO GLOBAL PRIVATE EQUITY FUND IV LP - OTHER PORTFOLIO I	433.
COMMONFUND CAPITAL OCIO GLOBAL PRIVATE EQUITY FUND IV LP - GUARANTEED PAYMEN	32.
COMMONFUND CAPITAL OCIO GLOBAL PRIVATE EQUITY FUND IV LP - OTHER INCOME (LOS	-41,592.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	-98,390.

FORM 990-T (A)	OTHER INCOME	STATEMENT 2
DESCRIPTION		AMOUNT
CANCELLATION OF DEBT - COMMONFUND GLOABL PRIV. EQUITY FUND II, LP		122.
CANCELLATION OF DEBT - COMMONFUND GLOBAL PRIV. EQUITY FUND III, LP		55.
CANCELLATION OF DEBT - COMMONFUND CAPITAL SECONDARY PARTNERS III, LP		11.
CANCELLATION OF DEBT - COMMONFUND CAPITAL OCIO GLOBAL PRIVATE EQUITY FUND IV		2.
TOTAL TO SCHEDULE A, PART I, LINE 12		190.

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 3

DESCRIPTION	AMOUNT
OTHER DEDUCTIONS - PORTFOLIO FROM COMMONFUND GLOABL PRIV. EQUITY FUND II, LP	1.
OTHER DEDUCTIONS - PORTFOLIO FROM COMMONFUND GLOBAL PRIV. EQUITY FUND III, L	335.
OTHER DEDUCTIONS - PORTFOLIO FROM COMMONFUND CAPITAL SECONDARY PARTNERS III,	103.
OTHER DEDUCTIONS - PORTFOLIO FROM COMMONFUND CAPITAL ENVIRONMENTAL SUSTAINAB	95.
OTHER DEDUCTIONS - PORTFOLIO FROM COMMONFUND CAPITAL OCIO GLOBAL PRIVATE EQU	14.
 TOTAL TO SCHEDULE A, PART II, LINE 14	 548.

**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 for instructions and the latest information.

OMB No. 1545-0123

2023

Name YORK COUNTY COMMUNITY FOUNDATION	Employer identification number 23-6299868
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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)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				2,803.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	2,803.

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)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				45,363.
11 Enter gain from Form 4797, line 7 or 9			11	20,734.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	66,097.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	2,803.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	66,097.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	68,900.

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

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

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

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 2023 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)
	SEE STATEMENT 4						

- 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 **20,734.**

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 **20,734.**

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	12	13	14	15	16	17

- 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.

Form **4797** (2023)

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		
25 If section 1245 property:			
a Depreciation allowed or allowable from line 22	25a		
b Enter the smaller of line 24 or 25a	25b		
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.			
a Additional depreciation after 1975. See instructions	26a		
b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b		
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c		
d Additional depreciation after 1969 and before 1976	26d		
e Enter the smaller of line 26c or 26d	26e		
f Section 291 amount (corporations only)	26f		
g Add lines 26b, 26e, and 26f	26g		
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.			
a Soil, water, and land clearing expenses	27a		
b Line 27a multiplied by applicable percentage	27b		
c Enter the smaller of line 24 or 27b	27c		
28 If section 1254 property:			
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a		
b Enter the smaller of line 24 or 28a	28b		
29 If section 1255 property:			
a Applicable percentage of payments excluded from income under section 126. See instructions	29a		
b Enter the smaller of line 24 or 29a. See instructions	29b		

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

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

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

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

FORM 4797

PROPERTY HELD MORE THAN ONE YEAR

STATEMENT 4

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
COMMONFUND GLOBAL PRIV. EQUITY PART. 201						-22.
COMMONFUND GLOABL PRIV. EQUITY FUND II, COMMONFUND CAPITAL SECONDARY PARTNERS II						12,275.
COMMONFUND GLOBAL PRIV. EQUITY FUND III, COMMONFUND CAPITAL SECONDARY PARTNERS II						4,246.
COMMONFUND CAPITAL ENVIRONMENTAL SUSTAIN						620.
COMMONFUND REAL ESTATE OPPORTUNITY FUND COMMONFUND CAPITAL OCIO						229.
GLOBAL PRIVATE E						95.
TOTAL TO 4797, PART I, LINE 2						20,734.

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

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

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

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

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

Part I - Identification

Type or Print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization, employer, or other filer, see instructions. YORK COUNTY COMMUNITY FOUNDATION	Taxpayer identification number (TIN) 23-6299868
	Number, street, and room or suite no. If a P.O. box, see instructions. 14 WEST MARKET STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. YORK, PA 17401-1617	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **MEREDITH SCHREFFLER, VP FINANCE & OPERATIONS**
14 WEST MARKET STREET - YORK, PA 17401-1203

Telephone No. **717-848-3733** Fax No. **717-854-7231**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **24**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 20 **23** or
 tax year beginning _____, 20 _____, and ending _____, 20 _____

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

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

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Return or Excise Taxes Related to Employee Benefit Plans**

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Part I - Identification

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

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

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3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	50,000.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	50,000.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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