Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$200,000 at the prior of the year may use this form.

The organization may have to use a copy of this return to satisfy state reporting requirements.

2010

Department of the Treasury

Open to Public Inspection Internal Revenue Service For the 2010 calendar year, or tax year beginning JUL 1. 2010 and ending 2011 Check if applicable: В C Name of organization D Employer identification number SOUTHERN YORK COUNTY SCHOOL DISTRICT Address change FOUNDATION 23-2862892 Name change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number Initial return P O BOX 128 (717)235-4811Terminated City or town, state or country, and ZIP + 4 ...Amended return F Group Exemption 17327 GLEN ROCK, PA Application pending Number > X Accrual Cash Accounting Method: Other (specify) H Check lifthe organization is not Website: ► WWW.SYC.K12.PA.US/SYC FOUNDATION.CFM required to attach Schedule B Tax-exempt status (check only one) — X = 501(c)(3) = 501(c)(6) = 501(c)(6)(Form 990, 990-EZ, or 990-PF). K Check Fig. 1 if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 166,782. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Check if the organization used Schedule O to respond to any question in this Part. X Contributions, gifts, grants, and similar amounts received 154,541. Program service revenue including government fees and contracts 2 Membership dues and assessments 3 174. Investment income SEE SCHEDULE O 4 5a Gross amount from sale of assets other than inventory 5a b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than Revenue 6a **b** Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 12,067 c Less: direct expenses from gaming and fundraising events 6.925 6c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 5,142. 64 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c Other revenue (describe in Schedule 0) 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 159,857. 9 Grants and similar amounts paid (list in Schedule 0) SEE SCHEDULE O 85,893. 10 10 11 Benefits paid to or for members 11 Salaries, other compensation, and employee benefits 12 12 13 13 3,832. Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance 14 14 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe in Schedule 0)

SEE SCHEDULE O 19,085. 16 17 Total expenses. Add lines 10 through 16 17 108,810. Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 51,047. Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 285,995. 19 Other changes in net assets or fund balances (explain in Schedule 0) SEE SCHEDULE O 54,937. 20 Net assets or fund balances at end of year. Combine lines 18 through 20 391,979.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2010)

SOUTHERN YORK COUNTY SCHOOL DISTRICT

Form 990-EZ (2010) FOUNDATION 23-2862892 Page 2 Part II Balance Sheets. (see the instructions for Part II.) X Check if the organization used Schedule O to respond to any question in this Part II (B) End of year (A) Beginning of year Cash, savings, and investments 26.458. 22 78,447. 22 23 Land and buildings 23 Other assets (describe in Schedule 0) SEE SCHEDULE O 269,680. 325,269. 24 24 403,716. 296,138. Total assets 25 11, 737.Total liabilities (describe in Schedule 0) SEE SCHEDULE O 10,143. 26 26 $391,9\overline{79}$. Net assets or fund balances (line 27 of column (B) must agree with line 21) 285,995. 27 Part III Statement of Program Service Accomplishments (see the instructions for Part III.) Expenses (Required for section Check if the organization used Schedule O to respond to any question in this Part III 501(c)(3) and 501(c)(4) What is the organization's primary exempt purpose? FUND STUDENT PROGRAM GRANTS AND LOANS organizations and section 4947(a)(1) trusts; optional Describe what was achieved in carrying out the organization's exempt purposes, In a clear and concise manner, describe for others.) the services provided, the number of persons benefited, and other relevant information for each program title. 28 PROVIDE GRANTS AND SCHOLARSHIPS TO STUDENTS TO ALLOW FOR ADDITIONAL LEARNING OPPORTUNITIES. (Grants \$) If this amount includes foreign grants, check here 28a 85,893. 29 PROVIDE ASSISTANCE IN SPECIAL PROJECTS OUTSIDE OF GRANT FUNDING. 12,583. (Grants \$) If this amount includes foreign grants, check here 29a 30 (Grants \$) If this amount includes foreign grants, check here 31 Other program services (describe in Schedule O)) If this amount includes foreign grants, check here 32 Total program service expenses (add lines 28a through 31a) 98,476. ▶ 32 Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated, (see the instructions for Part IV.) Check if the organization used Schedule O to respond to any question in this Part IV $\overline{\mathbf{x}}$ (c) Compensation (b) Title and average hours (d) Contributions (e) Expense to employee benefit plans & per week devoted to (If not paid, enter account and (a) Name and address other allowances position -0-.) compensation GLENN E. GEIPLE PRESIDENT/VOLUNTEER P.O. BOX 128, GLEN ROCK, PA 17327 0. 0. 0. 1.00 JEFF BROWN VICE PRESIDENT/VOLUNTEER P.O. BOX 128, GLEN ROCK, PA 17327 1.00 0 0. 0. LARRY MILLER TREASURER/VOLUNTEER P.O. BOX 128, GLEN ROCK PA 17327 0. 0. 0. 1.00 JAY GOOD VOLUNTEER P.O. BOX 128, GLEN ROCK, 17327 0. 0. PA 1.00 0. WAYNE MCCULLOUGH EXECUTIVE DIRECTOR P.O. BOX 128, GLEN ROCK, PA 17327 0. 0. 0. 5.00 GREGORY SAUBEL VOLUNTEER 17327 0. 0. P.O. BOX 128, GLEN ROCK, PA 1.00 0. JACKIE SUMMERS VOLUNTEER P.O. BOX 128, GLEN ROCK 17327 1.00 0. 0. 0. JEFF JOY VOLUNTEER P.O. BOX 128, GLEN ROCK, PA 17327 1.00 0. 0. 0. BRUCE BAUMAN

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SUSAN BARNHART

ROB LLOYD, JR

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Form 990-EZ (2010)

Form 990-EZ (2010) FOUNDATION

Part V Other Information (Note the

23-2862892

Page 3

Unless the organization have combound to the responsibility of previously reported to the IRSP (If Yes,* provide a detailed description of each activity in Schildule O. 33	Ţ, C	Other innormation (Note the statement requirements in the instructions for Part V.	.)				77
30 Dit the organization engage in any activity not previously reported to the IRS? If Yes, provide a detailed description of each activity in Schedule O Were any significant changes made to the organization or governing documents? If Yes, attach a conformed copy of the amended documents if they variet a change to the organization's name. Otherwise, explain the change on Schedule (I) see instructions) 31	_	Check if the organization used Schedule 0 to respond to any question in this Part V		*** **********		Vaa	X
Schodule O Were any significant changes made to the organization's rame, Otherwise, explain the change on Schodule O (see instructions) documents if they reflect a change to the organization's rame, Otherwise, explain the change on Schodule O (see instructions) If the organization had income from business activities, such as those reported on fines 2, 6s, and 73 (among others), but not reported in Form 990-T, explain in Schodule O why the organization did not report the income on Form 990-T. Did the organization hadrow unrelated business goes income of \$1,000 or more or was at a section \$501(o)(5) organization author) or signication of schodule O why the organization of unrelative schodule O	22	Did the organization appage in any activity not provide a provide a the IPS2 If "Vec." provide a detailed dea	orintian	of anoth antivity in		Yes	NO
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents filt by raffeet a change to the organization shame. Otherwise, spoils mit because on Schedule 0 Desense instructions) 34	oo.			oreach activity in	99		- v
socuments if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34	34			the amended	00		1 2
Signature Sig	٠.				34		x
reported on Form 80-1, explain in Schedule O why the organization did not report the income on Form 990-T. a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or \$01(c)(6) organization subject to section 8033(e) notice, reporting, and proxy tax requirements? b If Yes,* has it filled a tax return on Form 999-T for this year? 550 Did the organization undergo a liquidation, dissolution, surmination, or significent disposition of net assets during the year? If Yes,* organization of pollical expenditures, direct or indirect, as described in the instructions. b Did the organization in Berom 1120-POL for this year? 37b X 37a T entrea mount of pollical expenditures, direct or indirect, as described in the instructions. b Did the organization borrow from, or make any loans to, any officer, director, trustice, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b If Yes,* complete Schedule I, Part II and enter the total amount involved 38b N/A 38c Section 501(c)(7) organizations. Enter it is not be an organization during the year unders. a initiation fees and capital contributions included on line 5 or public use of club liadilities and the section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization during the year unders. 50c School 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disputation between the school and the programization managers or disputation depends under the school and the organization and the school organization and the programization and the school of	35		•		giranie Praisierti	KARAGI)	
a bit the organization have unrelated business gross income of \$1,000 or more or was it a section \$01(c)(4), 501(c)(5), or \$351 kg \$1 kg \$,	220		
Solic(s)(6) organization subject to section 603(e) notice, reporting, and proxy tax requirements? 50 It's the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? H*Yes,* 51 and the article of the proxy of th	a), or	100000000	10000000000	5 500000000
b If Yes, "has filled a tax return on Form 990-T for this year? 8 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes," complete applicable parts of Schedule N 7a Enter amount of political expenditures, direct or indirect, as described in the instructions.				••	35a		X
38 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes," complete applicable parts of Schedule N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0. 37b Did the organization the Form 1120-P01. For this year? 37b Did the organization borrow from, or make any locans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38b N/A 39 Section 501(a)(7) organizations. First removable of the tax year covered by this return? 39 If Yes, "complete Schedule I, Part II and enter the total amount involved 39 Section 501(a)(7) organizations. First remount of tax imposed on the organization during the year under; section 491(a)(3) and 501(c)(4) organizations. Enter amount of tax imposed on the organization during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? 11 Yes, "complete Schedule I, Part I 22c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4956 32d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers 32d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers 32d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers 32d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization books are in care of ▶ EXECUTIVE DIRECTOR 32d Tax the organization books are in care of ▶ EXECUTIVE DIRECTOR 32d Tax the unit of the organization than the surface of the organization than the organization remains an artifice outside of the U.S.? 32d If Yes, "enter the name of the f	b				35b	N/	
as Did the organization flee Form 120-P0L for this year? 27 a Enter amount of political expenditures, direct or indirect, as described in the instructions. 28 b Did the organization flee Form 120-P0L for this year? 28 b Did the organization flee Form 120-P0L for this year? 29 b Did the organization flee Form 120-P0L for this year? 29 b Did the organization flee Form 120-P0L for this year? 20 b Did the organization flee Form 120-P0L for this year? 20 b Did the organization flee Form 120-P0L for this year? 20 b Did the organization flee Form 120-P0L for the xay year coverage by this return? 20 b Gross receipts, included on line 9 30 section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 20 section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on the organization during the year, or did the range in an excess benefit transaction during the year, or did the range in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-E27 if "res," complete Schedule L, Part I 20 section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4955 30 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax in line 40c relimbursed by the organization or during the tax year, was the organization aparty to a prohibited tax sheller transaction? If "Yes," complete Form 8896-T 31 Located at ▶ P. O. BOX 128, GLEN ROCK, PA 32 P. O. BOX 128, GLEN ROCK, PA 32 P. O. BOX 128, GLEN ROCK, PA 33 Extent the name of the foreign country; ▶ 34 Extent the name of the foreign country; ▶ 35 Extent the name of the foreign country; ▶ 36 Extent 4947(a)(1) nonexempt chaintable trust filling Form 990-E2 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the teakery ear, did the organization maintain an office outside of the U.S.? 440 If "Yes,"	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets du	ring the	year? If "Yes,"			
b Did the organization file Form 1120-PDL for this year? 37b					36		X
b Did the organization file Form 1120-PDL for this year? 37b	37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	37a	0.			
38a Dit the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38b N/A 38ction 501(c)(7) organizations. Enter: 38a N/A 38b N/A 38b N/A 38ction 501(c)(7) organizations. Enter: 38a N/A 38b N/A 38b N/A 38ction 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 38b N/A 38b N/A 38ction 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 38ction 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 ▶ 0. 58ction 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-E2? If Yes, 'complete Schedule L, Part I 40c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualfine prevailed to the organization of tax imposed on organization managers or disqualfine prevailed to the organization of the organization of the organization of the organization and the organization aparty to a prohibited tax shetter transaction? If Yes,' complete Form 8886-T 40c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization's books are in case of ▶ EXECUTIVED DIRECTOR Telephone no. ▶ (717) 2.35-4811 Located at ▶ P.O. BOX 128, GLEN ROCK, PA 21P+4 ▶ 17327 41 List the states with which a copy of this return is filed. ▶ NONE 42 The organization's books are in case of ▶ EXECUTIVED DIRECTOR Telephone no. ▶ (717) 2.35-4811 Located at ▶ P.O. BOX 128, GLEN ROCK, PA 21P+4 ▶ 17327 43 Section 447(c)(4) nonexeptions and filing requirements for Form 1041-Check here and enter the name of the foreign country; ▶ 42c X 14 Wes, 'enter the name of t					37b		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 39 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 . ; section 4912 ▶ 0 . ; section 4915 ▶ 0 . b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organizations. At any time during the tax year, was the organization approach to a prohibited tax shelter transaction? If "Yes," complete Form 886-T 11. List the states with which a copy of this return is filled. ▶ NONE 12. The organization's books are in care of ▶ EXECUTIVE DIRECTOR Telephone no. ▶ (71.7) 2.35 – 48.11 Located at ▶ P. O. BOX 128, GLEN ROCK, PA 2IP + 4 ▶ 1.73.2.7 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 1 I "Yes," enter the name of the foreign country: ▶ See the ins	38 a						2000
a initiation fees and capital contributions included on line 9 a initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 39a N/A 40a Section 501(o)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4915 ▶ 0 Section 501(o)(3) and 501(o)(4) organizations. Did the organization engage in any section 4918 & 0 year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-E2? If 'Yes,' complete Schedule L, Part I Section 501(o)(3) and 501(o)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-E2? If 'Yes,' complete Schedule L, Part I Section 501(o)(3) and 501(o)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0 . 40b X 40c Section 501(o)(3) and 501(o)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization a floring anization or 11(o)(3) and 501(o)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization a floring anization or 11(o)(3) and 501(o)(4) organizations and 110 and 110 anity of 20c organization All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T 40c X 41 List the states with which a copy of this return is filled. ► NONE 11 Telephone no. ► (717) 2.35 – 4811 Located at ► P. 0. BOX 1.28, GLEN ROCK, PA 21P + 4 ► 173.27 b At any time during the calendar year, did the organization and an interest in or a signature or other authority over a financial account in a foreign country: ► See the instructions for exceptions and filling requirements f		in a prior year and still outstanding at the end of the tax year covered by this return?	1		38a		X
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If "Yes," complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T Located at P.O. BOX 128, GLEN ROCK, PA It erganization's books are in care of EXECUTIVE DIRECTOR Telephone no. (717) 235-4811 Located at P.O. BOX 128, GLEN ROCK, PA ZIP+4 P17327 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts.) If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: At a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization perate one or more hospital facilities during the year? If "Yes,"	b						
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			prior Foi	ms 990 or 990-EZ?			
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List the states with which a copy of this return is filled. ▶ NONE 128 The organization's books are in care of ▶ EXECUTIVE DIRECTOR Telephone no. ▶ (717) 235-4811 Located at ▶ P. 0. BOX 128, GLEN ROCK, PA At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 140 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	e	the state of the s			40-		v
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in Schedule O 44d	d		lanatio	7			
		in Schedule O			44d		<u> </u>

Page 4

							_	Y	es	No
		ated organization a controlled entity of the organization within t					1000	45	ongent uit	X
		ganization receive any payment from or engage in any transaction			=					
		orm 990 and Schedule R may need to be completed instead of Fo	***************************************					15a	3925 28	X
		ganization engage, directly or indirectly, in political campaign acti	vities on behalf of or in op	position	to candidates for pu	iblic offi	1		- 1	7 7
Par		omplete Schedule C, Part I Section 501(c)(3) organizations and section	4947(a)(1) popovo	mnt c	haritable tru	sto or		46		<u>X</u>
	100000	organizations and section 4947(a)(1) nonexempt charitable trusts		-			-			(3)
		Check if the organization used Schedule O to respond to any ques	· · · · · · · · · · · · · · · · · · ·	7-49D al	iu 52, and complete	the tab	ies for lifte	S DU AIII	ا ت د آ	
		brieck in the organization used Schedule of to respond to any ques	BUON III UNS FAIL VI					V	es	No
47 C)id the or	ganization engage in lobbying activities? If "Yes," complete Sc	hedule C. Part II				Г	47		X
		anization a school as described in section $170(b)(1)(A)(ii)$? If "Ye						48		X
		ganization make any transfers to an exempt non-charitable related						19a		X
b ii	f "Yes." w	as the related organization a section 527 organization?	a organization.		•••••	••••••		19b		
		this table for the organization's five highest compensated employ							ed m	ore
		0,000 of compensation from the organization. If there is none, enti	•	,		.,,	,			
			(b) Title and average	hours	(c) Compensation		ntributions	(e) E	xpen	se
		(a) Name and address of each employee paid more	per week devoted		.,		nployee t plans &	acco	unt ar	nd
		than \$100,000 NONE	position	İ			ferred ensation	other a	llowa	nces
		ber of other employees paid over \$100,000								
		this table for the organization's five highest compensated indeper	ndent contractors who eac	h receive	ed more than \$100,0	000 of c	ompensat	ion from	the	
0	organizati	on. If there is none, enter "None." NONE	- # #400 000	Т	# N. T	•	1 ,	0		
		(a) Name and address of each independent contractor paid mor	e than \$ 100,000		(b) Type of serv	/ice	(C)	Compe	isatio	<u>n</u>
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d T	otal num	ber of other independent contractors each receiving over \$100,00	00		>					
52 D	oid the or	ganization complete Schedule A? Note: All section 501(c)(3) orga	anizations and 4947(a)(1)	nonexen	npt					
C	haritable	trusts must attach a completed Schedule A					$\triangleright x$	Yes] No
	Ur cc	nder penalties of perjury, I declare that I have examined this return, including a prect, and complete. Declaration of preparer (other than officer) is based on al	accompanying schedules and s I information of which preparer	statements has any k	s, and to the best of my nowledge.	knowled	ge and belie	f, it is true	∍,	
Sign		·								
Here		Signature of officer				Date				
		WAYNE MCCULLOUGH, EXECUTIVE	DIRECTOR		·					
		Type or print name and title								
		Print/Type preparer's name Preparer's signatu	ire Dat	te	Check	J	PTIN			
Paid		LUKE C. MARTIN,			self- employ	/ed				
Prep		MEMBER OF THE FIRM		0-28-	(1					
Use	Only	Firm's name SMITH ELLIOTT KEARNS	& COMPANY,	LLC	Firm's EIN					
		Firm's address ► 804 WAYNE AVENUE			Phone no.	(7	717)2	63-3	391	.0
		CHAMBERSBURG, PA 172						7		ī ——
May th	e IRS dis	cuss this return with the preparer shown above? See instructions	3				► X		<u>L</u>	No
03-04-1							Fo	rm <mark>990</mark> -	EZ (2	(010

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047
2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

SOUTHERN YORK COUNTY SCHOOL DISTRICT FOUNDATION

Employer identification number 23-2862892

P	art I	Reason	for Public Char	rity Status (All organiz	zations mu	st comple	te this par	t.) See ins	tructions.			<u> </u>	
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							170(b)(1)	(A)(iii).					
									(b)(1)(A)(ii	ii). Enter th	e hospital	's nam	ne.
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5		•		benefit of a college or u	niversity o	wned or or	perated by	a governi	mental uni	t described	1 in		
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٥				·	(Camplata	Dort II)							
	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). (Complete Part II.) A norganization that normally receives a substantial part of its support from a governmental unit of from the general public described in section 170(b)(1)(A)(v). (Complete Part II.) A norganization that normally receives a substantial part of its support from a governmental unit of from the general public described in section 170(b)(1)(A)(v). (Complete Part III.) A norganization that normally receives (1) more than 33 1/3% of its support from governmental unit of section 170(b)(1)(A)(v). (Complete Part III.) An organization that normally receives (1) more than 33 1/3% of its support from governmental unit of support from gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (ses section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organization and poerated exclusively to test for public safety. See section 509(a)(4). An organization organization day operated exclusively to the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations from 509(a)(1). Purp III organization in contribution in contribution in contributi												
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		(iii) A 35%	controlled entity of a	ı person described in (i) o	or (ii) abov	e?					11g(iii)		
ŀ	1	Provide the f	following information	about the supported or	ganization	(s).							
							1		T		,		
(i) Name	of supported	(ii) EIN						(vi) ls	the	(vii) An	ount o	f
	orga	nization							(i) organiz	ed in the			
				above or IRC section	governing	aocument?	(i) of your	support?	U.S	.?			
				(see instructions))	Yes	No	Yes	No	Yes	No			
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

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) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 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 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) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) % 14 15 Public support percentage from 2009 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2010. 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 b 33 1/3% support test - 2009. 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 _______ 17a 10% -facts-and-circumstances test - 2010. 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 IV how the organization

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

Schedule A (Form 990 or 990-EZ) 2010 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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.)

Se	ction A. Public Support		<u> </u>				
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	Ì					
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that		•				
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support	Turnia wasi nazawana shi wasa sa sa sa	1 manufacture and the second s	I <u>Герофија и посморек унискинатариски годин</u>		I Denegani minimora de la composición del composición de la compos	I
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 6	(4) 2000	(5) 2001	(0) 2000	(4) 2000	(6) 2010	(i) Total
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
F	Unrelated business taxable income						
_	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
_	or loss from the sale of capital						
12	assets (Explain in Part IV.)			 -	 		
	Total support (Add lines 9, 10c, 11, and 12.)	r the ergenization!	l first seemed this			- F01(a)(0) areasin	
14	First five years. If the Form 990 is fo	r the organizations	s first, second, thii	ra, tourth, or titth t	ax year as a section	on 501(c)(3) organiz	ation,
Sar	check this box and stop here ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2010 (·			Tae I	
				column (i))	•••••	15	<u>%</u>
	Public support percentage from 2009 ction D. Computation of Inve					16	%
						47	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from			I' et 4 at I'		18	<u>%</u>
19a	33 1/3% support tests - 2010. If the						i / is not
	more than 33 1/3%, check this box a						▶∟
b	33 1/3% support tests - 2009. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on ala not check a	pox on line 14, 19	a, or 19b, check t	nıs box and see in	structions	▶∟⊥

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

SOUTHERN YORK COUNTY SCHOOL DISTRICT FOUNDATION

Employer identification number 23-2862892

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT IN	NCOME:		0000000
DESCRIPTION OF PROPERTY:			
INTEREST INCOME			
FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCAT			
ACTIVITY CLASSIFICATION: SCHOLARSHIPS AND AWARDS			
GRANTEE NAME: VARIOUS STUDENTS			
AMOUNT GIVEN:			85,893.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:			
DESCRIPTION OF OTHER EXPENSES:		· · · · · · · · · · · · · · · · · · ·	AMOUNT:
PROMOTION			189.
RECOGNITION	*		776.
DUES			888.
MISCELLANEOUS			4,649.
INSTRUCTIONAL SUPPLIES		· · ·	12,583.
TOTAL TO FORM 990-EZ, LINE 16			19,085.
FORM 990-EZ, PART I, LINE 21, CHANGES IN NET ASS	SETS:		
CHANGES IN NET ASSETS OR FUND BALANCES:		***	AMOUNT:
UNREALIZED GAIN ON INVESTMENTS			54,937.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:			
DESCRIPTION	BEG. OF	YEAR	END OF YEAR
PLEDGES RECEIVABLE			
THAT I I I I I I I I I I I I I I I I I I I			

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SOUTHERN YORK COUNTY SCHOOL DISTRICT

Employer identification number

FOUNDATION FOUNDATION	22	2862892
INVESTMENTS - OTHER	257,534.	312,612.
PREPAID EXPENSES	0.	2,430.
TOTAL TO FORM 990-EZ, LINE 24	269,680.	325,269.
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:		
DESCRIPTION B	EG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE & ACCRUED EXPENSES	9,393.	10,407.
DEFERRED REVENUE	750.	1,330.
TOTAL TO FORM 990-EZ, LINE 26	10,143.	11,737.
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEF THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY AN OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	TIT CONTRACT. Y PREMIUMS,	DIRECTLY,

Name of the organization

Employer identification number

FOUNDATION 23-2862892 Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.) (b) Title and average hours (c) Compensation (d) Contributions (e) Expense to employee benefit plans & per week devoted to (If not paid, enter account and (a) Name and address position other allowances -0-.1 deferred compensation DEB LANNON VOLUNTEER P.O. BOX 128, GLEN ROCK, PA 17327 0. 0. 1.00 0. JOHN LEWIS VOLUNTEER P.O. BOX 128, GLEN ROCK, PA 17327 1.00 0 0. 0. ROBERTA THOMAN VOLUNTEER P.O. BOX 128, GLEN ROCK, 17327 PA 1.00 0. 0. 0. EVAN STEWART VOLUNTEER P.O. BOX 128, GLEN ROCK, PA 17327 1.00 0. 0. 0. DALE KEAGY SECRETARY/VOLUNTEER P.O. BOX 128, GLEN ROCK, PA17327 1.00 0. 0. 0. DR. THOMAS HENSLEY HONORARY CHAIR/VOLUNTEER P.O. BOX 128, GLEN ROCK, PA 17327 1.00 0. 0. 0.

SOUTHERN YORK COUNTY SCHOOL DISTRICT