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Form 990
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 black lung benefit trust or private foundation)

OMB No 1545-0047

2011

Open to Public Inspection

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

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

- B Check if applicable
Address change
Name change
Initial 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) Room/suite
117 SOUTH WEST END AVENUE PO BOX 716
City or town, state or country, and ZIP + 4
LANCASTER, PA 176080716

D Employer identification number
23-7046908
E Telephone number
(717) 392-7891
G Gross receipts \$ 3,775,907

F Name and address of principal officer
RALPH GOODNO
117 SOUTH WEST END AVENUE PO BOX 716
LANCASTER, PA 176080716

H(a) Is this a group return for affiliates?
H(b) Are all affiliates included?
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

K Form of organization
Corporation
Trust
Association
Other
L Year of formation 1969
M State of legal domicile PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE MISSION OF LANCASTER COUNTY CONSERVANCY IS TO SAVE AND STEWARD THE ECOSYSTEMS AND LANDSCAPES UPON WHICH WE DEPEND FOR FOOD, CLEAN WATER AND AIR, ECONOMIC AND PUBLIC HEALTH, AND THE RESTORATION OF SOUL AND SPIRIT

Table with 2 columns: Description, Amount. Rows include: 2 Check this box if the organization discontinued its operations... 3 Number of voting members... 4 Number of independent voting members... 5 Total number of individuals employed... 6 Total number of volunteers... 7a Total unrelated business revenue... 7b Net unrelated business taxable income...

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants... 9 Program service revenue... 10 Investment income... 11 Other revenue... 12 Total revenue—add lines 8 through 11...

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 13 Grants and similar amounts paid... 14 Benefits paid to or for members... 15 Salaries, other compensation... 16a Professional fundraising fees... 16b Total fundraising expenses... 17 Other expenses... 18 Total expenses... 19 Revenue less expenses...

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets... 21 Total liabilities... 22 Net assets or fund balances...

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: 2012-08-13
Type or print name and title: RALPH GOODNO PRESIDENT & CEO

Paid Preparer's Use Only
Preparer's signature: GARY J DUBAS
Date:
Check if self-employed: [checked]
Preparer's taxpayer identification number: P00252339
Firm's name (or yours if self-employed), address, and ZIP + 4: MCKONLY & ASBURY LLP, 415 FALLOWFIELD ROAD, CAMP HILL, PA 17011
EIN: 23-1909723
Phone no: (717) 761-7910

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III Yes No

1 Briefly describe the organization's mission
 THE MISSION OF LANCASTER COUNTY CONSERVANCY IS TO SAVE AND STEWARD THE ECOSYSTEMS AND LANDSCAPES UPON WHICH WE DEPEND FOR FOOD, CLEAN WATER AND AIR, ECONOMIC AND PUBLIC HEALTH, AND THE RESTORATION OF SOUL AND SPIRIT

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 and section 4947(a)(1) trusts 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 \$ 162,850 including grants of \$) (Revenue \$ 25,030)
 LAND PROTECTION AND ACQUISITION-THIS PROGRAM IDENTIFIES, PLANS AND ACQUIRES LANDS OF CONSERVATION IMPORTANCE AS RECOGNIZED THROUGH LOCAL, STATE AND FEDERAL POLICY AND PLANS THE CONSERVANCY WORKS CLOSELY WITH ALL LEVELS OF GOVERNMENT, BUT ESPECIALLY LOCAL, COUNTY AND STATE IN THESE EFFORTS AND HAS BEEN ONE OF THE MOST SUCCESSFUL LAND CONSERVANCIES IN THE COMMONWEALTH OF PA THIS WORK INCLUDES RECEIVING LANDS AND CONSERVATION EASEMENTS BY DONATION, BARGAIN SALE OR FAIR MARKET VALUE PURCHASE IT ALSO ENGAGES IN PARTNERSHIPS WITH GOVERNMENT AGENCIES AND OTHER ORGANIZATIONS IN PROJECTS THAT PROTECT LAND THROUGH LAND USE REGULATION, REGIONAL PLANNING, AND ADVISING LANDOWNERS AS TO STRATEGIES THAT MEET LANDOWNER NEEDS WHILE PROVIDING PROTECTION TO CRITICAL NATURAL RESOURCES THE CONSERVANCY PARTNERS MOST WITH LANCASTER COUNTY'S PLANNING AND PARKS DEPARTMENTS, PA DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES, THE PA HIGHLANDS COMMITTEE AND THE HIGHLANDS COALITION, SUSQUEHANNA GATEWAYS HERITAGE AREA, THE CONSERVATION FUND, AND MANY OTHER LOCAL ORGANIZATIONS

4b (Code) (Expenses \$ 267,133 including grants of \$) (Revenue \$)
 LAND STEWARDSHIP-LANDS OWNED BY THE CONSERVANCY ARE MANAGED AND MAINTAINED IN ACCORDANCE WITH THE WISHES OF THE DONOR OR BASED UPON BEST MANAGEMENT PRACTICES AS DEFINED THROUGH THE COMPREHENSIVE MANAGEMENT PLAN PREPARED FOR EACH PRESERVE CONSERVANCY PRESERVES ARE OPEN TO THE PUBLIC FREE OF CHARGE FOR COMPATIBLE ACTIVITIES INCLUDING HIKING, NATURE WALKS, PASSIVE RECREATION, AND EDUCATIONAL ACTIVITIES MANY PRESERVES ARE OPEN FOR HUNTING UNDER AN AGREEMENT WITH THE PA GAME COMMISSION THE CONSERVANCY IS ABLE TO PROVIDE SAFE AND ENJOYABLE OPPORTUNITIES TO THE PUBLIC WHILE ENSURING THE PROTECTION OF THE NATURAL RESOURCES FOR WHICH THE PROPERTY IS PROTECTED CONSERVANCY STAFF MONITORS CONSERVATION EASEMENTS ANNUALLY AND PREPARES REPORTS, UPDATES NATURAL RESOURCE INVENTORIES FOR THE PARCELS AND ENFORCES THE TERMS OF THE CONSERVATION EASEMENT AS NECESSARY THIS INVOLVES COMMUNICATION WITH THE UNDERLYING LANDOWNERS AND MAKING RECOMMENDATIONS FOR IMPROVED PROPERTY AND HABITAT MANAGEMENT AS APPROPRIATE A LARGE GROUP OF VOLUNTEERS ASSISTS THE STAFF WITH WORK ACTIVITIES AND MONITORING THE ORGANIZATION RAISES FUNDS AND HIRES A SUMMER CREW OF HIGH SCHOOL AND COLLEGE STUDENTS WHO WORK UNDER THE DIRECTION OF STEWARDSHIP STAFF AND HIRED CREW CHIEFS THE STUDENTS WORK HARD BUT ALSO LEARN ABOUT WORKING IN NATURE, PREPARING NATURAL RESOURCE INVENTORIES, LEARN ABOUT GPS MAPPING AND OTHER SUBJECTS THAT WILL HELP GAIN EXPERIENCE FOR FUTURE CAREER WORK IN THE FIELD OF NATURAL RESOURCE MANAGEMENT AND PROTECTION

4c (Code) (Expenses \$ 123,596 including grants of \$) (Revenue \$)
 EDUCATION- THE CONSERVANCY'S EDUCATION PROGRAM COMPONENTS INCLUDING PUBLICATIONS/WEB SITE, GENERAL PROGRAMS AND EVENTS, AND SCHOOL-BASED PROGRAMS PUBLICATIONS INCLUDE A QUARTERLY NEWSLETTER, E-NEWSLETTER AND ANNUAL REPORT, AND PRESERVE GUIDE THE ORGANIZATION MAINTAINS AND UPDATES ITS WEB SITE REGULARLY TO PROVIDE INFORMATION ON THE PRESERVES AND ACTIVITIES THE CONSERVANCY OPERATES AN EDUCATION PROGRAM TO ASSIST SCHOOL DISTRICTS IN MEETING THE STATE DEPARTMENT OF EDUCATION STANDARDS FOR ENVIRONMENT AND ECOLOGY USING THE CONSERVANCY'S PRESERVES AS OUTDOOR CLASSROOMS, CLASSES FROM SIX DIFFERENT SCHOOL DISTRICTS ARE USING THE PRESERVES TO ENGAGE STUDENTS AND TEACHERS IN THE STUDY OF NATURAL SCIENCES AND ECOLOGY IN 2008, THE CONSERVANCY INITIATED THE DEVELOPMENT OF PROJECT FOOTPRINT, A WEB-BASED PROGRAM TO BE USED IN SCHOOLS TO TEACH STUDENTS ABOUT GLOBAL CLIMATE CHANGE AND WAYS THAT STUDENTS, FAMILIES AND SCHOOLS CAN REDUCE THEIR CARBON FOOTPRINT AND IMPROVE ENVIRONMENTAL QUALITY IN THEIR NEIGHBORHOODS



4d Other program services (Describe in Schedule O)
 (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 553,579

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> <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		No
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? <i>If "Yes," complete Schedule C, Part III.</i>		No
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? <i>If "Yes," complete Schedule D, Part I.</i> <input checked="" type="checkbox"/>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> <input checked="" type="checkbox"/>	Yes	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> <input checked="" type="checkbox"/>		No
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> <input checked="" type="checkbox"/>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> <input checked="" type="checkbox"/>	Yes	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/>	Yes	
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? <i>If "Yes," complete Schedule D, Part VII.</i> <input checked="" type="checkbox"/>		No
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? <i>If "Yes," complete Schedule D, Part VIII.</i> <input checked="" type="checkbox"/>		No
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? <i>If "Yes," complete Schedule D, Part IX.</i> <input checked="" type="checkbox"/>	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
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)? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> <input checked="" type="checkbox"/>	Yes	
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, XII, and XIII is optional.</i> <input checked="" type="checkbox"/>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
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? <i>If "Yes," complete Schedule F, Part I.</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Part II and IV.</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Part III and IV.</i>		No
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? <i>If "Yes," complete Schedule G, Part I.</i>		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> 	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> 	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, question text, and Yes/No columns. Includes sub-questions 1a-1b, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b.

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (15); 1b Enter the number of voting members included in line 1a, above, who are independent (15); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 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? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 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 in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review the Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 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? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); 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? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed PA
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (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
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.
RALPH H GOODNO PRESIDENT & CEO
117 WEST END AVENUE
LANCASTER, PA 17608
(717) 392-7891

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question 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, and **current** key employees 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, or 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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	Former			
(1) DANIEL C GOOD CHAIR UNTIL JUNE 2011	5 00	X		X				0	0	0
(2) JOHN W KERLISH SECRETARY	5 00	X		X				0	0	0
(3) JEFFREY D OWEN BOARD MEMBER UNTIL JUNE 2011	5 00	X						0	0	0
(4) HENRY W HUFNAGLE CHAIR	5 00	X		X				0	0	0
(5) ERIC N ATHEY ESQ BOARD MEMBER UNTIL JUNE 2011	5 00	X						0	0	0
(6) RICHARD M RANKIN BOARD MEMBER	5 00	X						0	0	0
(7) BETTE H PHILLIPS-HERSHEY BOARD MEMBER	5 00	X						0	0	0
(8) PATRICIA T STOCKWELL BOARD MEMBER	5 00	X						0	0	0
(9) DONALD K ROSEMAN JR BOARD MEMBER	5 00	X						0	0	0
(10) JARED E MILLER CPA MT TREASURER UNTIL JUNE 2011	5 00			X				0	0	0
(11) ROBERT B MARCHALONIS BOARD MEMBER UNTIL JUNE 2011	5 00	X						0	0	0
(12) TIMOTHY M ZIMMERMAN BOARD MEMBER UNTIL JUNE 2011	5 00	X						0	0	0
(13) ERIC A NORDSTROM BOARD MEMBER	5 00	X						0	0	0
(14) RICHARD A MINNICH BOARD MEMBER	5 00	X						0	0	0
(15) WILLIAM K EBEL BOARD MEMBER	5 00	X						0	0	0
(16) SARAH N VANDERSLICE BOARD MEMBER	5 00	X						0	0	0
(17) ANGELA M SARGENT BOARD MEMBER	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 (describe hours for related organizations in Schedule O)	(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	Former			
(18) CURTIS L MILLER TREASURER	5 00	X		X				0	0	0
(19) JEREMY H CHASE BOARD MEMBER	5 00	X						0	0	0
(20) ANDREA CAMPBELL BOARD MEMBER	5 00	X						0	0	0
(21) RALPH H GOODNO PRESIDENT & CEO	40 00			X			79,972	0		23,860
(22) JERRY FULMER VP OF FINANCE	40 00			X			47,947	0		9,407
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							127,919	0		33,267

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 **0**

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

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

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 **0**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e	2,482,978				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	1,212,297				
	g	Noncash contributions included in lines 1a-1f \$ <u>588,380</u>					
	h	Total. Add lines 1a-1f ▶	3,695,275				
Program Service Revenue	2a	PRESERVE MANAGEMENT IN					
		Business Code					
		900099	25,030	25,030			
	b						
	c						
	d						
	e						
f	All other program service revenue						
g	Total. Add lines 2a-2f ▶	25,030					
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) ▶	3,456			3,456	
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties ▶					
	6a		(i) Real				
			(ii) Personal				
			b	Less rental expenses			
			c	Rental income or (loss)			
	d	Net rental income or (loss) ▶					
	7a		(i) Securities				
			(ii) Other				
			b	Less cost or other basis and sales expenses			
			c	Gain or (loss)			
	d	Net gain or (loss) ▶					
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a	52,146				
	b	Less direct expenses b	13,118				
c	Net income or (loss) from fundraising events ▶	39,028			39,028		
9a	Gross income from gaming activities See Part IV, line 19 a						
b	Less direct expenses b						
c	Net income or (loss) from gaming activities ▶						
10a	Gross sales of inventory, less returns and allowances a						
b	Less cost of goods sold b						
c	Net income or (loss) from sales of inventory ▶						
	Miscellaneous Revenue	Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d ▶						
12	Total revenue. See Instructions ▶		3,762,789	25,030	0	42,484	

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) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	161,185	94,272	23,189	43,724
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	420,467	245,917	60,491	114,059
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	89,076	58,757	8,672	21,647
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	45,318	20,208	25,110	
12	Advertising and promotion				
13	Office expenses	11,206		11,206	
14	Information technology				
15	Royalties				
16	Occupancy	40,250	4,129	36,121	
17	Travel	11,137		11,137	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	7,861	7,861		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	22,752	8,776	13,976	
23	Insurance	14,844	2,898	11,946	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	LSF AGREED UPON PAYMENT	50,000	50,000		
b	MISCELLANEOUS	28,834	5,775	18,133	4,926
c	PAYMENTS IN LIEU OF TAX	22,280	22,280		
d	MAINTENANCE AND SUPPLIE	13,639		13,639	
e					
f	All other expenses	76,107	32,706	30,825	12,576
25	Total functional expenses. Add lines 1 through 24f	1,014,956	553,579	264,445	196,932
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	164,286	1	201,610
	2 Savings and temporary cash investments	1,292,230	2	1,028,617
	3 Pledges and grants receivable, net	4,866,962	3	2,002,536
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	21,149	9	26,160
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	24,923,636		
	b Less accumulated depreciation	163,172		
		21,940,626	10c	24,760,464
	11 Investments—publicly traded securities	545,432	11	2,044,057
	12 Investments—other securities See Part IV, line 11	32,695	12	994,441
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets See Part IV, line 11	189,856	15	231,893	
16 Total assets. Add lines 1 through 15 (must equal line 34)	29,053,236	16	31,289,778	
Liabilities	17 Accounts payable and accrued expenses	34,883	17	15,944
	18 Grants payable		18	
	19 Deferred revenue	1,248,776	19	865,361
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	90,002	23	81,484
	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	12,760	25	18,425
	26 Total liabilities. Add lines 17 through 25	1,386,421	26	981,214
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	22,775,776	27	25,576,016
	28 Temporarily restricted net assets	4,856,157	28	4,697,666
	29 Permanently restricted net assets	34,882	29	34,882
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	27,666,815	33	30,308,564	
34 Total liabilities and net assets/fund balances	29,053,236	34	31,289,778	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,762,789
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,014,956
3	Revenue less expenses Subtract line 2 from line 1	3	2,747,833
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	27,666,815
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-106,084
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	30,308,564

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question 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?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued 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 separated basis		
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?		No
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 in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

2011

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

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 11, check only one box)

- 1 A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 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 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)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	739,184	3,510,461	7,070,151	9,889,028	3,695,275	24,904,099
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	739,184	3,510,461	7,070,151	9,889,028	3,695,275	24,904,099
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)						127,253
6 Public Support. Subtract line 5 from line 4						24,776,846

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	739,184	3,510,461	7,070,151	9,889,028	3,695,275	24,904,099
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	23,011	21,517	6,523	4,654	3,456	59,161
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	3,315	3,202	16,401	21,155		44,073
11 Total support (Add lines 7 through 10)						25,007,333
12 Gross receipts from related activities, etc (See instructions)					12	290,653

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	99.080 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	98.900 %

16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **b 33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **17a 10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization **b 10%-facts-and-circumstances test—2010.** 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 IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization **18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 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 IV.)						
13 Total support (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 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2011.** 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—2010.** 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE A, PART IV, SUPPLEMENTAL INFORMATION FORM 990, SCHEDULE A, PART II, SECTION B, LINE 10 COLUMN (B) 2007 - MISCELLANEOUS INCOME \$765 - EDUCATION FEES \$2,550 COLUMN (C) 2008 - MISCELLANEOUS INCOME \$2,077 - EDUCATION FEES \$1,125 COLUMN (D) 2009 - MISCELLANEOUS INCOME \$3,048 - EDUCATION FEES \$830 - SERVICE CONTRACT FEES \$12,523 COLUMN (E) 2010 - MISCELLANEOUS INCOME \$7,682 - SERVICE CONTRACT FEES \$13,473

Additional Data

Software ID:

Software Version:

EIN: 23-7046908

Name: LANCASTER COUNTY CONSERVANCY

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

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" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number, aggregate contributions, aggregate grants, and aggregate value.

- 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?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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?

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

Table with 2 columns: Line number, Held at the End of the Year. Rows 2a-2d for total number, acreage, and number of easements.

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 SFAS 116 relating to these items

a Revenues included in 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 accession and other records, check any of the following that are a 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 programs
- e** Other

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

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" to 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 XIV and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	32,695	30,467	25,592	34,882	
b Contributions	1,247				
c Investment earnings or losses	-879	3,877	5,240	-8,868	
d Grants or scholarships		1,247			
e Other expenditures for facilities and programs					
f Administrative expenses	496	402	365	422	
g End of year balance	32,567	32,695	30,467	25,592	

2 Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Term endowment ▶

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

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment. 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		24,585,420		24,585,420
b Buildings				
c Leasehold improvements				
d Equipment		124,220	91,621	32,599
e Other		213,996	71,551	142,445
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				24,760,464

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,762,789
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,014,956
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,747,833
4	Net unrealized gains (losses) on investments	4	-120,316
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	14,232
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-106,084
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	2,641,749

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

1	Total revenue, gains, and other support per audited financial statements	1	3,673,270
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-120,316
b	Donated services and use of facilities	2b	17,679
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	13,118
e	Add lines 2a through 2d	2e	-89,519
3	Subtract line 2e from line 1	3	3,762,789
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 XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	3,762,789

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

1	Total expenses and losses per audited financial statements	1	1,045,753
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	17,679
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	13,118
e	Add lines 2a through 2d	2e	30,797
3	Subtract line 2e from line 1	3	1,014,956
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 XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	1,014,956

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF HOW ORGANIZATION REPORTS CONSERVATION EASEMENTS	PART II, LINE 9	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 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 CONSERVANCYS 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 CONSERVANCYS 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, 2011, THE CONSERVANCY HELD THE FOLLOWING CONSERVATION INTERESTS CARRYING AMOUNT ACREAGE LAND HELD IN FEE \$24,585,420 3,755 CONSERVATION EASEMENTS HELD DIRECTLY 35,025 559 INDIRECTLY 23,938 379 TOTAL \$24,644,383 LEASES, CONSERVATION LAND USE 62 TOTAL ACRES HELD IN FEE OR EASEMENTS 4755
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	ONLY THE INCOME THAT THE ENDOWMENT EARNS CAN BE USED FOR ANY PURPOSE THAT THE ORGANIZATION CHOOSES
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE CONSERVANCY IS EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE SECTION 501(C) (3) THE CONSERVANCY ADHERES TO THE PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) 740, INCOME TAXES (ASC 740) 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 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, 2011 AND 2010, 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 UNCERTAIN TAX POSITIONS HAS BEEN INCLUDED IN THE FINANCIAL STATEMENTS MANAGEMENT BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2008
PART XII, LINE 2D - OTHER ADJUSTMENTS		EXPENSES NETTED WITH FUNDRAISING REVENUE (IN KIND) -16,255 EXPENSES NETTED WITH FUNDRAISING REVENUE (IN KIND) 29,373
PART XIII, LINE 2D - OTHER ADJUSTMENTS		EXPENSES NETTED WITH FUNDRAISING REVENUE (IN KIND) -16,255 EXPENSES NETTED WITH FUNDRAISING REVENUE (IN KIND) 29,373

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2011

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

Name of the organization LANCASTER COUNTY CONSERVANCY

Employer identification number 23-7046908

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

- a Mail solicitations
b Internet and e-mail solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events

2a 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 ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions? (Yes/No), (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.

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>DINNER/AUCTION</u> (event type)	_____ (event type)	_____ (total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	46,685			46,685
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	46,685			46,685
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	13,118			13,118
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(13,118)
11 Net income summary Combine lines 3 and 10 in column (d) ▶				33,567	

Part III Gaming. Complete if the organization answered "Yes" to 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 Non-cash 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 Combine lines 1 and 7 in column (d) ▶					

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate 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 operate 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 operated in

a The organization's facility	13a
b An outside facility	13b

14 Provide 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

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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization LANCASTER COUNTY CONSERVANCY

Employer identification number

23-7046908

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of Contributions or items contributed, (c) Contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining contribution amounts. Row 14 is highlighted with data: X, 2, 596,735, FMV APPRAISALS.

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

Table with 3 columns: Question, Yes, No. Contains questions 30a, 31, 32a, 33 regarding contribution reporting and policies.

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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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 to provide any additional information.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization
LANCASTER COUNTY CONSERVANCY

Employer identification number

23-7046908

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	MEMBERS ARE DEFINED IN THE BY LAWS
	FORM 990, PART VI, SECTION A, LINE 7A	MEMBERS VOTE FOR NEW BOARD MEMBERS
	FORM 990, PART VI, SECTION A, LINE 7B	CHANGES TO THE BY-LAWS ONLY
	FORM 990, PART VI, SECTION B, LINE 11	A COPY OF THE FORM 990 AND RELATED SCHEDULES IS REVIEWED BY THE AUDIT COMMITTEE, THE BOARD AND PRESIDENT OF THE LANCASTER COUNTY CONSERVANCY 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	VOLUNTEER HUMAN RESOURCE COMMITTEE USES BEST PRACTICES CRITERIA TO DETERMINE COMPENSATION AND SALARY RANGE DATA ETC
	FORM 990, PART VI, SECTION C, LINE 19	UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -120,316 PRIOR PERIOD ADJUSTMENTS 14,232 TOTAL TO FORM 990, PART XI, LINE 5 -106,084
	PART XI, LINE 2C	LANCASTER COUNTY CONSERVANCY HAS A SEPARATE AUDIT COMMITTEE THAT PROVIDES OVERSIGHT OF THE AUDIT AND ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT