

**990**  
Form 990  
(Rev. January 2020)

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

A For the 2019 calendar year, or tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization

LANCASTER COUNTY CONSERVANCY

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

117 SOUTH WEST END AVENUE

D Employer identification number

23-7046908

E Telephone number

717-392-7891

F Gross receipts \$ 7,985,149.

G H(a) Is this a group return for subordinates?  Yes  No

H(b) Are all subordinates included?  Yes  No

If "No," attach a list. (see Instructions)

H(c) Group exemption number ►

I Tax-exempt status:  501(c)(3)  501(c)( ) (insert no.)  4947(a)(1) or  527

J Website: ► [WWW.LANCASTERCONSERVANCY.ORG](http://WWW.LANCASTERCONSERVANCY.ORG)

K Form of organization:  Corporation  Trust  Association  Other ►

L Year of formation: 1969 M State of legal domicile: PA

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>THE MISSION OF THE LANCASTER COUNTY CONSERVANCY IS "PROVIDING WILD AND FORESTED LANDS AND CLEAN</b>
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets
	3 Number of voting members of the governing body (Part VI, line 1a) ..... 3 18
	4 Number of independent voting members of the governing body (Part VI, line 1b) ..... 4 18
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) ..... 5 19
	6 Total number of volunteers (estimate if necessary) ..... 6 385
	7 a Total unrelated business revenue from Part VIII, column (C), line 12 ..... 7a 0.
	b Net unrelated business taxable income from Form 990-T, line 39 ..... 7b 0.
Revenue	8 Contributions and grants (Part VIII, line 1h) ..... 3,425,897. 7,623,594.
	9 Program service revenue (Part VIII, line 2g) ..... 17,464. 18,836.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... 168,310. 178,038.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... 56,122. -47,725.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... 3,667,793. 7,772,743.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... 0. 54,739.
	14 Benefits paid to or for members (Part IX, column (A), line 4) ..... 0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... 952,593. 1,113,412.
	16a Professional fundraising fees (Part IX, column (A), line 11e) ..... 0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) ► 262,995.
Net Assets or Fund Balances	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... 891,911. 812,516.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... 1,844,504. 1,980,667.
	19 Revenue less expenses. Subtract line 18 from line 12 ..... 1,823,289. 5,792,076.
Net Assets or Fund Balances	20 Total assets (Part X, line 16) ..... Beginning of Current Year 48,498,979.
	21 Total liabilities (Part X, line 26) ..... End of Year 713,134. 1,194,826.
	22 Net assets or fund balances. Subtract line 21 from line 20 ..... 47,785,845. 54,589,659.

## Part II Signature Block

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

Sign  
Here

► Signature of officer

Date

► PHILIP WENGER, PRESIDENT/CEO

Type or print name and title

Paid  
Preparer  
Use Only

Print/Type preparer's name

GARY J. DUBAS

Preparer's signature

*Gary J. Dubas*

Date

7/28/20

Check  
it  
self-employed

PTIN

P00252339

Firm's name ► MCKONLY & ASBURY, LLP

Firm's EIN ► 23-1909723

Firm's address ► 415 FALLOWFIELD ROAD  
CAMP HILL, PA 17011

Phone no. 7177617910

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

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III  X

- 1 Briefly describe the organization's mission:

**THE MISSION OF THE LANCASTER COUNTY CONSERVANCY IS "PROVIDING WILD AND FORESTED LANDS AND CLEAN WATERWAYS FOR OUR COMMUNITY. FOREVER". THE CHARITABLE PURPOSES OF THE LANCASTER COUNTY CONSERVANCY INCLUDE PRESERVATION OF NATURAL LANDS, ECOSYSTEMS, LANDSCAPES AND WATERWAYS**

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

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
- 
- 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.

4a (Code: \_\_\_\_\_) (Expenses \$ 312,069. including grants of \$ \_\_\_\_\_) (Revenue \$ 18,836.)  
**PROGRAM 1 - LAND PROTECTION AND ACQUISITION****PROTECTING OUR LAND FOREVER**

SOME LANDS ARE SO BEAUTIFUL, SO RARE, AND SO NATURAL THAT THEY MUST BE PROTECTED FOR ALL TO ENJOY.

THE CONSERVANCY HAS BEEN INCREDIBLY BUSY PROTECTING LAND THIS YEAR. MANY OF THESE PROJECTS TOOK OVER SEVEN YEARS TO GET TO THE FINISH LINE. WE ARE REALLY EXCITED THAT OUR TEAM COMPLETED PROJECTS THAT INCREASED OUR LANDS FOR PUBLIC USE BY NEARLY 20% TO A TOTAL OF 6,346 ACRES OF PUBLICLY ACCESSIBLE OPEN SPACE.

IN 2019, WE ACQUIRED 966 ACRES OF NEW NATURAL LANDS WORTH \$6.5 MILLION DOLLARS: PROTECTING FRAGMENTS OF REMNANT FORESTS AND WEAVING THEM INTO

4b (Code: \_\_\_\_\_) (Expenses \$ 676,267. including grants of \$ 54,739.) (Revenue \$ \_\_\_\_\_)  
**PROGRAM 2 - LAND STEWARDSHIP****RESTORE OUR LAND**

OUR JOB DOES NOT END ONCE THE LAND IS PURCHASED. THAT IS JUST THE BEGINNING.

OUR STEWARDSHIP TEAM UNDERTAKES THE VERY DELIBERATE AND TIME-CONSUMING PROCESS OF INCORPORATING EACH NEW TRACT OF LAND INTO AN OVERALL LAND MANAGEMENT PLAN FOR OUR PRESERVES. THIS IS A GREAT RESPONSIBILITY; ESPECIALLY IN A FRAGMENTED LANDSCAPE SUCH AS LANCASTER COUNTY WHERE ONLY 16% OF OUR LAND REMAINS FORESTED AND WHERE OUR TRAILHEAD PARKING AREAS FILL UP AS THE DEMAND FOR BEAUTIFUL NATURAL PLACES TO ESCAPE TO TESTS THE CAPACITY OF OUR PRESERVES. THE CONSERVANCY, IN ACTIVELY

4c (Code: \_\_\_\_\_) (Expenses \$ 262,209. including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
**PROGRAM 3 - EDUCATION AND COMMUNITY ENGAGEMENT****ENGAGING OUR COMMUNITY**

OVER THE PAST SEVERAL YEARS THE CONSERVANCY HAS DELIBERATELY CULTIVATED COMMUNITY FOCUSED EVENTS THAT SERVE AS A WAY TO BRING MANY OF OUR NON-PROFIT AND FOR-PROFIT PARTNERS TOGETHER TO ENGAGE THE GENERAL PUBLIC AND EXPAND AWARENESS ABOUT THE CONSERVANCY'S WORK BEYOND OUR TRADITIONAL LAND TRUST SUPPORTERS. ALL OF OUR COMMUNITY ENGAGEMENT WORK LEADS US BACK TO OUR PRESERVES AND IN 2019 WE FOCUSED ON CREATING MORE OPPORTUNITIES TO INVITE YOU TO PARTICIPATE, LEARN, AND VOLUNTEER IN THESE WILD PLACES.

**VOLUNTEERS IN ACTION**

- 4d Other program services (Describe on Schedule O.)

(Expenses \$ 219,131. including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4e Total program service expenses ► 1,469,676.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	1 X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>	2 X	
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 <i>Schedule C, Part I</i>	3 X	
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete <i>Schedule C, Part II</i>	4 X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete <i>Schedule C, Part III</i>	5 X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete <i>Schedule D, Part I</i>	6 X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete <i>Schedule D, Part II</i>	7 X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete <i>Schedule D, Part III</i>	8 X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete <i>Schedule D, Part IV</i>	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 <i>Schedule D, Part V</i>	10 X	
11	If the organization's answer to any of the following questions is "Yes," then complete <i>Schedule D, Parts VI, VII, VIII, IX, or X</i> as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete <i>Schedule D, Part VI</i>	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 <i>Schedule D, Part VII</i>	11b X	
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete <i>Schedule D, Part VIII</i>	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 <i>Schedule D, Part IX</i>	11d X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete <i>Schedule D, Part X</i>	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 <i>Schedule D, Part XI</i>	11f X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete <i>Schedule D, Parts XI and XII</i>	12a X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete <i>Schedule E</i>	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete <i>Schedule F, Parts I and IV</i>	14b X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete <i>Schedule F, Parts II and IV</i>	15 X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete <i>Schedule F, Parts III and IV</i>	16 X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete <i>Schedule G, Part I</i>	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 <i>Schedule G, Part II</i>	18 X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete <i>Schedule G, Part III</i>	19 X	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete <i>Schedule H</i>	20a X	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b X	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete <i>Schedule I, Parts I and II</i>	21 X	

**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	X
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	X
24a	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	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	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	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28a	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 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	X
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	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35a	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	X

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V 

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	28
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

## Part 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	19	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) .....	2b	<input checked="" type="checkbox"/>	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? .....	3a	<input checked="" type="checkbox"/>	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .....	3b		
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	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....	5b	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....	6b		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>	7a	<input checked="" type="checkbox"/>	
a 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? .....	7b	<input checked="" type="checkbox"/>	
b If "Yes," did the organization notify the donor of the value of the goods or services provided? .....	7c	<input checked="" type="checkbox"/>	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....	7d		
d If "Yes," indicate the number of Forms 8282 filed during the year .....	7e	<input checked="" type="checkbox"/>	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....	7f	<input checked="" type="checkbox"/>	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....	7g		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .....	7h		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .....	8		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? .....	9a		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>	9b		
10 <b>Section 501(c)(7) organizations.</b> Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12 .....	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .....	10b		
11 <b>Section 501(c)(12) organizations.</b> Enter:			
a Gross income from members or shareholders .....	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) .....	11b		
12a <b>Section 4947(a)(1) non-exempt charitable trusts.</b> 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 .....	12b		
13 <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
a Is the organization licensed to issue qualified health plans in more than one state? .....	13a		
<b>Note:</b> 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 .....	13b		
c Enter the amount of reserves on hand .....	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year? .....	14a	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
<b>If "Yes," see instructions and file Form 4720, Schedule N.</b>			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .....	16	<input checked="" type="checkbox"/>	
<b>If "Yes," complete Form 4720, Schedule O.</b>			

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

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

### Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year .....	1a	18
b	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.	1b	18
2	Enter the number of voting members included on line 1a, above, who are independent .....	2	X
3	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .....	5	X
6	Did the organization have members or stockholders? .....	6	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body? .....	8a	X
b	Each committee with authority to act on behalf of the governing body? .....	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O .....	9	X

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

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

### Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ►PA
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 

Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►
 

PHILLIP R WENGER, PRESIDENT & CEO - 717-392-7891  
117 S. WEST END AVENUE, LANCASTER, PA 17603

**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 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 and/or Box 7 of Form 1099-MISC) 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 instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) ANDREA CAMPBELL <u>BOARD MEMBER/SECRETARY</u>	5.00	X					0.	0.	0.
(2) ALAN S PETERSON, MD <u>BOARD MEMBER</u>	5.00	X					0.	0.	0.
(3) JENNIFER LAUVER <u>BOARD MEMBER</u>	5.00	X					0.	0.	0.
(4) CARL PIKE, PHD <u>BOARD MEMBER</u>	5.00	X					0.	0.	0.
(5) ANDRES ZORILLA <u>BOARD MEMBER</u>	5.00	X					0.	0.	0.
(6) CURTIS L. MILLER <u>BOARD MEMBER/TREASURER</u>	5.00	X	X				0.	0.	0.
(7) MARK W. KAISER <u>BOARD MEMBER</u>	5.00	X					0.	0.	0.
(8) JOHN MGRANN <u>BOARD MEMBER/ PAST BOARD CHAIR</u>	5.00	X	X				0.	0.	0.
(9) CHRISTOPHER GINDER <u>BOARD MEMBER</u>	5.00	X					0.	0.	0.
(10) JULIE L. JONES, MD <u>BOARD MEMBER</u>	5.00	X					0.	0.	0.
(11) DAVID SHENK <u>BOARD MEMBER</u>	5.00	X					0.	0.	0.
(12) JAMIE MORRISON <u>BOARD MEMBER</u>	5.00	X					0.	0.	0.
(13) JAMIE ROTTMUND <u>BOARD MEMBER</u>	5.00	X					0.	0.	0.
(14) JOHN F PYFER JR <u>BOARD MEMBER/ BOARD CHAIR</u>	5.00	X	X				0.	0.	0.
(15) J MICHAEL FLANAGAN <u>BOARD MEMBER</u>	5.00	X					0.	0.	0.
(16) SPIKE BRANT <u>BOARD MEMBER</u>	5.00	X					0.	0.	0.
(17) DR. SARA LAMICHANE <u>BOARD MEMBER</u>	5.00	X					0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(18) ALEX SNYDER, ESQUIRE <u>BOARD MEMBER</u>	5.00	X					0.	0.	0.
(19) PHILIP R. WENGER <u>PRESIDENT/CEO</u>	40.00		X				141,500.	0.	10,491.
(20) KATHIE S GONICK <u>IN-HOUSE COUNSEL/SVP LAND PROTECTION</u>	40.00			X			123,200.	0.	5,067.
<b>1b Subtotal</b>							<b>264,700.</b>	<b>0.</b>	<b>15,558.</b>
<b>c Total from continuation sheets to Part VII, Section A</b>							<b>0.</b>	<b>0.</b>	<b>0.</b>
<b>d Total (add lines 1b and 1c)</b>							<b>264,700.</b>	<b>0.</b>	<b>15,558.</b>
<b>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</b>									

2

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		
<b>2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization</b>	<b>0</b>	

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns .....	1a			
	b Membership dues .....	1b			
	c Fundraising events .....	1c	390,310.		
	d Related organizations .....	1d			
	e Government grants (contributions) .....	1e	925,097.		
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	6,308,187.		
	g Noncash contributions included in lines 1a-1f .....	1g	\$ 655,020.		
	h Total. Add lines 1a-1f .....		► 7,623,594.		
Program Service Revenue	2 a PRESERVE MANAGEMENT IN	Business Code			
		900099	18,836.	18,836.	
	b				
	c				
	d				
	e				
	f All other program service revenue .....		► 18,836.		
	g Total. Add lines 2a-2f .....		► 18,836.		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) .....		► 178,038.		178,038.
	4 Income from investment of tax-exempt bond proceeds		►		
	5 Royalties .....		►		
	6 a Gross rents .....	(i) Real	(ii) Personal		
		6a			
	b Less: rental expenses ...	6b			
	c Rental income or (loss) .....	6c			
	d Net rental income or (loss) .....		►		
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
		7a			
	b Less: cost or other basis and sales expenses .....	7b			
	c Gain or (loss) .....	7c			
	d Net gain or (loss) .....		►		
	8 a Gross income from fundraising events (not including \$ 390,310. of contributions reported on line 1c). See Part IV, line 18 .....				
	b Less: direct expenses .....	8a	120,265.		
	c Net income or (loss) from fundraising events .....	8b	212,406.		-92,141.
			►		-92,141.
	9 a Gross income from gaming activities. See Part IV, line 19 .....	9a			
	b Less: direct expenses .....	9b			
	c Net income or (loss) from gaming activities .....		►		
	10 a Gross sales of inventory, less returns and allowances .....	10a			
	b Less: cost of goods sold .....	10b			
	c Net income or (loss) from sales of inventory .....		►		
Miscellaneous Revenue	11 a OTHER REVENUE	Business Code			
		900099	44,416.	44,416.	
	b				
	c				
	d All other revenue .....				
	e Total. Add lines 11a-11d .....		► 44,416.		
	12 Total revenue. See instructions .....		► 7,772,743.	63,252.	0. 85,897.

**Part IX Statement of Functional Expenses**

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .....	54,739.	54,739.		
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, trustees, and key employees .....	280,258.	208,216.	26,384.	45,658.
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 .....	661,828.	491,701.	62,306.	107,821.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....				
9 Other employee benefits .....	171,326.	127,308.	15,934.	28,084.
10 Payroll taxes .....				
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....	15,853.		15,853.	
c Accounting .....	82,115.	31,900.	50,215.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) .....				
12 Advertising and promotion .....				
13 Office expenses .....	18,328.		18,328.	
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	73,761.	73,761.		
17 Travel .....	323.		323.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....				
20 Interest .....	201.	201.		
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	73,202.	63,671.	9,531.	
23 Insurance .....	22,475.	14,305.	8,170.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) .....				
a MISCELLANEOUS .....	124,384.	121,871.	1,830.	683.
b LUFC .....	83,038.	83,038.		
c OTHER EXPENSES .....	70,390.			70,390.
d HOUSE EXPENSE .....	56,034.	56,034.		
e All other expenses .....	192,412.	142,931.	39,122.	10,359.
25 Total functional expenses. Add lines 1 through 24e .....	1,980,667.	1,469,676.	247,996.	262,995.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ►  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X 

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing .....	1,545.	1	1,545.
	2 Savings and temporary cash investments .....	1,134,793.	2	862,246.
	3 Pledges and grants receivable, net .....	2,404,407.	3	2,784,703.
	4 Accounts receivable, net .....		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....		8	
	9 Prepaid expenses and deferred charges .....	15,222.	9	34,893.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 44,835,045.		
	b Less: accumulated depreciation .....	10b 616,494.	10c	44,218,551.
	11 Investments - publicly traded securities .....	5,468,510.	11	6,301,672.
	12 Investments - other securities. See Part IV, line 11 .....	1,162,016.	12	1,277,827.
	13 Investments - program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
	15 Other assets. See Part IV, line 11 .....	1,281,669.	15	303,048.
	16 Total assets. Add lines 1 through 15 (must equal line 33) .....	48,498,979.	16	55,784,485.
Liabilities	17 Accounts payable and accrued expenses .....	73,593.	17	91,456.
	18 Grants payable .....		18	
	19 Deferred revenue .....	413,302.	19	277,920.
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....	219,894.	23	820,000.
	24 Unsecured notes and loans payable to unrelated third parties .....		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	6,345.	25	5,450.
	26 Total liabilities. Add lines 17 through 25 .....	713,134.	26	1,194,826.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ► <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions .....	40,051,714.	27	46,523,958.
	28 Net assets with donor restrictions .....	7,734,131.	28	8,065,701.
	Organizations that do not follow FASB ASC 958, check here ► <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds .....		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund .....		30	
	31 Retained earnings, endowment, accumulated income, or other funds .....		31	
	32 Total net assets or fund balances .....	47,785,845.	32	54,589,659.
	33 Total liabilities and net assets/fund balances .....	48,498,979.	33	55,784,485.

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI 

1 Total revenue (must equal Part VIII, column (A), line 12) .....	1	7,772,743.
2 Total expenses (must equal Part IX, column (A), line 25) .....	2	1,980,667.
3 Revenue less expenses. Subtract line 2 from line 1 .....	3	5,792,076.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .....	4	47,785,845.
5 Net unrealized gains (losses) on investments .....	5	1,001,009.
6 Donated services and use of facilities .....	6	
7 Investment expenses .....	7	
8 Prior period adjustments .....	8	
9 Other changes in net assets or fund balances (explain on Schedule O) .....	9	10,729.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) .....	10	54,589,659.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII 

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other .....		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....	2a	X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant? .....	2b	X
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....	2c	X
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....	3b	

**SCHEDULE A**  
(Form 990 or 990-EZ)

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

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

LANCASTER COUNTY CONSERVANCY

Employer identification number

23-7046908

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

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1,251,941.	7,394,182.	3,529,483.	3,511,403.	7,623,594.	23,310,603.
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 <b>Total.</b> Add lines 1 through 3 .....	1,251,941.	7,394,182.	3,529,483.	3,511,403.	7,623,594.	23,310,603.
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) .....						2,716,923.
<b>6 Public support.</b> Subtract line 5 from line 4.						20,593,680.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4 .....	1,251,941.	7,394,182.	3,529,483.	3,511,403.	7,623,594.	23,310,603.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	131,854.	123,972.	138,112.	168,310.	178,038.	740,286.
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.) .....	56,828.	78,533.	36,626.	22,671.	44,416.	239,074.
<b>11 Total support.</b> Add lines 7 through 10						24,289,963.
<b>12 Gross receipts from related activities, etc. (see instructions)</b>					12	323,240.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	14	84.78	%
15 Public support percentage from 2018 Schedule A, Part II, line 14 .....	15	79.60	%
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....			► <input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....			► <input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			► <input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			► <input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			► <input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 performed, 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 business under section 513 .....						
4 Tax revenues levied for the organization'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 ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6 .....						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
11 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 assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 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**

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15 .....	16	%

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

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17 .....	18	%

**19a 33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

**b 33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.	1	
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).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
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.	3b	
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.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a	
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.	4b	
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.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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).	5a	
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?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
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.	6	
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 or 990-EZ).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	
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.	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	
c Did a disqualified person (as defined in 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.	9c	
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 10b below.	10a	
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.)	10b	

**Part IV Supporting Organizations (continued)**

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes," provide detail in Part VI.	11c	

**Section B. Type I Supporting Organizations**

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? 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	

**Section C. Type II Supporting Organizations**

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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	

**Section 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	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described in (2), 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 supported organizations played in this regard.	3	

**Section E. Type III Functionally Integrated Supporting Organizations**

- 1 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. Complete line 3 below.
  - c  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

	Yes	No
2 Activities Test. Answer (a) and (b) below.		
a 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 in (a) 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 (a) and (b) below.		
a 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? Provide details in Part VI.	3a	
b 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	

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

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

<b>Section D - Distributions</b>		<b>Current Year</b>
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	<b>Total annual distributions.</b> Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2019 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2019</b>	<b>(iii) Distributable Amount for 2019</b>
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

## **Part VI**

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

**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service

Name of the organization

**Schedule of Contributors**

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

OMB No. 1545-0047

**2019**

Employer identification number

**LANCASTER COUNTY CONSERVANCY**

23-7046908

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**:

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

**General Rule**

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

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$ \_\_\_\_\_

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

Name of organization

**LANCASTER COUNTY CONSERVANCY**

Employer identification number

**23-7046908****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 822,920.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 372,515.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 1,985,861.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Name of organization

**Employer identification number**

## LANCASTER COUNTY CONSERVANCY

23-7046908

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	<u>LAND</u>   	\$ 352,515.	11/19/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	<u>LAND ACQUISITION AND CARRY EXPENSE</u>   	\$ 204,895.	12/20/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	   	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	   	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	   	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	   	\$ _____	_____

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Name of organization

**Employer identification number**

## LANCASTER COUNTY CONSERVANCY

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.

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

► Attach to Form 990.

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

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

LANCASTER COUNTY CONSERVANCY

Employer identification number  
**23-7046908**

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input checked="" type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input checked="" type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input checked="" type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements .....	Held at the End of the Tax Year 2a 71
b Total acreage restricted by conservation easements .....	2b 888.00
c Number of conservation easements on a certified historic structure included in (a) .....	2c 0
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d 0
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► 0	
4 Number of states where property subject to conservation easement is located ► 1	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► 100	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ 6,000.	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(i) Revenue included on Form 990, Part VIII, line 1 ► \$ .....
(ii) Assets included in Form 990, Part X ► \$ .....
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
a Revenue included on Form 990, Part VIII, line 1 ► \$ .....
b Assets included in Form 990, Part X ► \$ .....

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets**(continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations

- d  Loan or exchange program
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c Beginning balance .....
- d Additions during the year .....
- e Distributions during the year .....
- f Ending balance .....

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	35,936.	40,141.	36,424.	35,462.	37,610.
b Contributions				1,010.	
c Net investment earnings, gains, and losses	5,075.	-2,708.	5,172.	1,376.	-196.
d Grants or scholarships	1,785.	1,497.	1,455.	1,424.	1,402.
e Other expenditures for facilities and programs					
f Administrative expenses					550.
g End of year balance	39,226.	35,936.	40,141.	36,424.	35,462.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ►  %

b Permanent endowment ► 100.00 %

c Term endowment ►  %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations .....
- (ii) Related organizations .....

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		43,699,095.		43,699,095.
b Buildings				
c Leashold improvements				
d Equipment	256,679.	176,301.	80,378.	
e Other	879,271.	440,193.	439,078.	

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ► 44,218,551.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes .....	
(2) SECURITY DEPOSIT .....	800.
(3) PREPAID RENT .....	4,650.
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 5,450.

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

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

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

1 Total revenue, gains, and other support per audited financial statements	1	8,784,481.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on Investments	2a	1,001,009.
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII.)	2d	10,729.
e Add lines 2a through 2d	2e	1,011,738.
3 Subtract line 2e from line 1	3	7,772,743.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b	4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	7,772,743.

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

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

1 Total expenses and losses per audited financial statements	1	1,980,667.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d	2e	0.
3 Subtract line 2e from line 1	3	1,980,667.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b	4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,980,667.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART II, LINE 9:**

THE CONSERVANCY HOLDS CONSERVATION EASEMENTS ON VARIOUS PROPERTIES IN LANCASTER COUNTY THAT ARE DESIGNED TO PROHIBIT THE DEVELOPMENT OR ALTERATION OF THE PROPERTY IN ANY WAY INCONSISTENT WITH THE EASEMENT. ALTHOUGH CONSERVATION EASEMENTS BRING SIGNIFICANT VALUE TO THE CONSERVANCY'S PURPOSE, THEY HAVE NO FINANCIAL VALUE, OTHER THAN THE DIRECT ACQUISITION COSTS. FOR THIS REASON, ONLY DIRECT COSTS INCURRED TO ACQUIRE EASEMENTS ARE CAPITALIZED, WHEREAS DONATED CONSERVATION EASEMENTS ARE NOT REFLECTED IN THE FINANCIAL STATEMENTS.

THE CONSERVANCY ALSO HOLDS A CONSERVATION INTEREST IN THE FORM OF A LEASE.

THE LEASE IS BEING RENEWED ON A YEAR-TO-YEAR BASIS AND PAYMENTS ARE

**Part XIII Supplemental Information (continued)**

EXPENSED AS THEY ARE PAID.

THE CONSERVANCY HAS THE ONGOING COMMITMENT TO ENSURE THE PRESERVATION AND MAINTENANCE OF ITS CONSERVATION INTERESTS. ALTHOUGH THE AMOUNTS FOR LAND HELD IN FEE ARE SHOWN AS UNRESTRICTED NET ASSETS IN THE STATEMENT OF FINANCIAL POSITION, IT IS THE CONSERVANCY'S INTENTION TO HOLD THEM INDEFINITELY. IN MOST CASES, THE CONSERVANCY WOULD NEED TO OBTAIN THE PERMISSION OF THE ORIGINAL FUNDER FROM WHICH THE GRANT OR CONTRIBUTION PROCEEDS USED TO PURCHASE THE LAND HELD IN FEE WERE RECEIVED BEFORE SELLING A PARCEL OF LAND.

AS OF DECEMBER 31, 2019, THE CONSERVANCY HELD THE FOLLOWING CONSERVATION INTERESTS:

	CARRYING AMOUNT	ACREAGE
<u>LAND HELD IN FEE</u>	\$43,699,095	6,367
<u>CONSERVATION EASEMENTS HELD</u>		
DIRECTLY	35,525	559
INDIRECTLY	23,938	379
<u>TOTAL</u>	<u>\$43,758,558</u>	
<u>LEASES, CONSERVATION LAND USE</u>		67
<u>TOTAL ACRES HELD IN FEE OR EASEMENTS</u>		7,372

PART V, LINE 4:

THE CONSERVANCY ACQUIRES CONSERVATION INTERESTS IN LAND, INCLUDING LAND HELD IN FEE, CONSERVATION EASEMENTS, AND LEASEHOLD INTERESTS IN LAND BY DONATION AND PURCHASE. LAND PURCHASED AND HELD IN FEE IS RECORDED AT COST. LAND HELD IN FEE THAT IS RECEIVED BY DONATION IS RECORDED AT FAIR VALUE AT

**Part XIII Supplemental Information (continued)**

THE DATE OF DONATION. DONATED LAND, TOTALING APPROXIMATELY 88 ACRES, RECEIVED PRIOR TO DECEMBER 31, 1991, IS NOT RECORDED IN THE FINANCIAL STATEMENTS BECAUSE NO APPRAISAL WAS PERFORMED AT THE TIME OF THE DONATION TO OBTAIN THE FAIR MARKET VALUE OF THE PROPERTY. THE CONSERVANCY HOLDS CONSERVATION EASEMENTS ON VARIOUS PROPERTIES IN LANCASTER COUNTY THAT ARE DESIGNED TO PROHIBIT THE DEVELOPMENT OR ALTERATION OF THE PROPERTY IN ANY WAY INCONSISTENT WITH THE EASEMENT. ALTHOUGH CONSERVATION EASEMENTS BRING SIGNIFICANT VALUE TO THE CONSERVANCY'S PURPOSE, THEY HAVE NO FINANCIAL VALUE, OTHER THAN THE DIRECT ACQUISITION COSTS. FOR THIS REASON, ONLY DIRECT COSTS INCURRED TO ACQUIRE EASEMENTS ARE CAPITALIZED, WHEREAS DONATED CONSERVATION EASEMENTS ARE NOT REFLECTED IN THE FINANCIAL STATEMENTS. THE CONSERVANCY ALSO HOLDS A CONSERVATION INTEREST IN THE FORM OF A LEASE. THE LEASE IS BEING RENEWED ON A YEAR-TO-YEAR BASIS AND PAYMENTS ARE EXPENSED AS THEY ARE PAID. THE CONSERVANCY HAS THE ONGOING COMMITMENT TO ENSURE THE PRESERVATION AND MAINTENANCE OF ITS CONSERVATION INTERESTS. ALTHOUGH THE AMOUNTS FOR LAND HELD IN FEE ARE SHOWN AS UNRESTRICTED NET ASSETS IN THE STATEMENT OF FINANCIAL POSITION, IT IS THE CONSERVANCY'S INTENTION TO HOLD THEM INDEFINITELY. IN MOST CASES, THE CONSERVANCY WOULD NEED TO OBTAIN THE PERMISSION OF THE ORIGINAL FUNDER FROM WHICH THE GRANT OR CONTRIBUTION PROCEEDS USED TO PURCHASE THE LAND HELD IN FEE WERE RECEIVED BEFORE SELLING A PARCEL OF LAND.

**PART X, LINE 2:**

THE CONSERVANCY IS EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE SECTION 501(C)(3). THE CONSERVANCY ADHERES TO THE PROVISIONS OF FASB ASC 740, INCOME TAXES. ASC 740 ESTABLISHES RULES FOR RECOGNIZING AND MEASURING TAX POSITIONS TAKEN IN AN INCOME TAX RETURN, INCLUDING DISCLOSURES OF UNCERTAIN TAX POSITIONS (UTPS). ASC 740 MANDATES THAT

**Part XIII Supplemental Information (continued)**

COMPANIES EVALUATE ALL MATERIAL INCOME TAX POSITIONS FOR PERIODS THAT REMAIN OPEN UNDER APPLICABLE STATUTES OF LIMITATION, AS WELL AS POSITIONS EXPECTED TO BE TAKEN IN FUTURE RETURNS. THE UTP RULES THEN IMPOSE A RECOGNITION THRESHOLD ON EACH TAX POSITION. A COMPANY CAN RECOGNIZE AN INCOME TAX BENEFIT ONLY IF THE POSITION HAS A "MORE LIKELY THAN NOT" (I.E., MORE THAN 50 PERCENT) CHANCE OF BEING SUSTAINED ON THE TECHNICAL MERITS. FOR THE YEARS ENDED DECEMBER 31, 2019 AND 2018, THE CONSERVANCY HAS TAKEN NO MATERIAL TAX POSITIONS ON ITS APPLICABLE TAX FILINGS THAT DO NOT MEET THE "MORE LIKELY THAN NOT" THRESHOLD. AS A RESULT, NO AMOUNT FOR UTPS HAS BEEN INCLUDED IN THE FINANCIAL STATEMENTS. MANAGEMENT BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2016.

PART XI, LINE 2D - OTHER ADJUSTMENTS:CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT10,729.

**SCHEDULE G**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

**LANCASTER COUNTY CONSERVANCY**

Employer identification number  
**23-7046908**

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- |   |  |
|---|--|
| a <input type="checkbox"/> Mail solicitations               | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants     |
| c <input type="checkbox"/> Phone solicitations              | g <input type="checkbox"/> Special fundraising events            |
| d <input type="checkbox"/> In-person solicitations          |  |

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No		

**Total** ►

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 DINNER / AUCTION	(b) Event #2 EXTRAORDINARY GIVE	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
Revenue	(event type)	(event type)	(total number)	
1 Gross receipts .....	208,525.	302,050.		510,575.
2 Less: Contributions .....	88,260.	302,050.		390,310.
3 Gross income (line 1 minus line 2) .....	120,265.			120,265.
Direct Expenses				
4 Cash prizes .....				
5 Noncash prizes .....				
6 Rent/facility costs .....				
7 Food and beverages .....	25,402.	18,720.		44,122.
8 Entertainment .....				
9 Other direct expenses .....	126,914.	41,370.		168,284.
10 Direct expense summary. Add lines 4 through 9 in column (d) .....				► 212,406.
11 Net income summary. Subtract line 10 from line 3, column (d) .....				► -92,141.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				
1 Gross revenue .....				
Direct Expenses				
2 Cash prizes .....				
3 Noncash prizes .....				
4 Rent/facility costs .....				
5 Other direct expenses .....				
6 Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) .....				►
8 Net gaming income summary. Subtract line 7 from line 1, column (d) .....				►

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? .....  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? .....  Yes  No

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers? .....  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? .....  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
- |                                     |     |   |
|-------------------------------------|-----|---|
| a The organization's facility ..... | 13a | % |
| b An outside facility .....         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? .....  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

16 Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_  
\_\_\_\_\_

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? .....  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (ii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

\_\_\_\_\_

\_\_\_\_\_

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**Part IV** **Supplemental Information** (continued)

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**SCHEDULE I**  
(Form 990)

OMB No. 1545-0047

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

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

► Attach to Form 990.

Open to Public  
Inspection**2019**Department of the Treasury  
Internal Revenue Service

Name of the organization

**LANCASTER COUNTY CONSERVANCY****Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

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

<b>Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.</b>	<b>Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.</b>	<b>Name and address of organization or government</b>	<b>(b) EIN</b>	<b>(c) IRC section (if applicable)</b>	<b>(d) Amount of cash grant</b>	<b>(e) Amount of non-cash assistance</b>	<b>(f) Method of valuation (book, FMV, appraisal, other)</b>	<b>(g) Description of noncash assistance</b>	<b>(h) Purpose of grant or assistance</b>
LANCASTER COUNTY REDEVELOPMENT AUTHORITY - 28 PENN SQUARE, SUITE 200 - LANCASTER, PA 17603	23-050625				14,759.		0.		
MARIETTA RESTORATION ASSOCIATES PO BOX 3 MARIETTA, PA 17547					7,260.		0.		
DONEGAL TROUT UNLIMITED PO BOX 8001 LANCASTER, PA 17604					20,970.		0.		
DELTA BOROUGH 101 COLLEGE AVE DELTA, PA 17314					5,000.		0.		

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

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

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

Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019)     LANCASTER COUNTY CONSERVANCY  
**Part III**     Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "yes" on Form 990, Part IV, line 22  
Part III can be duplicated if additional space is needed.

23-7046908     Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

# Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public  
Inspection

Name of the organization

**LANCASTER COUNTY CONSERVANCY**

Employer identification number

23-7046908

**Part I Questions Regarding Compensation**

- 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- |   |  |
|---|--|
| <input type="checkbox"/> First-class or charter travel<br><input type="checkbox"/> Travel for companions<br><input type="checkbox"/> Tax indemnification and gross-up payments<br><input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Housing allowance or residence for personal use<br><input type="checkbox"/> Payments for business use of personal residence<br><input type="checkbox"/> Health or social club dues or initiation fees<br><input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |
|---|--|

- b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

- 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

- 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |  |
|---|--|
| <input type="checkbox"/> Compensation committee<br><input checked="" type="checkbox"/> Independent compensation consultant<br><input checked="" type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Written employment contract<br><input type="checkbox"/> Compensation survey or study<br><input checked="" type="checkbox"/> Approval by the board or compensation committee |
|---|--|

- 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a Receive a severance payment or change-of-control payment?  
 b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
 c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

- 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a The organization?  
 b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

- 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a The organization?  
 b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

- 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

- 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

- 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes      No

1a	
1b	

2	
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4a	X
4b	X
4c	X

5a	X
5b	X

6a	X
6b	X

7	X
8	X

9	
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**LANCASTER COUNTY CONSERVANCY****23-7046908****Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B), reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) PHILIP R WENGER PRESIDENT/CBO	141,500.* 0.	0. 0.	0. 0.	4,298. 0.	5,193. 0.	151,991. 0.	0.* 0.
(2)							
(3)							
(4)							
(5)							
(6)							
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(23)							
(24)							
(25)							
(26)							
(27)							
(28)							
(29)							
(30)							

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

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

# Noncash Contributions

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

**LANCASTER COUNTY CONSERVANCY**

Employer identification number  
**23-7046908**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....				
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other...	X	4	655,020	APPRAISAL
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ► ( _____ )				
26 Other ► ( _____ )				
27 Other ► ( _____ )				
28 Other ► ( _____ )				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement .....			29	

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) 2019

**Part II**

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

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

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

LANCASTER COUNTY CONSERVANCY

Employer identification number  
23-7046908

**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

WATERWAYS FOR OUR COMMUNITY FOREVER". THE CHARITABLE PURPOSES OF THE LANCASTER COUNTY CONSERVANCY INCLUDE PRESERVATION OF NATURAL LANDS, ECOSYSTEMS, LANDSCAPES AND WATERWAYS FOR FUTURE GENERATIONS.

CONSERVANCY PRESERVES ARE OPEN TO THE PUBLIC 365 DAYS A YEAR, SUN UP TO SUN DOWN. OUR WORK RESULTS IN PROTECTION OF CRITICAL WILDLIFE CORRIDORS, RECREATION LANDS, WATER RESOURCES, AND PRESERVES MATURE FORESTS THAT CLEAN OUR AIR AND WATER. WE WORK WITH NATIONAL, REGIONAL AND LOCAL PARTNERS TO PROTECT THE SPECIAL PLACES WITHIN LANCASTER COUNTY AND ALONG ITS STREAMS AND RIVERS. THIS EFFORT ALSO TAKES US INTO YORK, CHESTER AND DAUPHIN COUNTIES WITH A FOCUS ON LAND, WATER AND COMMUNITY.

**FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

FOR FUTURE GENERATIONS. CONSERVANCY PRESERVES ARE OPEN TO THE PUBLIC 365 DAYS A YEAR, SUN UP TO SUN DOWN. OUR WORK RESULTS IN PROTECTION OF CRITICAL WILDLIFE CORRIDORS, RECREATION LANDS, WATER RESOURCES, AND PRESERVES MATURE FORESTS THAT CLEAN OUR AIR AND WATER. WE WORK WITH NATIONAL, REGIONAL AND LOCAL PARTNERS TO PROTECT THE SPECIAL PLACES WITHIN LANCASTER COUNTY AND ALONG ITS STREAMS AND RIVERS. THIS EFFORT ALSO TAKES US INTO YORK, CHESTER AND DAUPHIN COUNTIES WITH A FOCUS ON LAND, WATER AND COMMUNITY.

**FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:**

A TAPESTRY OF CORRIDORS FOR WILDLIFE AND RECREATION.

CONOY WETLANDS NATURE PRESERVE

Name of the organization

LANCASTER COUNTY CONSERVANCY

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49 ACRE ADDITION

THIS 49-ACRE TRACT HUGS THE NORTHWEST RIVER TRAIL AND PROVIDES A BEAUTIFUL WOODED BACKDROP FOR AN EASY HIKE OR BIKE RIDE. THE TRAIL CONNECTS THIS NEW PROPERTY TO THE 22-ACRE CONOY WETLANDS NATURE PRESERVE. IT HOSTS ABOUT 20 ACRES OF MITIGATED WETLANDS, PROVIDING HABITAT FOR NUMEROUS NATIVE SPECIES.

FUNDING PARTNERS-PA DCNR, PINE TREE CONSERVATION SOCIETY, BROOKFIELD RENEWABLE, HIGH FOUNDATION, AND LCSWMA.

WELSH MOUNTAIN NATURE PRESERVE23 ACRE ADDITION

THIS ENTIRELY FORESTED 23-ACRE ADDITION INCREASES OUR LARGEST PRESERVE TO 940 BEAUTIFUL ACRES. WELSH MOUNTAIN NATURE PRESERVE SITS IN THE PENNSYLVANIA HIGHLANDS REGION, PART OF THE FEDERALLY-RECOGNIZED HIGHLANDS GREENBELT. THE NEW ACQUISITION BORDERS BOTH THE PRESERVE AND MONEY ROCKS COUNTY PARK.

FUNDING PARTNERS-PA DCNR, WELSH MOUNTAIN FUND (WITH CONTRIBUTIONS FROM CAERNARVON, EAST EARL, AND SALISBURY TOWNSHIPS; CHESTER COUNTY SOLID WASTE AUTHORITY; AND PRIVATE DONORS), RESSLER MILL FOUNDATION, LANCASTER COUNTY, LANCASTER COUNTY COMMUNITY FOUNDATION, AND PENN'S WOODS FUND

KELLYS RUN NATURE PRESERVE10 ACRE ADDITION

LOCATED ON THE NORTH SIDE OF KELLYS RUN NATURE PRESERVE, THIS 10-ACRE ADDITION MAKES UP A CRITICAL BUFFER BETWEEN THE INTERIOR FOREST AND PINNACLE RD W. IT CONTAINS TWO BEAUTIFUL STREAMS AND A MIXED OAK FOREST. FUNDED BY PRIVATE DONORS, THIS PROPERTY IS PART OF A PA DCNR GRANT APPLICATION TO PROTECT ADDITIONAL LANDS WITHIN THE CONSERVATION LANDSCAPE.

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FUNDING PARTNERS-HIGH FOUNDATION, 2019 DINE ON HARVEST MOON SPECIALAPPEAL, PART OF A 2020 PA DCNR GRANT.WIZARD RANCH246 ACRES

THE 246-ACRE WIZARD RANCH PROPERTY IS PART OF THE HELLAM HILLS CONSERVATION AREA. THIS FORMER BOY SCOUT CAMP HOSTS 1.5 MILES OF STREAMS AND A MIX OF FORESTED AND MEADOW HABITAT. STAY TUNED AS WE CONTINUE TO RESTORE HABITAT AND MAKE IMPROVEMENTS FOR RECREATION!

ACQUISITION AND STEWARDSHIP FUNDING WAS PROVIDED BY THE CONSERVATION FUND THROUGH A WILLIAMS FUNDED MITIGATION GRANT. THIS PROPERTY WILL SERVE AS A MATCH FOR A 2020 DCNR GRANT TO PROTECT AN ADDITIONAL 270 ACRES.

HELLAM HILLS NATURE PRESERVE576 ACRE ADDITION

TALK ABOUT A LEGACY - THIS 576-ACRE FORESTED TRACT'S FOR-SALE SIGN SPARKED THE INITIATIVE TO PRESERVE OVER 1,000 ACRES OF THE HELLAM HILLS! WITH ITS ACQUISITION IN DECEMBER 2019, HELLAM HILLS NATURE PRESERVE GREW TO 724 ACRES, PRESERVING DUGAN RUN, WILDCAT RUN, AND ALL THE CRITICAL HABITAT WITHIN.

FUNDING PARTNERS-THE CONSERVATION FUND, PA DCNR, CLARK FOUNDATION, POWDER MILL FOUNDATION, J. WILLIAM WAREHIME FOUNDATION, HANOVER FOUNDATION, ANN BARSHINGER, YORK COUNTY, DON & INGRID GRAHAM, DON NIKOLAUS, HIGH FOUNDATION, YORK COUNTY COMMISSIONER DOUG HOKE, SUSAN BYRNES, MEG SWARTZ, AND MORE!

OTTER CREEK NATURE PRESERVE2 ACRES

SEEING FIRSTHAND THE DAMAGE OF FLASH FLOODING, WHEN THIS 2- ACRE PROPERTY ALONG OTTER CREEK CAME ON THE MARKET LAST YEAR WE KNEW HOW

Name of the organization

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CRITICAL IT WAS TO PRESERVE. DESPITE ITS SMALL SIZE, THIS PROPERTY PACKS IN THE CONSERVATION VALUE. IT CONTAINS HEMLOCKS AND MATURE SASSAFRAS AND EXCELLENT STREAM ACCESS.

FUNDING FOR THIS WAS THROUGH PRIVATE DONATIONS AS PART OF THE PENN'S WOODS FUND

BROOKFIELD/PPL PROJECT CELEBRATION

60 ACRES (485 ACRES WILL BE COMPLETED IN 2020)

ALMOST 30 YEARS AGO, AN AMBITIOUS EFFORT BEGAN TO RECOGNIZE AND PROTECT THE SUSQUEHANNA RIVERLANDS CONSERVATION LANDSCAPE, WITH A STUDY CONDUCTED BY THE CONSERVATION FUND (TCF) AND PA DCNR. AS A RESULT OF THAT STUDY ALMOST 20 YEARS AGO, A PARTNERSHIP FORMED INCLUDING TCF, PA DCNR, THE CONSERVANCY, LANCASTER COUNTY, YORK COUNTY, PPL, FEDERAL, STATE, AND LOCAL AGENCIES AND NON-PROFITS, AND SUSQUEHANNA HERITAGE.

THIS YEAR THE PARTNERS GATHERED AT PINNACLE OVERLOOK, NOW PERMANENTLY PROTECTED BY THIS PROJECT, TO CELEBRATE THIS WORK AND THE LANDSCAPE IT PROTECTS THAT NOW INCLUDES 4,596 ACRES OF PROTECTED PUBLIC LANDS.

PARTNERS AND FUNDING-PA DCNR, THE CONSERVATION FUND, BROOKFIELD RENEWABLE, PPL, TALEN ENERGY, LANCASTER COUNTY, AND YORK COUNTY.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

MANAGING OUR 6,346 ACRES OF NATURAL LANDS, UNDERSTANDS THE RESPONSIBILITY AND ITS CHALLENGES THOROUGHLY.

INVESTING IN PROJECTS THAT SPAN THE SPECTRUM FROM HABITAT RESTORATION TO VISITOR READINESS, THE CONSERVANCY HOPES TO HAVE THE POWER TO INSPIRE BOTH A RESPECT FOR NATURE AND A PASSION FOR CONSERVATION. THE CONSERVANCY'S 46 NATURE PRESERVES ON OVER 6,346 ACRES ARE OPEN TO THE PUBLIC 365 DAYS OF THE YEAR FROM SUNRISE TO SUNSET, FOREVER!

WELSH MOUNTAIN INVASIVE MANAGEMENT

Name of the organization

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23-7046908

WELSH MOUNTAIN IS A RELIC OF PENN'S WOODS; A DEFINING LANDMARK IN EASTERN LANCASTER COUNTY AS A LONE FOREST RISING ABOVE AN EXPANSE OF BUCOLIC FARMLAND. IN RESPECTS TO HABITAT AND SPECIES DIVERSITY, WELSH MOUNTAIN IS AN ISLAND AND ITS ISOLATION IS ITS UNIQUENESS BUT ALSO ITS WEAKNESS. THE CONSERVANCY IS ADDRESSING AN ONSLAUGHT OF NATIVE AND INVASIVE PATHOGENS, INCLUDING OAK DECLINE AND SPOTTED LANTERN FLY, SNOWBALLING INTO A FORMIDABLE OPPONENT OF A FORESTED ISLAND MOUNTaintop.

PARTNERS & FUNDING- USDA, PA BUREAU OF FORESTRY, PENN STATE UNIVERSITY, LANCASTER COUNTY PARKS AND RECREATION

PGC COOPERATIVE AGREEMENT

CONSERVANCY NATURE PRESERVES ARE ONLY OPEN TO HUNTING ONCE THEY ARE ENROLLED WITHIN COOPERATIVE AGREEMENT WITH THE PENNSYLVANIA GAME COMMISSION (PGC). IN 2019, THE CONSERVANCY AND PGC NEGOTIATED A SERIES OF NEW CONTRACTS THAT ALLOWED FOR 4,340-ACRES ACROSS 28 NATURE PRESERVES TO BE OPENED JUST IN TIME FOR WHITE-TAILED DEER SEASON. THE CONSERVANCY HAS AT LEAST ONE PRESERVE OPEN FOR PUBLIC HUNTING IN EVERY PGC DISTRICT IN WHICH IT OWNS LAND.

PARTNER-PENNSYLVANIA GAME COMMISSION

OTTER CREEK NATURE PRESERVE CLEAN UP

2019 PROGRESS:

-100 CUBIC YARDS OF DEBRIS

-4 DUMPSTERS

-800 VOLUNTEER HOURS

WE'RE ALL FAMILIAR WITH THE EVENT: ISOLATED STORM-CELLS DROPPING AN UNPRECEDENTED AMOUNT OF RAIN IN A MATTER OF MINUTES. AND WE'RE ALL FAMILIAR WITH THE STORY: FLASHFLOODS PILED HIGH BEHIND DEBRIS DAMS RAGED THROUGH THE HOMES OF A SMALL HOLLOW IN SOUTHERN YORK COUNTY.

Name of the organization

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HUNDREDS OF CONSERVANCY VOLUNTEERS ARE INTIMATELY FAMILIAR WITH THE AFTERMATH: THE EVERYDAY ITEMS OF PEOPLE'S LIVES STREWN ACROSS THREE MILES OF PRISTINE FLOODPLAIN WITH SEVERELY LIMITED AND GRAVELY CHALLENGING ACCESS MAKING CLEAN-UP SOLELY A HANDS-ON TASK. WE ARE ONLY HALF-WAY COMPLETE AND WILL NEED YOUR HELP MONTHLY AS SOON AS VOLUNTEER DAYS RESUME.

PPL EARTH DAY EVENT AT POLLINATOR PARK

FOR THE SECOND YEAR IN A ROW, PPL BROUGHT 50 OF ITS EMPLOYEES OUT ON EARTH DAY TO ASSIST WITH THE RESTORATION PROJECT KNOWN AS THE POLLINATOR PARK AT KELLYS RUN. THE POLLINATOR PARK IS THE TRAILHEAD TO THE POPULAR KELLYS RUN TRAIL AND A SIGNIFICANT GATEWAY FOR THE 66-MILE LONG CONESTOGA TRAIL. FROM HERE THE CONESTOGA TRAIL RUNS, UNINTERRUPTED BY ROADS OR DEVELOPMENT, FOR NINE STUNNINGLY BEAUTIFUL MILES OF SINGLE-TRACK TRAIL. PPL'S HEAVY EQUIPMENT OPERATORS REMOVED DILAPIDATED INFRASTRUCTURE; THEIR SAWYERS PRUNED LANDSCAPE TREES AND FELLED HAZARD TREES; AND THEIR OFFICE STAFF PLANTED AN ADDITIONAL 150 SAPLINGS OF FLOWERING, UNDERSTORY TREES.

PARTNER & FUNDING-PPL ELECTRIC UTILITIES

TURKEY HILL TRAIL WORK

THE CONSERVANCY HOSTED A HIGH-SCHOOL-AGED CONSERVATION CREW FROM THE OUTDOOR CORPS, A COLLABORATION BETWEEN THE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES AND THE STUDENT CONSERVATION ASSOCIATION. THE CREW JOINED CONSERVANCY STAFF FOR EIGHT DAYS OF HANDS-ON LEARNING. TOGETHER WE ADDRESSED EROSION THROUGH BUILDING TRAIL INFRASTRUCTURE INCLUDING CRIB STEPS, CHECK STEPS, AND WATER BARS ON THE FIRST SECTION OF THE TURKEY HILL TRAIL. TRAIL ENTHUSIASTS AND CONSERVANCY SUPPORTERS TOOK NOTICE AND FLOCKED TO OUR SOCIAL MEDIA WITH SMILEY FACES, THUMBS UP, AND HEARTS.

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PARTNERS & FUNDING-PA DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES,

THE STUDENT CONSERVATION ASSOCIATION

SALVAGE HARVEST AT DONEGAL HIGHLANDS & BELLAIRE WOODS

ASH TREES ARE SUCCUMBING TO THE INVASIVE EMERALD ASH BORER (EAB) AT A RAPID PACE. THESE STANDING SNAGS BECOME HAZARDS IN POPULAR PRESERVES.

BUT DECAYING TREES ARE TYPICALLY NOT MARKETABLE AND A GOOD MARKET VALUE FOR AN ASH TREE AFFECTED BY EAB IS A VERY BRIEF WINDOW. THE CONSERVANCY

QUICKLY ASSESSED ITS PORTFOLIO OF PRESERVES AND PURSUED SALVAGE

HARVESTS (OF ONLY ASH) ON THE DONEGAL HIGHLANDS AND BELLAIRE WOODS

NATURE PRESERVES. THE CONSERVANCY HOSTED A TIMBER HARVESTING WORKSHOP

ON SITE TO EDUCATE THE

COMMUNITY ABOUT THE PROCESS. THE INCOME GENERATED FROM THE SALVAGE

HARVESTS IS RESERVED FOR SUPPORTING THE NEXT GENERATION OF TREES WITH

HIGH-HABITAT VALUE AND INCREASED SPECIES DIVERSITY ON THE VERY

PRESERVES IN WHICH IT CAME.

PARTNERS & FUNDING-ALLIANCE FOR THE CHESAPEAKE BAY

MASON-DIXON TRAIL REROUTE

EVEN BEFORE THE CONSERVANCY ACQUIRED OWNERSHIP OF THE FORMER MARIETTA

GRAVITY WATER COMPANY PROPERTY, IT WAS WORKING WITH THE CONSERVATION

FUND AND THE MASON-DIXON TRAIL SYSTEM TO PREPARE TO BRING VISITORS ONTO

THE PROPERTY. A NEW SECTION OF THE MASON-DIXON TRAIL NOW TRAVERSES THE

NEW NATURE PRESERVE FROM THE SHORE OF THE RIVER TO THE HIGHPOINTS OF

THE RIDGELINE; THIS FOUR-MILE LONG SECTION TAKES THE MASON- DIXON TRAIL

OFF OF THE ROAD AND PUTS IT INTO THE HEART OF THE HELLMAN HILLS.

PARTNERS & FUNDING | THE CONSERVATION FUND, MASON DIXON TRAIL SYSTEM

SUSQUEHANNA RIVERLANDS STRATEGIC PLAN

IN 2019, THE SUSQUEHANNA RIVERLANDS PARTNERSHIP, LED BY THE

CONSERVANCY, COMPLETED A STRATEGIC PLANNING PROCESS WHICH HONED THE

Name of the organization

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SCOPE OF THE PARTNERSHIP TO THREE AREAS: LAND PROTECTION, ACCESS, STEWARDSHIP, AND CONNECTIVITY; AND OUTREACH. THE PLAN BROUGHT FORWARD THE ADDITIONAL LAND- PLANNING AND LAND-MANAGEMENT PARTNERS NEEDED TO ADVANCE COMPREHENSIVE CONSERVATION GOALS ACROSS THE SUSQUEHANNA RIVER CORRIDOR.

PARTNERS & FUNDING | PA DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

NATURE PRESERVE VOLUNTEER WORKDAYS:

-217 VOLUNTEERS

-20 VOLUNTEER WORKDAYS

-1,184 HOURS OF VOLUNTEER SERVICE

FROM HAULING DEBRIS OUT OF OTTER CREEK NATURE PRESERVE TO PULLING UP INVASIVE GARLIC MUSTARD AT SHENKS FERRY, THE SUPPORT OF OUR VOLUNTEERS IS CRITICAL TO THE CARE OF OUR PRESERVES. WE'RE GRATEFUL FOR ALL THE VOLUNTEERS, ORGANIZATIONS AND GROUPS WHO GOT OUTSIDE, GOT DIRTY AND GOT WORK DONE THIS PAST YEAR! THANK YOU!

WATER QUALITY VOLUNTEER COALITION

-30 VOLUNTEERS

-1,070 HOURS OF VOLUNTEER SERVICE

-18 STREAM TESTING SITES

EVERY MONTH, TRAINED VOLUNTEERS GATHER DATA FROM MULTIPLE TESTING SITES AT STREAMS THROUGHOUT SOUTHERN LANCASTER COUNTY. THEIR WORK PROVIDES MUCH NEEDED INFORMATION TO OUR PARTNERS AT THE LANCASTER COUNTY CONSERVATION DISTRICT, WHO LEAD THE COUNTY WIDE STREAM TESTING EFFORT.

THANK YOU, VOLUNTEERS, FOR YOUR COMMITMENT TO HEALTHY STREAMS AND RIVERS!

Name of the organization

LANCASTER COUNTY CONSERVANCY

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PARTNER - LANCASTER COUNTY CONSERVATION DISTRICTCOMMUNITY WILDLIFE HABITAT-38 TRAINED VOLUNTEERS-143 SITE ASSESSMENTS-55 PROPERTIES CERTIFIED THROUGH NATIONAL WILDLIFE FEDERATION

COMMUNITY WILDLIFE HABITAT STEWARDS WORK WITH LOCAL PROPERTY OWNERS, SCHOOLS AND COMMUNITIES TO ENCOURAGE THE PLANTING OF NATIVE PLANTS AND TREES AS WELL AS GARDENS THAT REDUCE STORMWATER RUNOFF WHILE PROVIDING HABITAT THAT WILL BENEFIT WILDLIFE AND ATTRACT POLLINATORS. ONCE INSTALLED THESE GARDENS CAN BE CERTIFIED BY THE NATIONAL WILDLIFE FEDERATION. WITH A CRITICAL MASS OF CERTIFIED GARDENS THE GOAL IS TO CREATE CORRIDORS FOR WILDLIFE TO THRIVE AND HAVE THE ENTIRE COUNTY OF LANCASTER CERTIFIED AS A COMMUNITY WILDLIFE HABITAT.

PARTNER - NATIONAL WILDLIFE FEDERATIONWELSH MOUNTAIN BIO BLITZ-24 HOURS OF SCIENCE-333 SPECIES IDENTIFIED

DEDICATED SCIENCE TEAMS COMPRISED OF EXPERTS AND STUDENTS FROM MILLERSVILLE UNIVERSITY AND MANY OF OUR COMMUNITY PARTNERS SPENT 24 HOURS SEARCHING OUR BEAUTIFUL 940 ACRE WELSH MOUNTAIN NATURE PRESERVE FOR SPECIES OF PLANTS, FUNGI, AND ANIMALS! THE EVENT ALSO INCLUDED FAMILY-FRIENDLY ACTIVITIES TO LEARN MORE ABOUT THE RICH BIOLOGY OF THIS NATURE PRESERVE.

PARTNERS - MILLERSVILLE UNIVERSITY, PA MASTER NATURALISTS, DONEGALTROUT UNLIMITED, ALLIANCE FOR THE CHESAPEAKE BAYEDUCATIONAL PROGRAMMING AT CLIMBERS RUN-1,020 MIDDLE SCHOOL STUDENT VISITORS

Name of the organization

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PARTNERS & FUNDING - PA DEPARTMENT OF CONSERVATION AND NATURALRESOURCESFORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:PROGRAM 4 - CLEAN WATER PROGRAM

FORESTS RECHARGE GROUNDWATER RESOURCES AND REDUCE EROSION ON UNPROTECTED OR DEVELOPED SOIL, WHICH IN TURN REDUCES RUNOFF INTO OUR STREAMS AND WATERWAYS. TREE CANOPY ALSO HELPS SLOW RAINDROPS BEFORE THEY HIT THE GROUND, WHICH KEEPS THE SOIL INTACT. TREE ROOTS ABSORB AND FILTER WATER BEFORE RELEASING IT BACK INTO THE AIR. PROTECTING FORESTS PREVENTS LAND FROM BECOMING A SOURCE OF POLLUTION.

LANCASTER WATER WEEK IN ITS THIRD YEAR BROUGHT TOGETHER OVER 30 PARTNERS AND SPONSORS FOR A COMMUNITY CLEAN WATER FESTIVAL. THE GOAL FROM THE BEGINNING HAS BEEN TO CREATE AWARENESS AROUND THE IMPORTANCE OF CLEAN WATER IN OUR 1,400 MILES OF STREAMS AND RIVERS.

LANCASTER CONSERVANCY 2019 WATER WEEK HIGHLIGHTS-TURKEY HILL DAIRY PRESENTING SPONSOR-30 PARTNERS & SPONSORS-22 WATER WEEK EVENTS-5,500 COMMUNITY PARTICIPANTS-1,200 NATIVE TREES DISTRIBUTED-30 ESTABLISHMENTS SOLD CRICK OR CREEK IPA BY ST. BONIFACE BREWING CO.-\$50,000 OF SPONSORSHIP DOLLARS WENT TO THE CLEAN WATER FUND AT

LANCASTER COUNTY COMMUNITY FOUNDATION, IN PARTNERSHIP WITH LANCASTER CLEAN WATER PARTNERS

EXPENSES \$ 219,131. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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23-7046908

FORM 990, PART VI, SECTION A, LINE 6:MEMBERS ARE DEFINED IN THE BYLAWS.FORM 990, PART VI, SECTION A, LINE 7A:MEMBERS VOTE ON CHANGES TO THE BY-LAWS AND ELECTION OF THE BOARD OF DIRECTORS.FORM 990, PART VI, SECTION A, LINE 7B:CHANGES TO THE BY-LAWS ONLY.FORM 990, PART VI, SECTION B, LINE 11B:A COPY OF THE FORM 990 AND RELATED SCHEDULES IS REVIEWED BY THE AUDIT COMMITTEE, THE BOARD AND PRESIDENT & CEO BEFORE IT IS FILED.FORM 990, PART VI, SECTION B, LINE 12C:BOARD MEMBERS MUST MAKE ANY CONFLICT KNOWN AND REFRAIN FROM DISCUSSIONS AND VOTING.FORM 990, PART VI, SECTION B, LINE 15:AVAILABLE PUBLIC DATA WAS RESEARCHED, A HUMAN RESOURCE PROFESSIONAL WAS CONSULTED AND COMPENSATION WAS REVIEWED WITH AND APPROVED BY THE BOARD OF DIRECTORS.FORM 990, PART VI, SECTION C, LINE 19:UPON REQUEST.FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

Name of the organization

LANCASTER COUNTY CONSERVANCY

Employer identification number

23-7046908

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT

10,729.

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