

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)

2024

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2024 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 \$ 112,936,397.
	14 WEST MARKET STREET		
	City or town, state or province, country, and ZIP or foreign postal code YORK, PA 17401-1617		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: PATRICK BRUBAKER SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	
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		H(c) Group exemption number	
J Website: WWW.YCCF.ORG		L Year of formation: 1961 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	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	16
	6 Total number of volunteers (estimate if necessary)	6	120
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-36,792.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue			Prior Year
			Current Year
	8 Contributions and grants (Part VIII, line 1h)	8,523,471.	12,352,768.
	9 Program service revenue (Part VIII, line 2g)	226,421.	225,326.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,209,469.	6,885,093.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	98,432.	30,574.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,057,793.	19,493,761.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,533,791.	9,433,351.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,784,274.	1,874,913.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	552,080.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,496,964.	1,317,717.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,815,029.	12,625,981.	
19 Revenue less expenses. Subtract line 18 from line 12	4,242,764.	6,867,780.	
Net Assets or Fund Balances			Beginning of Current Year
			End of Year
	20 Total assets (Part X, line 16)	205,052,335.	224,451,420.
21 Total liabilities (Part X, line 26)	57,720,756.	65,164,039.	
22 Net assets or fund balances. Subtract line 21 from line 20	147,331,579.	159,287,381.	

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 11/10/25
	Type or print name and title PATRICK BRUBAKER, TREASURER		
Paid Preparer Use Only	Preparer's name DOUGLAS L. BERMAN, CPA	Preparer's signature DOUGLAS L. BERMAN, C	Date 10/17/25
	Firm's name RKL LLP	Firm's EIN 23-2108173	Check if self-employed <input type="checkbox"/> PTIN P01269555
Firm's address 3501 CONCORD ROAD, STE 250 YORK, PA 17402		Phone no. 717-843-3804	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 10,539,047. including grants of \$ 9,433,351.) (Revenue \$ 225,326.) YORK COUNTY COMMUNITY FOUNDATION'S GRANTMAKING PROGRAM REACHES BROADLY ACROSS ALL CHARITABLE SECTORS SERVING YORK COUNTY PENNSYLVANIA, AS EVIDENCED BY MORE THAN 1,460 GRANTS TO 387 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 10,539,047.

Part IV Checklist of Required Schedules

Table with columns for question number, Yes, and No. Contains 21 main questions and sub-questions (a-f) regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

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, Yes, No. Rows 1a, 1b, 1c regarding 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. Rows include questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 20; 1b Enter the number of voting members included... 20; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates... X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done... X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official... X; b Other officers or key employees of the organization... X; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed PA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [X] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
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) ADRIAN BUCKNER VP FOR COMMUNITY INVESTMENT	38.00 2.00					X	235,210.	0.	6,605.	
(2) NATALEE GUNDERSON PRESIDENT, CEO (START 3/24)	45.00 0.10			X			157,377.	0.	15,584.	
(3) MEREDITH SCHREFFLER VP FINANCE & OPERATIONS	38.00 2.00			X			139,407.	0.	17,874.	
(4) MARY KAY BERNOSKY VICE-PRESIDENT FOR DEVELOPMENT	38.00 2.00					X	139,256.	0.	7,791.	
(5) DONNA JONES CONTROLLER	38.00 2.00					X	110,935.	0.	24,185.	
(6) SARAH THOMAS VP COMMUNICATIONS & CULTURE	38.00 2.00					X	106,541.	0.	13,798.	
(7) JANE M. CONOVER PRESIDENT, CEO (THRU 1/24)	45.00 0.10			X			11,385.	0.	0.	
(8) HAROLD N MYERS JR CHAIR	2.00 0.10	X		X			0.	0.	0.	
(9) MICHAEL GLEZER 1ST VICE CHAIR	2.00 0.00	X		X			0.	0.	0.	
(10) PATRICK BRUBAKER TREASURER	2.00 0.00	X		X			0.	0.	0.	
(11) ELIZABETH DELLINGER SECRETARY	2.00 0.00	X		X			0.	0.	0.	
(12) MIEKE DRISCOLL DIRECTOR	1.00 0.00	X					0.	0.	0.	
(13) RANDY FREEDMAN DIRECTOR	1.00 0.00	X					0.	0.	0.	
(14) CINDY FRUITRAIL DIRECTOR	1.00 0.00	X					0.	0.	0.	
(15) OLIVER W HOAR DIRECTOR	1.00 0.00	X					0.	0.	0.	
(16) MICHELLE HOVIS DIRECTOR	1.00 0.50	X					0.	0.	0.	
(17) LISA KENNEDY DIRECTOR	1.00 0.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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) JODY LEIGHTY DIRECTOR	1.00 0.00	X						0.	0.	0.
(19) HEATHER MAXFIELD DIRECTOR	1.00 0.00	X						0.	0.	0.
(20) HOLLY A. MAYER DIRECTOR	1.00 0.00	X						0.	0.	0.
(21) SUZANNE MCCONKEY DIRECTOR	1.00 0.10	X						0.	0.	0.
(22) MATTHEW POFF DIRECTOR	1.00 0.00	X						0.	0.	0.
(23) SARAH REINECKER DIRECTOR	1.00 0.00	X						0.	0.	0.
(24) SHERRY ROLAND-WASHINGTON DIRECTOR	1.00 0.00	X						0.	0.	0.
(25) DAVID SIVEL DIRECTOR	1.00 0.00	X						0.	0.	0.
(26) JENNIFER STETTER DIRECTOR	1.00 0.00	X						0.	0.	0.
1b Subtotal								900,111.	0.	85,837.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								900,111.	0.	85,837.

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
COMMONFUND 15 OLD DANBURY ROAD, WILTON, CT 06897	INVESTMENT CONSULTING	308,859.
MASON INVESTMENT ADVISORY SERVICES, 11130 SUNRISE VALLEY DRIVE, RESTON, VA 20191	INVESTMENT CONSULTING	153,956.

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	12,352,768.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 426,145.				
	h	Total. Add lines 1a-1f		12,352,768.				
Program Service Revenue	2 a	MANAGEMENT FEES	Business Code	561000	162,482.	162,482.		
	b	CHARITABLE TRUST FEES	Business Code	561000	62,844.	62,844.		
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			225,326.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			5,844,577.		-36,792.	
	4	Income from investment of tax-exempt bond proceeds					5881369.	
	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			
				93,672,604.	810,548.			
	b	Less: cost or other basis and sales expenses	7b	93,442,636.	0.			
	c	Gain or (loss)	7c	229,968.	810,548.			
d	Net gain or (loss)			1,040,516.		1040516.		
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	ADMIN & PROGRAM FEES	Business Code	900099	30,574.		30,574.	
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d			30,574.			
12	Total revenue. See instructions			19,493,761.	225,326.	-36,792.	6952459.	

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	9,025,820.	9,025,820.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	407,531.	407,531.		
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	341,627.	132,855.	132,987.	75,785.
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	1,214,766.	472,409.	472,879.	269,478.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	50,740.	19,732.	19,752.	11,256.
9 Other employee benefits	144,926.	56,360.	56,416.	32,150.
10 Payroll taxes	122,854.	47,777.	47,824.	27,253.
11 Fees for services (nonemployees):				
a Management				
b Legal	20,248.		20,248.	
c Accounting	49,145.		49,145.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	462,815.		462,815.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	240,541.	149,540.	68,695.	22,306.
12 Advertising and promotion	32,094.	17,141.		14,953.
13 Office expenses	30,255.	12,296.	11,588.	6,371.
14 Information technology	132,889.	52,553.	49,779.	30,557.
15 Royalties				
16 Occupancy	86,144.	33,500.	33,534.	19,110.
17 Travel	15,179.	4,694.	7,455.	3,030.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	55,953.	4,886.	51,067.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	25,189.		25,189.	
23 Insurance	19,094.	6,366.	6,364.	6,364.
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	105,756.	75,997.	3,354.	26,405.
b DUES AND ASSESSMENTS	33,064.	18,940.	7,062.	7,062.
c STAFF DEVELOPMENT	9,351.	650.	8,701.	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	12,625,981.	10,539,047.	1,534,854.	552,080.
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	253,446.	1	343,856.
	2 Savings and temporary cash investments	10,310,903.	2	
	3 Pledges and grants receivable, net	23,153.	3	17,098.
	4 Accounts receivable, net	3,500,517.	4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 771,594.		
	b Less: accumulated depreciation	10b 634,877.	47,091.	10c 136,717.
	11 Investments - publicly traded securities	142,201,401.	11	166,398,577.
	12 Investments - other securities. See Part IV, line 11	48,016,388.	12	56,912,552.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	699,436.	15	642,620.
16 Total assets. Add lines 1 through 15 (must equal line 33)	205,052,335.	16	224,451,420.	
Liabilities	17 Accounts payable and accrued expenses	184,487.	17	189,794.
	18 Grants payable	438,282.	18	980,040.
	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	57,097,987.	25	63,994,205.
	26 Total liabilities. Add lines 17 through 25	57,720,756.	26	65,164,039.
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	144,505,609.	27	156,324,259.
	28 Net assets with donor restrictions	2,825,970.	28	2,963,122.
	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	147,331,579.	32	159,287,381.
33 Total liabilities and net assets/fund balances	205,052,335.	33	224,451,420.	

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	19,493,761.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,625,981.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,867,780.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	147,331,579.
5	Net unrealized gains (losses) on investments	5	9,070,712.
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	-3,982,690.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	159,287,381.

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 (2024)

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8167698.	10099619.	8986147.	8523471.	12352768.	48129703.
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	8167698.	10099619.	8986147.	8523471.	12352768.	48129703.
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)						5865667.
6 Public support. Subtract line 5 from line 4.						42264036.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	8167698.	10099619.	8986147.	8523471.	12352768.	48129703.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	909,877.	1645995.	1563024.	2352252.	5881369.	12352517.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	69,847.	176,992.	72,574.	0.	0.	319,413.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				98,432.	30,574.	129,006.
11 Total support. Add lines 7 through 10						60930639.
12 Gross receipts from related activities, etc. (see instructions)					12	1,145,326.
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 2024 (line 6, column (f), divided by line 11, column (f))	14	69.36	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	67.32	%
16a 33 1/3% support test - 2024. 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 - 2023. 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 - 2024. 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 - 2023. 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) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 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; 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.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (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.

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 2024 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2023 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 2024 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2024. 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 - 2023. 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 (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	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 2024 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-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	Total of lines 3a through 3e		
g	Applied to under distributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2025. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

Schedule A (Form 990) 2024

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.)

Lined area for supplemental information.

Schedule B (Form 990)

(Rev. December 2024) 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

Name of the organization

YORK COUNTY COMMUNITY FOUNDATION

Employer identification number

23-6299868

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

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

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

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

[] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization 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>1,075,000.</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>2,193,213.</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>250,764.</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>680,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>1,806,743.</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>266,655.</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/>	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 685,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 946,738.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

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

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

(Rev. December 2024)

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

**Open to Public
Inspection**

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	106	7
2 Aggregate value of contributions to (during year)	1,267,354.	131,827.
3 Aggregate value of grants from (during year)	2,735,410.	217,023.
4 Aggregate value at end of year	37,979,949.	2,506,130.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply):

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule D (Form 990) (Rev. 12-2024)

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 **d** Loan or exchange program
- b** Scholarly research **e** Other _____
- c** Preservation for future generations
- 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	147,331,579.	134,254,085.	148,667,353.	123,850,837.	115,188,831.
b Contributions	7,577,415.	7,256,896.	7,045,346.	9,136,749.	6,961,532.
c Net investment earnings, gains, and losses	15,341,133.	17,261,936.	-13,981,550.	22,986,596.	9,803,596.
d Grants or scholarships	9,337,575.	9,718,887.	5,990,758.	5,882,217.	6,712,188.
e Other expenditures for facilities and programs	118.	279.	1,715.	65,640.	211,394.
f Administrative expenses	1,625,053.	1,722,172.	1,484,591.	1,358,972.	1,179,540.
g End of year balance	159,287,381.	147,331,579.	134,254,085.	148,667,353.	123,850,837.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 98.1400 %
- b** Permanent endowment 1.8600 %
- c** Term endowment .0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----------|
| (i) Unrelated organizations? | | X |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 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		613,350.	555,869.	57,481.
d Equipment		158,244.	79,008.	79,236.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				136,717.

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) DOWNTOWN RENAISSANCE FUND	275,000.	COST
(D) LOAN RECEIVABLE - FOUR		
(E) SQUARES DEVELOPMENT	68,524.	COST
(F) VENTURE PARTNERS XIV	2,378,917.	END-OF-YEAR MARKET VALUE
(G) VENTURE PARTNERS XIII	2,651,080.	END-OF-YEAR MARKET VALUE
(H) VENTURE PARTNERS XII	2,408,823.	END-OF-YEAR MARKET VALUE
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	56,912,552.	

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 BENEFICIARIES UNDER TRUST	
(3) AGREEMENTS	1,951,090.
(4) FUNDS HELD AS AGENCY ENDOWMENTS	40,222,578.
(5) FUNDS HELD FOR RELATED SUPPORTING ORGANIZATION	21,504,434.
(6) OBLIGATION UNDER OPERATING LEASE	316,103.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	63,994,205.

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	22,718,838.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	9,070,712.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	563,712.	
e	Add lines 2a through 2d	2e		9,634,424.
3	Subtract line 2e from line 1	3		13,084,414.
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	462,815.	
b	Other (Describe in Part XIII.)	4b	5,946,532.	
c	Add lines 4a and 4b	4c		6,409,347.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		19,493,761.

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	10,763,036.
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		10,763,036.
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	462,815.	
b	Other (Describe in Part XIII.)	4b	1,400,130.	
c	Add lines 4a and 4b	4c		1,862,945.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		12,625,981.

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 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

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
10,000 FRIENDS OF PENNSYLVANIA 200 NORTH THIRD STREET, SUITE 407 HARRISBURG, PA 17101	31-1621197	501(C)3	5,250.	0.			GENERAL SUPPORT
18 SOUTH STUDENT MINISTRIES, INC. 18 SOUTH YOUTH CENTER PO BOX 472 RED LION, PA 17356	83-6068202	501(C)(3)	10,000.	0.			18 SOUTH COMMUNITY YOUTH CENTER
ACCOUNTABILITY FOR LIFE (AFL) 755 VOGELSONG RD. YORK, PA 17404	82-4605690	501(C)(3)	10,000.	0.			FEAST PROGRAM
ADAMS RESCUE MISSION 2515 YORK RD. GETTYSBURG, PA 17325	23-1978755	501(C)(3)	50,000.	0.			OPERATIONAL GRANT
AFFORDABLE HOUSING ADVOCATES 3 RATHTON ROAD YORK, PA 17403	23-2022702	501(C)3	52,667.	0.			HOUSING COORDINATOR, GIVE LOCAL YORK
ALBRIGHT CARE SERVICES FRANCINE ASHBY, 90 MAPLEWOOD DRIVE LEWISBURG, PA 17837	23-1887138	501(C)(3)	12,512.	0.			GENERAL SUPPORT, CREATIVE PLACE ACTIVITIES AND PROGRAMMING, NORMANDIE RIDGE BENEVOLENT CARE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **197.**

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) (Rev. 12-2024)

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
ALDERSGATE UNITED METHODIST CHURCH 397 TYLER RUN ROAD YORK, PA 17403	23-1484201	501(C)3	6,777.	0.			VACATION BIBLE SCHOOL, BENEFIT FOR MISSIONS
ALPHA (ALLIANCE FOR LOW INCOME PERSONAL CARE HOME ADVANCEMENT) - 35 CONIFER LN. - YORK, PA 17406	23-3050192	501(C)(3)	10,000.	0.			IMPROVING VIABILITY AND SUCCESS OF SSI PCHS IN YORK COUNTY
AMERICAN CANCER SOCIETY 314 GOOD DRIVE LANCASTER, PA 17603	13-1788491	501(C)3	12,974.	0.			DESIGNATED GRANT FOR GENERAL SUPPORT
AMERICAN HEART ASSOCIATION-YORK DIVISION - 4250 CRUMS MILL ROAD, SUITE 100 - HARRISBURG, PA 17112	13-5613797	501(C)3	10,970.	0.			GENERAL SUPPORT
AMERICAN PARKINSON DISEASE ASSOCIATION - 135 PARKINSON AVENUE - STATEN ISLAND, NY 10305	13-1962771	501(C)3	8,422.	0.			FOR THE BENEFIT OF RESIDENTS OF SOUTH CENTRAL PENNSYLVANIA.
AMERICAN RED CROSS 431 18TH STREET NW WASHINGTON, DC 20006	53-0196605	501(C)3	13,391.	0.			GENERAL SUPPORT, GIVE LOCAL YORK, FIRE PREVENTION
AMERICAN ROAD AND TRANSPORTATION BUILDERS ASSOC TRANSPORTATION DEVELOPMENT FOUND - 250 E ST. S.W. STE 900 - WASHINGTON, DC	52-6283894	501(C)(3)	15,000.	0.			ARTBA TMAW, TDF SCHOLARSHIPS/DONOR WILL NOT PARTICIPATE IN SELECTION
APJ FOUNDATION 320 SOUTH RICHLAND AVE. YORK, PA 17404	87-2112204	501(C)3	50,000.	0.			VOCATIONAL TRAINING
APPELL CENTER FOR THE PERFORMING ARTS - 50 N. GEORGE STREET - YORK, PA 17401	23-2053382	501(C)3	155,293.	0.			GENERAL SUPPORT, GIVE LOCAL YORK, YORK COUNTY STUDENTS

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
ASBURY FOUNDATION, INC. ASBURY BETHANY VILLAGE. 325 WESLEY MECHANICSBURG, PA 17055	52-1862674	501(C)3	10,000.	0.			GENERAL SUPPORT
ASBURY UNITED METHODIST CHURCH 340 EAST MARKET STREET YORK, PA 17403	23-6396152	501(C)3	5,729.	0.			DESIGNATED FOR GENERAL SUPPORT
ASSOCIATION OF FUNDRAISING PROFESSIONALS PA CENTRAL CHAPTER - 833 MARJORY TERRACE - LANCASTER, PA 17603	23-2335032	501(C)(3)	5,750.	0.			AFP OF CENTRAL PA CORPORATE PARTNER
BELL SOCIALIZATION SERVICES 160 S. GEORGE STREET YORK, PA 17401	23-1896438	501(C)3	80,529.	0.			GENERAL SUPPORT, GIVE LOCAL YORK, GIVING SHELTER CAMPAIGN, RENTAL ASSITANCE FOR HOMELESS
BENCH MARK PROGRAM 102 S PRINCE ST. LANCASTER, PA 17603	46-5047462	501(C)(3)	10,000.	0.			LAUNCHING BENCH MARK'S WOMEN'S STRENGTH AND FITNESS CENTER
BIG BROTHERS BIG SISTERS OF YORK & ADAMS COUNTIES (S/B BBBS OF CAPITAL REGION) - 227 W. MARKET ST., STE 102 - YORK, PA 17401	23-2580603	501(C)(3)	14,889.	0.			MENTORING PROGRAM, GIVE LOCAL YORK, GENERAL SUPPORT
BILL GOODLING TEACHER SCHOLARSHIP FUND - C/O STAMBAUGH NESS, PC, 2600 EASTERN BLVD. - YORK, PA 17402	23-3042315	501(C)3	5,532.	0.			AGENCY ENDOWMENT FUND DISTRIBUTION FOR GENERAL SUPPORT
BRO2GO INC 101 S QUEEN STREET YORK, PA 17403	82-3881034	501(C)3	9,500.	0.			BRO2GO CAREERS EXPANSION PROJECT
BYRNES HEALTH EDUCATION CENTER 515 S. GEORGE STREET YORK, PA 17401	23-2588187	501(C)3	54,777.	0.			GENERAL SUPPORT, CAPITAL CAMPAIGN, ENHANCED NUTRITION AND FITNESS PROPS

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
CAMPS NEWFOUND OWATONNA 4 CAMP NEWFOUND ROAD HARRISON, ME 40401	04-2384391	501(C)3	15,905.	0.			GENERAL SUPPORT
CASA 8151 15TH AVE. LANGLEY PARK, MD 20783	52-1372972	501(C)(3)	23,250.	0.			GENERAL SUPPORT
CATHOLIC CHARITIES 253 EAST MARKET ST. YORK, PA 17403	23-1494791	501(C)(3)	10,880.	0.			GENERAL SUPPORT
CATHOLIC HARVEST FOOD PANTRY 628 EAST MARKET STREET YORK, PA 17403	23-1494791	501(C)3	11,000.	0.			GENERAL SUPPORT, GIVE LOCAL YORK
CBMC OF YORK 2410 WEST MARKET STREET YORK, PA 17404	23-7043832	501(C)3	11,565.	0.			GENERAL SUPPORT
CHILDREN'S AID SOCIETY 343 LINCOLNWAY WEST NEW OXFORD, PA 17350	23-1429838	501(C)3	80,413.	0.			GENERAL SUPPORT FOR LEHMAN CENTER, GIVE LOCAL YORK, STRETCH POOL
CHILDREN'S HOME OF YORK 77 SHOE HOUSE ROAD YORK, PA 17406	23-1352081	501(C)3	131,119.	0.			GENERAL SUPPORT, GIVE LOCAL YORK, STRETCH POOL, TO SUPPORT ARTIST AND ART THERAPY ENGAGEMENT
CHILDREN'S MIRACLE NETWORK C/O PENN STATE MILTON S. HERSHEY MEDICAL CENTER, PO BOX 852 - HERSHEY, PA 17	87-0387205	501(C)3	8,422.	0.			GENERAL SUPPORT
CHRIST EVANGELICAL LUTHERAN CHURCH - SHREWSBURY - 105 SOUTH MAIN STREET - SHREWSBURY, PA 17361	23-2051473	501(C)3	8,312.	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
CHRIST LUTHERAN CHURCH-DALLASTOWN 126 WEST MAIN STREET DALLASTOWN, PA 17313	23-1520312	501(C)3	18,441.	0.			GENERAL SUPPORT
CITY OF YORK 101 SOUTH GEORGE STREET YORK, PA 17401	23-6001908	GOVERNMENT	18,364.	0.			SCULPTURE MAINTENANCE, PUBLIC WORKS CAPITAL IMPROVEMENT, CONTINENTAL SQUARE PLANTER
COLUMBIA PUBLIC LIBRARY 24 SOUTH SIXTH STREET COLUMBIA, PA 17512-1517	23-6050185	501(C)3	5,207.	0.			GENERAL SUPPORT
COMMUNITY CONNECTIONS FOR CHILDREN ELRC REGION 10 YORK, PA 17401	22-2842846	501(C)3	512,248.	0.			ECE AWARDS PROGRAM, READ FREDDY
COMMUNITY PROGRESS COUNCIL, INC. 226 EAST COLLEGE AVE. YORK, PA 17403	23-1653135	501(C)(3)	72,750.	0.			GENERAL SUPPORT, GIVE LOCAL YORK, MOVING YORK COUNTIANS EXPERIENCING POVERTY TO
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
CREATIVE YORK 10 N. BEAVER ST. YORK, PA 17401	23-2616151	501(C)3	22,617.	0.			ART IN THE PARKS, GENERAL SUPPORT, GIVE LOCAL YORK, DOWNTOWN BEAUTIFICATION MURAL
CRISPUS ATTUCKS ASSOCIATION 605 SOUTH DUKE STREET YORK, PA 17401	23-1365320	501(C)3	86,869.	0.			GENERAL SUPPORT, GIVE LOCAL YORK, CHILDREN'S CENTER, CAREER FOCUS INSTITUTE, CA HISTORY AND
CULTURAL ALLIANCE OF YORK COUNTY 2536 EASTERN BLVD PMB 402 YORK, PA 17402	23-2992925	501(C)3	35,771.	0.			GENERAL SUPPORT, ANNUAL CAMPAIGN, ENCORE PROGRAM, KINDNESS CO-TAILS GRANT FOR KINDNESS CORNER

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

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DALLASTOWN AREA EDUCATIONAL FOUNDATION - 700 NEW SCHOOL LANE - DALLASTOWN, PA 17313	55-0792133	501(C)3	8,615.	0.			GIVE LOCAL YORK, GENERAL SUPPORT
DILLSBURG AREA PUBLIC LIBRARY 204 MUMPER LN. DILLSBURG, PA 17019-1395	23-6418830	501(C)(3)	5,884.	0.			GENERAL SUPPORT
DILLSBURG ARTS AND REVITALIZATION COUNCIL - 18 AUTUMN DR. - DILLSBURG, PA 17019	46-5574129	501(C)(3)	15,000.	0.			DILLSBURG ARTS AND HERITAGE SITE
DIOCESE OF HARRISBURG 4800 UNION DEPOSIT RD. HARRISBURG, PA 17111-3710	53-0196617	501(C)(3)	14,000.	0.			GENERAL SUPPORT, LENTEN APPEAL, GIVE LOCAL YORK
DOWNTOWN INC 144 ROOSEVELT AVE. YORK, PA 17401	23-2411781	501(C)(3)	52,040.	0.			GENERAL SUPPORT, WELCOMING COMMUNITIES, INAUGURAL KINDNESS CO-TAILS FOR CUMMUNITY
DREAMWRIGHTS CENTER FOR COMMUNITY ARTS - 100 CARLISLE AVENUE - YORK, PA 17401	23-2882835	501(C)3	6,750.	0.			GIVE LOCAL YORK, GENERAL SUPPORT
EASTER SEALS WESTERN AND CENTRAL PENNSYLVANIA - SIX PARKWAY CENTER, STE 150, 875 GREENTREE RD - PITTSBURGH, PA 15220-3508	25-0965215	501(C)(3)	7,181.	0.			GENERAL SUPPORT
EASTERN YORK DOLLARS FOR SCHOLARS 25 N. WILSON LANE YORK, PA 17406	46-5052406	501(C)3	19,534.	0.			GENERAL SUPPORT
EASTERN YORK RECREATION AUTHORITY 44 WALNUT SPRINGS RD. YORK, PA 17406	83-1811991	501(C)(3)	15,000.	0.			BLESSING FIELD REVITALIZATION PROJECT

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EICHELBERGER PERFORMING ARTS CENTER - 195 STOCK STREET, SUITE 200 - HANOVER, PA 17331	23-2915952	501(C)3	13,559.	0.			GENERAL SUPPORT, REMODELING THE CENTER
EMMANUEL UNITED CHURCH OF CHRIST 124 BROADWAY HANOVER, PA 17331	23-1472502	501(C)3	106,228.	0.			GENERAL SUPPORT
EQUITEAM SUPPORT SERVICES 1200 SOUTH PLEASANT AVENUE DALLASTOWN, PA 17313	20-8055860	501(C)3	8,380.	0.			GIVE LOCAL YORK MATCH
FAMILY FIRST HEALTH 116 SOUTH GEORGE STREET YORK, PA 17401	23-7118262	501(C)3	45,500.	0.			GENERAL SUPPORT, AFFORDABLE MEDICAL CARE TO YORK CITY HS STUDENTS
FAMILY HEALTH COUNCIL OF CENTRAL PENNSYLVANIA - 3461 MARKET ST. , STE 200 - CAMP HILL, PA 17011	23-7289815	501(C)(3)	20,000.	0.			UNDERSTANDING THE NEEDS OF MARGINALIZED PREGNANT AND POSTPARTUM WOMEN IN YORK COUNTY
FARM & NATURAL LANDS TRUST OF YORK COUNTY - 350 NORTH GEORGE STREET - YORK, PA 17401	23-2612674	501(C)3	75,169.	0.			GENERAL SUPPORT, TECHNOLOGY UPGRADES, GIVE LOCAL YORK
FIRST PRESBYTERIAN CHURCH 225 EAST MARKET STREET YORK, PA 17403	23-1355118	501(C)3	26,719.	0.			ABENDMUSIK, GIVE LOCAL YORK, CARING COMPANY MINISTRY, CHURCH YOUTH PROGRAMS, THANKSGIVING
FLORIDA SHERRIFFS YOUTH RANCHES MAIN OFFICE, PO BOX 2000 BOYS RANCH, FL 32064	23-7303117	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FOR THE LOVE OF A VETERAN INC. 18 WEST HANOVER ST. , PO BOX 1238 HANOVER, PA 17331	46-3945664	501(C)(3)	28,500.	0.			GENERAL SUPPORT

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FRIENDS & NEIGHBORS OF PENNSYLVANIA INC - 2723 CARLTON PL - YORK, PA 17408	26-2526908	501(C)3	140,960.	0.			GENERAL SUPPORT. KINDNESS CO-TAILS, PROGRAM COORDINATOR, STABLE HOUSING COLLABORATIVE
GARDEN CLUB OF YORK PO BOX 7079 YORK, PA 17404	23-2994596	501(C)3	30,116.	0.			BASKETS, GIVE LOCAL YORK, GENERAL SUPPORT
GETTYSBURG COLLEGE 300 NORTH WASHINGTON STREET, PO BOX GETTYSBURG, PA 17325	23-1352641	501(C)3	11,512.	0.			GENERAL SUPPORT
GIRLS WHO CODE INC. 1250 BROADWAY, 17TH FLOOR NEW YORK, NY 10010	30-0728021	501(C)3	6,000.	0.			GIRLS WHO CODE CLUBS
GLATFELTER MEMORIAL LIBRARY 101 GLENVIEW RD. SPRING GROVE, PA 17362	23-1580528	501(C)(3)	13,020.	0.			GENERAL SUPPORT
GRETCHEN WOLF SWARTZ SCHOLARSHIP FUND, INC. - 135 NORTH GEORGE STREET, STE. 400 - YORK, PA 17401	23-3027519	501(C)3	157,884.	0.			GENERAL SUPPORT
HAITI OUTREACH MINISTRIES, INC. PO BOX 607 EMIGSVILLE, PA 17318	23-2859951	501(C)3	24,000.	0.			GENERAL SUPPORT
HANOVER AREA COUNCIL OF CHURCHES 136 CARLISLE ST. PO BOX 1561 HANOVER, PA 17331	23-2354101	501(C)(3)	50,000.	0.			GENERAL SUPPORT
HANOVER AREA HISTORICAL SOCIETY 21 BALTIMORE STREET, PO BOX 305 HANOVER, PA 17331	23-6407016	501(C)3	61,927.	0.			WAREHIME/MYERS MANSION FACILITIES OPERATIONS, CAPITAL IMPROVEMENT, 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.)

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HDC MIDATLANTIC 8 WEST KING ST. , STE 821 LANCASTER, PA 17603	23-1861343	501(C)(3)	10,000.	0.			RESIDENT SERVICES IN YORK COUNTY, PA
HISTORIC PROSPECT HILL CEMETERY HERITAGE FOUNDATION - 2744 FAIRWAY DRIVE - YORK, PA 17402	02-0798587	501(C)3	17,449.	0.			GENERAL SUPPORT
HOMEWOOD FOUNDATION, INC. 16107 ELLIOTT PKWY WILLIAMSPORT, MD 21795	52-1892689	501(C)3	6,961.	0.			GOLF CLASSIC SPONSORSHIP, GENERAL SUPPORT
HOPE PO BOX 279 STEWARTSTOWN, PA 17363-0279	23-2765683	501(C)(3)	50,000.	0.			CAPITAL CAMPAIGN
HORN FARM CENTER FOR AGRICULTURAL EDUCATION - 4945 HORN ROAD - YORK, PA 17406	20-1061394	501(C)3	13,575.	0.			GIVE LOCAL YORK, GENERAL SUPPORT, ECO-RESTORATION CERTIFICATE TRAINING PROGRAM
HOSPICE & COMMUNITY CARE 685 GOOD DR. PO BOX 4125 LANCASTER, PA 17604	23-2122735	501(C)(3)	51,043.	0.			GENERAL SUPPORT, HEALING HOMES, CHOICES PALIATIVE AND SUPPORTIVE CARE HOME,
JUNIOR ACHIEVEMENT OF SOUTH CENTRAL PA - 610 SOUTH GEORGE STREET - YORK, PA 17401	23-1598129	501(C)3	40,025.	0.			INSPIRING EQUITABLE TOMORROWS, GENERAL SUPPORT, GIVE LOCAL YORK, JA PROGRAMS IN YORK
JUNIOR LEAGUE OF YORK 211 PAULINE DRIVE, BOX 522 YORK, PA 17402	23-1421913	501(C)3	11,053.	0.			GENERAL SUPPORT
KATALASSO INC. 38 SOUTH BELVIDERE AVE. YORK, PA 17401-3623	45-3170905	501(C)(3)	13,000.	0.			GENERAL SUPPORT

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KEYSTONE HUMAN SERVICES 4391 STURBRIDGE DRIVE HARRISBURG, PA 17110	23-1915567	501(C)3	32,000.	0.			GENERAL SUPPORT
KEYSTONE KIDSPACE 369 NORTH GEORGE ST. YORK, PA 17401	30-0829212	501(C)(3)	263,159.	0.			GENERAL SUPPORT, STEAM PROGRAM, GIVE LOCAL YORK, 6TH GIVE,
LANCASTER THEOLOGICAL SEMINARY 555 WEST JAMES STREET LANCASTER, PA 17603	23-1353386	501(C)3	9,288.	0.			GENERAL SUPPORT
LEADERSHIP YORK 238 NORTH GEROGUE STREET YORK, PA 17401	23-2139541	501(C)3	18,110.	0.			GENERAL SUPPORT, LEADERSHIP TRAINING
LEG UP FARM, INC. 4880 NORTH SHERMAN STREET MOUNT WOLF, PA 17347	23-2931834	501(C)3	23,408.	0.			GENERAL SUPPORT, GIVE LOCAL YORK, EQUINE ASSISTED LEARNING
LIFEPATH CHRISTIAN MINISTRIES 371 WEST MARKET STREET, PO BOX 1968 YORK, PA 17405	23-6444734	501(C)3	73,062.	0.			GENERAL SUPPORT, GIVE LOCAL YORK, SHELTER AND SUPPORT FOR HOMELESS 55+, RENOVATIONS
LINCOLNWAY SPORTCENTER 2601 W MARKET ST YORK, PA 17404	20-2780063	501(C)(3)	20,000.	0.			GLOVES ACROSS THE GLOBE
LOGOS ACADEMY 250 WEST KING STREET YORK, PA 17401	31-1520442	501(C)3	23,222.	0.			GENERAL SUPPORT, INTERNSHIPS
LOGOS WORKS PARTNERS 250 WEST KING STREET YORK, PA 17401	85-3282711	501(C)3	107,330.	0.			SAFER TOGETHER COMMUNITY ATHLETICS, CAPACITY-BUILDING THROUGHOUT COMMUNITY

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LOWER SUSQUEHANNA RIVERKEEPER ASSOCIATION - 2098 LONG LEVEL ROAD - WRIGHTSVILLE, PA 17368	68-0620499	501(C)3	17,950.	0.			GREENER CODORUS INITIATIVE, RIPPLE EFFECT EVENT, GENERAL SUPPORT, RENOVATION OF SHANK'S
MAKE-A-WISH FOUNDATION OF GREATER PA & SOUTHERN WV - 2951 WHITEFORD ROAD, SUITE 304 - YORK, PA 17402	25-1464177	501(C)3	19,723.	0.			GENERAL SUPPORT
MARGARET E. MOUL HOME 2050 BARLEY ROAD YORK, PA 17404	23-2037566	501(C)3	18,999.	0.			GENERAL SUPPORT, NURSING PROGRAM ENHANCEMENT
MARTIN LIBRARY 159 EAST MARKET STREET YORK, PA 17401	23-1352224	501(C)3	51,195.	0.			GENERAL SUPPORT, GIVE LOCAL YORK,
MARYLAND & PENNSYLVANIA RAILROAD PRESERVATION SOCIETY - P.O. BOX 2262 - YORK, PA 17405	23-2441623	501(C)3	125,788.	0.			GENERAL SUPPORT
MASON-DIXON PUBLIC LIBRARY 250 BAILEY DRIVE STEWARTSTOWN, PA 17363	23-2321504	501(C)3	6,515.	0.			GENERAL SUPPORT
MEMORIAL HEALTH FUND 14 WEST MARKET ST YORK, PA 17401	22-2546051	501(C)3	121,164.	0.			GENERAL SUPPORT
MENTAL HEALTH AMERICA OF YORK AND ADAMS COUNTIES - 36 SOUTH QUEEN STREET - YORK, PA 17403	23-1576691	501(C)3	5,463.	0.			GENERAL SUPPORT
MISERICORDIA NURSING & REHABILITATION CENTER - 998 SOUTH RUSSELL STREET - YORK, PA 17402	23-1352170	501(C)3	11,250.	0.			GENERAL SUPPORT

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MOUNT WOLF BOROUGH 345 CHESTNUT STREET, PO BOX 458 MOUNT WOLF, PA 17347	23-1952738	GOVERNMENT	11,576.	0.			SUPPORT OF MOUNT WOLF ATHLETIC ASSOCIATION
MOUNT ZION LUTHERAN CHURCH 2164 MOUNT ZION ROAD YORK, PA 17406	23-1744704	501(C)3	45,874.	0.			GENERAL SUPPORT
MT. ZION UNITED CHURCH OF CHRIST 1054 RIDGEWOOD ROAD YORK, PA 17402	23-1884302	501(C)3	51,617.	0.			GENERAL SUPPORT, MISSION PROJECTS
NATIONAL ALLIANCE ON MENTAL ILLNESS YORK COUNTY - 35 SOUTH DUKE STREET, SUITE 200 - YORK, PA 17401	80-0382284	501(C)3	15,000.	0.			EXPAND PAUSE
NEW BIRTH OF FREEDOM COUNCIL, BOY SCOUTS OF AMERICA - 1 BADEN POWELL LANE - MECHANICSBURG, PA 17050	23-1365194	501(C)3	14,733.	0.			GIVE LOCAL YORK, GENERAL SUPPORT, YORK DISTINGUISHED CITIZEN
NEW HOPE MINISTRIES P.O. BOX 448, 99 W. CHURCH STREET DILLSBURG, PA 17019	23-2223120	501(C)3	100,250.	0.			SECOND CHANCE FINANCING, GENERAL SUPPORT
NEW LIFE FOR GIRLS P.O. BOX 170 DOVER, PA 17315	23-1912101	501(C)3	21,050.	0.			CARMELA'S DREAM BUILDING FUND, GENERAL SUPPORT
NORTHERN CENTRAL RAILWAY OF YORK 2 W. MAIN STREET, PO BOX 128 NEW FREEDOM, PA 17349	20-4755150	501(C)3	9,131.	0.			GENERAL SUPPORT
OLIVIA'S HOUSE - A GRIEF AND LOSS CENTER FOR CHILDREN - 830 SOUTH GEORGE STREET - YORK, PA 17403	23-3100851	501(C)3	9,425.	0.			GENERAL SUPPORT

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OTTERBEIN CHURCH MOUNT WOLF 131 CENTER STREET, PO BOX 386 MOUNT WOLF, PA 17347	23-6277722	501(C)3	27,245.	0.			GENERAL SUPPORT, SUPPORT FAMILIES IN NEED, EARLY CHILD CARE AND EDUCATION
PAPPUS HOUSE 66 BIG MOUNT RD THOMASVILLE, PA 17364	45-2869258	501(C)3	13,971.	0.			GENERAL SUPPORT, LANTERNS OF LIGHT, GIVE LOCAL YORK
PARKINSON'S CURE RESEARCH FUNDING 119 E PHILADELPHIA ST YORK, PA 17401	27-4075638	501(C)(3)	11,250.	0.			FORUM FOR THE CURE FOR PARKINSON'S, BOX LUNCH REVUE
PARTNERSHIP FOR ECONOMIC DEVELOPMENT OF YORK COUNTY - 144 ROOSEVELT AVE - YORK, PA 17401	23-2768349	501(C)3	171,000.	0.			PLACER AI, PATHWAYS WORKFORCE COLLABORATIVE, GENERAL SUPPORT, DEVELOPMENT OF CASE
PENN STATE YORK 1031 EDGEComb AVE. YORK, PA 17403-3326	24-6000376	501(C)(3)	13,077.	0.			GRAHAM FELLOWS PROGRAM, GENERAL SUPPORT, GIVE LOCAL YORK, FOUNDER'S LECTURE SERIES
PENNCARES SUPPORT SERVICES 788 CHERRY TREE COURT HANOVER, PA 17331-7901	23-1878861	501(C)(3)	25,450.	0.			RACIAL AND CULTURAL EDUCATIONAL TRAINING, BUILDING BRIGHTER FUTURE THROUGH CHILD DEVELOPMENT
PENN-MAR HUMAN SERVICES, INC. 10709 SUSQUEHANNA TRAIL GLEN ROCK, PA 17327	52-1590195	501(C)3	14,966.	0.			GALA DONATION, GENERAL SUPPORT, BUILDING BOLD FUTURES CAMPAIGN
PLANNED PARENTHOOD KEYSTONE 610 LOUIS DRIVE, SUITE 300 WARMINSTER, PA 18974	23-2450112	501(C)3	17,466.	0.			GIVE LOCAL YORK, GENERAL SUPPORT
POSITIVE ENERGY ARTS FOUNDATION 415 NORWAY ST. YORK, PA 17403	46-5215502	501(C)(3)	11,000.	0.			CHILDREN'S MOVEMENT CIRCUS

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PRESBYTERIAN HOMES, INC. ONE TRINITY DRIVE EAST, SUITE 201 DILLSBURG, PA 17019	23-2941518	501(C)3	8,000.	0.			CUPBOARDS OF CARE FOR LOW-INCOME SENIORS
ROTARY CLUB OF YORK CHARITABLE ENDOWMENT FUND - 140 ROOSEVELT AVENUE SUITE 209 - YORK, PA 17401	23-2642321	501(C)3	52,517.	0.			GENERAL SUPPORT, GIVE LOCAL YORK, ANNUAL FUND
SAMARITANS PURSE PO BOX 3000 BOONE, NC 28607-3000	58-1437002	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SCHOOL DISTRICT OF THE CITY OF YORK - 31 NORTH PERSHING AVE. - YORK, PA 17405-1927	23-6004284	501(C)(3)	5,500.	0.			HANNAH PENN DRESSED FOR SUCCESS UNIFORM REQUEST, AQUAPONIC SYSTEM
SERVANTS INC. 100 REDCO AVENUE, SUITE C-0 RED LION, PA 17356	23-3042387	501(C)3	46,509.	0.			GENERAL SUPPORT, HOME HELPS
SERVICE CORPS OF RETIRED EXECUTIVES ASSOCIATION - JD BROWN CENTER FOR ENTREPRENEURSHIP, 410 KINGS MILL ROAD - YORK, PA 17401	52-1067290	501(C)3	6,364.	0.			GENERAL SUPPORT, GROWTH OF YORK COUNTY SMALL BUSINESS
SHADOWFAX CORPORATION 386 PATTISON STREET YORK, PA 17403	23-2368549	501(C)3	5,931.	0.			GENERAL SUPPORT
SHINE FOUNDATION INC. 4225 WEBSTER DR. YORK, PA 17402	82-1116378	501(C)(3)	20,000.	0.			INSTRUMENTS, EQUIPMENT, AND SUSTAINABILITY PLANNING
SHINING STARS THERAPEUTIC RIDING PROGRAM, INC. - 3175 OLD HARRISBURG RD. - GETTYSBURG, PA 17325	11-3771828	501(C)(3)	250,000.	0.			RENOVATION OF NEWLY ACQUIRED HORSE FARM

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SOUTH EASTERN COMMUNITY EDUCATION FOUNDATION - 377 MAIN ST. - FAWN GROVE, PA 17321	33-1133201	501(C)(3)	5,905.	0.			MUSIC PROGRAM AT KENNARD DALE HS
SOUTHERN YORK COUNTY SCHOOL DISTRICT FOUNDATION - PO BOX 128 - GLEN ROCK, PA 17327	23-2862892	501(C)3	43,630.	0.			GENERAL SUPPORT
SPIRITRUST LUTHERAN 1050 PENNSYLVANIA AVENUE YORK, PA 17404	23-1476329	501(C)3	23,043.	0.			GENERAL SUPPORT, SHREWSBURY LUTHERAN VILLAGE, ELDER ABUSE TRAINING OR ALZHEIMERS
SPRING GARDEN BAND 993 MARBROOK LANE YORK, PA 17404	22-2459929	501(C)3	53,400.	0.			GENERAL SUPPORT
SPRING GROVE AREA EDUCATION FUND 100 EAST COLLEGE AVENUE SPRING GROVE, PA 17362	47-1901147	501(C)3	15,001.	0.			GENERAL SUPPORT
SPRING GROVE AREA SCHOLARSHIP FUND, INC. - PO BOX 66 - SPRING GROVE, PA 17362	46-3480762	501(C)3	63,088.	0.			GENERAL SUPPORT
SPRING GROVE AREA SCHOOL DISTRICT 100 EAST COLLEGE AVENUE SPRING GROVE, PA 17362	23-6004845	501(C)3	16,781.	0.			LITERACY EDUCATION
ST. JAMES LUTHERAN CHURCH 25 NORTH ADAMS STREET YORK, PA 17404	41-1568278	501(C)3	8,430.	0.			GENERAL SUPPORT
ST. JOHN CHRYSOSTOM ANTIOCHIAN ORTHODOX CHURCH - 2397 NORTH SHERMAN STREET - YORK, PA 17406	11-6007930	501(C)3	25,288.	0.			GENERAL SUPPORT

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ST. JOHN EVANGELICAL LUTHERAN CHURCH - 175 EAST MAIN STREET - NEW FREEDOM, PA 17349	23-1979891	501(C)3	7,093.	0.			GENERAL SUPPORT
ST. JOHN THE BAPTIST EPISCOPAL CHURCH - 140 NORTH BEAVER ST. - YORK, PA 17401	23-1365285	501(C)3	9,432.	0.			GENERAL SUPPORT
ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. - 262 DANNY THOMAS PL. - MEMPHIS, TN 38105	62-0646012	501(C)3	12,486.	0.			GENERAL SUPPORT
ST. PAUL EVANGELICAL LUTHERAN CHURCH - 201 SOUTH MAIN STREET - SPRING GROVE, PA 17362	23-1370472	501(C)3	94,144.	0.			GENERAL SUPPORT, REPAIR HEADSTONES IN CEMETERY
ST. PAUL'S LUTHERAN CHURCH 25 WEST SPRINGETTSBURY AVENUE YORK, PA 17403	23-1352477	501(C)3	12,055.	0.			GENERAL SUPPORT, CHILDHOOD CARE AND EDUCATION
ST. ROSE OF LIMA ELEMENTARY SCHOOL 115 N. BIESECKER RD. THOMASVILLE, PA 17408	23-1494791	501(C)(3)	33,500.	0.			GIVE LOCAL YORK, GENERAL SUPPORT, BONSALE FUND, SAINT ROSE STARS PERFORMING ARTS CLUB
STEWARTSTOWN AREA SENIOR CITIZEN CENTER INC. - PO BOX 235, 26 S. MAIN STREET - STEWARTSTOWN, PA 17363	23-2244037	501(C)(3)	8,000.	0.			ACTIVE AGING
STICK -N- MOVE BOXING 611 JESSOP PLACE APT 2 YORK, PA 17401	27-0682162	501(C)(3)	5,100.	0.			ESSENTIAL EQUIPMENT
SUSQUEHANNA HERITAGE CORPORATION 1706 LONG LEVEL ROAD WRIGHTSVILLE, PA 17368	75-3087098	501(C)3	195,466.	0.			GENERAL SUPPORT, ART CONSULTANT STUDY

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
THE BELMONT THEATRE 27 S. BELMONT STREET YORK, PA 17403	23-1251224	501(C)3	48,880.	0.			GENERAL SUPPORT
THE JANUS SCHOOL 205 LEFEVER RD. MOUNT JOY, PA 17552	23-2578832	501(C)(3)	11,353.	0.			CAPITAL CAMPAIGN, GENERAL SUPPORT
THE MOVEMENT OF YORK, INC. 678 E. MARKET ST. YORK, PA 17403	84-4488642	501(C)3	10,000.	0.			MOBILE PANTRY FOR THE ELDERLY
THE SALVATION ARMY 440 WEST NYACK RD WEST NYACK, NY 10994	13-5562351	501(C)3	101,373.	0.			GENERAL SUPPORT, YOUTH PROGRAM, SUPPORT PROGRAMS THROUGH YORK CITADEL CORPS IN YORK, PA
THEATRE ARTS FOR EVERYONE 1604 2ND AVENUE YORK, PA 17403	47-5402481	501(C)(3)	11,000.	0.			LARAMIE PROJECT, SENIOR TOURING TROUPE
TRINITY ROTH'S UNITED CHURCH OF CHRIST - 6417 CHURCH ROAD - SPRING GROVE, PA 17362	34-1927041	501(C)3	6,474.	0.			GENERAL SUPPORT
TROVESTREET, LLC 14 WEST MARKET ST. YORK, PA 17401	87-1799161	501(C)(3)	200,000.	0.			TROVESTREET
TRUENORTH WELLNESS SERVICES 625 WEST ELM AVE. HANOVER, PA 17331	23-2007907	501(C)3	27,374.	0.			GENERAL SUPPORT, AKC RED LION TOY REPLACEMENT
UNITED WAY OF YORK COUNTY 140 EAST MARKET STREET YORK, PA 17401	23-1352588	501(C)3	191,121.	0.			GENERAL SUPPORT, GIVE LOCAL YORK, CAMPAIGN CELEBRATION, BUILDING CAMPAIGN, TOCQUEVILLE

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
VALLEY YOUTH HOUSE 3400 HIGH POINT BLVD BETHLEHEM, PA 18017	23-7178820	501(C)(3)	15,000.	0.			DEI YOUTH LEADERSHIP INITIATIVE
VISIONCORPS 244 NORTH QUEEN STREET LANCASTER, PA 17603	23-1352349	501(C)3	23,167.	0.			GENERAL SUPPORT
VISITING NURSE ASSOCIATION OF HANOVER & SPRING GROVE - 440 NORTH MADISON ST. - HANOVER, PA 17331-4700	23-2347658	501(C)(3)	50,000.	0.			GENERAL SUPPORT
VNA HOME HEALTH - WELLSPAN 540 S. GEORGE ST. YORK, PA 17401	23-1352573	501(C)3	61,185.	0.			GENERAL SUPPORT
WALNUT GROVE THERAPEUTIC CENTER, INC - 3890 SCHOOLHOUSE RD. - DOVER, PA 17315	87-1229410	501(C)(3)	10,000.	0.			NEW WELL
WATERSHED ALLIANCE OF YORK, INC. 2401 PLEASANT VALLEY ROAD, SUITE 10 YORK, PA 17402	41-2028968	501(C)3	9,000.	0.			CODORUS FOCUS AT KIWANIS LAKE AND KEYSTONE KIDSPACE
WEE CONNECT EARLY LEARNING CENTER, INC. - 1491 SOUTH QUEEN ST. - YORK, PA 17403	88-4406162	501(C)(3)	95,750.	0.			GIVE LOCAL YORK, GENERAL SUPPORT, REFIT 3 CLASSROOMS, CAPITAL CAMPAIGN
WELLSPAN HEALTH 45 MONUMENT RD. , STE 200 YORK, PA 17403	22-2517863	501(C)(3)	10,000.	0.			XRAY LEAD FOR RNS AND STS IN THE OPERATING ROOM
WELLSPAN YORK HEALTH FOUNDATION 2500 S. GEORGE STREET YORK, PA 17403	23-3050192	501(C)3	17,047.	0.			BENTZEL DENTAL CENTER AND HOODNER DENTAL CLINIC, GENERAL SUPPORT, WELLSPAN CANCER PATIENT HELP FUND,

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
WEST YORK AREA SCHOOL DISTRICT 1891 LOUCKS ROAD, SUITE 100 YORK, PA 17408	23-1642980	501(C)3	13,702.	0.			MUSIC DEPARTMENT, MUSIC PROGRAMS
WHITE ROSE LEADERSHIP INSTITUTE 144 ROOSEVELT AVENUE, SUITE 206 YORK, PA 17401	83-1246505	501(C)3	78,499.	0.			GIVE LOCAL YORK, GENERAL SUPPORT, INAUGURAL KINDNESS CO-TAILS, EA PRIZE
WITF INC 4801 LINDLE ROAD HARRISBURG, PA 17111	23-1629016	501(C)3	8,760.	0.			GENERAL SUPPORT
WOMEN'S CARE CENTER 40 SOUTH RICHLAND AVE., PO BOX 1621 YORK, PA 17405	23-2608350	501(C)3	10,000.	0.			GIVE LOCAL YORK, GENERAL SUPPORT
YMCA OF THE ROSES 90 NORTH NEWBERRY STREET YORK, PA 17401	23-1352600	501(C)3	145,803.	0.			GENERAL SUPPORT, CAMPAIGN FOR THE GENERATIONS, GIVE LOCAL YORK, TEMPLE GUARD, YOUNG THINKERS, YOUTH
YORK ADAMS COMMUNITY TENNIS ASSOCIATION - DENISE DUNN, DIR OF RACQUET SPORTS, 225 BOWMAN RD, REAR - HANOVER, PA 17331	20-2952274	501(C)(3)	6,500.	0.			GENERAL SUPPORT
YORK ART ASSOCIATION 220 SOUTH MARSHALL STREET YORK, PA 17402	23-1984781	501(C)3	43,537.	0.			GENERAL SUPPORT, NEW PROGRAM COORDINATOR, GROWTH OF EDUCATIONAL PROGRAMS
YORK BENEVOLENT ASSOCIATION P.O. BOX 5041 YORK, PA 17405	23-1353396	501(C)3	28,586.	0.			GENERAL SUPPORT
YORK CATHOLIC HIGH SCHOOL 601 EAST SPRINGETTSBURY AVENUE YORK, PA 17403	23-1381037	501(C)3	11,952.	0.			GENERAL SUPPORT, GIVE LOCAL YORK TUITION ASSISTANCE

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
YORK CITY BUREAU OF HEALTH 101 SOUTH GEORGE STREET YORK, PA 17401	23-6001908	501(C)3	143,947.	0.			GENERAL SUPPORT
YORK CITY DOLLARS FOR SCHOLARS 1120 GREENLEIGH DRIVE YORK, PA 17403	46-5072652	501(C)3	13,759.	0.			GENERAL SUPPORT
YORK CITY PARKS CONSERVANCY PO BOX 1912 YORK, PA 17405	23-3066098	501(C)3	93,256.	0.			FOUR CHAPLAINS MEMORIAL PROJECT, GIVE LOCAL YORK
YORK COLLEGE OF PENNSYLVANIA 441 COUNTRY CLUB ROAD YORK, PA 17403	23-1352698	501(C)3	172,281.	0.			MULTISPECTRAL ANALYSIS OF FARM CROPS, GENERAL SUPPORT, GIVE LOCAL YORK, CELEBRATING ATHLETIC
YORK COUNTRY DAY SCHOOL 1000 INDIAN ROCK DAM ROAD YORK, PA 17403	23-1352698	501(C)3	150,973.	0.			GENERAL SUPPORT, SNYDER ENDOWMENT
YORK COUNTY 4-H ENDOWMENT 4813 SHAFFER ROAD SEVEN VALLEYS, PA 17360	23-6957724	501(C)3	11,591.	0.			MAINTENANCE AND REPAIRS TO FACILITY AT BAIR STATION, GENERAL SUPPORT
YORK COUNTY AGRICULTURAL SOCIETY 334 CARLISLE AVENUE YORK, PA 17404	23-1241290	501(C)3	117,268.	0.			GENERAL SUPPORT
YORK COUNTY ALLIANCE FOR LEARNING 1601 KENNETH RD. YORK, PA 17408	23-2605442	501(C)3	11,000.	0.			HIGH SCHOOL CAREER EXPLORATION PROGRAMS
YORK COUNTY BAR FOUNDATION 137 EAST MARKET ST. YORK, PA 17401	23-2647164	501(C)3	7,100.	0.			GENERAL SUPPORT, BAR STOOLS, INTERCULTURAL DEVELOPMENT INVENTORY

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
YORK COUNTY CHILDREN'S ADVOCACY CENTER - 28 SOUTH QUEEN ST. - YORK, PA 17403	74-3054788	501(C)(3)	9,048.	0.			CHILD AND FAMILY TRANSLATION/INTERPRETER SERVICES, TO WORK WITH CHILDREN VICTIMS OF ABUSE
YORK COUNTY FOOD BANK, INC. 15 MARIANNE DRIVE YORK, PA 17401	23-2452484	501(C)3	11,000.	0.			GENERAL SUPPORT, GIVE LOCAL YORK
YORK COUNTY HISTORY CENTER 121 N. PERSHING AVE. YORK, PA 17401	23-1352323	501(C)3	256,960.	0.			GIVE LOCAL YORK, GENERAL SUPPORT, EDUCATIONAL PROGRAMMING, INTERCULTURAL MURAL OF
YORK COUNTY HONORS CHOIRS PO BOX 827 YORK, PA 17405	47-4155732	501(C)3	31,676.	0.			GENERAL SUPPORT
YORK COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY - 144 ROOSEVELT AVE. , STE 100 - YORK, PA 17401	23-7045116	GOVERNMENT	40,000.	0.			DOWNTOWN GATEWAY GARDENS PROJECT, YORKTOWNE HOTEL
YORK COUNTY LIBRARIES 159 EAST MARKET STREET YORK, PA 17401	23-7394108	501(C)3	16,162.	0.			GENERAL SUPPORT
YORK COUNTY PLANNING COMMISSION YORK COUNTY ADMINISTRATIVE CENTER, 28 EAST MARKET ST, 3RD FLOOR - YORK, PA 1	23-1601506	501(C)(3)	10,000.	0.			RADON TESTING FOR HOUSING PROGRAMS AT YCPC
YORK COUNTY SPCA 3159 SUSQUEHANNA TRAIL NORTH YORK, PA 17406	23-1399588	501(C)3	141,834.	0.			CAPITAL FUND CAMPAIGN, CANINE ENRICHMENT SAVES LIVES, GENERAL SUPPORT, GIVE LOCAL YORK
YORK DAY EARLY LEARNING 450 EAST PHILADELPHIA STREET YORK, PA 17403	23-1649205	501(C)3	85,521.	0.			GENERAL SUPPORT, GIVE LOCAL YORK, HEALTH HABITS START EARLY

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
YORK FRESH FOOD FARMS 12559 COLLINSVILLE RD BROGUE, PA 17309	47-5548242	501(C)3	12,500.	0.			GIVE LOCAL YORK, GENERAL SUPPORT, YORK CITY'S COMMUNITY GARDENS
YORK HABITAT FOR HUMANITY 33 SOUTH SEWARD STREET YORK, PA 17404	22-2670895	501(C)3	67,245.	0.			GENERAL SUPPORT, PINE STREET AFFORDABLE HOMEOWNERSHIP CONSTRUCTION
YORK JEWISH COMMUNITY CENTER 2000 HOLLYWOOD DRIVE YORK, PA 17403	23-1355127	501(C)3	34,827.	0.			GENERAL SUPPORT, GIVE LOCAL YORK, SUMMER 2024, INCREASING ACCESS TO TRANSPORATION AND SOCIAL
YORK JUNIOR SYMPHONY ORCHESTRA PO BOX 155 GLEN ROCK, PA 17327	22-2456737	501(C)(3)	6,376.	0.			GENERAL SUPPORT
YORK LITERACY INSTITUTE 1416 6TH AVENUE YORK, PA 17403	23-2088132	501(C)3	108,011.	0.			GENERAL SUPPORT, HANOVER PROGRAMS, ESL, GIVE LOCAL YORK, NEXT STEP PROGRAM,
YORK SUBURBAN DOLLARS FOR SCHOLARS 1800 HOLLYWOOD DRIVE YORK, PA 17403	46-5146589	501(C)3	22,215.	0.			GENERAL SUPPORT
YORK SYMPHONY ORCHESTRA 50 NORTH GEORGE STREET YORK, PA 17401	23-6298810	501(C)3	273,291.	0.			GENERAL SUPPORT, GIVE LOCAL YORK
YORK YOUTH SYMPHONY ORCHESTRA 50 NORTH GEORGE STREET YORK, PA 17401	23-2236458	501(C)3	58,056.	0.			GIVE LOCAL YORK, GENERAL SUPPORT, STRING/CHAMBER ENSEMBLE PROGRAM
YOUNG LIFE YORK CITY 35 S. DUKE STREET, PO BOX 1171 YORK, PA 17405	84-0385934	501(C)3	5,250.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIP FOR NORTHEASTERN HIGH SCHOOL STUDENTS	42	61,545.	0.		
SCHOLARSHIP FOR YORK CITY HIGH SCHOOL STUDENTS	52	55,399.	0.		
SCHOLARSHIP FOR DALLASTOWN HIGH SCHOOL STUDENTS	12	27,700.	0.		
SCHOLARSHIP FOR SOUTH WESTERN HIGH SCHOOL STUDENTS	14	24,700.	0.		
SCHOLARSHIP FOR YORK SUBURBAN HIGH SCHOOL STUDENTS	16	22,973.	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 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

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 EASTERN YORK HIGH SCHOOL STUDENTS	6.	18,650.	0.		
SCHOLARSHIP FOR SOUTHERN HIGH SCHOOL STUDENTS	6.	16,909.	0.		
SCHOLARSHIP FOR PENN STATE UNIVERSITY STUDENTS	10.	16,200.	0.		
SCHOLARSHIP FOR YORK COLLEGE OF PENNSYLVANIA STUDENTS	11.	14,500.	0.		
SCHOLARSHIP FOR SOUTH EASTERN HIGH SCHOOL STUDENTS	9.	13,700.	0.		
SCHOLARSHIP FOR SPRING GROVE HIGH SCHOOL STUDENTS	6.	11,004.	0.		
SCHOLARSHIP FOR SHIPPENBURG UNIVERSITY STUDENTS	2.	11,000.	0.		
SCHOLARSHIP FOR RED LION HIGH SCHOOL STUDENTS	5.	9,950.	0.		
SCHOLARSHIP FOR ELIZABETHTOWN COLLEGE STUDENTS	3.	7,300.	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 DUQUESNE UNIVERSITY STUDENTS	3.	6,700.	0.		
SCHOLARSHIP FOR HACC YORK CAMPUS STUDENTS	5.	6,500.	0.		
SCHOLARSHIP FOR TEMPLE UNIVERSITY STUDENTS	3.	6,500.	0.		
SCHOLARSHIP FOR BRYN MAWR COLLEGE STUDENTS	1.	5,000.	0.		
SCHOLARSHIP FOR UNIVERSITY OF CINCINNATI STUDENTS	1.	5,000.	0.		
SCHOLARSHIP FOR WILSON COLLEGE STUDENTS	1.	5,000.	0.		
SCHOLARSHIP FOR RANDOLPH-MACON COLLEGE STUDENTS	1.	4,500.	0.		
SCHOLARSHIP FOR BRIGHAM YOUNG UNIVERSITY STUDENTS	3.	4,000.	0.		
SCHOLARSHIP FOR JUNIATA COLLEGE STUDENTS	2.	3,250.	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 LONGWOOD UNIVERSITY STUDENTS	1.	3,000.	0.		
SCHOLARSHIP FOR DAEMAN COLLEGE STUDENTS	1.	2,500.	0.		
SCHOLARSHIP FOR FINGER LAKES COMMUNITY COLLEGE	1.	2,500.	0.		
SCHOLARSHIP FOR HOWARD UNIVERSITY STUDENTS	1.	2,500.	0.		
SCHOLARSHIP FOR KEUKA COLLEGE STUDENTS	1.	2,500.	0.		
SCHOLARSHIP FOR PENN STATE UNIVERSITY STUDENTS YORK	2.	2,500.	0.		
SCHOLARSHIP FOR WASHINGTON & JEFFERSON STUDENTS	1.	2,000.	0.		
SCHOLARSHIP FOR DREXEL UNIVERSITY STUDENTS	3.	2,000.	0.		
SCHOLARSHIP FOR LEHIGH UNIVERSITY STUDENTS	2.	2,000.	0.		

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIP FOR MILLERSVILLE UNIVERSITY STUDENTS	3.	2,000.	0.		
SCHOLARSHIP FOR SALISBURY UNIVERSITY STUDENTS	1.	2,000.	0.		
SCHOLARSHIP FOR UNIVERSITY OF SOUTH FLORIDA STUDENTS	1.	2,000.	0.		
SCHOLARSHIP FOR VANDERBILT UNIVERSITY STUDENTS	1.	2,000.	0.		
SCHOLARSHIP FOR WEST VIRGINIA UNIVERSITY STUDENTS	3.	2,000.	0.		
SCHOLARSHIP FOR DELAWARE VALLEY UNIVERSITY STUDENTS	2.	1,800.	0.		
SCHOLARSHIP FOR AMERICAN UNIVERSITY STUDENTS	2.	1,500.	0.		
SCHOLARSHIP FOR DICKINSON COLLEGE STUDENTS	2.	1,500.	0.		
SCHOLARSHIP FOR MCDANIEL COLLEGE 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 MOUNT OLIVE STUDENTS	2.	1,500.	0.		
SCHOLARSHIP FOR UNIVERSITY OF PITTSBURGH SCHOOL OF DENTAL MEDICINE	1.	1,500.	0.		
SCHOLARSHIP FOR LYCOMING COLLEGE STUDENTS	1.	1,250.	0.		
SCHOLARSHIP FOR UNIVERSITY OF KENTUCKY STUDENTS	1.	1,250.	0.		
SCHOLARSHIP FOR VILLANOVA UNIVERSITY STUDENTS	1.	1,250.	0.		
SCHOLARSHIP FOR EAST STROUDSBURG UNIVERSITY STUDENTS	2.	1,000.	0.		
SCHOLARSHIP FOR LOUISIANA STATE UNIVERSITY	1.	1,000.	0.		
SCHOLARSHIP FOR ST. JOSEPH'S UNIVERSITY STUDENTS	1.	1,000.	0.		
SCHOLARSHIP FOR WEST CHESTER 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 THE UNIVERSITY OF ALABAMA STUDENTS	1.	500.	0.		
SCHOLARSHIP FOR UNIVERSITY OF MARY WASHINGTON STUDENTS	1.	500.	0.		

Part IV Supplemental Information

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ALBRIGHT CARE SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, CREATIVE PLACE ACTIVITIES AND PROGRAMMING, NORMANDIE RIDGE BENEVOLENT CARE ENDOWMENT

NAME OF ORGANIZATION OR GOVERNMENT: BELL SOCIALIZATION SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, GIVE LOCAL YORK, GIVING SHELTER CAMPAIGN, RENTAL ASSITANCE FOR HOMELESS FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF YORK

(H) PURPOSE OF GRANT OR ASSISTANCE: SCULPTURE MAINTENANCE, PUBLIC WORKS CAPITAL IMPROVEMENT, CONTINENTAL SQUARE PLANTER LANDSCAPING/WATERING

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

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, GIVE LOCAL YORK, MOVING YORK COUNTIANS EXPERIENCING POVERTY TO SELF-SUFFICIENCY

NAME OF ORGANIZATION OR GOVERNMENT: CRISPUS ATTUCKS ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, GIVE LOCAL YORK, CHILDREN'S CENTER, CAREER FOCUS INSTITUTE, CA HISTORY AND CULTURE CENTER

NAME OF ORGANIZATION OR GOVERNMENT: DOWNTOWN INC

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, WELCOMING COMMUNITIES, INAUGURAL KINDNESS CO-TAILS FOR CUMMUNITY CLEAN UP DAY, POLE BANNER REPLACEMENT PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: FIRST PRESBYTERIAN CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: ABENDMUSIK, GIVE LOCAL YORK, CARING COMPANY MINISTRY, CHURCH YOUTH PROGRAMS, THANKSGIVING DINNER, ORGAN CONCERT, PURCHASE FLOWERS AT EASTER AND CHRISTMAS

NAME OF ORGANIZATION OR GOVERNMENT: HOSPICE & COMMUNITY CARE

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, HEALING HOMES, CHOICES PALIATIATIVE AND SUPPORTIVE CARE HOME, SUNFLOWER PEDIATRIC PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

JUNIOR ACHIEVEMENT OF SOUTH CENTRAL PA

(H) PURPOSE OF GRANT OR ASSISTANCE: INSPIRING EQUITABLE TOMORROWS, GENERAL SUPPORT, GIVE LOCAL YORK, JA PROGRAMS IN YORK COUNTY TITLE 1 SCHOOLS

NAME OF ORGANIZATION OR GOVERNMENT: LOGOS WORKS PARTNERS

(H) PURPOSE OF GRANT OR ASSISTANCE: SAFER TOGETHER COMMUNITY ATHLETICS, CAPACITY-BUILDING THROUGHT COMMUNITY COLLABORATION

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

LOWER SUSQUEHANNA RIVERKEEPER ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GREENER CODORUS INITIATIVE, RIPPLE EFFECT EVENT, GENERAL SUPPORT, RENOVATION OF SHANK'S MARE

NAME OF ORGANIZATION OR GOVERNMENT:

PARTNERSHIP FOR ECONOMIC DEVELOPMENT OF YORK COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: PLACER AI, PATHWAYS WORKFORCE COLLABORATIVE, GENERAL SUPPORT, DEVELOPMNENT OF CASE STATEMENT AND ADVOCACY STRATEGY

NAME OF ORGANIZATION OR GOVERNMENT: PENNCARES SUPPORT SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: RACIAL AND CULTURAL EDUCATIONAL TRAINING, BUILDING BRIGHTER FUTURE THROUGH CHILD DEVELOPMENT INITIATIVE, LEGO SERIOUS PLAY

NAME OF ORGANIZATION OR GOVERNMENT: SPIRITRUST LUTHERAN

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, SHREWSBURY 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, GIVE LOCAL YORK, CAMPAIGN CELEBRATION, BUILDING CAMPAIGN, TOCQUEVILLE SOCIETY, FOCUS ON OUR FUTURE, THE SEEDLINGS SCHOLARSHIP PROGRAM (CHILDCARE SCHOLARSHIPS FOR INFANTS/TODDLERS)

NAME OF ORGANIZATION OR GOVERNMENT: WELLSPAN YORK HEALTH FOUNDATION

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

NAME OF ORGANIZATION OR GOVERNMENT: YMCA OF THE ROSES

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, CAMPAIGN FOR THE GENERATIONS, GIVE LOCAL YORK, TEMPLE GUARD, YOUNG THINKERS, YOUTH DEVELOPMENT AT TECHREV YORK

NAME OF ORGANIZATION OR GOVERNMENT: YORK COLLEGE OF PENNSYLVANIA

(H) PURPOSE OF GRANT OR ASSISTANCE: MULTISPECTRAL ANALYSIS OF FARM CROPS, GENERAL SUPPORT, GIVE LOCAL YORK, CELEBRATING ATHLETIC ACHIEVEMENT, KNOWLEDGE PARK

NAME OF ORGANIZATION OR GOVERNMENT: YORK COUNTY HISTORY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: GIVE LOCAL YORK, GENERAL SUPPORT, EDUCATIONAL PROGRAMMING, INTERCULTURAL MURAL OF YORK COUNTY, MAINTENANCE OF GATES HOUSE AND PLOUGH TAVERN, YHC STEAM PLANT, BOOKS, PERIODICALS, CD-ROMS, COMPUTER, ETC.

NAME OF ORGANIZATION OR GOVERNMENT: YORK JEWISH COMMUNITY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, GIVE LOCAL YORK, SUMMER 2024, INCREASING ACCESS TO TRANSPORATION AND SOCIAL ENGAGEMENT FOR OLDER ADULTS

NAME OF ORGANIZATION OR GOVERNMENT: YWCA YORK

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, GIVE LOCAL YORK, VICTIM ASSISTANCE CENTER, ACCESS, QUANTUM OPPORTUNITIES PROGRAM, YOUTH AND ADULT AQUATIC PROGRAMMING NEEDS, CAMP CANN-EDI-ON

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
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

Open to Public
Inspection

Name of the organization YORK COUNTY COMMUNITY FOUNDATION	Employer identification number 23-6299868
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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	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
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	X
b Any related organization?	5b	X
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	X
b Any related organization?	6b	X
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	X
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	X
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) (Rev. 12-2024)

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) ADRIAN BUCKNER VP FOR COMMUNITY INVESTMENT	(i)	85,210.	0.	150,000.	0.	6,605.	241,815.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) NATALEE GUNDERSON PRESIDENT, CEO (START 3/24)	(i)	157,377.	0.	0.	8,244.	7,340.	172,961.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MEREDITH SCHREFFLER VP FINANCE & OPERATIONS	(i)	139,407.	0.	0.	7,172.	10,702.	157,281.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4A:

ADRIAN BUCKNER, VP FOR COMMUNITY INVESTMENT, HAD RECEIVED A FORM 1099-NEC FOR \$150,000

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, line 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	7	475,876.	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 on 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) 2024

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 CONTRIBUTORS IS THE NUMBER OF DIFFERENT CONTRIBUTORS THAT DONATED VARIOUS STOCKS.

SCHEDULE M, PART I, 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)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**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
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.

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization YORK COUNTY COMMUNITY FOUNDATION	Employer identification number 23-6299868
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
AGENCY ENDOWMENT GIFTS	-5,012,916.
CHANGE IN VALUE OF SPLIT INTEREST TRUSTS	519,001.
REVENUE FROM BENEFICIAL INTERESTS IN TRUSTS	7,148.
AGENCY ENDOWMENT - FOUNDATION ADM FEES	-870,772.
AGENCY ENDOWMENTS EXCLUDED FROM F/S DUE TO SFAF NO 136	1,400,130.
REVENUE FROM CHARITABLE REMAINDER UNITRUSTS	37,563.
CHARITABLE REMAINDER TRUST FEES	-62,844.
TOTAL TO FORM 990, PART XI, LINE 9	-3,982,690.

FORM 990, PART XII, LINE 2C:
THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

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.

OMB No. 1545-0047

**Open to Public
Inspection**

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

Name of the organization YORK COUNTY COMMUNITY FOUNDATION	Employer identification number 23-6299868
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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	204,226.	213,314.	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) (Rev. 1-2025)

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)			

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

2024

For calendar year 2024 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 an 501(c)(3).

Department of the Treasury Internal Revenue Service

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

Form header section A-F containing organization name (YORK COUNTY COMMUNITY FOUNDATION), address (14 WEST MARKET STREET, YORK, PA 17401-1617), EIN (23-6299868), and book value of assets (224,451,420).

Form header section G-L containing organization type (501(c) corporation), filing status, and contact information (MEREDITH SCHREFFLER, VP FINANCE, 717-848-3733).

Table for Part I: Total Unrelated Business Taxable Income. Rows 1-11 showing calculations from 0 to 0.

Table for Part II: Tax Computation. Rows 1-7 showing tax amounts, with total tax at 0.

Table for Part III: Tax and Payments. Rows 1a-4 showing foreign tax credit, other credits, and total tax amount of 0.

Part III Tax and Payments (continued)

5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	0.
6a	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 2025 estimated tax 50,000. Refunded	11	0.

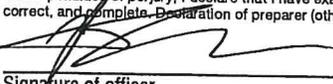
Part IV Statements Regarding Certain Activities and Other Information (see instructions)

1	At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
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	
561000		\$ 29,848.	
		\$	
		\$	
		\$	
6a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

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

Sign Here:  11/10/25 TREASURER

Signature of officer: _____ Date: 11/10/25 Title: TREASURER

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

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	DOUGLAS L. BERMAN, CPA	DOUGLAS L. BERMAN, CPA	10/17/25		P01269555
	Firm's name	Firm's EIN		Firm's address	
	RKL LLP	23-2108173		3501 CONCORD ROAD, STE 250	
	Firm's address		Phone no.		
	YORK, PA 17402		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

2024

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				391.
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	391.

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				68,992.
11 Enter gain from Form 4797, line 7 or 9			11	7,338.
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	76,330.

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	391.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	76,330.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	76,721.

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

Form **8949**

Department of the Treasury
Internal Revenue Service

Sales and Other Dispositions of Capital Assets

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

OMB No. 1545-0074

2024
Attachment
Sequence No. **12A**

Name(s) shown on return

Social security number or
taxpayer identification no.
23-6299868

YORK COUNTY COMMUNITY FOUNDATION

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

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)	
						(f) Code(s)	(g) Amount of adjustment		
	CF CAPITAL VENTURE PART. XII, L.P.							45.	
	CF GLOABL PRIV. EQUITY FUND II, LP							1.	
	CF CAPITAL SECONDARY PARTNERS II, LP							10.	
	CF GLOBAL PRIV. EQUITY FUND III, LP							92.	
	CF CAPITAL SECONDARY PARTNERS III, LP							133.	
	CF CAPITAL VENTURE PARTNERS XIII, L.P.							3.	
	CF CAPITAL ENVIRONMENTAL SUSTAINABILITY							<35.>	
	CF CAPITAL VENTURE PARTNERS XIV, L.P.							64.	
	CF PRIVATE CREDIT FUND II LP							7.	
	CF CAPITAL OCIO GLOBAL PRIVATE EQUITY FU							52.	
	CF PRIVATE CREDIT FUND III, L.P.							12.	
	CF PRIVATE EQUITY OCIO GLOBAL PRIVATE EQ							7.	
2	Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)								391.

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

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

Social security number or taxpayer identification no.

YORK COUNTY COMMUNITY FOUNDATION

23-6299868

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	CF CAPITAL VENTURE PART. XII, L.P.							1,427.
	CF GLOBAL PRIV. EQUITY PART. 2014, LP							<110.>
	CF GLOABL PRIV. EQUITY FUND II, LP							38,718.
	CF CAPITAL SECONDARY PARTNERS II, LP							3,478.
	CF GLOBAL PRIV. EQUITY FUND III, LP							4,964.
	CF CAPITAL SECONDARY PARTNERS III, LP							14,354.
	CF CAPITAL VENTURE PARTNERS XIII, L.P.							850.
	CF CAPITAL ENVIRONMENTAL SUSTAINABILITY							663.
	CF CAPITAL VENTURE PARTNERS XIV, L.P.							2,751.
	CF PRIVATE CREDIT FUND II LP							<1,366.>
	CF CAPITAL OCIO GLOBAL PRIVATE EQUITY FU							3,193.
	CF PRIVATE EQUITY OCIO GLOBAL PRIVATE EQ							70.
2	Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)							68,992.

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

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

Attach to your tax return.

Go to www.irs.gov/Form4797 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 2024 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 8						

- 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

7,338.

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

7,338.

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** (2024)

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 8

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
CF GLOBAL PRIV. EQUITY PART. 2014, LP						732.
CF GLOABL PRIV. EQUITY FUND II, LP						4,200.
CF CAPITAL SECONDARY PARTNERS II, LP						67.
CF GLOBAL PRIV. EQUITY FUND III, LP						605.
CF CAPITAL SECONDARY PARTNERS III, LP						1,419.
CF CAPITAL ENVIRONMENTAL SUSTAINABILITY						-177.
CF CAPITAL OCIO GLOBAL PRIVATE EQUITY FU						347.
CF CAPITAL NATURAL RESOURCES PARTNERS XI						96.
CF PRIVATE EQUITY OCIO GLOBAL PRIVATE EQ						49.
TOTAL TO 4797, PART I, LINE 2						7,338.

Alternative Minimum Tax-Corporations

2024

Attach to your tax return.
 Go to www.irs.gov/Form4626 for instructions and the latest information.

Name of corporation YORK COUNTY COMMUNITY FOUNDATION	Employer identification number (EIN) 23-6299868
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- A** Is the corporation filing this form a member of a controlled group treated as a single employer under sections 59(k)(1)(D) and 52? Yes No
 If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the controlled group treated as a single employer taken into account in the determination of "applicable corporation" under section 59(k)(1)(D).
- B** Is the corporation filing this form a member of a foreign-parented multinational group (FPMG) within the meaning of section 59(k)(2)(B)? Yes No
 If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the FPMG under section 59(k)(2)(B).

Part I Applicable Corporation Determination (Report all amounts in U.S. dollars.)
If you have already determined in current or prior years you are an applicable corporation, skip Part I and continue to Part II.

	(a) First Preceding Year Ended	(b) Second Preceding Year Ended	(c) Third Preceding Year Ended
1 Net income or loss per applicable financial statement(s) (AFS) (see inst):			
a Consolidated net income or loss per the AFS of the corporation	1a		
b Include AFS net income or loss of other includible entities (add net income and subtract net loss)	1b		
c Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)	1c		
d Adjustment for certain consolidating entries (see instructions)	1d		
e Specified additional net income or loss item B. Reserved for future use	1e		
f AFS net income or loss of all entities in the test group before adjustments. Combine lines 1a through 1d	1f		
2 Adjustments (see instructions):			
a Financial statements covering different tax years	2a		
b Corporations that are not included on the taxpayer's consolidated return	2b		
c Aggregate pro-rata share of adjusted net income from controlled foreign corporations (CFCs) for which the corporation is a U.S. shareholder. If zero or less, enter -0- (attach Schedule A (Form 4626)) (see instructions for special rules if completing this form for an FPMG)	2c		
d Amounts that are not effectively connected to a U.S. trade or business (see instructions for special rules if completing this form for an FPMG)	2d		
e Certain taxes	2e		
f Patronage dividends and per-unit retain allocations (cooperatives only)	2f		
g Alaska native corporations	2g		
h Certain credits	2h		
i Mortgage servicing income	2i		
j Tax-exempt entities (organizations subject to tax under section 511)	2j		
k Depreciation	2k		
l Qualified wireless spectrum	2l		
m Covered transactions	2m		
n Adjustments related to bankruptcy and insolvency	2n		
o Certain insurance company adjustments	2o		
p Adjustment P - Reserved for future use	2p		
q Adjustment Q - Reserved for future use	2q		
r Adjustment R - Reserved for future use	2r		
s Adjustment S - Reserved for future use	2s		
z Other	2z		
3 Specified adjustment. Reserved for future use	3		
4 Total adjustments. Combine lines 2a through 2z	4		
5 AFSI. Combine lines 1f and 4	5		
6 AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 5			6
7 3-year average annual AFSI (see instructions)			7

Part I **Applicable Corporation Determination** (Report all amounts in U.S. dollars.) *(continued)*

- 8** Is line 7 more than \$1 billion?
 - Yes.** Continue to line 9.
 - No.** STOP here and attach to your tax return.
- 9** Is the corporation a member of an FPMG within the meaning of section 59(k)(2)(B)?
 - Yes.** Continue to line 10.
 - No.** Continue to Part II.

	(a) First Preceding Year Ended	(b) Second Preceding Year Ended	(c) Third Preceding Year Ended
10 AFSI for purposes of the \$100 million test before adjustments:			
a AFSI from line 5	10a		
b Aggregation differences (see instructions)	10b		
c Total AFSI for purposes of the \$100 million test before adjustments. Combine lines 10a and 10b	10c		
11 Adjustments:			
a Income not effectively connected to a U.S. trade or business	11a		
b Aggregate pro-rata share of adjusted net income from CFCs for which the corporation is a U.S. shareholder. If zero or less, enter -0- (attach Schedule A (Form 4626)) (see instructions)	11b		
c Reserved for future use - Other adjustments 1	11c		
d Reserved for future use - Other adjustments 2	11d		
12 Total adjustments. Combine lines 11a and 11b	12		
13 Total AFSI for purposes of the \$100 million test. Combine lines 10c and 12	13		
14 AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 13			14
15 3-year average annual AFSI for purposes of the \$100 million test			15

- 16** Is line 15 \$100 million or more?
 - Yes.** Continue to Part II.
 - No.** STOP here. Attach to your tax return.

Part II Corporate Alternative Minimum Tax (CAMT)

1 Net income or loss per AFS (see instructions):		
a Consolidated net income or loss per the AFS of the corporation	1a	-37,792.
b Include AFS net income or loss of other includible entities (add net income and subtract net loss)	1b	
c Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)	1c	
d Adjustment for certain consolidating entries (see instructions)	1d	
e Specified additional net income or loss item D. Reserved for future use	1e	
f AFS net income or loss before adjustments. Combine lines 1a through 1d	1f	-37,792.
2 Adjustments (see instructions):		
a Financial statements covering different tax years	2a	
b Reserved for future use - Adjustment 2b	2b	
c Corporations that are not included on the taxpayers - consolidated return (see instructions)	2c	
d The corporation's distributive share of adjusted financial statement income of partnerships	2d	
e Aggregate pro-rata share of adjusted net income from CFCs for which the corporation is a U.S. shareholder. Enter the amount from Part VI, Section II, line 3	2e	
f Amounts that are not effectively connected to a U.S. trade or business	2f	
g Certain taxes. Enter the amount from Part III, line 7	2g	
h Patronage dividends and per-unit retain allocations (cooperatives only)	2h	
i Alaska native corporations	2i	
j Certain credits	2j	
k Mortgage servicing income	2k	
l Covered benefit plans described in section 56A(c)(11)(B)	2l	
m Tax-exempt entities (organizations subject to tax under section 511)	2m	
n Depreciation	2n	
o Qualified wireless spectrum	2o	
p Covered transactions	2p	
q Adjustments related to bankruptcy and insolvency	2q	
r Certain insurance company adjustments	2r	
s AFSI adjustment S - Reserved for future use	2s	
t AFSI adjustment T - Reserved for future use	2t	
u AFSI adjustment U - Reserved for future use	2u	
z Other	2z	STATEMENT 7 * -76,721.
3 Total adjustments. Combine lines 2a through 2z	3	-76,721.
4 AFSI before financial statement net operating loss carryover. Combine lines 1f and 3	4	-114,513.
5 Financial statement net operating loss (FSNOL) (see instructions)	5	
6 AFSI. Subtract line 5 from line 4. If zero or less, enter -0-	6	
7 Multiply line 6 by 15% (0.15)	7	
8 Corporate alternative minimum tax foreign tax credit (CAMT FTC). Enter amount from Part IV, Section I, line 6 (see inst)	8	
9 Tentative minimum tax. Subtract line 8 from line 7. If zero or less, enter -0-	9	
10 Regular tax liability (see instructions)	10	
11 Base erosion minimum tax (see instructions)	11	
12 Combine lines 10 and 11	12	
13 Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	13	

Part III Adjustment for Certain Taxes Under Section 56A(c)(5)

1 Current income tax provision - Foreign	1	
2 Current income tax provision - Federal	2	
3 Deferred income tax provision - Foreign	3	
4 Deferred income tax provision - Federal	4	
5 Income taxes included in equity method investment income	5	
6a Adjustment A - Reserved for future use	6a	
b Adjustment B - Reserved for future use	6b	
c Adjustment C - Reserved for future use	6c	
d Adjustment D - Reserved for future use	6d	
e Adjustment E - Reserved for future use	6e	
f Adjustment F - Reserved for future use	6f	
g Adjustment G - Reserved for future use	6g	
h Adjustment H - Reserved for future use	6h	
z Income taxes in other places	6z	
7 Total. Combine lines 1 through 6z. Enter here and on Part II, line 2g	7	

Part IV Corporate Alternative Minimum Tax - Foreign Tax Credit

Section I - CAMT Foreign Tax Credit

1	Domestic corporation CAMT foreign income taxes:			
a	Total foreign taxes paid or accrued as reported on Form 1118, Schedule B, Part I, column 2(j)	1a		
b	Adjustment	1b		
c	Adjustment	1c		
d	Adjustment	1d		
e	Adjustment	1e		
f	Adjustment	1f		
g	Adjustment	1g		
2	Total domestic corporation CAMT foreign income taxes. Combine lines 1a through 1g.....			2
3	Allowable CFC CAMT foreign income taxes:			
a	Pro-rata share of CFC CAMT foreign income taxes from Part IV, Section II, line 11, column (n)	3a		
b	Other	3b		
c	Carryover of excess foreign taxes (from Part IV, Section III, line 4, column (vii))	3c		
d	Total CFC CAMT foreign income taxes. Add lines 3a, 3b, and 3c			3d
e	Percentage specified in section 55(b)(2)(A)(i)	3e	15%	
f	Aggregate pro-rata share of adjusted net income from CFCs for which the corporation is a U.S. shareholder. Enter the amount from Part VI, Section II, line 3 (see instructions)	3f		
g	CFC CAMT FTC limitation (multiply line 3e by line 3f)			3g
h	Allowable CFC CAMT foreign income taxes (lesser of line 3d or line 3g)			3h
4	CAMT FTC Line 4 - Reserved for future use			4
5	CAMT FTC Line 5 - Reserved for future use			5
6	Total CAMT foreign income taxes. Combine lines 2 and 3h. Enter this amount on Part II, line 8.....			6

**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

2024

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 76,721.		76,721.
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 -113,633.		-113,633.
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	12 904.		904.
13 Total. Combine lines 3 through 12	13 -36,008.		-36,008.

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		784.
15 Total deductions. Add lines 1 through 14	15		784.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16		-36,792.
17 Deduction for net operating loss. See instructions	17		0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18		-36,792.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

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	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A
- B
- C
- D

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
a Add columns A through D. Enter here and on Part I, line 11, column (A)				0.

3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)				0.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13				0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

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

Part XI Supplemental Information (see instructions)

FORM 990-T (A)

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 1

DESCRIPTION	NET INCOME OR (LOSS)
CF CAPITAL VENTURE PART. XII, L.P. - INTEREST INCOME	21.
CF CAPITAL VENTURE PART. XII, L.P. - DIVIDEND INCOME	21.
CF CAPITAL VENTURE PART. XII, L.P. - OTHER PORTFOLIO INCOME (LOSS)	1.
CF CAPITAL VENTURE PART. XII, L.P. - GUARANTEED PAYMENTS	39.
CF CAPITAL VENTURE PART. XII, L.P. - OTHER INCOME (LOSS)	-36.
CF GLOBAL PRIV. EQUITY PART. 2014, LP - ORDINARY BUSINESS INCOME (LOSS)	7,221.
CF GLOBAL PRIV. EQUITY PART. 2014, LP - NET RENTAL REAL ESTATE INCOME	-210.
CF GLOBAL PRIV. EQUITY PART. 2014, LP - OTHER NET RENTAL INCOME (LOSS)	-24.
CF GLOBAL PRIV. EQUITY PART. 2014, LP - INTEREST INCOME	519.
CF GLOBAL PRIV. EQUITY PART. 2014, LP - DIVIDEND INCOME	231.
CF GLOBAL PRIV. EQUITY PART. 2014, LP - OTHER PORTFOLIO INCOME (LOSS)	-82.
CF GLOBAL PRIV. EQUITY PART. 2014, LP - OTHER INCOME (LOSS)	-2,334.
CF GLOABL PRIV. EQUITY FUND II, LP - ORDINARY BUSINESS INCOME (LOSS)	17,600.
CF GLOABL PRIV. EQUITY FUND II, LP - NET RENTAL REAL ESTATE INCOME	-117.
CF GLOABL PRIV. EQUITY FUND II, LP - OTHER NET RENTAL INCOME (LOSS)	36.
CF GLOABL PRIV. EQUITY FUND II, LP - INTEREST INCOME	679.
CF GLOABL PRIV. EQUITY FUND II, LP - DIVIDEND INCOME	135.
CF GLOABL PRIV. EQUITY FUND II, LP - ROYALTIES	22.
CF GLOABL PRIV. EQUITY FUND II, LP - OTHER PORTFOLIO INCOME (LOSS)	556.
CF GLOABL PRIV. EQUITY FUND II, LP - OTHER INCOME (LOSS)	-14,788.
CF CAPITAL SECONDARY PARTNERS II, LP - ORDINARY BUSINESS INCOME (LOSS)	8,966.
CF CAPITAL SECONDARY PARTNERS II, LP - NET RENTAL REAL ESTATE INCOME	-309.
CF CAPITAL SECONDARY PARTNERS II, LP - OTHER NET RENTAL INCOME (LOSS)	39.
CF CAPITAL SECONDARY PARTNERS II, LP - INTEREST INCOME	387.
CF CAPITAL SECONDARY PARTNERS II, LP - DIVIDEND INCOME	226.
CF CAPITAL SECONDARY PARTNERS II, LP - ROYALTIES	93.
CF CAPITAL SECONDARY PARTNERS II, LP - OTHER PORTFOLIO INCOME (LOSS)	10.
CF CAPITAL SECONDARY PARTNERS II, LP - GUARANTEED PAYMENTS	1.
CF CAPITAL SECONDARY PARTNERS II, LP - OTHER INCOME (LOSS)	-2,729.
CF GLOBAL PRIV. EQUITY FUND III, LP - ORDINARY BUSINESS INCOME (LOSS)	4,460.
CF GLOBAL PRIV. EQUITY FUND III, LP - NET RENTAL REAL ESTATE INCOME	-31.
CF GLOBAL PRIV. EQUITY FUND III, LP - OTHER NET RENTAL INCOME (LOSS)	3.
CF GLOBAL PRIV. EQUITY FUND III, LP - INTEREST INCOME	500.
CF GLOBAL PRIV. EQUITY FUND III, LP - DIVIDEND INCOME	914.
CF GLOBAL PRIV. EQUITY FUND III, LP - ROYALTIES	34.

CF GLOBAL PRIV. EQUITY FUND III, LP - OTHER PORTFOLIO INCOME (LOSS)	362.
CF GLOBAL PRIV. EQUITY FUND III, LP - GUARANTEED PAYMENTS	562.
CF GLOBAL PRIV. EQUITY FUND III, LP - OTHER INCOME (LOSS)	-9,441.
CF CAPITAL SECONDARY PARTNERS III, LP - ORDINARY BUSINESS INCOME (LOSS)	-2,348.
CF CAPITAL SECONDARY PARTNERS III, LP - NET RENTAL REAL ESTATE INCOME	-920.
CF CAPITAL SECONDARY PARTNERS III, LP - OTHER NET RENTAL INCOME (LOSS)	3.
CF CAPITAL SECONDARY PARTNERS III, LP - INTEREST INCOME	1,366.
CF CAPITAL SECONDARY PARTNERS III, LP - DIVIDEND INCOME	4,098.
CF CAPITAL SECONDARY PARTNERS III, LP - ROYALTIES	136.
CF CAPITAL SECONDARY PARTNERS III, LP - OTHER PORTFOLIO INCOME (LOSS)	-45.
CF CAPITAL SECONDARY PARTNERS III, LP - OTHER INCOME (LOSS)	-17,100.
CF CAPITAL VENTURE PARTNERS XIII, L.P. - ORDINARY BUSINESS INCOME (LOSS)	4.
CF CAPITAL VENTURE PARTNERS XIII, L.P. - INTEREST INCOME	18.
CF CAPITAL VENTURE PARTNERS XIII, L.P. - DIVIDEND INCOME	29.
CF CAPITAL VENTURE PARTNERS XIII, L.P. - OTHER PORTFOLIO INCOME (LOSS)	5.
CF CAPITAL VENTURE PARTNERS XIII, L.P. - GUARANTEED PAYMENTS	126.
CF CAPITAL VENTURE PARTNERS XIII, L.P. - OTHER INCOME (LOSS)	3,184.
CF CAPITAL ENVIRONMENTAL SUSTAINABILITY PARTNERS 2020, LP - ORDINARY BUSINES	-4,685.
CF CAPITAL ENVIRONMENTAL SUSTAINABILITY PARTNERS 2020, LP - NET RENTAL REAL	-784.
CF CAPITAL ENVIRONMENTAL SUSTAINABILITY PARTNERS 2020, LP - OTHER NET RENTAL	1.
CF CAPITAL ENVIRONMENTAL SUSTAINABILITY PARTNERS 2020, LP - INTEREST INCOME	32.
CF CAPITAL ENVIRONMENTAL SUSTAINABILITY PARTNERS 2020, LP - DIVIDEND INCOME	16.
CF CAPITAL ENVIRONMENTAL SUSTAINABILITY PARTNERS 2020, LP - OTHER PORTFOLIO	-29.
CF CAPITAL ENVIRONMENTAL SUSTAINABILITY PARTNERS 2020, LP - GUARANTEED PAYME	453.
CF CAPITAL ENVIRONMENTAL SUSTAINABILITY PARTNERS 2020, LP - OTHER INCOME (LO	-756.
CF CAPITAL VENTURE PARTNERS XIV, L.P. - INTEREST INCOME	296.
CF CAPITAL VENTURE PARTNERS XIV, L.P. - DIVIDEND INCOME	57.
CF CAPITAL VENTURE PARTNERS XIV, L.P. - OTHER PORTFOLIO INCOME (LOSS)	103.
CF CAPITAL VENTURE PARTNERS XIV, L.P. - GUARANTEED PAYMENTS	1,684.
CF CAPITAL VENTURE PARTNERS XIV, L.P. - OTHER INCOME (LOSS)	-7,061.
CF PRIVATE CREDIT FUND II LP - ORDINARY BUSINESS INCOME (LOSS)	4,757.
CF REAL ESTATE OPPORTUNITY FUND II LP - ORDINARY BUSINESS INCOME (LOSS)	-3,489.
CF REAL ESTATE OPPORTUNITY FUND II LP - NET RENTAL REAL ESTATE INCOME	-74.

YORK COUNTY COMMUNITY FOUNDATION

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CF CAPITAL OCIO GLOBAL PRIVATE EQUITY FUND IV LP - ORDINARY BUSINESS INCOME	-16,812.
CF CAPITAL OCIO GLOBAL PRIVATE EQUITY FUND IV LP - NET RENTAL REAL ESTATE IN	-53.
CF CAPITAL OCIO GLOBAL PRIVATE EQUITY FUND IV LP - INTEREST INCOME	3,495.
CF CAPITAL OCIO GLOBAL PRIVATE EQUITY FUND IV LP - DIVIDEND INCOME	2,607.
CF CAPITAL OCIO GLOBAL PRIVATE EQUITY FUND IV LP - ROYALTIES	72.
CF CAPITAL OCIO GLOBAL PRIVATE EQUITY FUND IV LP - OTHER PORTFOLIO INCOME (L	556.
CF CAPITAL OCIO GLOBAL PRIVATE EQUITY FUND IV LP - GUARANTEED PAYMENTS	7,849.
CF CAPITAL OCIO GLOBAL PRIVATE EQUITY FUND IV LP - OTHER INCOME (LOSS)	-52,947.
CF PRIVATE CREDIT FUND III, L.P. - ORDINARY BUSINESS INCOME (LOSS)	599.
CF CAPITAL NATURAL RESOURCES PARTNERS XII, LP - ORDINARY BUSINESS INCOME (LO	-35,410.
CF CAPITAL NATURAL RESOURCES PARTNERS XII, LP - INTEREST INCOME	1,403.
CF CAPITAL NATURAL RESOURCES PARTNERS XII, LP - ROYALTIES	2,007.
CF CAPITAL NATURAL RESOURCES PARTNERS XII, LP - OTHER INCOME (LOSS)	-9,535.
CF PRIVATE EQUITY ENVIRONMENTAL SOLUTIONS PARTNERS II, LP - OTHER INCOME (LO	-2,405.
CF PRIVATE EQUITY OCIO GLOBAL PRIVATE EQUITY FUND V, L.P. - ORDINARY BUSINES	55.
CF PRIVATE EQUITY OCIO GLOBAL PRIVATE EQUITY FUND V, L.P. - NET RENTAL REAL	-3.
CF PRIVATE EQUITY OCIO GLOBAL PRIVATE EQUITY FUND V, L.P. - INTEREST INCOME	13.
CF PRIVATE EQUITY OCIO GLOBAL PRIVATE EQUITY FUND V, L.P. - DIVIDEND INCOME	148.
CF PRIVATE EQUITY OCIO GLOBAL PRIVATE EQUITY FUND V, L.P. - OTHER PORTFOLIO	30.
CF PRIVATE EQUITY OCIO GLOBAL PRIVATE EQUITY FUND V, L.P. - OTHER INCOME (LO	-4,094.
CF VENTURE PARTNERS XV, LP - OTHER INCOME (LOSS)	-3,822.
	<hr/>
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	-113,633.
	<hr/> <hr/>

FORM 990-T (A)	OTHER INCOME	STATEMENT 2
DESCRIPTION		AMOUNT
CANCELLATION OF DEBT - CF GLOBAL PRIV. EQUITY PART. 2014, LP		838.
CANCELLATION OF DEBT - CF CAPITAL SECONDARY PARTNERS II, LP		15.
CANCELLATION OF DEBT - CF GLOBAL PRIV. EQUITY FUND III, LP		2.
CANCELLATION OF DEBT - CF CAPITAL SECONDARY PARTNERS III, LP		47.
CANCELLATION OF DEBT - CF CAPITAL OCIO GLOBAL PRIVATE EQUITY FUND IV LP		2.
TOTAL TO SCHEDULE A, PART I, LINE 12		904.

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
OTHER DEDUCTIONS - PORTFOLIO FROM CF CAPITAL SECONDARY PARTNERS II, LP		11.
OTHER DEDUCTIONS - PORTFOLIO FROM CF GLOBAL PRIV. EQUITY FUND III, LP		166.
OTHER DEDUCTIONS - PORTFOLIO FROM CF CAPITAL SECONDARY PARTNERS III, LP		37.
OTHER DEDUCTIONS - PORTFOLIO FROM CF CAPITAL ENVIRONMENTAL SUSTAINABILITY PA		186.
OTHER DEDUCTIONS - PORTFOLIO FROM CF CAPITAL OCIO GLOBAL PRIVATE EQUITY FUND		195.
OTHER DEDUCTIONS - PORTFOLIO FROM CF CAPITAL NATURAL RESOURCES PARTNERS XII,		188.
OTHER DEDUCTIONS - PORTFOLIO FROM CF PRIVATE EQUITY OCIO GLOBAL PRIVATE EQUI		1.
TOTAL TO SCHEDULE A, PART II, LINE 14		784.

990-T SCH A	POST-2017 NET OPERATING LOSS DEDUCTION	STATEMENT 4		
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/23	29,848.	0.	29,848.	29,848.
NOL CARRYOVER AVAILABLE THIS YEAR			29,848.	29,848.

FORM 4626	AMT CONTRIBUTIONS	STATEMENT 6
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS		
FOR TAX YEAR 2019		
FOR TAX YEAR 2020		
FOR TAX YEAR 2021		
FOR TAX YEAR 2022		
FOR TAX YEAR 2023		
TOTAL CARRYOVER		
CURRENT YEAR CONTRIBUTIONS		265
TOTAL CONTRIBUTIONS		265
10% OF TAXABLE INCOME AS ADJUSTED		0
EXCESS CONTRIBUTIONS		265
ALLOWABLE CONTRIBUTIONS		0
AMT CHARITABLE DEDUCTION		0
REGULAR CONTRIBUTION DEDUCTION		0
AMT CONTRIBUTION ADJUSTMENT		0

FORM 4626

OTHER AMT ADJUSTMENTS

STATEMENT 7

DESCRIPTION

AMOUNT

ADJUSTED GAIN OR LOSS

-76,721.

TOTAL TO FORM 4626, LINE 2Z

-76,721.

Form **8949**

Department of the Treasury
Internal Revenue Service

Sales and Other Dispositions of Capital Assets

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

OMB No. 1545-0074

2024

Attachment
Sequence No. **12A**

Name(s) shown on return

Social security number or
taxpayer identification no.

YORK COUNTY COMMUNITY FOUNDATION

23-6299868

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

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)	
						(f) Code(s)	(g) Amount of adjustment		
	CF CAPITAL VENTURE								
	PART. XII, L.P.							45. C	
	CF GLOABL PRIV.								
	EQUITY FUND II, LP							1. C	
	CF CAPITAL								
	SECONDARY PARTNERS								
	II, LP							10. C	
	CF GLOBAL PRIV.								
	EQUITY FUND III,								
	LP							92. C	
	CF CAPITAL								
	SECONDARY PARTNERS								
	III, LP							133. C	
	CF CAPITAL VENTURE								
	PARTNERS XIII,								
	L.P.							3. C	
	CF CAPITAL								
	ENVIRONMENTAL								
	SUSTAINABILITY							-35. C	
	CF CAPITAL VENTURE								
	PARTNERS XIV, L.P.							64. C	
	CF PRIVATE CREDIT								
	FUND II LP							7. C	
	CF CAPITAL OCIO								
	GLOBAL PRIVATE								
	EQUITY FU							52. C	
	CF PRIVATE CREDIT								
	FUND III, L.P.							12. C	
	CF PRIVATE EQUITY								
	OCIO GLOBAL								
	PRIVATE EQ							7. C	
2	Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)								391.

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

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

Social security number or taxpayer identification no.

YORK COUNTY COMMUNITY FOUNDATION

23-6299868

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)	
						(f) Code(s)	(g) Amount of adjustment		
	CF CAPITAL VENTURE PART. XII, L.P.							1,427.	C
	CF GLOBAL PRIV. EQUITY PART. 2014, LP							-110.	C
	CF GLOABL PRIV. EQUITY FUND II, LP							38,718.	C
	CF CAPITAL SECONDARY PARTNERS II, LP							3,478.	C
	CF GLOBAL PRIV. EQUITY FUND III, LP							4,964.	C
	CF CAPITAL SECONDARY PARTNERS III, LP							14,354.	C
	CF CAPITAL VENTURE PARTNERS XIII, L.P.							850.	C
	CF CAPITAL ENVIRONMENTAL SUSTAINABILITY							663.	C
	CF CAPITAL VENTURE PARTNERS XIV, L.P.							2,751.	C
	CF PRIVATE CREDIT FUND II LP							-1,366.	C
	CF CAPITAL OCIO GLOBAL PRIVATE EQUITY FU							3,193.	C
	CF PRIVATE EQUITY OCIO GLOBAL PRIVATE EQ							70.	C
2	Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)							68,992.	

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

**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

2024

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				391.
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	391.

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				68,992.
11 Enter gain from Form 4797, line 7 or 9			11	7,338.
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	76,330.

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	391.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	76,330.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	76,721.

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 2024 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 5						

- 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

7,338.

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

7,338.

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

18a

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4

18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2024)

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 5

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
CF GLOBAL PRIV. EQUITY PART. 2014, LP						732.
CF GLOABL PRIV. EQUITY FUND II, LP						4,200.
CF CAPITAL SECONDARY PARTNERS II, LP						67.
CF GLOBAL PRIV. EQUITY FUND III, LP						605.
CF CAPITAL SECONDARY PARTNERS III, LP						1,419.
CF CAPITAL ENVIRONMENTAL SUSTAINABILITY						-177.
CF CAPITAL OCIO GLOBAL PRIVATE EQUITY FU						347.
CF CAPITAL NATURAL RESOURCES PARTNERS XI						96.
CF PRIVATE EQUITY OCIO GLOBAL PRIVATE EQ						49.
TOTAL TO 4797, PART I, LINE 2						7,338.

**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	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) 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	Form 990-T (governmental entities)	15

• 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 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 20 **24** 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.

**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	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

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	Form 990-T (governmental entities)	15

• 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 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 **24** 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	\$	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.