

# \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

A F	or the	$^{2023}$ calendar year, or tax year beginning $\mathrm{JUL}1,2023$	JUN 30, 2024	
<b>B</b> C	heck if	C Name of organization	D Employer identifi	cation number
X	Addres	YORK OPIOID COLLABORATIVE		
	Name		82-11181	07
	Initial	Number and street (or P.O. box if mail is not delivered to street address)  Room/si		
	 ]Final ]return/	227 W. MARKET STREET 101	717-515-	
	termin ated		G Gross receipts \$	567,683.
	Ameno return	YORK, PA 17401	H(a) Is this a group re	eturn
	Application		for subordinates	? Yes X No
	pendir	SAME AS C ABOVE	H(b) Are all subordinates in	ncluded? Yes No
<u>  T</u>	ax-exe		527 If "No," attach a	list. See instructions
	Vebsit		H(c) Group exemption	
			ear of formation: 2017	M State of legal domicile; PA
Pa	rt I	Summary	DEDUCE OBTOT	D ADDICATON
ø		Briefly describe the organization's mission or most significant activities: SEEKS TO		
anc		AND DEATHS IN YORK COUNTY, THAT SUPPORTS AND		
Governance		Check this box if the organization discontinued its operations or disposed of m	1 -	sets.   14
30		Number of voting members of the governing body (Part VI, line 1a)  Number of independent voting members of the governing body (Part VI, line 1b)	4	13
		Total number of individuals employed in calendar year 2023 (Part V, line 2a)		1
Activities &		Total number of individuals employed in calendar year 2023 (Fart V, line 2a)  Total number of volunteers (estimate if necessary)		40
χį		Total unrelated business revenue from Part VIII, column (C), line 12		
Ä		Net unrelated business taxable income from Form 990-T, Part I, line 11		0.
			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	218,622.	559,186.
		Program service revenue (Part VIII, line 2g)	7,514.	0.
eve		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	8,497.
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	226,136.	567,683.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	76,562.	116,956.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
ž		Total fundraising expenses (Part IX, column (D), line 25) 49,671.	105 501	155 545
Ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	107,721.	175,547.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	184,283.	292,503.
		Revenue less expenses. Subtract line 18 from line 12	41,853.	275,180.
Net Assets or Fund Balances	00	Total coasts (Dort V. line 16)	Beginning of Current Year 323, 226.	End of Year 598, 406.
sse Bala	20 21	Total assets (Part X, line 16)  Total liabilities (Part X, line 26)	323,220.	0.
Vet /	22	Net assets or fund balances. Subtract line 21 from line 20	323,226.	598,406.
	rt II	Signature Block	525,2200	330, 4000
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and stat	tements, and to the best of my	/ knowledge and belief. it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which prepare		,
				SIGN HER
Sign	1	Signature of officer	Date	SIGNAL
Her	е	BRITTANY SHUTZ, EXECUTIVE DIRECTOR		
		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check [	PTIN
Paid			C 10/31/24 self-employ	
Prep		Firm's name RKL LLP	Firm's EIN 2	3-2108173
Use	Only	Firm's address 3501 CONCORD ROAD, STE 250		E 042 2024
_		YORK, PA 17402	Phone no. 71	7-843-3804
May	the IF	RS discuss this return with the preparer shown above? See instructions		X Yes No

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO COORDINATE AND CREATE COLLABORATIONS THAT RAISE AWARENESS AND
	ADVOCATE FOR SUPPORT TO COLLECTIVELY IMPLEMENT SOLUTIONS AND PROGRAMS
	FOR SUBSTANCE USE DISORDERS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
40	54.050
4a	(Code:) (Expenses \$54,858including grants of \$0 ) (Revenue \$
	PARTNERS TOGETHER TO INCREASE ITS DEPTH AND BREDTH OF CONNETIVITY IN
	THE COMMUNITY TO ESTABLISH A SHARED UNDERSTANDING, SHARED
	ACCOUNTABILITY AND OPTIMIZE CAPACITY TO RESPOND. EDUCATION/AWARENESS
	OF THE IMPACT OF SUBSTANCE USE SYSTEMICALLY TO OUR PARTNERS, AS WELL AS
	OPPORTUNITIES TO EDUCATE PUBLIC. ACTIVITIES UNDER THIS INCLUDE PHAST
	AND OFR.
	-
	-
	-
4b	(Code:) (Expenses \$ 90,798. including grants of \$0. (Revenue \$)
	STAKEHOLDER ENGAGEMENT / CAPACITY BUILDING: WORK WITH COMMUNITY
	PARTNERS TO IDENTIFY GAPS/OPPORTUNITIES TO RESPOND TO IMPACT OF
	SUBSTANCE USE. HELP BUILD CAPACITY FOR EVIDENCE BASED PRACTICES
	THROUGH FACILITATED DISCUSSIONS.
4c	(Code:) (Expenses \$43,507. including grants of \$0. (Revenue \$)
	HARM REDUCTION ACTIVITIES: ACTIVITIES TO SUPPORT OVERDOSE PREVENTION
	STRATEGIES AND HARM REDUCTION STRATEGIES TO PROMOTE THE HEALTH, SAFETY
	AND WELL-BEING OF THOSE WITH A SUBSTANCE USE DISORDER. RECEIVED
	GRANTS UNDER THIS ACTIVITY TO SUPPORT NALOXONE DISTRIBUTION AND
	MEDICATION COLLECTION/DISPOSAL OPTIONS INCLUDING SHARPS.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$\frac{\text{including grants of \$}}{\text{1.0.0.1.6.2}}\) (Revenue \$
4e	Total program service expenses 189,163.
	Form <b>990</b> (2023)

### Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	١Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	⊢′−		<del> </del>
0	, ,			x
^	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			<sub>v</sub>
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			.,
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		<del></del>
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		<del></del> -
13		45		x
46	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<del></del>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	ا مد ا		x
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>├</u> ^
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<sub>V</sub>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			,,
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
<b>2</b> 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			l _
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			<del></del>
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		х
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		<del></del>
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	-20		<del> </del>
27	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
00		-21		<del>  ^</del>
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?   If			
а		00-		x
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		┢╧
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		x
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		<del>  ^</del>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			х
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<del>  ^</del>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			₩
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			₩
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	<del>                                     </del>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
٥-	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		├^
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	٠		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	_	$\vdash$
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			х
0.7	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		┢╧
37				₩
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<del>                                     </del>	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		x	
Pai	Note: All Form 990 filers are required to complete Schedule Ort V Statements Regarding Other IRS Filings and Tax Compliance	38	_ ^	
L. a	Obselvit Oshadula O santaina a waxayana ay nata ta any lina in thia Dati V			X
	Check II Scriedule O contains a response of note to any line in this Part v		 V	1
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
b	Enter the manner of the metal and a series of the table of t			
С			x	
	(gambling) winnings to prize winners?	1c		Щ_

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	990 (2023) YORK OPIOID COLLABORATIVE 82-1118	107	Р	age <b>5</b>							
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)										
			Yes	No							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return 2a										
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х							
b	, , , , , , , , , , , , , , , , , , , ,										
4a	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)?	4a		Х							
b	If "Yes," enter the name of the foreign country										
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).										
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х							
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х							
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit										
	any contributions that were not tax deductible as charitable contributions?	6a		х							
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts										
D	were not tax deductible?	6b									
7	Organizations that may receive deductible contributions under section 170(c).										
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х							
a	A TOTAL OF THE CONTRACT OF THE	7b									
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10									
С				х							
	to file Form 8282?	7c									
d	If "Yes," indicate the number of Forms 8282 filed during the year	l _		₩.							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	NT /								
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	<u> </u>							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the										
	sponsoring organization have excess business holdings at any time during the year? N/A	8									
9	Sponsoring organizations maintaining donor advised funds.										
а	Did the sponsoring organization make any taxable distributions under section 4966?  N/A	9a									
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? $N/A$	9b									
10	Section 501(c)(7) organizations. Enter:										
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a										
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities										
11	Section 501(c)(12) organizations. Enter:										
а	Gross income from members or shareholders N/A 11a										
b	Gross income from other sources. (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)										
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a									
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
а	Is the organization licensed to issue qualified health plans in more than one state? $N/A$	13a									
	Note: See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which the										
	organization is licensed to issue qualified health plans										
С	Enter the amount of reserves on hand										
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х							
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b									
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or										
	excess parachute payment(s) during the year?	15		х							
	If "Yes," see the instructions and file Form 4720, Schedule N.										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х							
	If "Yes," complete Form 4720, Schedule O.	<u></u> ~									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities										
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  N/A	17									
	=1/ ==										

If "Yes," complete Form 6069.

YORK OPIOID COLLABORATIVE 82-1118107 Page 6 Form 990 (2023) 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 14 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 13 b Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Х 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х on Schedule O how this was done 12c Х 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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 Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure 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.

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.

State the name, address, and telephone number of the person who possesses the organization's books and records BRITTANY SHUTZ - 717-515-0016

227 W. MARKET STREET, 101, YORK, PA 17401

# 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.

(A)	(B)			(c Pos	C) ition	1		(D)	(E)	(F)
Name and title	Average hours per		(do not check		neck more than one s person is both an			Reportable compensation	Reportable compensation	Estimated amount of
	week					s boti or/trus		from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC/	from the
	related	stee (	truste		ο.	beusa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	nal tru	ional 1		ploye	t com		1099-NEC)		and related organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			Organizations
(1) BRITTANY SHUTZ	40.00			٦	_	- <u>"</u>				
EXECUTIVE DIRECTOR		x						57,730.	0.	11,965.
(2) KYLE KING	4.00									
CHAIRPERSON		Х		Х				0.	0.	0.
(3) MARGARET ECKLES-RAY	4.00	]								
VICE CHAIRPERSON		X		X				0.	0.	0
(4) SHANNON BRADY	4.00	1								
SECRETARY		X		Х				0.	0.	0.
(5) CHAD DEARDORFF	4.00							_	_	_
TREASURER		X		X				0.	0.	0.
(6) SUZANNE SCHLAGER	2.00	l								
BOARD MEMBER		X		_		<u> </u>		0.	0.	0.
(7) TANIA ZECH	2.00	١								
BOARD MEMBER		Х		_		-		0.	0.	0
(8) LAUREN DAYS	2.00	١.,							_	_
BOARD MEMBER	0.00	Х		_		<u> </u>		0.	0.	0 .
(9) REGINALD HUNTER	2.00	١,,							_	_
BOARD MEMBER (10) AUTHERINE SHAW	2.00	Х		H		┢		0.	0.	0
BOARD MEMBER	2.00	x						0.	0.	0.
(11) JACQUELYN KREISER	2.00	<del>  ^</del>		$\vdash$				0.	0.	0
BOARD MEMBER	2.00	X						0.	0.	0.
(12) SAMANTHA ZAHM	2.00	1						•	0.	0
BOARD MEMBER	2.00	x						0.	0.	ο.
(13) ZACHARY CLAGHORN (LEFT 01/24)	2.00	Ħ							0.1	-
BOARD MEMBER		$\mathbf{x}$						0.	0.	0.
(14) T.L. KEARNEY (STARTED 01/24)	2.00	T							3,1	
BOARD MEMBER		x						0.	0.	0.
(15) KAYLEE SWANSON	2.00									
BOARD MEMBER		х			L	L	L	0.	0.	0.
(16) LAMAR STEVENS (LEFT 01/24)	2.00									
BOARD MEMBER		x						0.	0.	0.
	1				1	l	1			

Name and title  Average hours per week (list any hours for related organizations below line)  In Subtotal  To Total from continuation sheets to Part VII, Section A d Total (add dines to and 10)  Total (add dines to and 10)  Average hours per week (list any hours for related organizations below line)  Bay June 10 June	Par	t VII   Section A. Officers, Directors, Trus		oloy T	ees,			ghes	t C			—			
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  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  Yes  3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  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) (B) (C)		(A)	(B) Average hours per week (list any hours for related organizations below	(do box offi	Position (do not check more than one box, unless person is both an officer and a director/trustee)		one n an tee)	(D) (E)  Reportable Reporta compensation compensation from from rela the organization (W-2/1099-NISC/ 1099-NI		n I s	amount other compensa / from th organizat and relat		of tion e ion ed		
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Total (add lines 1b and 1c)												-	1	1,9	65. 0.
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    Yes													1	1,9	
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rendered to the organization? If "Yes." complete Schedule J for such person 5  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) (B) (C)		and related organizations greater than \$150	0,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	J f	for such individual			4		Х
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) (B) (C)	5		-				-						5		х
the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) (B) (C)	Sec	tion B. Independent Contractors	•												
(A) (B) (C)	1		•									ensat	ion fro	om	
Name and business address NONE Description of services Compensation		(A) (B)													
		Name and business	address	N	INC	<u> </u>			_	Description of s	ervices		ompe	nsatio	<u> </u>
									$\dashv$						
Total number of independent contractors (including but not limited to those listed above) who received more than	2	Total number of independent contractors (i	ncluding but n	ot lir	nited	d to	_		ted	above) who received mo	ore than				
\$100,000 of compensation from the organization 0		\$100,000 of compensation from the organi	zation					)					Form	990 r	2023)

YORK OPIOID COLLABORATIVE

07381031 783163 35139.1

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
		·	•	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					Turiction revenue	business revenue	sections 512 - 514
S S	1 a	Federated campaigns 1a					
aut I		Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts		Fundraising events 1c					
T Y		Related organizations 1d					
5 템		Government grants (contributions)	427,771.				
얆희		All other contributions, gifts, grants, and	,				
je ti	•	similar amounts not included above 11	131,415.				
블립	g						
듯핆	_	Total. Add lines 1a-1f		559,186.			
<u> </u>			Business Code				
.	2 a						
ijΙ	b						
ie Se	c						
E S	d						
Be	u _						
Program Service Revenue	f	All other program service revenue					
	a a						
$\neg$	3	Investment income (including dividends, intere					
		other similar amounts)		8,497.			8,497.
	4	Income from investment of tax-exempt bond p		•			•
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b						
	c	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
		and sales expenses 7b					
Revenue	С	Gain or (loss) 7c					
<u>۾</u> ا		Net gain or (loss)	•				
her		Gross income from fundraising events (not					
됩		including \$ of					
Ĭ		contributions reported on line 1c). See					
		Part IV, line 188a					
	b	Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
		Part IV, line 19 9a					
	b	Less: direct expenses 9b					
		Net income or (loss) from gaming activities	•				
		Gross sales of inventory, less returns					
		and allowances 10a	a				
	b	Less: cost of goods sold					
	С	Net income or (loss) from sales of inventory					
			Business Code				
ğ a	11 a	·					
ane	b	•					
	С	:					
Miscellaneous Revenue	d	All other revenue					
	е	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		567,683.	0.	0.	8,497.

# Form 990 (2023) YORK OPIOID COLLABORATIVE Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	e or note to any line in t	his Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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,	114 150	70 000	22 222	11 057
_	trustees, and key employees	114,158.	79,998.	22,903.	11,257.
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				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	1,093.	765.	219.	109.
9	Other employee benefits	1,705.	1,197.	224.	284.
10	Payroll taxes	1,703.	1,19/•	224.	204.
11	Fees for services (nonemployees):				
a	Management	396.		396.	
b	Legal	6,947.	5,140.	1,073.	734.
c C	Accounting	0,5476	3,140.	1,075	754.
d	Lobbying Professional fundraising services. See Part IV, line 17				
e f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
y	column (A), amount, list line 11g expenses on Sch O.)	47,281.	33,097.	9,456.	4,728.
12	Advertising and promotion	13,330.	9,341.	2,661.	1,328.
13	Office expenses	73,932.	50,107.	14,317.	9,508.
14	Information technology	.075521	30,20,1	22,02,1	3,3300
15	Royalties				
16	Occupancy				
17	Traval	7,724.	5,407.	1,545.	772.
18	Payments of travel or entertainment expenses	.,			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	3,406.	2,384.	681.	341.
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 0.)	20 514			20 514
a	FUNDRAISING EXPENSES	20,514.	1 050		20,514.
b	STAFF DEVELOPMENT	1,050. 967.	1,050. 677.	194.	0.6
C	SUBSCRIPTIONS	90/•	0//•	194.	96.
d	All other average				
e or	All other expensesAdd lines 1 through 24s	292,503.	189,163.	53,669.	49,671.
25	Total functional expenses. Add lines 1 through 24e	474,303.	103,103.	33,003.	43,0/1.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Par	1 X	Balance Sheet				
		Check if Schedule O contains a response or	note to any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		127,226.	1	394,072
	2	Savings and temporary cash investments		196,000.	2	204,334
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any curren				
		trustee, key employee, creator or founder, su	ıbstantial contributor, or 35%			
		controlled entity or family member of any of t	these persons		5	
	6	Loans and other receivables from other disqu	ualified persons (as defined			
		under section 4958(f)(1)), and persons descri	bed in section 4958(c)(3)(B)		6	
ည	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
₹	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other	er			
		basis. Complete Part VI of Schedule D				
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, lin		12		
	13	Investments - program-related. See Part IV, li		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must e		323,226.	16	598,406
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Comple	ete Part IV of Schedule D		21	
ွှ	22	Loans and other payables to any current or f	ormer officer, director,			
≝∣		trustee, key employee, creator or founder, su	ıbstantial contributor, or 35%			
Liabilities		controlled entity or family member of any of t	these persons		22	
-	23	Secured mortgages and notes payable to un	related third parties		23	
	24	Unsecured notes and loans payable to unrela	ated third parties		24	
	25	Other liabilities (including federal income tax,	, payables to related third			
		parties, and other liabilities not included on li	ines 17-24). Complete Part X			
					25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0
,		Organizations that follow FASB ASC 958,	check here X			
ĕ		and complete lines 27, 28, 32, and 33.		070 004		204 500
lan	27	Net assets without donor restrictions		279,394.	27	324,729
Pa	28	Net assets with donor restrictions		43,832.	28	273,677
ឰ		Organizations that do not follow FASB AS	C 958, check here			
드		and complete lines 29 through 33.				
ျှ	29	Capital stock or trust principal, or current fur			29	
ise:	30	Paid-in or capital surplus, or land, building, o			30	
t Às	31	Retained earnings, endowment, accumulated			31	=
Net Assets or Fund Balances	32	Total net assets or fund balances		323,226.	32	598,406
	33	Total liabilities and net assets/fund balances		323,226.	33	598,406 Form <b>990</b> (202

Pai	t XI Reconciliation of Net Assets			•			
	Check if Schedule O contains a response or note to any line in this Part XI						
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Prior period adjustments	1 2 3 4 5 6 7 8 9	56 29 27	7,68 2,59 5,18 3,2	03.		
9	Other changes in net assets or fund balances (explain on Schedule O)	9			<del>-0•</del>		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	10	598,406.				
Pai	column (B)) Part XII  Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
	•			Yes	No		
1 2a	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
b	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:  X Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?						
С	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis						
	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?  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		3b				
			Form	990	(2023)		

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

### Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

YORK OPIOID COLLABORATIVE

Employer identification number

82-1118107 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

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

(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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	138,952.	272,853.	123,368.	218,622.	559,186.	1312981.
2	Tax revenues levied for the organ-						
	ization'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	138,952.	272,853.	123,368.	218,622.	559,186.	1312981.
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)						42,362.
6	Public support. Subtract line 5 from line 4.						1270619.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	138,952.	272,853.	123,368.	218,622.	559,186.	1312981.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources					8,497.	8,497.
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 VI.)						
11	Total support. Add lines 7 through 10						1321478.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	16,280.
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	year as a section 5	01(c)(3)	
	organization, check this box and stop	o here					
Sec	ction C. Computation of Publi	ic Support Per	centage				
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, o	column (f))		14	96.15 %
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	92.53 <u>%</u>
16a	33 1/3% support test - 2023. If the	organization did no	ot check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2022. If the	organization did no	ot check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	• •					
17a	10% -facts-and-circumstances test	: - <b>2023.</b> If the org	anization did not c	check a box on line	9 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	· ·		, ,,			
b	10% -facts-and-circumstances test						10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, che	ck this box and st	<b>top here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	ne organization qua	alifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	on did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	·
						Schedule A	(Form 990) 2023

#### 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.)

Se	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	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						
7 8	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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.)						
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(	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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>				
14	First 5 years. If the Form 990 is for the	ie organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizatio	on,
	ction C. Computation of Publi					Т 1	
	Public support percentage for 2023 (I		=	column (f))		15	<u>%</u>
	Public support percentage from 2022 ction D. Computation of Inves					16	%
			_			147	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from :		* **	on line 14, and line		18	%
198	33 1/3% support tests - 2023. If the						/ IS NOL
1.	more than 33 1/3%, check this box ar	•					
K	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	-					
20	Private foundation If the organization			•		-	

I., I.,

#### 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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))? If "Yes," provide detail in Part VI.
- **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? If "Yes," provide detail in **Part VI**.
- 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? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
		_
2		
0-		
3a		
3b		
3с		
- 50		
4a		
4b		
16		
4-		
4c		
5a		
Ja		
5b		
5c		
6		
7		
_		
8		
9a		
OI-		
9b		
9с		
10-		
10a		
10b		

Par	t IV   Supporting Organizations <sub>(continued)</sub>			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	110
	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? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	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? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Seci	ion C. Type II Supporting Organizations			
			Yes	No
	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)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
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?	1		
	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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	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? If "Yes," describe in Part VI the role the organization's	3		
Sect	supported organizations played in this regard. ion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

(Form 990) 20	YORK YORK	OPIOID	COLLABORATIVE		82-1118107	Page 6	
Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations							
Check here if t	he organization satisfie	ed the Integral	Part Test as a qualifying trus	st on Nov. 20. 19	70 ( explain in <b>Part VI</b> ). <b>See instr</b> u	ictions.	

	All other Type III non-functionally integrated supporting organizations mus	t complete S	Sections A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion 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	Check here if the current year is the organization's first as a non-functional	ılly integrated	d Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2023

<u> </u>	13/ T 11/1 E 1: 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	( ) (0) 0 1: 0			
Par	t V Type III Non-Functionally Integrated 509(	(a)(3) Supporting Orga	<b>inizations</b> (continu	ıed)	
<u>Secti</u>	on D - Distributions				Current Year
_1_	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
_4_	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9_	Distributable amount for 2023 from Section C, line 6			9	
<u>10</u>	Line 8 amount divided by line 9 amount	I	<u> </u>	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ıs	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i_	Carryover from 2018 not applied (see instructions)				
_ <u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2023 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8_	Breakdown of line 7:				
a	Excess from 2019				
	Excess from 2020				
с	Excess from 2021				
d	Excess from 2022				

Schedule A (Form 990) 2023

e Excess from 2023

## Schedule B

### **Schedule of Contributors**

OMB No. 1545-0047

**2023** 

Department of the Treasury Internal Revenue Service

(Form 990)

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

Name of the organization

YORK OPIOID COLLABORATIVE

Employer identification number

82-1118107

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 <b>not</b> 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				
		covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
	•	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special I	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.					
	contributor, during literary, or educatio	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.				
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year				
answer "	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 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 requirements of Schedule B (Form 990).				

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

#### YORK OPIOID COLLABORATIVE

82-1118107

Part I Contributors	(see instructions). Use duplicate copies of Part I if additional space is needed.
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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$5,600.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$350,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

#### YORK OPIOID COLLABORATIVE

82-1118107

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		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$5,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10_		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_		\$ 25,000.	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

#### YORK OPIOID COLLABORATIVE

82-1118107

	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
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_			
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		  \$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		  _ \$	
(a) No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		  \$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	

Schedule B (Form 990) (2023) Page **4** 

Name of organization Employer identification number YORK OPIOID COLLABORATIVE 82-1118107 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

YORK OPTOID COLLABORATIVE

Employer identification number 82-1118107

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FORM 990, PART V, LINE 1C:	
THE ORGANIZATION DID NOT HAVE ANY INSTANCES WHERE BACKUP WITH	HOLDING
WAS REQUIRED; HOWEVER, IF THE SITUATION WOULD ARISE, THE ORGA	ANIZATION
IS AWARE OF THE REPORTING REQUIREMENTS AND WOULD HANDLE THAT	
ACCORDINGLY.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 WILL BE REVIEWED AT A FINANCE COMMITTEE MEETING	THEN PRESENTED
TO THE BOARD AT THE OCTOBER BOARD MEETING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE CONFLICT OF INTEREST POLICY AND DISCLOSURES ARE ANNUALLY	REVIEWED.
FORM 990, PART VI, SECTION B, LINE 15A:	
COMPENSATION IS REVIEWED AND APPROVED BY BOARD OF DIRECTORS E	FOR EXECUTIVE
DIRECTOR.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATIONS GOVERNING DOCUMENTS, CONFLICT OF INTEREST E	POLICY, AND
FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	33,097.
MANAGEMENT AND GENERAL EXPENSES	9,456.
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page 2
Name of the organization YORK OPIOID COLLABORATIVE	Employer identification number 82-1118107
FUNDRAISING EXPENSES	4,728.
TOTAL EXPENSES	47,281.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	47,281.
FORM 990, PART XII, LINE 2C:	
THE AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT O	F THE AUDIT,
REVIEW, OR COMPILATION OF IT FINANCIAL STATEMENTS AND SELE	CTION OF AN
INDEPENDENT ACCOUNTANT WHEN AUDIT IS NECESSARY.	