** PUBLIC DISCLOSURE COPY **

Form 990 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 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2024 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 COMMUNITY FOUNDATION

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): 24 WEST KING STREET, SUITE 201

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: LANCASTER, PA 17603

F Name and address of principal officer: SAMUEL J. BRESSI
SAME AS C ABOVE

D Employer identification number: 20-0874857

E Telephone number: 717-397-1629

G Gross receipts $: 51,713,140.

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.LANCFOUND.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 2003

M State of legal domicile: PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: WE EMBOLDEN EXTRAORDINARY COMMUNITY BY INVESTING IN PEOPLE AND IDEAS THAT WILL SHAPE THE

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	16
	6 Total number of volunteers (estimate if necessary)	6	150
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-25,922.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	14,360,989.	16,249,306.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,762,920.	7,629,463.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	84,709.	72,683.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,208,618.	23,951,452.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	11,964,228.	15,021,807.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,947,346.	2,084,885.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) 360,090.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,171,782.	2,383,224.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	16,083,356.	19,489,916.
	19 Revenue less expenses. Subtract line 18 from line 12	4,125,262.	4,461,536.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	168,826,782.	184,647,711.
	21 Total liabilities (Part X, line 26)	19,048,989.	20,649,080.
	22 Net assets or fund balances. Subtract line 21 from line 20	149,777,793.	163,998,631.

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: 10·7·25

SAMUEL J. BRESSI, PRESIDENT/CEO
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
DOUGLAS L. BERMAN, CPA	DOUGLAS L. BERMAN, C	10/03/25	☐	P01269555

Firm's name: RKL LLP — Firm's EIN: 23-2108173

Firm's address: 3501 CONCORD ROAD, STE 250, YORK, PA 17402 — Phone no. 717-843-3804

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
WE EMBOLDEN EXTRAORDINARY COMMUNITY BY INVESTING IN PEOPLE AND IDEAS THAT WILL SHAPE THE FUTURE OF LANCASTER COUNTY.

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 $ 18,361,983. including grants of $ 15,021,807.) (Revenue $ 68,284.)
THE LANCASTER COUNTY COMMUNITY FOUNDATION SERVED LANCASTER COUNTY RESIDENTS IN 2024 BY PROVIDING FUNDS FOR COMMUNITY BENEFIT ORGANIZATIONS (NOT-FOR-PROFITS) AND PROGRAMS THROUGH ITS "EXTRAGIVE" PROGRAM, ITS DISCRETIONARY IMPACT STRATEGIES, AND ITS OVERALL "GRANTMAKING" PROGRAM. THE COMMUNITY FOUNDATION AWARDED A TOTAL OF $15.0 MILLION IN TOTAL GRANT DOLLARS TO COMMUNITY BENEFIT ORGANIZATIONS IN 2024.

APPROXIMATELY 56.7% OF TOTAL GRANT DOLLARS, OR $8.5 MILLION, WERE INVESTED IN THE COMMUNITY THROUGH THE "EXTRAGIVE," A ONE DAY ONLINE GIVING CAMPAIGN AIMED AT BOOSTING PHILANTHROPIC GIVING IN LANCASTER COUNTY. THE PROGRAM INCLUDED COMMUNITY DONATIONS OF $8.0 MILLION WITH A

4b (Code: _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4c (Code: _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4d Other program services (Describe on Schedule O.)
(Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4e Total program service expenses 18,361,983.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	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 Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	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 Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	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 Schedule D, Part 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 Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	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 Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	X	
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 Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	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 Schedule F, Parts II and IV*	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 Schedule F, Parts III and IV*	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 Schedule G, Part I.* See instructions	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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 Schedule I, Parts I and II*	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 the 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*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29	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)?	35a	X	
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*	35b	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 on 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	42		
b	Enter the number of Forms W-2G included on 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 16			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a	X	
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	X	
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		X
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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
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?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X	
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d 3			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/A	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		X
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? N/A **Note:** See the instructions for additional information the organization must report on Schedule O.	13a		
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		X
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? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A If "Yes," complete Form 6069.	17		

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	14		
	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.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	14		
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?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	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 on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 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 CA,FL,MD,MI,NC,NJ,NY,OH,PA,VA

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website ☐ Another's website X Upon request X 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

THE ORGANIZATION - 717-397-1629

24 WEST KING STREET, SUITE 201, 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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MR. SAMUEL J. BRESSI	36.00									
PRESIDENT & CEO	4.00			X				266,700.	0.	10,668.
(2) MS. TRACY CUTLER	36.00									
EXEC VP	4.00					X		169,847.	0.	34,379.
(3) MS. KIM SHORTER	36.00									
COO	4.00					X		169,640.	0.	28,973.
(4) MR. WAYNE GROFF, CPA	36.00									
CFO	4.00			X				175,144.	0.	16,300.
(5) MR. DAVID KOSER	36.00									
DIRECTOR OF PROGRAMS	4.00					X		120,296.	0.	32,399.
(6) MR. NATHAN HOOVER, CPA	36.00									
CONTROLLER	4.00					X		103,863.	0.	31,723.
(7) MS. ASHLINN MASLAND-SARANI	36.00									
DIRECTOR OF FOREVER LANCASTER	4.00					X		104,788.	0.	22,468.
(8) MS. LYDIA HENRY	0.90									
CHAIR	0.10	X		X				0.	0.	0.
(9) MS. ALISON VAN HARSKAMP	0.90									
PAST CHAIR (ENDED 12/31/24)	0.10	X		X				0.	0.	0.
(10) MR. STEVE NIELI	0.90									
VICE CHAIR AND TREASURER	0.10	X		X				0.	0.	0.
(11) MS. THERESA MONGIOVI	0.90									
SECRETARY	0.10	X		X				0.	0.	0.
(12) MS. MELISA BAEZ	0.90									
BOARD MEMBER (ENDED 12/31/24)	0.10	X						0.	0.	0.
(13) MR. ROB BARBER	0.90									
BOARD MEMBER	0.10	X						0.	0.	0.
(14) MS. BETH BRENNAN	0.90									
BOARD MEMBER	0.10	X						0.	0.	0.
(15) MS. SALENA COACHMAN	0.90									
BOARD MEMBER (START 1/1/24)	0.10	X						0.	0.	0.
(16) MR. JEFF GUINDON	0.90									
BOARD MEMBER	0.10	X						0.	0.	0.
(17) MR. JOE HESS	0.90									
BOARD MEMBER	0.10	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MS. ALISA JONES	0.90									
BOARD MEMBER (START 1/1/24)	0.10	X						0.	0.	0.
(19) MR. PEDRO RIVERA	0.90									
BOARD MEMBER	0.10	X						0.	0.	0.
(20) MR. FRED WALLER	0.90									
BOARD MEMBER	0.10	X						0.	0.	0.
(21) MS. JUDITH WUBAH	0.90									
BOARD MEMBER	0.10	X						0.	0.	0.
1b Subtotal								1,110,278.	0.	176,910.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,110,278.	0.	176,910.

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 7

		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*		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*	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*		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
SAGEWORTH, 1861 SANTA BARBARA DRIVE, LANCASTER, PA 17601	INVESTMENT MANAGEMENT SERVICES	325,149.
PNC BANK N.A 300 5TH AVE, PITTSBURGH, PA 15222	INVESTMENT MANAGEMENT SERVICES	124,070.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 2

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	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	2,315,893.			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	13,933,413.			
	g	Noncash contributions included in lines 1a-1f	1g	$ 2,799,304.			
	h	**Total.** Add lines 1a-1f			16,249,306.		
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		4,047,629.		-32,575.	4080204.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real / (ii) Personal				
	6a	Gross rents 6a	5,695.				
	b	Less: rental expenses 6b	1,296.				
	c	Rental income or (loss) 6c	4,399.				
	d	Net rental income or (loss)		4,399.			4,399.
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 7a	30,998,458. / 343,768.				
	b	Less: cost or other basis and sales expenses 7b	27,495,987. / 264,405.				
	c	Gain or (loss) 7c	3,502,471. / 79,363.				
	d	Net gain or (loss)		3,581,834.		6,653.	3575181.
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 8a					
	b	Less: direct expenses 8b					
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities. See Part IV, line 19 9a					
	b	Less: direct expenses 9b					
	c	Net income or (loss) from gaming activities					
	10a	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			Business Code				
	11a	MISCELLANEOUS REVENUE	900099	68,284.	68,284.		
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a-11d		68,284.			
	12	**Total revenue.** See instructions		23,951,452.	68,284.	-25,922.	7659784.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	14,918,929.	14,918,929.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	102,878.	102,878.		
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	471,651.	245,473.	117,913.	108,265.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,213,622.	866,240.	257,052.	90,330.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	48,111.	34,373.	10,183.	3,555.
9 Other employee benefits	233,181.	155,781.	51,429.	25,971.
10 Payroll taxes	118,320.	78,328.	26,267.	13,725.
11 Fees for services (nonemployees):				
a Management				
b Legal	6,726.	4,453.	1,493.	780.
c Accounting	46,371.		46,371.	
d Lobbying	4,500.	4,500.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	711,816.	711,816.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	41,870.	26,197.	10,294.	5,379.
12 Advertising and promotion	241,949.	160,170.	53,713.	28,066.
13 Office expenses	78,504.	51,970.	17,428.	9,106.
14 Information technology	96,947.	64,179.	21,522.	11,246.
15 Royalties				
16 Occupancy	123,508.	81,762.	27,419.	14,327.
17 Travel	10,324.	6,835.	2,292.	1,197.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	225,650.	149,381.	50,094.	26,175.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	58,179.	38,514.	12,916.	6,749.
23 Insurance	26,591.	17,603.	5,903.	3,085.
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 SPECIAL PROJECTS	573,350.	573,350.		
b DUES AND SUBSCRIPTIONS	45,716.	21,985.	19,879.	3,852.
c TELEPHONE	29,753.	19,697.	6,605.	3,451.
d STAFF DEVELOPMENT	16,495.	10,920.	3,662.	1,913.
e All other expenses	44,975.	16,649.	25,408.	2,918.
25 **Total functional expenses.** Add lines 1 through 24e	19,489,916.	18,361,983.	767,843.	360,090.
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	
	2	Savings and temporary cash investments	8,169,284.	2	9,500,490.
	3	Pledges and grants receivable, net	228,551.	3	172,798.
	4	Accounts receivable, net	56,200.	4	92,423.
	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	3,718,450.	7	3,718,450.
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	128,011.	9	151,408.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 721,869.			
	b	Less: accumulated depreciation — 10b: 600,111.	164,266.	10c	121,758.
	11	Investments - publicly traded securities	136,057,792.	11	149,536,260.
	12	Investments - other securities. See Part IV, line 11	18,775,087.	12	20,218,961.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,529,141.	15	1,135,163.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	168,826,782.	16	184,647,711.
Liabilities	17	Accounts payable and accrued expenses	226,834.	17	183,983.
	18	Grants payable	8,516,652.	18	9,119,866.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	10,305,503.	25	11,345,231.
	26	**Total liabilities.** Add lines 17 through 25	19,048,989.	26	20,649,080.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	149,522,078.	27	163,757,954.
	28	Net assets with donor restrictions	255,715.	28	240,677.
		Organizations that do not follow FASB ASC 958, check here ☐ **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	149,777,793.	32	163,998,631.
	33	Total liabilities and net assets/fund balances	168,826,782.	33	184,647,711.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	23,951,452.
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,489,916.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,461,536.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	149,777,793.
5	Net unrealized gains (losses) on investments	5	9,822,354.
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	-63,052.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	163,998,631.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	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: ☐ Separate basis ☐ Consolidated basis ☐ 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: ☐ Separate basis ☒ Consolidated basis ☐ 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	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)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization
LANCASTER COUNTY COMMUNITY FOUNDATION

Employer identification number
20-0874857

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).)
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 on 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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	18703836.	23382983.	14919510.	14360989.	16249306.	87616624.
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	18703836.	23382983.	14919510.	14360989.	16249306.	87616624.
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)						2860570.
6 **Public support.** Subtract line 5 from line 4.						84756054.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	18703836.	23382983.	14919510.	14360989.	16249306.	87616624.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	810,720.	2419248.	3764988.	3675439.	4085899.	14756294.
9 Net income from unrelated business activities, whether or not the business is regularly carried on		22,594.		35,442.		58,036.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						102430954
12 Gross receipts from related activities, etc. (see instructions)					12	266,049.

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	82.74 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	85.91 %

16a **33 1/3% support test - 2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support test - 2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

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 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2023** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests - 2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	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).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**	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 line 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 on lines 11b and 11c below, the governing body of a supported organization?	11a	
b	A family member of a person described on line 11a above?	11b	
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* **Part VI.**	11c	

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If "No," describe in* **Part VI** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1	
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 on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* **Part VI** *the role the organization's 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 governmental entity (see instructions).*

		Yes	No
2	Activities Test. **Answer lines 2a and 2b 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 on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b	
3	Parent of Supported Organizations. **Answer lines 3a and 3b below.**		
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? If "Yes" or "No," 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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors (*explain in detail in* **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount		Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1	
2 Enter 0.85 of line 1.	2	
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4 Enter greater of line 2 or line 3.	4	
5 Income tax imposed in prior year	5	
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	5	
6 Other distributions (describe in **Part VI**). See instructions.	6	
7 **Total annual distributions.** Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	8	
9 Distributable amount for 2024 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f **Total** of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

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)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

LANCASTER COUNTY COMMUNITY FOUNDATION

Employer identification number

20-0874857

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 foundation

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

General Rule

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

Special Rules

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

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

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

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

Name of organization: LANCASTER COUNTY COMMUNITY FOUNDATION

Employer identification number: 20-0874857

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		$ 2,315,893.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 1,500,036.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
3		$ 491,637.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 373,400.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 1,000,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6		$ 552,969.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)

Name of organization: LANCASTER COUNTY COMMUNITY FOUNDATION

Employer identification number: 20-0874857

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	39,961 SHARES OF CARGAS STOCK (PRIVATE COMPANY)	$ 1,500,036.	02/26/24
6	LLC OWNERSHIP INTEREST - 277,874 UNITS	$ 552,969.	12/31/24
		$	
		$	
		$	
		$	

Name of organization	Employer identification number
LANCASTER COUNTY COMMUNITY FOUNDATION	20-0874857

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

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C (Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization	Employer identification number (EIN)
LANCASTER COUNTY COMMUNITY FOUNDATION	20-0874857

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political campaign activity expenditures ..... $
3 Volunteer hours for political campaign activities .....

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... $
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... $
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... ☐ Yes ☐ No
4a Was a correction made? ..... ☐ Yes ☐ No
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... $
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... $
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... $
4 Did the filing organization file **Form 1120-POL** for this year? ..... ☐ Yes ☐ No
5 Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:
not over $500,000	20% of the amount on line 1e.
over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
over $17,000,000	$1,000,000.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B **Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		4,500.
j Total. Add lines 1c through 1i			4,500.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

		Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1		
2 Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		

Part III-B **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No;" OR (b) Part III-A, line 3, is answered "Yes."**

1 Dues, assessments, and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid):**		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV **Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:
THE COMMUNITY FOUNDATION ENGAGED A THIRD PARTY ORGANIZATION TO DISCUSS WITH ELECTED OFFICIALS AND THEIR STAFF SEVERAL ITEMS OF CONCERN TO COMMUNITY FOUNDATIONS, WITH A PRIMARY FOCUS ON DONOR ADVISED FUNDS AND THEIR CHARITABLE BENEFIT.

SCHEDULE D (Form 990) (Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
LANCASTER COUNTY COMMUNITY FOUNDATION

Employer identification number
20-0874857

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	91	
2	Aggregate value of contributions to (during year)	2,738,744.	
3	Aggregate value of grants from (during year)	3,103,986.	
4	Aggregate value at end of year	112,446,271.	

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? [X] Yes [ ] 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? [X] Yes [ ] No

Part II Conservation Easements.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X $ _____

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:

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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 _____ %
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:

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		721,869.	600,111.	121,758.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				121,758.

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) COMMONFUND GLOBAL		
(B) DISTRESSED INVESTORS, LLC		
(C) II	11,307.	END-OF-YEAR MARKET VALUE
(D) LIBERTY SPECIAL		
(E) STRATEGIES TE FUND LLC	66,847.	END-OF-YEAR MARKET VALUE
(F) GLENMEDE CLIENT		
(G) OPPORTUNITIES PFIC POOL	59,715.	END-OF-YEAR MARKET VALUE
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	20,218,961.	

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIABILITY TO RESOURCE PROVIDERS	8,592,475.
(3) CHARITABLE GIFT ANNUITY	1,821,598.
(4) ROU LIABILITY	931,158.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	11,345,231.

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 ... X

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
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	
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	

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	
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	
3	Subtract line 2e from line 1			3	
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	
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	

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 X, LINE 2:

THE ORGANIZATION FOLLOWS THE STANDARDS FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ACCORDING TO THE PRINCIPLES OF ASC 740, INCOME TAXES, WHICH PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE CONSOLIDATED FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN.

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION, INCLUDING WHETHER THE ENTITY IS EXEMPT FROM INCOME TAXES. MANAGEMENT EVALUATED THE TAX POSITIONS TAKEN AND CONCLUDED THAT THE ORGANIZATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS. THEREFORE, NO PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS. WITH FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2021.

Part XIII Supplemental Information *(continued)*

Part XIII Supplemental Information *(continued)*

Part VII Investments - Other Securities. 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
GLENMEDE PRIVATE INVESTMENT FUND VIII	699,588.	EOY MARKET VALUE
GLENMADE PRIVATE INVESTMENT FUND X LLC	971,008.	EOY MARKET VALUE
GLENMEDE PRIVATE INVESTMENT FUND XILL	1,881,759.	EOY MARKET VALUE
ONE WILLIAM STREET CAPITAL OFFSHORE FUND	1,298,935.	EOY MARKET VALUE
HUDSON BAY INTERNATIONAL FUND	1,203,020.	EOY MARKET VALUE
PERSISTENT EDGE ASIA PARTNERS	1,059,256.	EOY MARKET VALUE
SOUTHPOINT QUALIFIED OFFSHORE FUND	1,243,277.	EOY MARKET VALUE
CLOVERLAY FUND II LP	990,715.	EOY MARKET VALUE
JP MORGAN PEG GLOBAL PRIVATE EQUITY INST INV	1,006,857.	EOY MARKET VALUE
JP MORGAN PEG GLOBAL PRIVATE EQUITY OFFSHORE	3,463,378.	EOY MARKET VALUE
JP MORGAN PEG GLOBAL PRIVATE EQUITY OFFSHORE	2,149,787.	EOY MARKET VALUE
BOW RIVER CAPITAL SOFTWARE GROWTH EQUITY FUN	462,809.	EOY MARKET VALUE
BOW RIVER PRIVATE EQUITY FUND III-B, LP	383,054.	EOY MARKET VALUE
JP MORGAN PEG GLOBAL PRIVATE EQUITY X L.P.	1,065,630.	EOY MARKET VALUE
TACONIC OFFSHORE FUND 1.5 LTD	862,763.	EOY MARKET VALUE
CORDILLERA INVESTMENT FUND III, LP	729,425.	EOY MARKET VALUE
THE CRESCENT - GPIF AA OFFICE VENTURE, LP	382,340.	EOY MARKET VALUE
JP MORGAN PEG GLOBAL PRIVATE EQUITY XI LP	227,491.	EOY MARKET VALUE

SCHEDULE I
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
Open to Public Inspection

Name of the organization
LANCASTER COUNTY COMMUNITY FOUNDATION

Employer identification number
20-0874857

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? ..... [X] Yes [ ] No

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2ND CHANCE 4 LIFE RESCUE 636 MULBERRY STREET ELIZABETHTOWN, PA 17022	32-0320314	501(C)(3)	21,683.	0.			GENERAL OPERATING SUPPORT
4 GIRLS ON A MISSION 528 EAST FULTON ST LANCASTER, PA 17602	88-1414848	501(C)(3)	10,583.	0.			GENERAL OPERATING SUPPORT
521 CLUB, INC. 2400 BUTTER RD. LANCASTER, PA 17601	23-1987944	501(C)(3)	13,712.	0.			GENERAL OPERATING SUPPORT
A WEEK AWAY FOUNDATION 941 WHEATLAND AVENUE, SUITE 201 LANCASTER, PA 17603	47-0999107	501(C)(3)	6,876.	0.			GENERAL OPERATING SUPPORT
A WOMAN'S CONCERN, INC. 1102 MILLERSVILLE PIKE LANCASTER, PA 17603	23-1978059	501(C)(3)	6,000.	0.			DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR GENERAL OPERATING SUPPORT
AARON'S ACRES 1861 CHARTER LANE SUITE 114 LANCASTER, PA 17601	11-3820295	501(C)(3)	85,267.	0.			GENERAL OPERATING SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 372.

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

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

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

LHA 432101 01-02-25

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACORN ACRES WILDLIFE REHABILITATION - P.O. BOX 201 - MILLERSVILLE, PA 17551	85-3040690	501(C)(3)	41,291.	0.			GENERAL OPERATING SUPPORT, BUILDING EXPANSION PROJECT TO INCREASE SERVICE
ADAMSTOWN AREA LIBRARY 3000 N. READING RD. ADAMSTOWN, PA 19501	23-2830796	501(C)(3)	23,414.	0.			GENERAL OPERATING SUPPORT
ADOPTIONS FROM THE HEART 1525 OREGON PIKE, SUITE 402 LANCASTER, PA 17601	23-2372152	501(C)(3)	5,762.	0.			GENERAL OPERATING SUPPORT
ADVANTAGE LANCASTER 2511 DOLLY LANE RONKS, PA 17572	05-0527280	501(C)(3)	35,447.	0.			GENERAL OPERATING SUPPORT
ADVENTIST HEALTH INTERNATIONAL 11060 ANDERSON STREET LOMA LINDA, CA 92350	33-0940020	501(C)(3)	16,500.	0.			DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR HEALTHCARE
ADVOZ 8 NORTH QUEEN STREET SUITE 210 LANCASTER, PA 17603	23-2778839	501(C)(3)	20,063.	0.			GENERAL OPERATING SUPPORT AND EVENT SUPPORT
AEVIDUM P. O. BOX 64 LITITZ, PA 17543	27-3668412	501(C)(3)	14,621.	0.			GENERAL OPERATING SUPPORT
ALLEGRO: THE CHAMBER ORCHESTRA OF LANCASTER - P.O. BOX 1741 - LANCASTER, PA 17608	31-1795659	501(C)(3)	28,983.	0.			GENERAL OPERATING SUPPORT
ALLIANCE FOR THE CHESAPEAKE BAY 3310 MARKET STREET SUITE A CAMP HILL, PA 17011	54-1060924	501(C)(3)	22,853.	0.			GENERAL OPERATING SUPPORT AND DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR SOWE PROJECT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALPHA & OMEGA COMMUNITY CENTER 708 WABANK ROAD LANCASTER, PA 17603	23-2792337	501(C)(3)	6,274.	0.			GENERAL OPERATING SUPPORT
ALZHEIMER'S ASSOCIATION 2595 INTERSTATE DRIVE, SUITE 100 HARRISBURG, PA 17110	13-3039601	501(C)(3)	20,236.	0.			GENERAL OPERATING SUPPORT
AMERICAN CANCER SOCIETY 314 GOOD DRIVE LANCASTER, PA 17603	13-1788491	501(C)(3)	29,120.	0.			GENERAL OPERATING SUPPORT
AMERICAN DIABETES ASSOCIATION EASTERN PA CHAPTER - P.O. BOX 7023 - MERRIFIELD, VA 22116-7023	13-1623888	501(C)(3)	5,588.	0.			GENERAL OPERATING SUPPORT
AMERICAN HEART ASSOCIATION P. O. BOX 22249 ST. PETERSBURG, FL 33742	13-5613797	501(C)(3)	21,484.	0.			GENERAL OPERATING SUPPORT AND DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR HEART WALK
AMERICAN LUNG ASSOCIATION OF PENNSYLVANIA - 13100 WEST LISBON ROAD, SUITE 700 - BROOKFIELD, WI 53005	25-1825116	501(C)(3)	8,100.	0.			GENERAL OPERATING SUPPORT
AMERICAN RED CROSS P.O. BOX 37839 BOONE, IA 50037-0839	53-0196605	501(C)(3)	30,779.	0.			GENERAL OPERATING SUPPORT
ANCHOR LANCASTER 29 E. WALNUT STREET LANCASTER, PA 17602	81-3308601	501(C)(3)	44,823.	0.			GENERAL OPERATING SUPPORT
ARCH STREET CENTER 629 NORTH MARKET STREET LANCASTER, PA 17603	23-2258376	501(C)(3)	35,249.	0.			GENERAL OPERATING SUPPORT AND DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR EVENT SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASSETS LANCASTER 100 S. QUEEN STREET SUITE 246 LANCASTER, PA 17603	23-2827808	501(C)(3)	137,496.	0.			GENERAL OPERATING SUPPORT, EVENT SUPPORT, LANGUAGE JUSTICE PROGRAM, COMMUNITY ENGAGEMENT
BASE INC. 447 S. PRINCE ST., SUITE 14 LANCASTER, PA 17603	23-2843969	501(C)(3)	6,359.	0.			GENERAL OPERATING SUPPORT
BEAT THE STREETS WRESTLING LANCASTER - 1 HERLING ROAD - QUARRYVILLE, PA 17566	81-2058286	501(C)(3)	12,920.	0.			GENERAL OPERATING SUPPORT
BENCH MARK PROGRAM 102 S. PRINCE STREET EAST LANCASTER, PA 17603	46-5047462	501(C)(3)	94,082.	0.			GENERAL OPERATING SUPPORT AND PROGRAM TO SUPPORT RECENT GRADUATES IN WORK PLACEMENT
BETHANY CHRISTIAN SERVICES OF CENTRAL PENNSYLVANIA - 1681 CROWN AVE. SUITE 201 - LANCASTER, PA 17601	38-2899285	501(C)(3)	8,206.	0.			GENERAL OPERATING SUPPORT
BIG BROTHERS BIG SISTERS OF THE CAPITAL REGION - 1519 NORTH THIRD STREET - HARRISBURG, PA 17102	23-2260248	501(C)(3)	5,925.	0.			GENERAL OPERATING SUPPORT
BIRTH CARE & FAMILY HEALTH SERVICES - 1138 GEORGETOWN RD. - BART, PA 17503	23-2724199	501(C)(3)	8,321.	0.			GENERAL OPERATING SUPPORT
BOULDER CREST FOUNDATION 33735 SNICKERSVILLE TURNPIKE BLUEMONT, VA 20135	27-3228310	501(C)(3)	5,064.	0.			VETERAN AND FIRST RESPONDERS REHABILITIATION
BOY SCOUTS OF AMERICA - PA DUTCH COUNCIL - 630 JANET AVE. SUITE B-114 - LANCASTER, PA 17601-4582	23-1855082	501(C)(3)	22,864.	0.			GENERAL OPERATING SUPPORT

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

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BOYS & GIRLS CLUB OF LANCASTER 116 S. WATER ST. P.O. BOX 104 LANCASTER, PA 17608-0104	23-1352044	501(C)(3)	57,400.	0.			GENERAL OPERATING SUPPORT AND DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR EVENT SUPPORT
BRETHREN VILLAGE RETIREMENT COMMUNITY - 3001 LITITZ PIKE - LANCASTER, PA 17606-5093	23-1425014	501(C)(3)	27,370.	0.			GENERAL OPERATING SUPPORT
BRIDGE OF HOPE NATIONAL 311 NATIONAL ROAD EXTON, PA 19341	81-0555073	501(C)(3)	44,049.	0.			GENERAL OPERATING SUPPORT
BRIDLEPATH EQUINE CENTER 787 VALLEY ROAD QUARRYVILLE, PA 17566	92-2357656	501(C)(3)	10,439.	0.			GENERAL OPERATING SUPPORT
BRIGHT SIDE OPPORTUNITIES CENTER 515 HERSHEY AVENUE LANCASTER, PA 17603	23-3062048	501(C)(3)	153,213.	0.			GENERAL OPERATING SUPPORT, EVENT SUPPORT, STRONG CHOICES BRIGHT FUTURES PROGRAM FOR
BRITTANY'S HOPE 1160 NORTH MARKET STREET ELIZABETHTOWN, PA 17022	25-1879417	501(C)(3)	25,427.	0.			GENERAL OPERATING SUPPORT
CAMP CONQUEST 480 FOREST RD. DENVER, PA 17517	25-1477525	501(C)(3)	27,010.	0.			GENERAL OPERATING SUPPORT
CAMP HEBRON 957 CAMP HEBRON ROAD HALIFAX, PA 17032	23-6050517	501(C)(3)	22,692.	0.			GENERAL OPERATING SUPPORT
CANINE PARTNERS FOR LIFE (CPL) 334 FAGGS MANOR ROAD COCHRANVILLE, PA 19330	23-2580658	501(C)(3)	25,177.	0.			GENERAL OPERATING SUPPORT AND CANINE SERVICE DOGS FOR HOME HEALTH

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CAP - COMMUNITY ACTION PARTNERSHIP OF LANCASTER COUNTY - 601 SOUTH QUEEN STREET - LANCASTER, PA 17608-0599	23-1667311	501(C)(3)	98,829.	0.			GENERAL OPERATING SUPPORT, EVENT SUPPORT, HEAT FOR NEW HOLLAND RESIDENTS, YOUNG
CAPITAL AREA THERAPEUTIC RIDING ASSOCIATION - 168 STATION ROAD - GRANTVILLE, PA 17028	23-2381558	501(C)(3)	10,330.	0.			GENERAL OPERATING SUPPORT
CASA OF LANCASTER COUNTY INC. 120 N. SHIPPEN STREET LANCASTER, PA 17602	26-1826650	501(C)(3)	115,855.	0.			GENERAL OPERATING SUPPORT
CASTAWAY CRITTERS, THE JAMES A. HUEHOLT MEMORIAL FOUNDATION FOR ANIMALS - P. O. BOX 1421 - HARRISBURG, PA 17105	25-1894514	501(C)(3)	7,447.	0.			GENERAL OPERATING SUPPORT
DIOCESE OF HARRISBURG 4800 UNION DEPOSIT RD. HARRISBURG, PA 17111	23-1494791	501(C)(3)	27,342.	0.			GENERAL OPERATING SUPPORT AND DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR SCHOLARSHIP FUND
CENTERVILLE PET RESCUE 237 CENTERVILLE ROAD LANCASTER, PA 17603	47-4742739	501(C)(3)	14,737.	0.			GENERAL OPERATING SUPPORT
CENTRAL MARKET TRUST 8 N. QUEEN ST SUITE 700E LANCASTER, PA 17603	76-0822944	501(C)(3)	26,501.	0.			GENERAL OPERATING SUPPORT
CENTRAL PENNSYLVANIA FOOD BANK 3908 COREY RD. HARRISBURG, PA 17109	23-2202250	501(C)(3)	125,332.	0.			GENERAL OPERATING SUPPORT
CHESAPEAKE BAY FOUNDATION, INC. PHILIP MERRILL ENVIRONMENTAL CENTER 6 HERNDON AVENUE - ANNAPOLIS, MD 21403	52-6065757	501(C)(3)	35,172.	0.			GENERAL OPERATING SUPPORT

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CHESTNUT HOUSING CORPORATION 434 EAST CHESTNUT STREET LANCASTER, PA 17602	27-3292060	501(C)(3)	70,941.	0.			GENERAL OPERATING SUPPORT
CHI ST. JOSEPH CHILDREN'S HEALTH 1929 LINCOLN HIGHWAY EAST, SUITE 15 LANCASTER, PA 17602	23-2342997	501(C)(3)	9,061.	0.			GENERAL OPERATING SUPPORT
CHILDREN DESERVE A CHANCE FOUNDATION/ATTOLLO - 8 W. KING STREET FIRST FLOOR, KIRK JOHNSON BUILDING - LANCASTER, PA 17603	22-3952042	501(C)(3)	214,033.	0.			GENERAL OPERATING SUPPORT, POETRY CUBED ARTISTIC PROJECT, AND DONOR RECOMMENDED GRANT
CHILDREN'S DYSLEXIA CENTER OF LANCASTER - 213 W. CHESTNUT STREET - LANCASTER, PA 17603	04-3169620	501(C)(3)	11,965.	0.			GENERAL OPERATING SUPPORT
CHILDREN'S MIRACLE NETWORK 205 WEST 700 SOUTH SALT LAKE CITY, UT 84101	87-0387205	501(C)(3)	75,000.	0.			DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR GENERAL OPERATING SUPPORT
CHILDREN'S MIRACLE NETWORK AT PENN STATE HERSHEY - 90 HOPE DRIVE - HERSHEY, PA 17033	25-1854772	501(C)(3)	100,000.	0.			DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR MEDICAL EQUIPMENT AND EVENT SUPPORT
CHILDREN'S MIRACLE NETWORK KC HEARTLAND - P.O. BOX 3245 - KANSAS CITY, KS 66103	48-1124839	501(C)(3)	50,000.	0.			DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR GENERAL OPERATING SUPPORT
CHRISTIAN ENDEAVOR 1617 SWAMP PIKE GILBERTSVILLE, PA 19525	23-1365384	501(C)(3)	25,479.	0.			GENERAL OPERATING SUPPORT
CHURCH WORLD SERVICE, INC. 308 E. KING ST. LANCASTER, PA 17602	13-4080201	501(C)(3)	145,854.	0.			GENERAL OPERATING SUPPORT

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CITY OF LANCASTER 120 NORTH DUKE STREET LANCASTER, PA 17608	23-6001904	501(C)(3)	9,500.	0.			DONOR RECOMMENDED GRANTS FROM DONOR ADVISED FUNDS FOR GENERAL OPERATING SUPPORT AND LONG'S PARK
CLARE HOUSE, INC. 342-344 EAST CHESTNUT ST. LANCASTER, PA 17602	22-2723190	501(C)(3)	43,666.	0.			GENERAL OPERATING SUPPORT
CLINIC FOR SPECIAL CHILDREN 20 COMMNUNITY LANE GORDONVILLE, PA 17529	23-2555373	501(C)(3)	83,236.	0.			GENERAL OPERATING SUPPORT AND NEW MEDICAL CENTER BUILDING PROJECT
COBYS FAMILY SERVICES 1417 OREGON RD. LEOLA, PA 17540	23-2128881	501(C)(3)	43,167.	0.			GENERAL OPERATING SUPPORT
COCALICO CREEK WATERSHED ASSOCIATION - PO BOX 121 - REINHOLDS, PA 17569	75-3125229	501(C)(3)	8,500.	0.			DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR STREAM RESTORATION PROJECT
COCALICO EDUCATION FOUNDATION 800 SOUTH FOURTH STREET DENVER, PA 17517	23-2932584	501(C)(3)	6,029.	0.			GENERAL OPERATING SUPPORT
COLUMBIA ANIMAL SHELTER 265 S 10TH ST. COLUMBIA, PA 17512	82-3867529	501(C)(3)	8,345.	0.			GENERAL OPERATING SUPPORT
COLUMBIA PUBLIC LIBRARY 24 SOUTH SIXTH STREET COLUMBIA, PA 17512	23-6050185	501(C)(3)	5,793.	0.			GENERAL OPERATING SUPPORT
COMPASS MARK 1891 SANTA BARBARA DRIVE SUITE 104 LANCASTER, PA 17601	23-6444556	501(C)(3)	16,695.	0.			GENERAL OPERATING SUPPORT

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CONESTOGA RIVER CLUB 6271 JACKSON DR EAST PETERSBURG, PA 17520	85-3993683	501(C)(3)	13,497.	0.			GENERAL OPERATING SUPPORT
CONESTOGA VALLEY EDUCATION FOUNDATION - 2110 HORSESHOE RD. - LANCASTER, PA 17601	23-2650069	501(C)(3)	19,285.	0.			GENERAL OPERATING SUPPORT
CONESTOGA VALLEY SEEDS 2124 OLD PHILADELPHIA PIKE LANCASTER, PA 17602	88-3791142	501(C)(3)	22,216.	0.			GENERAL OPERATING SUPPORT
CONOY TOWNSHIP 211 FALMOUTH RD BAINBRIDGE, PA 17502	23-1744363	501(C)(3)	5,060.	0.			DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR PARK IMPROVEMENTS
CONSERVATION FOUNDATION OF LANCASTER COUNTY - 1383 ARCADIA ROAD, ROOM 200 - LANCASTER, PA 17601	65-1308216	501(C)(3)	8,246.	0.			GENERAL OPERATING SUPPORT
DAYSPRING CHRISTIAN ACADEMY 120 COLLEGE AVENUE MOUNTVILLE, PA 17554	23-2833032	501(C)(3)	1,050,000.	0.			DONOR RECOMMENDED GRANTS FROM DONOR ADVISED FUNDS FOR GENERAL OPERATING SUPPORT AND CAPITAL
DELAWARE VALLEY GOLDEN RETRIEVER RESCUE - 60 VERA CRUZ RD. - REINHOLDS, PA 17569-9713	23-2775413	501(C)(3)	194,202.	0.			GENERAL OPERATING SUPPORT
DEMUTH FOUNDATION & MUSEUM 120 E. KING ST. LANCASTER, PA 17602	23-2176299	501(C)(3)	52,712.	0.			GENERAL OPERATING SUPPORT, MUSEUM PASS PROGRAM, BUILDING RENOVATIONS AND IMMIGRANT
DIAMOND STREET EARLY CHILDHOOD CENTER - 1311 DIAMOND ST., SUITE A - AKRON, PA 17501	23-1719198	501(C)(3)	9,265.	0.			GENERAL OPERATING SUPPORT

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DISABILITY EMPOWERMENT CENTER 941 WHEATLAND AVE. SUITE 201 LANCASTER, PA 17603-3180	20-2740932	501(C)(3)	9,849.	0.			GENERAL OPERATING SUPPORT
DONEGAL TROUT UNLIMITED P. O. BOX 8001 LANCASTER, PA 17604-8001	23-2932250	501(C)(3)	7,765.	0.			GENERAL OPERATING SUPPORT
EAST CHESTNUT STREET MENNONITE CHURCH - 432 EAST CHESTNUT STREET - LANCASTER, PA 17602		501(C)(3)	10,000.	0.			DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR AFFORDABLE HOUSING
EAST STROUDSBURG UNIVERSITY FOUNDATION - 200 PROSPECT STREET - EAST STROUDSBURG, PA 18301-2949	22-2826714	501(C)(3)	10,000.	0.			DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR EDUCATIONAL SCHOLARSHIPS
EASTERN LANCASTER COUNTY LIBRARY 11 CHESTNUT DR. NEW HOLLAND, PA 17557	23-6411590	501(C)(3)	117,979.	0.			GENERAL OPERATING SUPPORT
EASTERN MENNONITE MISSIONS 53 W. BRANDT BLVD. SALUNGA, PA 17538-0458	23-6005847	501(C)(3)	17,782.	0.			GENERAL OPERATING SUPPORT
EASTERN PA TRANS EQUITY PROJECT 1807 MAJESTIC DR OREFIELD, PA 18069	84-3324666	501(C)(3)	12,460.	0.			SUPPORTING SERVICES AND EMPOWERMENT PROGRAMS
ELIANNIE ANIMAL RESCUE 465 N STATE ST EPHRATA, PA 17522	37-1981668	501(C)(3)	5,481.	0.			GENERAL OPERATING SUPPORT
ELIZABETHTOWN AREA COMMUNITIES THAT CARE - 915 SPRING RD. - ELIZABETHTOWN, PA 17022	23-2024967	501(C)(3)	13,431.	0.			GENERAL OPERATING SUPPORT

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ELIZABETHTOWN CHILD CARE CENTER 777 S. MOUNT JOY ST. #2 ELIZABETHTOWN, PA 17022-0253	23-1705803	501(C)(3)	7,490.	0.			GENERAL OPERATING SUPPORT
ELIZABETHTOWN COLLEGE ELIZABETHTOWN COLLEGE, ALPHA HALL, ROOM 100 - ELIZABETHTOWN, PA 17022-2298	23-1352632	501(C)(3)	60,230.	0.			GENERAL OPERATING SUPPORT, MEMBERSHIPS AND EXPANSION OF PEER GROUPS, AND DONOR RECOMMENDED
ELIZABETHTOWN COMMUNITY HOUSING & OUTREACH SERVICES - 61 EAST WASHINGTON STREET SUITE 110 - ELIZABETHTOWN, PA 17022	81-4381953	501(C)(3)	34,693.	0.			GENERAL OPERATING SUPPORT
ELIZABETHTOWN PUBLIC LIBRARY 10 S. MARKET ST. ELIZABETHTOWN, PA 17022	23-1628480	501(C)(3)	29,494.	0.			GENERAL OPERATING SUPPORT
ENDLESS MOUNTAIN MUSIC FESTIVAL 130 MAIN STREET WELLSBORO, PA 16901	20-2341844	501(C)(3)	10,000.	0.			DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR GENERAL OPERATING SUPPORT
EPHRATA AREA EDUCATION FOUNDATION 803 OAK BLVD. EPHRATA, PA 17522	20-0669572	501(C)(3)	6,653.	0.			GENERAL OPERATING SUPPORT
EPHRATA AREA REHABILITATION SERVICES - 29 CLOISTER AVE. - EPHRATA, PA 17522	23-1729896	501(C)(3)	5,680.	0.			GENERAL OPERATING SUPPORT
EPHRATA AREA SOCIAL SERVICES 227 N. STATE ST. EPHRATA, PA 17522	23-1857457	501(C)(3)	21,333.	0.			GENERAL OPERATING SUPPORT
EPHRATA CLOISTER ASSOCIATES 632 W. MAIN ST. EPHRATA, PA 17522	23-1529681	501(C)(3)	14,149.	0.			GENERAL OPERATING SUPPORT AND MUSEUM PASS PROGRAM

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EPHRATA DEVELOPMENT ORGANIZATION, INC. DBA MAINSPRING OF EPHRATA - 16 E. MAIN STREET - EPHRATA, PA 17522	82-3825920	501(C)(3)	22,246.	0.			GENERAL OPERATING SUPPORT AND MURAL PROJECT
EPHRATA PERFORMING ARTS CENTER AT SHARADIN BIGLER THEATER - P.O. BOX 173 - EPHRATA, PA 17522	23-2126974	501(C)(3)	58,876.	0.			GENERAL OPERATING SUPPORT AND EVENT SUPPORT
EPHRATA PUBLIC LIBRARY 550 S. READING RD. EPHRATA, PA 17522-1834	23-1635919	501(C)(3)	21,557.	0.			GENERAL OPERATING SUPPORT
EPHRATA RECREATION CENTER 130 S. ACADEMY DR. EPHRATA, PA 17522	23-1392955	501(C)(3)	14,466.	0.			GENERAL OPERATING SUPPORT
EXCENTIA HUMAN SERVICES 1810 ROHRERSTOWN RD. LANCASTER, PA 17602	23-2706732	501(C)(3)	14,893.	0.			GENERAL OPERATING SUPPORT
FAITH FRIENDSHIP MINISTRIES, INC. 128 WEST MAIN STREET MOUNTVILLE, PA 17554	23-3071385	501(C)(3)	25,715.	0.			GENERAL OPERATING SUPPORT
FINANTA 30 WEST ORANGE STREET LANCASTER, PA 17608	23-2689714	501(C)(3)	27,672.	0.			GENERAL OPERATING SUPPORT
FIRST PRESBYTERIAN CHURCH 140 E. ORANGE ST. LANCASTER, PA 17602	23-1360841	501(C)(3)	13,597.	0.			GENERAL OPERATING SUPPORT
FIRST PRESBYTERIAN CHURCH OF STRASBURG - 101 SOUTH DECATUR STREET - STRASBURG, PA 17579	23-1597964	501(C)(3)	6,815.	0.			GENERAL OPERATING SUPPORT

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FOUNDATION OF THE ECONOMIC DEVELOPMENT COMPANY OF LANCASTER COUNTY - 115 E. KING STREET - LANCASTER, PA 17602	47-4317726	501(C)(3)	35,000.	0.			EVENT SUPPORT AND STRATEGIC PLAN TO DEVELOP OUTDOOR RECREATION IN LANCASTER COUNTY
FOUNDATION OF THE LANCASTER CHAMBER OF COMMERCE - 115 E. KING STREET - LANCASTER, PA 17602	22-2608944	501(C)(3)	248,374.	0.			GENERAL OPERATING SUPPORT, CAPACITY BUILDING FOR CBOS, SUPPORT FOR LOCAL
FRIENDS OF ANGELS 18 PEACH LANE CONESTOGA, PA 17516	46-3552177	501(C)(3)	5,779.	0.			GENERAL OPERATING SUPPORT
FRIENDS OF THE RAILROAD MUSEUM OF PENNSYLVANIA - 300 GAP ROAD - STRASBURG, PA 17579	23-2230742	501(C)(3)	8,194.	0.			GENERAL OPERATING SUPPORT AND MUSEUM PASS PROGRAM
FRIENDSHIP COMMUNITY 1149 E. OREGON RD. LITITZ, PA 17543	23-1892383	501(C)(3)	27,124.	0.			GENERAL OPERATING SUPPORT
FRIENDSHIP FIRE & HOSE CO. #1 171 N. MOUNT JOY STREET ELIZABETHTOWN, PA 17022	23-6401909	501(C)(3)	7,448.	0.			GENERAL OPERATING SUPPORT
FULTON OPERA HOUSE FOUNDATION 12 N. PRINCE ST. P.O. BOX 1865 LANCASTER, PA 17608-1865	23-1631733	501(C)(3)	85,549.	0.			GENERAL OPERATING SUPPORT AND DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR ART AND
FUREVER HOME ADOPTION CENTER 5984 MAIN STREET EAST PETERSBURG, PA 17520	27-3193234	501(C)(3)	5,066.	0.			GENERAL OPERATING SUPPORT
FURRY FRIENDS NETWORK P. O. BOX 519 BOILING SPRINGS, PA 17013	25-1881510	501(C)(3)	6,232.	0.			GENERAL OPERATING SUPPORT

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GIGI'S PLAYHOUSE LANCASTER 2503 OREGON PIKE LANCASTER, PA 17601	84-3214187	501(C)(3)	21,688.	0.			GENERAL OPERATING SUPPORT
GIRL SCOUTS IN THE HEART OF PENNSYLVANIA - 4640 TRINDLE ROAD - CAMP HILL, PA 17602	24-0795960	501(C)(3)	13,467.	0.			GENERAL OPERATING SUPPORT AND DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR EVENT SUPPORT
GIRLS ON THE RUN OF LANCASTER P.O. BOX 262 LANDISVILLE, PA 17538	27-0200927	501(C)(3)	90,116.	0.			GENERAL OPERATING SUPPORT, EDUCATIONAL SCHOLARSHIPS, YOUTH EMPOWERMENT PROGRAM, AND
GLOBAL DISCIPLES 315 WEST JAMES STREET, SUITE 202 LANCASTER, PA 17603	23-2854114	501(C)(3)	48,674.	0.			GENERAL OPERATING SUPPORT
GLOBAL OUTREACH FOR ADDICTION LEADERSHIP & LEARNING (GOAL PROJECT) - 313 W. LIBERTY STREET - LANCASTER, PA 17603	47-0894489	501(C)(3)	20,287.	0.			GENERAL OPERATING SUPPORT
GREATER ELIZABETHTOWN AREA RECREATION & COMMUNITY SERVICES - 600 E. HIGH ST. - ELIZABETHTOWN, PA 17022	23-2001354	501(C)(3)	8,034.	0.			GENERAL OPERATING SUPPORT
GREYSTONE MANOR THERAPEUTIC RIDING CENTER - P.O. BOX 10724 - LANCASTER, PA 17605-0724	23-3059649	501(C)(3)	37,808.	0.			GENERAL OPERATING SUPPORT AND SUPPORT FOR VOLUNTEERING PILOT PROGRAM
H.E.A.R., INC. DBA THE GATE HOUSE THE GRIEST BUILDING, FIFTH FLOOR 8 NORTH QUEEN STREET - LANCASTER, PA 17603	23-2095529	501(C)(3)	17,786.	0.			GENERAL OPERATING SUPPORT
HAND UP PARTNERS C/O DAVE COSTARELLA - 924 1ST STREET - LANCASTER, PA 17603	99-3856440	501(C)(3)	25,000.	0.			DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR GENERAL OPERATING SUPPORT

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HANDS ACROSS THE STREET 360 LOCUST STREET COLUMBIA, PA 17512	23-1396823	501(C)(3)	21,350.	0.			GENERAL OPERATING SUPPORT
HANDS-ON HOUSE, CHILDRENS MUSEUM OF LANCASTER - 721 LANDIS VALLEY RD. - LANCASTER, PA 17601	23-2434311	501(C)(3)	7,574.	0.			GENERAL OPERATING SUPPORT AND MUSEUM PASS PROGRAM
HEALING JOURNEY FOUNDATION 498 STEHMAN ROAD LANCASTER, PA 17603	20-0651555	501(C)(3)	8,721.	0.			GENERAL OPERATING SUPPORT
HEIFER INTERNATIONAL 1 WORLD AVENUE LITTLE ROCK, AR 72202	35-1019477	501(C)(3)	6,588.	0.			GENERAL OPERATING SUPPORT
HELPING HANDS FOR ANIMALS P. O. BOX 162 LAMPETER, PA 17537	23-2726885	501(C)(3)	19,585.	0.			GENERAL OPERATING SUPPORT
HEMPFIELD AREA RECREATION COMMISSION - 950 CHURCH ST. - LANDISVILLE, PA 17538	23-2469241	501(C)(3)	5,850.	0.			GENERAL OPERATING SUPPORT
HEMPFIELD FOUNDATION 200 CHURCH ST. LANDISVILLE, PA 17538	23-2740122	501(C)(3)	29,204.	0.			GENERAL OPERATING SUPPORT AND EDUCATIONAL SCHOLARSHIPS
HEMPFIELD UNITED METHODIST CHURCH 3050 MARIETTA AVE. LANCASTER, PA 17601	23-1652705	501(C)(3)	6,462.	0.			GENERAL OPERATING SUPPORT
HISTORIC PRESERVATION TRUST OF LANCASTER COUNTY - P.O. BOX 2667 - LANCASTER, PA 17603	23-7002513	501(C)(3)	18,530.	0.			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HISTORIC RITTENHOUSE TOWN 208 LINCOLN DRIVE PHILADELPHIA, PA 19144	22-2599559	501(C)(3)	44,071.	0.			GENERAL OPERATING SUPPORT
HISTORICAL SOCIETY OF THE COCALICO VALLEY - 249 W. MAIN ST. - EPHRATA, PA 17522	23-7002514	501(C)(3)	9,703.	0.			GENERAL OPERATING SUPPORT
HOMESTEAD VILLAGE, INC. 1800 VILLAGE CIRCLE LANCASTER, PA 17604	23-2010104	501(C)(3)	13,987.	0.			GENERAL OPERATING SUPPORT
HOPE INSPIRE LOVE 1670 WHEATLAND SCHOOL RD. LANCASTER, PA 17602	82-0722363	501(C)(3)	8,005.	0.			GENERAL OPERATING SUPPORT
HOPE WITHIN MINISTRIES, INC. 4748 E. HARRISBURG PIKE ELIZABETHTOWN, PA 17022	16-1643004	501(C)(3)	14,926.	0.			GENERAL OPERATING SUPPORT
HORN FARM CENTER FOR AGRICULTURAL EDUCATION - 4945 HORN ROAD - YORK, PA 17406	20-1061394	501(C)(3)	13,236.	0.			GENERAL OPERATING SUPPORT
HOSPICE AND COMMUNITY CARE 685 GOOD DRIVE LANCASTER, PA 17604-4125	23-2122735	501(C)(3)	94,775.	0.			GENERAL OPERATING SUPPORT AND SUPPORT FOR MERGER
HOURGLASS FOUNDATION 922 N QUEEN STREET LANCASTER, PA 17603	23-2928408	501(C)(3)	12,310.	0.			GENERAL OPERATING SUPPORT AND EVENT SUPPORT
HOUSING DEVELOPMENT CORPORATION 439 E. KING ST. LANCASTER, PA 17602-3004	23-1861343	501(C)(3)	29,167.	0.			GENERAL OPERATING SUPPORT

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

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HUMANE LEAGUE OF LANCASTER COUNTY - PARTNER OF HUMANE PA - 2195 LINCOLN HIGHWAY EAST - LANCASTER, PA 17602	23-1389846	501(C)(3)	39,448.	0.			GENERAL OPERATING SUPPORT
IMANI EDU-TAINERS AFRICAN DANCE COMPANY - 21 N. MULBERRY ST. - LANCASTER, PA 17603	23-2844056	501(C)(3)	7,281.	0.			GENERAL OPERATING SUPPORT AND EVENT SUPPORT
IMMERSE INTERNATIONAL (MILLERSVILLE INTERNATIONAL HOUSE) - 321 MANOR AVENUE - MILLERSVILLE, PA 17551	26-1079598	501(C)(3)	5,550.	0.			GENERAL OPERATING SUPPORT
IMMIGREAT LANCASTER PO BOX 5346 LANCASTER, PA 17606	92-3119683	501(C)(3)	8,704.	0.			GENERAL OPERATING SUPPORT
INDIAN ORGANIZATION OF LANCASTER COUNTY - P. O. BOX 8073 - LANCASTER, PA 17604	30-0414961	501(C)(3)	52,500.	0.			EVENT SUPPORT AND DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR GENERAL OPERATING SUPPORT
JEFF MUSSER FOUNDATION P. O. BOX 216 AKRON, PA 17501	54-2083877	501(C)(3)	10,927.	0.			GENERAL OPERATING SUPPORT
JONI AND FRIENDS EASTERN PENNSYLVANIA - 340 HIGHLAND DRIVE SUITE 200 - MOUNTVILLE, PA 17554	95-3402002	501(C)(3)	9,023.	0.			GENERAL OPERATING SUPPORT
JUNIOR LEAGUE OF LANCASTER 1130 MARIETTA AVE. LANCASTER, PA 17603	23-1303208	501(C)(3)	20,148.	0.			GENERAL OPERATING SUPPORT AND DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR HEALTH AND
KATHY'S CIRCLE OF FRIENDS 1817 WILLIAM PENN WAY LANCASTER, PA 17601	83-1837660	501(C)(3)	7,785.	0.			GENERAL OPERATING SUPPORT

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KEYSTONE FAMILY ALLIANCE PO BOX 255 MILLHEIM, PA 16854	87-2252011	501(C)(3)	5,656.	0.			GENERAL OPERATING SUPPORT
KIND HUMAN FOUNDATION 280 S. OAK STREET MANHEIM, PA 17545	90-0542910	501(C)(3)	38,360.	0.			GENERAL OPERATING SUPPORT
KPETS - KEYSTONE PET ENHANCED THERAPY SERVICES - 1001 E. OREGON RD. - LITITZ, PA 17543	54-2098286	501(C)(3)	15,628.	0.			GENERAL OPERATING SUPPORT
LAFAYETTE FIRE COMPANY OF EAST LAMPETER TOWNSHIP - 63 LAFAYETTE WAY - LANCASTER, PA 17602	23-6395226	501(C)(3)	21,773.	0.			GENERAL OPERATING SUPPORT AND DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR LADDER TRUCK
LANCASTER BAIL FUND P.O. BOX 414 LANCASTER, PA 17608	87-0925925	501(C)(3)	17,656.	0.			GENERAL OPERATING SUPPORT
LANCASTER LAW FOUNDATION 28 E. ORANGE STREET LANCASTER, PA 17602	23-0784543	501(C)(3)	11,743.	0.			GENERAL OPERATING SUPPORT
LANCASTER BIBLE COLLEGE 901 EDEN RD. LANCASTER, PA 17601-5036	23-1484178	501(C)(3)	55,020.	0.			GENERAL OPERATING SUPPORT AND DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR SCHOLARSHIP FUND
LANCASTER CENTER OF THE DEAF AND HARD OF HEARING - 2270 OLD PHILADELPHIA PIKE, ROOM 9 - LANCASTER, PA 17602	81-3388208	501(C)(3)	6,821.	0.			GENERAL OPERATING SUPPORT
LANCASTER CHURCH OF THE BRETHREN 1601 SUNSET AVE LANCASTER, PA 17601	23-6266937	501(C)(3)	7,000.	0.			DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR CAPITAL IMPROVEMENT FUND

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LANCASTER CITY ALLIANCE 115 E. KING STREET LANCASTER, PA 17602	46-3353021	501(C)(3)	68,926.	0.			GENERAL OPERATING SUPPORT AND LET'S GET DOWN TO BUSINESS PROGRAM
LANCASTER CLEFT PALATE CLINIC 223 N. LIME ST. LANCASTER, PA 17602	23-1306888	501(C)(3)	41,099.	0.			GENERAL OPERATING SUPPORT AND EVENT SUPPORT
LANCASTER COUNTRY CLUB FOUNDATION 1466 NEW HOLLAND PIKE LANCASTER, PA 17601	82-5291167	501(C)(3)	11,565.	0.			GENERAL OPERATING SUPPORT
LANCASTER COUNTRY DAY SCHOOL 725 HAMILTON RD. LANCASTER, PA 17603	23-1352396	501(C)(3)	67,373.	0.			GENERAL OPERATING SUPPORT
LANCASTER COUNTY CAREER & TECHNOLOGY FOUNDATION - 1730 HANS HERR DR. - WILLOW STREET, PA 17584	02-0649256	501(C)(3)	26,512.	0.			GENERAL OPERATING SUPPORT
LANCASTER GENERAL HEALTH 628 N. DUKE ST. LANCASTER, PA 17602	23-1365353	501(C)(3)	5,325.	0.			GENERAL OPERATING SUPPORT
LANCASTER COUNTY CHOOSES LOVE PO BOX 654 LITITZ, PA 17543	87-2950458	501(C)(3)	25,000.	0.			CAPACITY BUILDING
LANCASTER COUNTY CONSERVANCY 117 S. WEST END AVENUE LANCASTER, PA 17603-3395	23-7046908	501(C)(3)	542,402.	0.			GENERAL OPERATING SUPPORT AND DONOR RECOMMENDED GRANTS FROM DONOR ADVISED FUNDS FOR TRAINING OF
LANCASTER COUNTY CONSERVATION DISTRICT - 1383 ARCADIA RD., ROOM#200 - LANCASTER, PA 17601	23-1666539	501(C)(3)	9,000.	0.			DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR WATER QUALITY MONITORING

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LANCASTER COUNTY DEPARTMENT OF PARKS AND RECREATION - 1050 ROCKFORD RD. - LANCASTER, PA 17602	23-6003055	501(C)(3)	9,505.	0.			GENERAL OPERATING SUPPORT
LANCASTER COUNTY FIELD OF HOPE 4338 FAIRVIEW ROAD COLUMBIA, PA 17512	81-3479353	501(C)(3)	5,164.	0.			GENERAL OPERATING SUPPORT
LANCASTER COUNTY FOOD HUB 812 N QUEEN ST LANCASTER, PA 17603	23-1429852	501(C)(3)	146,913.	0.			GENERAL OPERATING SUPPORT AND DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR STAFF BENEFITS
LANCASTER COUNTY PROJECT FOR THE NEEDY - 5813 WILD LILAC DRIVE - EAST PETERSBURG, PA 17520	25-1847667	501(C)(3)	11,694.	0.			GENERAL OPERATING SUPPORT
LANCASTER CREATIVE FACTORY 580 SOUTH PRINCE STREET, REAR LANCASTER, PA 17603	27-1514997	501(C)(3)	18,473.	0.			GENERAL OPERATING SUPPORT
LANCASTER DOLLARS FOR HIGHER LEARNING - P.O. BOX 1601 - LANCASTER, PA 17608	23-6414300	501(C)(3)	19,344.	0.			GENERAL OPERATING SUPPORT
LANCASTER DOWNTOWNERS 118 N WATER STREET SUITE 103 LANCASTER, PA 17603	84-1713644	501(C)(3)	28,818.	0.			GENERAL OPERATING SUPPORT AND SUPPORT FOR PILOT PROJECT FOR NEW SERVICE MODEL
LANCASTER EARLY EDUCATION CENTER 150 S. QUEEN ST. LANCASTER, PA 17603	23-1352350	501(C)(3)	7,127.	0.			GENERAL OPERATING SUPPORT
LANCASTER EDUCATION FOUNDATION 445 N. RESERVOIR STREET LANCASTER, PA 17602	23-2583874	501(C)(3)	47,019.	0.			GENERAL OPERATING SUPPORT, EDUCATIONAL SCHOLARSHIPS, AND DONOR RECOMMENDED GRANTS FROM

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

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LANCASTER EMS 100 E. CHARLOTTE STREET MILLERSVILLE, PA 17551	23-2840702	501(C)(3)	15,435.	0.			GENERAL OPERATING SUPPORT
LANCASTER FARM SANCTUARY 558 MILTON GROVE ROAD SOUTH ELIZABETHTOWN, PA 17022	82-2415267	501(C)(3)	104,760.	0.			GENERAL OPERATING SUPPORT
LANCASTER FARMLAND TRUST 125 LANCASTER AVE STRASBURG, PA 17579	20-4233446	501(C)(3)	102,347.	0.			GENERAL OPERATING SUPPORT AND SUPPORT FOR CREATION OF AN AGRICULTURAL EDUCATION CENTER FOR
LANCASTER FRIENDS SCHOOL 110 TULANE TERRACE LANCASTER, PA 17602	85-4194725	501(C)(3)	7,633.	0.			GENERAL OPERATING SUPPORT
LANCASTER GENERAL HEALTH FOUNDATION - 2110 HARRISBURG PIKE, SUITE 205 - LANCASTER, PA 17601	20-5767147	501(C)(3)	46,213.	0.			GENERAL OPERATING SUPPORT AND DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR ENDOWMENT FUND
LANCASTER IMPROV PLAYERS 16 S PRINCE STREET LANCASTER, PA 17603	83-4544951	501(C)(3)	17,810.	0.			GENERAL OPERATING SUPPORT
LANCASTER LAW FOUNDATION 28 E. ORANGE ST. LANCASTER, PA 17602	42-1551989	501(C)(3)	39,110.	0.			GENERAL OPERATING SUPPORT
LANCASTER LEBANON HABITAT FOR HUMANITY - 1061 MANHEIM PIKE - LANCASTER, PA 17601	23-2414585	501(C)(3)	58,068.	0.			GENERAL OPERATING SUPPORT AND DONOR RECOMMENDED GRANTS FROM DONOR ADVISED FUNDS FOR CAPITAL
LANCASTER MEDICAL HERITAGE MUSEUM 1004 NEW HOLLAND AVE. LANCASTER, PA 17601	22-2464097	501(C)(3)	8,273.	0.			GENERAL OPERATING SUPPORT

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LANCASTER MENNONITE SCHOOL 2176 LINCOLN HIGHWAY EAST LANCASTER, PA 17602	23-6396950	501(C)(3)	53,959.	0.			GENERAL OPERATING SUPPORT
LANCASTER PRIDE ASSOCIATION THE CANDY FACTORY WAREHOUSE D, 342 LANCASTER, PA 17603	83-4395536	501(C)(3)	83,480.	0.			GENERAL OPERATING SUPPORT, EVENT SUPPORT, STAFF SUPPORT, AND DONOR RECOMMENDED GRANT FROM
LANCASTER PUBLIC LIBRARY 151 N. QUEEN STREET LANCASTER, PA 17603	23-1352351	501(C)(3)	161,800.	0.			GENERAL OPERATING SUPPORT, RAINBOW VISIBILITY PROJECT, STAFF SUPPORT, AND DONOR
LANCASTER RECREATION COMMISSION 525 FAIRVIEW AVE. LANCASTER, PA 17603	23-1352353	501(C)(3)	45,810.	0.			GENERAL OPERATING SUPPORT, EVENT SUPPORT, RENOVATION PROJECT TO CREATE NEW COMMUNITY
LANCASTER REDEVELOPMENT FUND, INC. 28 PENN SQ STE 200 LANCASTER, PA 17603	81-1823893	501(C)(3)	50,363.	0.			GENERAL OPERATING SUPPORT AND FUNDING FOR HOMELESSNESS SERVICES
LANCASTER SCIENCE FACTORY 454 NEW HOLLAND AVE. LANCASTER, PA 17602	51-0520671	501(C)(3)	32,044.	0.			GENERAL OPERATING SUPPORT, MUSEUM PASS PROGRAM, AND DONOR RECOMMENDED GRANT FROM
LANCASTER SYMPHONY ORCHESTRA 48 NORTH CHRISTIAN STREET, SUITE 20 LANCASTER, PA 17602	23-6299058	501(C)(3)	17,408.	0.			GENERAL OPERATING SUPPORT
LANCASTER THEOLOGICAL SEMINARY 555 W. JAMES ST. LANCASTER, PA 17603-2830	23-1353386	501(C)(3)	15,337.	0.			GENERAL OPERATING SUPPORT
LANCASTER TOWNSHIP FIRE DEPT. 125 FAIRVIEW AVENUE BAUSMAN, PA 17504	23-2643624	501(C)(3)	20,067.	0.			GENERAL OPERATING SUPPORT

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LANCASTERHISTORY 230 N. PRESIDENT AVE. LANCASTER, PA 17603-3125	23-1365154	501(C)(3)	215,699.	0.			GENERAL OPERATING SUPPORT, MUSEUM PASS PROGRAM, EVENT SUPPORT, SUPPORT FOR HISTORY AND
LANCASTER-LEBANON EDUCATION FOUNDATION - 1020 NEW HOLLAND AVE. - LANCASTER, PA 17601	13-4281183	501(C)(3)	18,960.	0.			GENERAL OPERATING SUPPORT
LANDIS COMMUNITIES 1001 E. OREGON RD. LITITZ, PA 17543-9205	30-0706945	501(C)(3)	16,446.	0.			GENERAL OPERATING SUPPORT
LANDIS VALLEY ASSOCIATES 2451 KISSEL HILL ROAD LANCASTER, PA 17601-0480	23-1573202	501(C)(3)	7,372.	0.			GENERAL OPERATING SUPPORT AND MUSEUM PASS PROGRAM
LEADERSHIP LANCASTER 115 EAST KING STREET LANCASTER, PA 17602	86-1246396	501(C)(3)	19,261.	0.			GENERAL OPERATING SUPPORT
LEADS -- MAKING LANCASTER BEAUTIFUL EVERY SEASON - P.O. BOX 1721 - LANCASTER, PA 17608	23-2914222	501(C)(3)	5,364.	0.			GENERAL OPERATING SUPPORT
LEG UP FARM 4880 NORTH SHERMAN STREET MT. WOLF, PA 17347	23-2931834	501(C)(3)	5,947.	0.			GENERAL OPERATING SUPPORT
LEO'S HELPING PAWS, INC. 1284 WHEATLAND AVENUE LANCASTER, PA 17603	47-1479854	501(C)(3)	16,107.	0.			GENERAL OPERATING SUPPORT
LET'S GO 1-2-3 7617 OAK LANE ROAD CHELTENHAM, PA 19012	84-2614107	501(C)(3)	50,979.	0.			GENERAL OPERATING SUPPORT, LITTLE BROWN SEED OF CHANGE, AND SAVING NATURE IN YOUTH

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

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LIBERTY WAR BIRD ASSOCIATION 500 AIRPORT RD SUITE T LITITZ, PA 17543	45-3983754	501(C)(3)	6,373.	0.			GENERAL OPERATING SUPPORT
LIBRARY SYSTEM OF LANCASTER COUNTY 1866 COLONIAL VILLAGE LN. SUITE 107 LANCASTER, PA 17601	23-2495408	501(C)(3)	8,749.	0.			GENERAL OPERATING SUPPORT AND MUSEUM PASS PROGRAM
LIFECYCLES 200 BETHEL DRIVE LANCASTER, PA 17601	47-2526482	501(C)(3)	10,000.	0.			DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR GENERAL OPERATING SUPPORT
LIGHTHOUSE VOCATIONAL SERVICES 144 ORLAN RD. NEW HOLLAND, PA 17557	23-1973053	501(C)(3)	8,541.	0.			GENERAL OPERATING SUPPORT
LINDEN HALL SCHOOL FOR GIRLS 212 E. MAIN ST. LITITZ, PA 17543	23-1352656	501(C)(3)	13,391.	0.			GENERAL OPERATING SUPPORT
LITERACY COUNCIL OF LANCASTER-LEBANON - 407 LAFAYETTE STREET - LANCASTER, PA 17603	23-2373136	501(C)(3)	32,430.	0.			GENERAL OPERATING SUPPORT
LITITZ HISTORICAL FOUNDATION 137-145 E. MAIN ST. LITITZ, PA 17543	23-6289920	501(C)(3)	8,468.	0.			GENERAL OPERATING SUPPORT
LITITZ PUBLIC LIBRARY 651 KISSEL HILL RD. LITITZ, PA 17543	23-6406263	501(C)(3)	24,571.	0.			GENERAL OPERATING SUPPORT
LITITZ SPRINGS PARK 24 N. BROAD STREET LITITZ, PA 17543	23-1509339	501(C)(3)	6,565.	0.			GENERAL OPERATING SUPPORT AND DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR 4TH OF JULY

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

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LITITZ WARWICK COMMUNITY CHEST P. O. BOX 148 LITITZ, PA 17543	23-2524211	501(C)(3)	17,142.	0.			GENERAL OPERATING SUPPORT
LNP MEDIA GROUP, INC. PO BOX 830075 PHILADELPHIA, PA 19182-0075	23-0785160		295,080.	0.			SUPPORT PUBLIC-INTEREST INVESTIGATIVE JOURNALISM AND EVENT SUPPORT
LOFT COMMUNITY PARTNERSHIP P. O. BOX 115 MILLERSVILLE, PA 17551	85-0593926	501(C)(3)	21,034.	0.			GENERAL OPERATING SUPPORT
LONE OAK ANIMAL-ASSISTED THERAPEUTIC AND EDUCATIONAL SERVICES - 315 E. NEW ST. - LANCASTER, PA 17602	86-3874355	501(C)(3)	10,869.	0.			GENERAL OPERATING SUPPORT
LONGENECKER'S REFORMED MENNONITE CHURCH - 602 STRASBURG PIKE - LANCASTER, PA 17602	23-3074110	501(C)(3)	6,006.	0.			GENERAL OPERATING SUPPORT
LONG'S PARK AMPHITHEATER FOUNDATION - 313 WEST LIBERTY STREET SUITE 235 - LANCASTER, PA 17603	23-6296712	501(C)(3)	40,097.	0.			GENERAL OPERATING SUPPORT , EVENT SUPPORT, AND DONOR RECOMMENDED GRANTS FROM DONOR ADVISED FUNDS
LOVE INC 1925 WHEATLAND AVE. LANCASTER, PA 17603	23-2702937	501(C)(3)	23,776.	0.			GENERAL OPERATING SUPPORT
LOWER SUSQUEHANNA RIVERKEEPER ASSOCIATION - 2098 LONG LEVEL ROAD - WRIGHTSVILLE, PA 17368	68-0620499	501(C)(3)	25,896.	0.			GENERAL OPERATING SUPPORT
LUMINA 20 EAST CLY STREET LANCASTER, PA 17602	23-3095136	501(C)(3)	18,780.	0.			GENERAL OPERATING SUPPORT

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LUTHERCARE 600 E. MAIN ST. LITITZ, PA 17543	23-1365374	501(C)(3)	17,684.	0.			GENERAL OPERATING SUPPORT
MAINE STATE MUSIC THEATRE 29 ELM STREET BRUNSWICK, ME 04011	01-0355212	501(C)(3)	10,000.	0.			DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR GENERAL OPERATING SUPPORT
MAKE-A-WISH FOUNDATION OF PHILADELPHIA & SUSQUEHANNA VALLEY - 5 VALLEY SQ SUITE 210 - BLUE BELL, PA 19422	22-2755963	501(C)(3)	22,846.	0.			GENERAL OPERATING SUPPORT AND DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR EVENT SUPPORT
MANHEIM CENTRAL FOUNDATION FOR EDUCATIONAL ENRICHMENT - 71 NORTH HAZEL STREET - MANHEIM, PA 17545	23-3074569	501(C)(3)	6,326.	0.			GENERAL OPERATING SUPPORT
MANHEIM COMMUNITY LIBRARY 15 E. HIGH ST. MANHEIM, PA 17545	23-2290650	501(C)(3)	5,611.	0.			GENERAL OPERATING SUPPORT
MANHEIM TOWNSHIP EDUCATIONAL FOUNDATION - 450A CANDLEWYCK ROAD - LANCASTER, PA 17601	23-2766000	501(C)(3)	7,134.	0.			GENERAL OPERATING SUPPORT
MANHEIM TOWNSHIP HISTORICAL SOCIETY - 601 GRANITE RUN DRIVE - LANCASTER, PA 17601	20-1107518	501(C)(3)	6,168.	0.			GENERAL OPERATING SUPPORT
MANHEIM TOWNSHIP PUBLIC LIBRARY FOUNDATION - 595 GRANITE RUN DR. - LANCASTER, PA 17601	27-2124352	501(C)(3)	25,253.	0.			GENERAL OPERATING SUPPORT
MANHEIM TOWNSHIP SCHOOL DISTRICT P.O. BOX 5134 LANCASTER, PA 17606-5134		GOVT	20,723.	0.			GENERAL OPERATING SUPPORT, EDUCATIONAL SCHOLARSHIPS, AND DONOR RECOMMENDED GRANTS FROM

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MANOS HOUSE/DARS, INC. 1290 PROSPECT ROAD COLUMBIA, PA 17512	23-1289242	501(C)(3)	5,229.	0.			GENERAL OPERATING SUPPORT
MARIETTA CENTER FOR THE ARTS: HOME OF SUSQUEHANNA STAGE - P. O. BOX 23 - MARIETTA, PA 17547	26-3523849	501(C)(3)	13,491.	0.			GENERAL OPERATING SUPPORT
MARTIN LUTHER KING JR. MEMORIAL SCHOLARSHIP FUND - 120 NORTH DUKE STREET - LANCASTER, PA 17602	23-2511771	501(C)(3)	43,775.	0.			GENERAL OPERATING SUPPORT AND EDUCATIONAL SCHOLARSHIPS
MEALS ON WHEELS OF LANCASTER, INC. 1411 COLUMBIA AVENUE LANCASTER, PA 17603	23-1705557	501(C)(3)	90,726.	0.			GENERAL OPERATING SUPPORT AND DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR STAFF BENEFITS
MENNONITE CENTRAL COMMITTEE U.S. 21 S. 12TH STREET AKRON, PA 17501	23-6002702	501(C)(3)	62,821.	0.			GENERAL OPERATING SUPPORT
MENNONITE CHILDREN'S CHOIR OF LANCASTER - P.O. BOX 10984 - LANCASTER, PA 17605	23-1501198	501(C)(3)	7,641.	0.			GENERAL OPERATING SUPPORT
MENNONITE DISASTER SERVICE 583 AIRPORT ROAD LITITZ, PA 17543	23-2713127	501(C)(3)	118,945.	0.			GENERAL OPERATING SUPPORT
MENNONITE HOME COMMUNITIES 2001 HARRISBURG PIKE LANCASTER, PA 17601	23-1413689	501(C)(3)	10,972.	0.			GENERAL OPERATING SUPPORT
MENNONITE LIFE 2215 MILLSTREAM RD. LANCASTER, PA 17602	23-6050885	501(C)(3)	13,059.	0.			GENERAL OPERATING SUPPORT

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

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MENTAL HEALTH AMERICA OF LANCASTER COUNTY - 245 BUTLER AVENUE, SUITE 204 - LANCASTER, PA 17601-4585	23-1571789	501(C)(3)	122,270.	0.			GENERAL OPERATING SUPPORT, EVENT SUPPORT, AND CONTINUUM OF CARE PROGRAM FOR LANCASTER
MID PENN LEGAL SERVICES 38 N. CHRISTIAN STREET, SUITE 200 LANCASTER, PA 17602	23-7101191	501(C)(3)	8,315.	0.			GENERAL OPERATING SUPPORT
MID-ATLANTIC AIR MUSEUM 11 MUSEUM DRIVE READING, PA 19605	23-2159370	501(C)(3)	15,000.	0.			DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR GENERAL OPERATING SUPPORT
MIGHTY MEHAL FOUNDATION PO BOX 93 LANDISVILLE, PA 17538	82-5516022	501(C)(3)	6,886.	0.			GENERAL OPERATING SUPPORT
MILAGRO HOUSE, INC. 669 W. CHESTNUT ST. LANCASTER, PA 17603	23-2954000	501(C)(3)	150,762.	0.			GENERAL OPERATING SUPPORT, SUPPORT EDUCATIONAL ACCESS, AND EDUCATIONAL AND CHILD
MILANOF-SCHOCK LIBRARY 1184 ANDERSON FERRY RD. MOUNT JOY, PA 17552-1426	23-6391863	501(C)(3)	13,395.	0.			GENERAL OPERATING SUPPORT
MILLERSVILLE COMMUNITY UNITED METHODIST CHURCH - 163 W FREDERICK ST - MILLERSVILLE, PA 17551	23-1984178	501(C)(3)	18,471.	0.			GENERAL OPERATING SUPPORT AND DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR SCHOLARSHIP FUND
MILLERSVILLE UNIVERSITY OF PENNSYLVANIA - P.O. BOX 1002 - MILLERSVILLE, PA 17551-0302	23-2397926	501(C)(3)	56,836.	0.			GENERAL OPERATING SUPPORT, EDUCATIONAL SCHOLARSHIP, AND DONOR RECOMMENDED GRANT FROM
MILLPORT CONSERVANCY 737 E. MILLPORT RD. LITITZ, PA 17543	22-2436077	501(C)(3)	15,575.	0.			GENERAL OPERATING SUPPORT

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MONTESSORI ACADEMY OF LANCASTER 2750 WEAVER RD. LANCASTER, PA 17601	23-2212857	501(C)(3)	7,685.	0.			GENERAL OPERATING SUPPORT
MORAVIAN MANOR 300 W. LEMON ST. LITITZ, PA 17543-2398	14-0810461	501(C)(3)	333,287.	0.			GENERAL OPERATING SUPPORT
MOUNT GRETNA SCHOOL OF ART 34 N. WATER STREET 2ND FLOOR LANCASTER, PA 17602	46-1055307	501(C)(3)	11,936.	0.			GENERAL OPERATING SUPPORT
MT. HOPE NAZARENE RETIREMENT COMMUNITY - 3026 MT. HOPE HOME RD. - MANHEIM, PA 17545	20-5034032	501(C)(3)	26,046.	0.			GENERAL OPERATING SUPPORT
MUSIC AT GRETNA, INC P. O. BOX 366 MOUNT GRETNA, PA 17064	23-2137025	501(C)(3)	14,640.	0.			GENERAL OPERATING SUPPORT
MUSIC FOR EVERYONE 42 N. PRINCE ST. LANCASTER, PA 17603	20-2997260	501(C)(3)	56,898.	0.			GENERAL OPERATING SUPPORT, MUSIC PROGRAMS, AND EVENT SUPPORT
NAZARETH PROJECT 237 N. PRINCE STREET, SUITE 305 LANCASTER, PA 17603	23-2619395	501(C)(3)	15,374.	0.			GENERAL OPERATING SUPPORT AND DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR SCHOLARSHIP FUND
NEW HOLLAND BAND, INC. P.O. BOX 345 NEW HOLLAND, PA 17557-0345	23-7381082	501(C)(3)	12,657.	0.			GENERAL OPERATING SUPPORT
NEW HOLLAND EARLY LEARNING CENTER 18 WESTERN AVENUE NEW HOLLAND, PA 17557	23-2158199	501(C)(3)	14,842.	0.			GENERAL OPERATING SUPPORT

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NEW PERSON MINISTRIES P. O. BOX 223 READING, PA 19607	45-1757609	501(C)(3)	25,369.	0.			GENERAL OPERATING SUPPORT
NEW SCHOOL OF LANCASTER 935 COLUMBIA AVE. LANCASTER, PA 17603	23-2611314	501(C)(3)	21,055.	0.			GENERAL OPERATING SUPPORT
NOBLE HILL RESCUE, INC. 2002 NOBLE ROAD KIRKWOOD, PA 17536	26-4428007	501(C)(3)	5,479.	0.			GENERAL OPERATING SUPPORT
NORTH MUSEUM OF NATURAL HISTORY & SCIENCE - 400 COLLEGE AVE. - LANCASTER, PA 17603-3393	23-2716461	501(C)(3)	22,510.	0.			GENERAL OPERATING SUPPORT AND MUSEUM PASS PROGRAM
NORTH STAR INITIATIVE P.O. BOX 315 LITITZ, PA 17543	27-3129156	501(C)(3)	22,843.	0.			GENERAL OPERATING SUPPORT
NORTHWEST EMERGENCY MEDICAL SERVICES FOUNDATION - P.O. BOX 384 - ELIZABETHTOWN, PA 17022	23-2152257	501(C)(3)	21,373.	0.			GENERAL OPERATING SUPPORT
OCCUPATIONAL DEVELOPMENT CENTER (ODC) - 640 MARTHA AVE. - LANCASTER, PA 17601	23-1387120	501(C)(3)	17,992.	0.			GENERAL OPERATING SUPPORT AND DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR EVENT SUPPORT
OFF THE STREETS 601 EAST DELP ROAD LANCASTER, PA 17601	27-0979787	501(C)(3)	71,687.	0.			GENERAL OPERATING SUPPORT
OLD ZION CHURCH P. O. BOX 103 LITITZ, PA 17543	85-4208467	501(C)(3)	44,071.	0.			GENERAL OPERATING SUPPORT

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OPERATION SCARLET, INC. 520 S. QUEEN ST. LANCASTER, PA 17603	23-2707881	501(C)(3)	10,008.	0.			GENERAL OPERATING SUPPORT
ORGANIZATION FOR RESPONSIBLE CARE OF ANIMALS - 401 E. ORANGE ST. - LANCASTER, PA 17602	23-2250613	501(C)(3)	43,376.	0.			GENERAL OPERATING SUPPORT
OUR HOME OF HOPE 223-225 CHERRY STREET COLUMBIA, PA 17512	45-4864176	501(C)(3)	6,316.	0.			GENERAL OPERATING SUPPORT
OUR MOTHER OF PERPETUAL HELP SCHOOL - 330 CHURCH AVENUE - EPHRATA, PA 17522	84-3960553	501(C)(3)	200,375.	0.			GENERAL OPERATING SUPPORT
PA GUILD OF CRAFTSMEN 335 N. QUEEN ST. LANCASTER, PA 17603	25-1312765	501(C)(3)	7,622.	0.			GENERAL OPERATING SUPPORT
PA VENT CAMP 1152 MAE STREET HUMMELSTOWN, PA 17036	25-1724268	501(C)(3)	11,659.	0.			GENERAL OPERATING SUPPORT
PARISH RESOURCE CENTER, INC 2160 LINCOLN HWY EAST #18 LANCASTER, PA 17602	23-2000688	501(C)(3)	61,368.	0.			GENERAL OPERATING SUPPORT, SUPPORT CAPACITY BUIILDING FOR CBOS, SUPPORT SERVICES FOR
PATIENTS R WAITING INC. 3074 WEAVER ROAD LITITZ, PA 17543	84-4433433	501(C)(3)	20,576.	0.			GENERAL OPERATING SUPPORT
PENN MANOR EDUCATION FOUNDATION P. O. BOX 1001 MILLERSVILLE, PA 17551	23-2924421	501(C)(3)	22,461.	0.			GENERAL OPERATING SUPPORT

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PENN STATE UNIVERSITY PARK 103 SHIELDS BUILDING UNIVERSITY PARK, PA 16802	24-6000376	501(C)(3)	10,000.	0.			INTERGENERATIONAL CONFERENCE SUPPORT AND DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND
PENNSYLVANIA COLLEGE OF ART & DESIGN - 204 N. PRINCE ST. P.O. BOX 59 - LANCASTER, PA 17608-0059	23-2215278	501(C)(3)	14,858.	0.			GENERAL OPERATING SUPPORT AND DONOR RECOMMENDED GRANTS FROM DONOR ADVISED FUND FOR EXHIBITS
PENNSYLVANIA FFA ALUMNI 405 E. SUNBURY STREET MILLERSTOWN, PA 17062	20-2220389	501(C)(3)	30,000.	0.			DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR EVENT SUPPORT
PENNSYLVANIA IMMIGRATION RESOURCE CENTER - 294 PLEASANT ACRES ROAD SUITE 202 - YORK, PA 17402	23-2851213	501(C)(3)	32,829.	0.			GENERAL OPERATING SUPPORT AND DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR EDUCATION AND
PENNSYLVANIA PARKS AND FORESTS FOUNDATION - 1845 MARKET STREET SUITE 202 - CAMP HILL, PA 17011	25-1859016	501(C)(3)	10,144.	0.			GENERAL OPERATING SUPPORT
PENNSYLVANIA SPCA LANCASTER CENTER 848 S. PRINCE STREET LANCASTER, PA 17603	23-1352269	501(C)(3)	72,216.	0.			GENERAL OPERATING SUPPORT AND DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR PET ADOPTIONS
PEOPLE'S SHAKESPEARE PROJECT P.O. BOX 8873 LANCASTER, PA 17603	20-5692794	501(C)(3)	9,137.	0.			GENERAL OPERATING SUPPORT
PEQUEA VALLEY EDUCATION FOUNDATION 166 S. NEW HOLLAND RD. KINZERS, PA 17535	23-2797534	501(C)(3)	6,945.	0.			GENERAL OPERATING SUPPORT
PET PANTRY OF LANCASTER COUNTY 26 MILLERSVILLE ROAD LANCASTER, PA 17603	45-4701712	501(C)(3)	87,425.	0.			GENERAL OPERATING SUPPORT AND DONOR RECOMMENDED GRANTS FROM DONOR ADVISED FUNDS FOR BUILDING

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PITTIES LOVE PEACE P. O. BOX 534 ELIZABETHTOWN, PA 17022	80-0800063	501(C)(3)	27,508.	0.			GENERAL OPERATING SUPPORT
PLANNED PARENTHOOD KEYSTONE 610 LOUIS DRIVE SUITE 300 WARMINSTER, PA 18974	23-2450112	501(C)(3)	73,436.	0.			GENERAL OPERATING SUPPORT
POWER PACKS PROJECT 1915 OLDE HOMESTEAD LANE, SUITE 102 LANCASTER, PA 17601	26-3009024	501(C)(3)	62,255.	0.			GENERAL OPERATING SUPPORT
PRESBYTERIAN SENIOR LIVING ONE TRINITY DR. EAST, STE 201 DILLSBURG, PA 17019-8522	23-1381404	501(C)(3)	14,898.	0.			GENERAL OPERATING SUPPORT
PRIMA 941 WHEATLAND AVENUE, SUITE A LANCASTER, PA 17603	27-3111556	501(C)(3)	94,192.	0.			GENERAL OPERATING SUPPORT AND BELOVED COMMUNITY PROJECT TO SUPPORT BIPOC ARTISTS
QUARRYVILLE BOROUGH 300 SAINT CATHERINE ST. QUARRYVILLE, PA 17566	23-6003006	501(C)(3)	5,266.	0.			GENERAL OPERATING SUPPORT
QUARRYVILLE LIBRARY CENTER 357 BUCK RD. QUARRYVILLE, PA 17566	23-2047267	501(C)(3)	33,367.	0.			GENERAL OPERATING SUPPORT AND DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR FACILITY NEEDS
QUARRYVILLE PRESBYTERIAN RETIREMENT COMMUNITY - 625 ROBERT FULTON HIGHWAY - QUARRYVILLE, PA 17566-1400	23-1314352	501(C)(3)	6,518.	0.			GENERAL OPERATING SUPPORT
RAINBOW'S END YOUTH SERVICES DBA REYS YOUTH CENTER - 105 FAIRVIEW ST. - MOUNT JOY, PA 17552	23-2654513	501(C)(3)	7,718.	0.			GENERAL OPERATING SUPPORT

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RAVEN RIDGE WILDLIFE CENTER 1828 WATER STREET WASHINGTON BORO, PA 17582	47-2143893	501(C)(3)	48,138.	0.			GENERAL OPERATING SUPPORT AND DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR EDUCATION AND
REACH OUT AND READ OF LANCASTER COUNTY - P. O. BOX 6025 - LANCASTER, PA 17603	23-2160896	501(C)(3)	5,208.	0.			GENERAL OPERATING SUPPORT
RED CREEK WILDLIFE CENTER, INC 300 MOON HILL DR. SCHUYLKILL HAVEN, PA 17972	23-2865324	501(C)(3)	5,052.	0.			GENERAL OPERATING SUPPORT
REGENALL 2060 NEW STREET EAST PETERSBURG, PA 17520	84-4282652	501(C)(3)	74,625.	0.			GENERAL OPERATING SUPPORT, CLIMATE SUMMIT, CREATION AND DISTRIBUTION OF BUSINESS RESOURCES,
REGENERATIVE NEXUS 2233 GRAYS FERRY AVENUE PHILADELPHIA, PA 19146-1134	45-4939557	501(C)(3)	8,623.	0.			GENERAL OPERATING SUPPORT
REVELATIONS OF FREEDOM MINISTRIES 1075 MAIN ST. BLUE BALL, PA 17506	45-2554700	501(C)(3)	6,171.	0.			GENERAL OPERATING SUPPORT
ROCK FORD FOUNDATION 881 ROCK FORD RD. LANCASTER, PA 17608	23-6298762	501(C)(3)	104,581.	0.			GENERAL OPERATING SUPPORT, LANCASTER CITY WITNESS STONES PROJECT, AND MUSEUM PASS PROGRAM
ROHRERSTOWN FIRE COMPANY 500 ELIZABETH STREET LANCASTER, PA 17603	23-2875175	501(C)(3)	5,020.	0.			GENERAL OPERATING SUPPORT
RONALD MCDONALD HOUSE CHARITIES OF CENTRAL PA - 745 W. GOVERNOR RD. - HERSHEY, PA 17033	23-2204761	501(C)(3)	29,685.	0.			GENERAL OPERATING SUPPORT

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ROTARY CLUB OF LANCASTER FOUNDATION - 679 E. ROSS STREET - LANCASTER, PA 17602	23-3053966	501(C)(3)	11,790.	0.			GENERAL OPERATING SUPPORT
SACRED HEART OF JESUS SCHOOL 235 NEVIN ST. LANCASTER, PA 17603	23-1352387	501(C)(3)	22,624.	0.			GENERAL OPERATING SUPPORT
SAINT LEO THE GREAT SCHOOL 2427 MARIETTA AVENUE LANCASTER, PA 17601	84-3666665	501(C)(3)	10,259.	0.			GENERAL OPERATING SUPPORT
SALEM UNITED CHURCH OF CHRIST 2312 MARIETTA AVE. LANCASTER, PA 17603	23-1614212	501(C)(3)	25,205.	0.			GENERAL OPERATING SUPPORT
SAMARITAN COUNSELING CENTER 1803 OREGON PIKE LANCASTER, PA 17601	23-2467315	501(C)(3)	36,796.	0.			GENERAL OPERATING SUPPORT
SCHREIBER CENTER FOR PEDIATRIC DEVELOPMENT - 625 COMMUNITY WAY - LANCASTER, PA 17603	23-1365369	501(C)(3)	179,900.	0.			GENERAL OPERATING SUPPORT, FOSTERING INDEPENDENCE THROUGH ACTIVITIES OF DAILY
SCORE LANCASTER-LEBANON 313 W. LIBERTY ST. STE. 231 LANCASTER, PA 17603-2766	52-1067290	501(C)(3)	25,355.	0.			GENERAL OPERATING SUPPORT
SECOND GRACE P.O BOX 100 RHEEMS, PA 17570	85-0858025	501(C)(3)	10,000.	0.			DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR GENERAL OPERATING SUPPORT
SERVANT STAGE COMPANY 201 WEST MAIN STREET STRASBURG, PA 17579	46-4064528	501(C)(3)	43,483.	0.			GENERAL OPERATING SUPPORT

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SERVANTS, INC. 100 REDCO AVENUE, STE. C-0 RED LION, PA 17356	23-3042387	501(C)(3)	9,624.	0.			GENERAL OPERATING SUPPORT
SOLANCO EDUCATION FOUNDATION DBA SOUTHERN LANCASTER COUNTY FOUNDATION FOR EDUCAT - 121 S. HESS ST. - QUARRYVILLE, PA 17566	23-2904656	501(C)(3)	58,521.	0.			GENERAL OPERATING SUPPORT
SOLID ROCK YOUTH MINISTRIES 34 EAST STATE STREET QUARRYVILLE, PA 17566	23-3007178	501(C)(3)	18,695.	0.			GENERAL OPERATING SUPPORT
SOUTHERN END COMMUNITY ASSOCIATION 299 PARK AVENUE QUARRYVILLE, PA 17566-0067	23-2673995	501(C)(3)	8,818.	0.			GENERAL OPERATING SUPPORT
SPANISH AMERICAN CIVIC ASSOCIATION (SACA) - 453 S. LIME STREET, SUITE A - LANCASTER, PA 17602	23-7319993	501(C)(3)	75,121.	0.			GENERAL OPERATING SUPPORT AND SIDEWALK STEWARDSHIP PROGRAM: ENVIRONMENTAL SUPPORT AND EDUCATION IN
SPECIAL OLYMPICS LANCASTER COUNTY P.O. BOX 7442 LANCASTER, PA 17604-7442	23-2078543	501(C)(3)	15,723.	0.			GENERAL OPERATING SUPPORT
SPERANZA ANIMAL RESCUE 1216 BRANDT ROAD MECHANICSBURG, PA 17055-9772	45-5131283	501(C)(3)	48,980.	0.			GENERAL OPERATING SUPPORT
ST. JOHN NEUMANN CATHOLIC SCHOOL 601 E DELP RD LANCASTER, PA 17601	84-3667542	501(C)(3)	16,932.	0.			GENERAL OPERATING SUPPORT AND DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR SCHOLARSHIP FUND
ST. JOHN'S EPISCOPAL CHURCH 321 WEST CHESTNUT STREET LANCASTER, PA 17110	23-1365283	501(C)(3)	13,490.	0.			GENERAL OPERATING SUPPORT

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STRASBURG-HEISLER LIBRARY 143 PRECISION AVENUE STRASBURG, PA 17579	23-2062033	501(C)(3)	19,980.	0.			GENERAL OPERATING SUPPORT
STROUD WATER RESEARCH CENTER 970 SPENCER ROAD AVONDALE, PA 19311	52-2081073	501(C)(3)	23,963.	0.			GENERAL OPERATING SUPPORT AND DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR LANCASTER
SUDAN REBIRTH MINISTRY 604 FOXGLOVE PLACE LANCASTER, PA 17601	32-0376892	501(C)(3)	5,664.	0.			GENERAL OPERATING SUPPORT
SUN POINT FOUNDATION 8 NORTH QUEEN STREET LANCASTER, PA 17603	92-2672856	501(C)(3)	9,092.	0.			GENERAL OPERATING SUPPORT
SUPPORT FOR PRISON MINISTRIES P. O. BOX 727 BROWNSTOWN, PA 17508	22-2845401	501(C)(3)	8,024.	0.			GENERAL OPERATING SUPPORT
SUSQUEHANNA GATEWAY HERITAGE AREA 1706 LONG LEVEL RD. WRIGHTSVILLE, PA 17368	75-3087098	501(C)(3)	8,163.	0.			GENERAL OPERATING SUPPORT
SUSQUEHANNA SERVICE DOGS 1078 GRAVEL HILL ROAD GRANTVILLE, PA 17028	23-1915567	501(C)(3)	17,712.	0.			GENERAL OPERATING SUPPORT
SUSQUEHANNA WALDORF SCHOOL 15 W. WALNUT ST. MARIETTA, PA 17547	23-2591316	501(C)(3)	22,602.	0.			GENERAL OPERATING SUPPORT AND EDUCATIONAL SCHOLARSHIP
SWAN: SCALING WALLS A NOTE AT A TIME - P.O. BOX 249 - LYNDELL, PA 19354	45-1353501	501(C)(3)	21,184.	0.			GENERAL OPERATING SUPPORT

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TEEN CHALLENGE TRAINING CENTER, INC. DBA LANCASTER TEEN CHALLENGE - 33 TEEN CHALLENGE ROAD - REHRERSBURG, PA 19550	23-1695361	501(C)(3)	6,155.	0.			GENERAL OPERATING SUPPORT
TEN THOUSAND VILLAGES 704 MAIN ST. P. O. BOX 307 AKRON, PA 17501-0307	31-1690588	501(C)(3)	8,209.	0.			GENERAL OPERATING SUPPORT
TENFOLD 308 E. KING STREET LANCASTER, PA 17603	23-1731792	501(C)(3)	302,128.	0.			GENERAL OPERATING SUPPORT AND SUPPORT FOR THE TEMPORARY HOMELESS SHELTER
TERRACLEAR FOUNDATION 1653 LITITZ PIKE #2075 LANCASTER, PA 17601	85-3275435	501(C)(3)	6,646.	0.			GENERAL OPERATING SUPPORT
THADDEUS STEVENS FOUNDATION 740 E. END AVE. LANCASTER, PA 17602	23-6406980	501(C)(3)	95,046.	0.			GENERAL OPERATING SUPPORT, SUPPORT FOR HOME BUILDING PROGRAM, AND DONOR RECOMMENDED GRANTS
THE ARC LANCASTER LEBANON 116 W. AIRPORT RD. SUITE A LITITZ, PA 17543	23-1658120	501(C)(3)	8,049.	0.			GENERAL OPERATING SUPPORT
THE COLUMBIA FOOD BANK 340 LOCUST STREET COLUMBIA, PA 17512	46-4461348	501(C)(3)	11,308.	0.			GENERAL OPERATING SUPPORT
THE COMMON WHEEL 324 N. QUEEN STREET LANCASTER, PA 17603	46-4763532	501(C)(3)	43,682.	0.			GENERAL OPERATING SUPPORT
THE DAVIS DOG FARM 2686 SAND BEACH RD GRANTVILLE, PA 17028	86-1534845	501(C)(3)	10,000.	0.			DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE EDIBLE CLASSROOM 54 PENN STREET WASHINGTON BORO, PA 17516	35-2586731	501(C)(3)	10,216.	0.			GENERAL OPERATING SUPPORT
THE FACTORY MINISTRIES 3098 LINCOLN HIGHWAY EAST PARADISE, PA 17562-0282	42-1611516	501(C)(3)	55,422.	0.			GENERAL OPERATING SUPPORT
THE JANUS SCHOOL 205 LEFEVER RD. MOUNT JOY, PA 17552	23-2578832	501(C)(3)	21,936.	0.			GENERAL OPERATING SUPPORT
THE LEUKEMIA & LYMPHOMA SOCIETY, EASTERN PA CHAPTER - P.O. BOX 22470 - NEW YORK, NY 10087	13-5644916	501(C)(3)	12,998.	0.			GENERAL OPERATING SUPPORT AND DONOR RECOMMENDED GRANTS FROM DONOR ADVISED FUNDS FOR FUNDRAISING
THE MIX 520 NORTH ST. LANCASTER, PA 17602	23-2287793	501(C)(3)	89,983.	0.			GENERAL OPERATING SUPPORT, EVENT SUPPORT, AND RIPPLE CREATORS PROGRAM: MUSIC PROGRAM
THE SALVATION ARMY 440 WEST NYACK ROAD WEST NYACK, NY 10994	13-5562351	501(C)(3)	64,492.	0.			GENERAL OPERATING SUPPORT
THE STONE INDEPENDENT SCHOOL 480 NEW HOLLAND AVE. LANCASTER, PA 17602	47-5288443	501(C)(3)	47,403.	0.			GENERAL OPERATING SUPPORT
THE WARE CENTER DBA MILLERSVILLE UNIVERSITY FOUNDATION - MILLERSVILLE UNIVERSITY - LANCASTER 42 N. PRINCE STREET -	23-6435616	501(C)(3)	21,000.	0.			DONOR RECOMMENDED GRANTS FROM DONOR ADVISED FUNDS FOR ARTS-SMARTS PROGRAM AND CHILDREN AND YOUTH
THETURTLEROOM 342 CAMBRIDGE LANE LITITZ, PA 17543	83-1757833	501(C)(3)	7,733.	0.			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOUCHSTONE FOUNDATION: YOUTH MENTAL WELLNESS PARTNERS - 128 E. GRANT STREET, SUITE 104 - LANCASTER, PA 17602-2854	22-2792471	501(C)(3)	67,920.	0.			GENERAL OPERATING SUPPORT, EVENT SUPPORT, HEALING CIRCLES AND GROUP THERAPY, AND RISE ABOVE
TOYS FOR TOTS LANCASTER COUNTY 308 INDIAN HEAD RD COLUMBIA, PA 17512	20-3021444	501(C)(3)	15,384.	0.			GENERAL OPERATING SUPPORT AND DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR EDUCATION AND
UDS FOUNDATION 2270 ERIN COURT LANCASTER, PA 17601	26-0504792	501(C)(3)	85,734.	0.			GENERAL OPERATING SUPPORT AND DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR SERVICE DOGS
UNION COMMUNITY CARE 454 NEW HOLLAND AVENUE, SUITE 300 LANCASTER, PA 17602	23-1909490	501(C)(3)	62,650.	0.			GENERAL OPERATING SUPPORT, PHARMACY FUND, AND PROGRAM TO IMPROVE HEALTH EQUITY THROUGH A
UNITED CHURCHES ELIZABETHTOWN AREA P.O. BOX 451 ELIZABETHTOWN, PA 17022	46-1431772	501(C)(3)	16,074.	0.			GENERAL OPERATING SUPPORT
UNITED DISABILITIES SERVICES 2270 ERIN COURT LANCASTER, PA 17601	23-1687320	501(C)(3)	25,000.	0.			CAPABLE PROGRAM TO SUPPORT ELDERLY ADULTS AGE SAEFLY IN HOME
UNITED WAY OF LANCASTER COUNTY 1910 HARRINGTON DRIVE SUITE A LANCASTER, PA 17601	23-1352093	501(C)(3)	59,509.	0.			GENERAL OPERATING SUPPORT AND VITA PROGRAM
VISIONCORPS 244 N. QUEEN ST. LANCASTER, PA 17603	23-1352349	501(C)(3)	33,672.	0.			GENERAL OPERATING SUPPORT
VOCAL HARMONIX 3 SHADEWOOD PL. LITITZ, PA 17543-6643	23-6298353	501(C)(3)	9,211.	0.			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WARWICK EDUCATION FOUNDATION P.O. BOX 278 LITITZ, PA 17543	23-2936443	501(C)(3)	22,212.	0.			GENERAL OPERATING SUPPORT AND EDUCATIONAL SCHOLARSHIPS
WATER STREET MINISTRIES 210 S. PRINCE ST. LANCASTER, PA 17604	23-6004676	501(C)(3)	393,226.	0.			GENERAL OPERATING SUPPORT AND DONOR RECOMMENDED GRANTS FROM DONOR ADVISED FUNDS FOR WONDER CLUB
WELSH MOUNTAIN HOME 567 SPRINGVILLE RD. NEW HOLLAND, PA 17557	23-2815761	501(C)(3)	27,277.	0.			GENERAL OPERATING SUPPORT
WEST SHORE WILDLIFE CENTER 35 EAGLE LANE ETTERS, PA 17319	84-3657913	501(C)(3)	7,772.	0.			GENERAL OPERATING SUPPORT
WHEATLAND CHORALE P.O. BOX 5354 LANCASTER, PA 17606-5354	23-2493968	501(C)(3)	16,189.	0.			GENERAL OPERATING SUPPORT
WHITE ROSE LEADERSHIP INSTITUTE 2 WEST MARKET STREET FLOOR 2 YORK, PA 17401	83-1246505	501(C)(3)	10,000.	0.			DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR EVENT SUPPORT
WILLOW STREET FIRE COMPANY 2901 WILLOW ST. PIKE LANCASTER, PA 17602	23-6394258	501(C)(3)	10,152.	0.			GENERAL OPERATING SUPPORT AND DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR EVENT SUPPORT
WITF, INC. 4801 LINDLE RD. HARRISBURG, PA 17111	23-1629016	501(C)(3)	43,319.	0.			GENERAL OPERATING SUPPORT
WOLF SANCTUARY OF PA 465 SPEEDWELL FORGE ROAD LITITZ, PA 17543	23-2765777	501(C)(3)	18,902.	0.			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOODCREST RETREAT 225 WOODCREST DR. EPHRATA, PA 17522	23-7346138	501(C)(3)	8,317.	0.			GENERAL OPERATING SUPPORT
WRITEFACE 564 SICKMAN MILL ROAD CONESTOGA, PA 17516	47-3493297	501(C)(3)	5,671.	0.			GENERAL OPERATING SUPPORT
YMCA OF THE ROSES 265 HARRISBURG AVE. LANCASTER, PA 17603	23-1352600	501(C)(3)	30,722.	0.			GENERAL OPERATING SUPPORT AND DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR EVENT SUPPORT
YOUNG LIFE 450 N. QUEEN STREET LANCASTER, PA 17603	84-0385934	501(C)(3)	5,688.	0.			GENERAL OPERATING SUPPORT
YWCA LANCASTER 110 N. LIME ST. LANCASTER, PA 17602	23-1352609	501(C)(3)	316,798.	0.			GENERAL OPERATING SUPPORT, RACE AGAINST RACISM, WOMEN OF ACHIEVEMENT EVENT, POETRY
ZOE INTERNATIONAL - EAST COAST 1514 HOLLYWOOD AVE. LITITZ, PA 17543	14-1862549	501(C)(3)	6,604.	0.			GENERAL OPERATING SUPPORT
ZOES HOUSE, INC 804 BLUE GATE LN SINKING SPRING, PA 19608	45-4390799	501(C)(3)	21,155.	0.			GENERAL OPERATING SUPPORT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
EDUCATIONAL SCHOLARSHIPS	48	102,878.	0.		

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

PART I, LINE 2:
THE FOUNDATION MAINTAINS REGULAR REPORTING DOCUMENTS ON GRANTS EXCEEDING $5,000 MADE FROM FIELD OF INTEREST AND COMMUNITY IMPACT FUNDS. GRANTEE REPORTING OCCURS PERIODICALLY FROM DATE OF BOARD APPROVAL UNTIL COMPLETION OF THE PROJECT AT WHICH TIME COMPLETION AND FINANCIAL REPORTS ARE DUE. INVOICES ARE REVIEWED TO VERIFY THAT FUNDS WERE SPENT IN ACCORDANCE WITH THE ORIGINAL BOARD-APPROVED GRANT PURPOSE AND/OR ORIGINATING FUND AGREEMENT.

GRANTEE ELIGIBILITY, SELECTION PROCESS AND THE FOUNDATION'S INTENDED OUTCOMES ARE OUTLINED IN OUR GRANT GUIDELINES AVAILABLE PUBLICLY VIA THE FOUNDATION'S WEBSITE
HTTP:/WWW.LANCFOUND.ORG/GRANTS.

HARD AND ELECTRONIC COPIES OF INFORMATION ARE MAINTAINED FOR AT LEAST SEVEN YEARS AFTER COMPLETION OF THE PROJECT.

PART II, LINE 1, COLUMN (H):

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: ACORN ACRES WILDLIFE REHABILITATION
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, BUILDING EXPANSION PROJECT TO INCREASE SERVICE CAPACITY, AND DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR CAPACITY SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: ALLIANCE FOR THE CHESAPEAKE BAY
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT AND DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR SOWE PROJECT CLEAN STREAM

NAME OF ORGANIZATION OR GOVERNMENT: ASSETS LANCASTER
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, EVENT SUPPORT, LANGUAGE JUSTICE PROGRAM, COMMUNITY ENGAGEMENT COORDINATOR, PODCAST SUPPORT AND FINANCIAL EQUITY PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: BRIGHT SIDE OPPORTUNITIES CENTER
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, EVENT SUPPORT, STRONG CHOICES BRIGHT FUTURES PROGRAM FOR WELL-BEING OF ELDERLY INDIVIDUALS, AND DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR STEM PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:
CAP - COMMUNITY ACTION PARTNERSHIP OF LANCASTER COUNTY
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, EVENT SUPPORT, HEAT FOR NEW HOLLAND RESIDENTS, YOUNG PROFESSIONALS OF COLOR NETWORK, AND DONOR RECOMMENDED GRANTS FROM DONOR ADVISED FUNDS FOR JUNETEENTH EVENT SUPPORT AND DOMESTIC VIOLENCE SERVICES PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:
CHILDREN DESERVE A CHANCE FOUNDATION/ATTOLLO
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, POETRY CUBED ARTISTIC PROJECT, AND DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR CAPITAL CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF LANCASTER
(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR RECOMMENDED GRANTS FROM DONOR ADVISED FUNDS FOR GENERAL OPERATING SUPPORT AND LONG'S PARK WATER QUALITY IMPROVEMENT PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: DAYSPRING CHRISTIAN ACADEMY
(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR RECOMMENDED GRANTS FROM DONOR ADVISED FUNDS FOR GENERAL OPERATING SUPPORT AND CAPITAL CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT: DEMUTH FOUNDATION & MUSEUM
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, MUSEUM PASS PROGRAM, BUILDING RENOVATIONS AND IMMIGRANT AND REFUGEE ARTIST EXHIBITS

NAME OF ORGANIZATION OR GOVERNMENT: ELIZABETHTOWN COLLEGE
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, MEMBERSHIPS AND EXPANSION OF PEER GROUPS, AND DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR PATHWAYS TO PROGRESS PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:
FOUNDATION OF THE LANCASTER CHAMBER OF COMMERCE
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, CAPACITY BUILDING FOR CBOS, SUPPORT FOR LOCAL CHAMBERS OF COMMERCE AND BUSINESS

Part IV Supplemental Information

ASSOCIATIONS, EVENT SUPPORT AND DONOR RECOMMENDED GRANTS FROM DONOR ADVISED FUND FOR TANDEM CENTER FOR SHARED BUSINESS SUCCESS

NAME OF ORGANIZATION OR GOVERNMENT: FULTON OPERA HOUSE FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT AND DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR ART AND EDUCATION

NAME OF ORGANIZATION OR GOVERNMENT: GIRLS ON THE RUN OF LANCASTER
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, EDUCATIONAL SCHOLARSHIPS, YOUTH EMPOWERMENT PROGRAM, AND DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR FUNDRAISING EVENT

NAME OF ORGANIZATION OR GOVERNMENT: JUNIOR LEAGUE OF LANCASTER
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT AND DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR HEALTH AND LIFESTYLE HABITS EDUCATION

NAME OF ORGANIZATION OR GOVERNMENT:
LAFAYETTE FIRE COMPANY OF EAST LAMPETER TOWNSHIP
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT AND DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR LADDER TRUCK CAPITAL CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT: LANCASTER COUNTY CONSERVANCY
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT AND DONOR RECOMMENDED GRANTS FROM DONOR ADVISED FUNDS FOR TRAINING OF CONSERVATION LANDSCAPING CREWS AND CLIMBERS RUN NATURE CENTER

NAME OF ORGANIZATION OR GOVERNMENT: LANCASTER EDUCATION FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, EDUCATIONAL SCHOLARSHIPS, AND DONOR RECOMMENDED GRANTS FROM DONOR ADVISED FUNDS FOR ARTS, VOLUNTEER DAY, AND SCHOOL BEAUTIFICATION

NAME OF ORGANIZATION OR GOVERNMENT: LANCASTER FARMLAND TRUST
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT AND SUPPORT FOR CREATION OF AN AGRICULTURAL EDUCATION CENTER FOR COMMUNITY RESIDENTS AND VISITORS

NAME OF ORGANIZATION OR GOVERNMENT:
LANCASTER LEBANON HABITAT FOR HUMANITY
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT AND DONOR RECOMMENDED GRANTS FROM DONOR ADVISED FUNDS FOR CAPITAL CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT: LANCASTER PRIDE ASSOCIATION
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, EVENT SUPPORT, STAFF SUPPORT, AND DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR AWARD FUND

NAME OF ORGANIZATION OR GOVERNMENT: LANCASTER PUBLIC LIBRARY
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, RAINBOW VISIBILITY PROJECT, STAFF SUPPORT, AND DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR CAPITAL CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT: LANCASTER RECREATION COMMISSION
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, EVENT SUPPORT, RENOVATION PROJECT TO CREATE NEW COMMUNITY SPACE, AND SCHOOL

Part IV Supplemental Information

SUPPLIES FOR CHILDREN IN NEED

NAME OF ORGANIZATION OR GOVERNMENT: LANCASTER SCIENCE FACTORY
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, MUSEUM PASS PROGRAM, AND DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR ECO EXPLORERS PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: LANCASTERHISTORY
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, MUSEUM PASS PROGRAM, EVENT SUPPORT, SUPPORT FOR HISTORY AND DEMOCRACY STUDENT ADVISORY GROUP, AND SUPPORT FOR THE THADDEUS STEVENS & LYDIA HAMILTON SMITH CENTER FOR HISTORY AND DEMOCRACY

NAME OF ORGANIZATION OR GOVERNMENT: LET'S GO 1-2-3
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, LITTLE BROWN SEED OF CHANGE, AND SAVING NATURE IN YOUTH CENTERED SPACES PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: LITITZ SPRINGS PARK
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT AND DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR 4TH OF JULY CELEBRATION

NAME OF ORGANIZATION OR GOVERNMENT: LONG'S PARK AMPHITHEATER FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT , EVENT SUPPORT, AND DONOR RECOMMENDED GRANTS FROM DONOR ADVISED FUNDS FOR THE ARTS AND THE SUMMER MUSIC SERIES

NAME OF ORGANIZATION OR GOVERNMENT: MANHEIM TOWNSHIP SCHOOL DISTRICT
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, EDUCATIONAL SCHOLARSHIPS, AND DONOR RECOMMENDED GRANTS FROM DONOR ADVISED FUND FOR EVENT SUPPORT AND STUDENT AWARDS

NAME OF ORGANIZATION OR GOVERNMENT:
MENTAL HEALTH AMERICA OF LANCASTER COUNTY
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, EVENT SUPPORT, AND CONTINUUM OF CARE PROGRAM FOR LANCASTER COUNTY YOUTH

NAME OF ORGANIZATION OR GOVERNMENT: MILAGRO HOUSE, INC.
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, SUPPORT EDUCATIONAL ACCESS, AND EDUCATIONAL AND CHILD CARE PROGRAM FOR SINGLE MOTHERS

NAME OF ORGANIZATION OR GOVERNMENT:
MILLERSVILLE UNIVERSITY OF PENNSYLVANIA
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, EDUCATIONAL SCHOLARSHIP, AND DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR INFORMATION TECHNOLOGY PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: PARISH RESOURCE CENTER, INC
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, SUPPORT CAPACITY BUIILDING FOR CBOS, SUPPORT SERVICES FOR WOMEN AND INFANTS, AND FOOD AND NUTRITION PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: PENN STATE UNIVERSITY PARK
(H) PURPOSE OF GRANT OR ASSISTANCE: INTERGENERATIONAL CONFERENCE SUPPORT AND DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR BUILDING PROJECT

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:
PENNSYLVANIA IMMIGRATION RESOURCE CENTER
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT AND DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR EDUCATION AND DEVELOPMENT

NAME OF ORGANIZATION OR GOVERNMENT: PET PANTRY OF LANCASTER COUNTY
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT AND DONOR RECOMMENDED GRANTS FROM DONOR ADVISED FUNDS FOR BUILDING PROJECT AND EDUCATION AND DEVELOPMENT

NAME OF ORGANIZATION OR GOVERNMENT: RAVEN RIDGE WILDLIFE CENTER
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT AND DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR EDUCATION AND DEVELOPMENT

NAME OF ORGANIZATION OR GOVERNMENT: REGENALL
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, CLIMATE SUMMIT, CREATION AND DISTRIBUTION OF BUSINESS RESOURCES, ENERGIZE LANCASTER PROGRAM: ENERGY EFFICIENT IMPROVEMENTS TO HOMES, AND DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR RIVER PATHWAY CONNECTIONS

NAME OF ORGANIZATION OR GOVERNMENT:
SCHREIBER CENTER FOR PEDIATRIC DEVELOPMENT
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, FOSTERING INDEPENDENCE THROUGH ACTIVITIES OF DAILY LIVING POGRAM, SPRING RESPITE SERVICES, AND DONOR RECOMMENDED GRANTS FROM DONOR ADVISED FUND FOR EVENT SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:
SPANISH AMERICAN CIVIC ASSOCIATION (SACA)
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT AND SIDEWALK STEWARDSHIP PROGRAM: ENVIRONMENTAL SUPPORT AND EDUCATION IN SOUTHEAST LANCASTER CITY

NAME OF ORGANIZATION OR GOVERNMENT: STROUD WATER RESEARCH CENTER
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT AND DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR LANCASTER OUTDOOR LEARNING NETWORK

NAME OF ORGANIZATION OR GOVERNMENT: THADDEUS STEVENS FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, SUPPORT FOR HOME BUILDING PROGRAM, AND DONOR RECOMMENDED GRANTS FROM DONOR ADVISED FUNDS FOR SCHOLARSHIP FUNDS

NAME OF ORGANIZATION OR GOVERNMENT:
THE LEUKEMIA & LYMPHOMA SOCIETY, EASTERN PA CHAPTER
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT AND DONOR RECOMMENDED GRANTS FROM DONOR ADVISED FUNDS FOR FUNDRAISING SUPPORT AND MEDICAL RESEARCH

NAME OF ORGANIZATION OR GOVERNMENT: THE MIX
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, EVENT SUPPORT, AND RIPPLE CREATORS PROGRAM: MUSIC PROGRAM FOR MIDDLE SCHOOL STUDENTS

NAME OF ORGANIZATION OR GOVERNMENT:
THE WARE CENTER DBA MILLERSVILLE UNIVERSITY FOUNDATION

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR RECOMMENDED GRANTS FROM DONOR ADVISED FUNDS FOR ARTS-SMARTS PROGRAM AND CHILDREN AND YOUTH PROGRAMMING

NAME OF ORGANIZATION OR GOVERNMENT:
TOUCHSTONE FOUNDATION: YOUTH MENTAL WELLNESS PARTNERS
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, EVENT SUPPORT, HEALING CIRCLES AND GROUP THERAPY, AND RISE ABOVE PROGRAM THAT SUPPORTS YOUTH MENTAL WELLNESS

NAME OF ORGANIZATION OR GOVERNMENT: TOYS FOR TOTS LANCASTER COUNTY
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT AND DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR EDUCATION AND DEVELOPMENT

NAME OF ORGANIZATION OR GOVERNMENT: UNION COMMUNITY CARE
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, PHARMACY FUND, AND PROGRAM TO IMPROVE HEALTH EQUITY THROUGH A DIGITAL NEEDS ASSESSMENT

NAME OF ORGANIZATION OR GOVERNMENT: WATER STREET MINISTRIES
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT AND DONOR RECOMMENDED GRANTS FROM DONOR ADVISED FUNDS FOR WONDER CLUB PROGRAM, EVENT SUPPORT, AND BUILDING PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: YWCA LANCASTER
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, RACE AGAINST RACISM, WOMEN OF ACHIEVEMENT EVENT, POETRY CUBED ARTISTIC PROJECT, EQUITY GRANTS, RISE ABOVE YOUTH SUMMIT, BLACK ART ACROSS LANCASTER PROJECT, AND DONOR RECOMMENDED GRANT FROM DONOR ADVISED FUND FOR CAREER DEVELOPMENT PROGRAM

SCHEDULE J (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

LANCASTER COUNTY COMMUNITY FOUNDATION

Employer identification number

20-0874857

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (such as maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☒ Compensation survey or study		
	☒ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MR. SAMUEL J. BRESSI	(i)	266,700.	0.	0.	10,668.	0.	277,368.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MS. TRACY CUTLER	(i)	169,847.	0.	0.	7,100.	27,279.	204,226.	0.
EXEC VP	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MS. KIM SHORTER	(i)	169,640.	0.	0.	7,100.	21,873.	198,613.	0.
COO	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MR. WAYNE GROFF, CPA	(i)	175,144.	0.	0.	7,100.	9,200.	191,444.	0.
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MR. DAVID KOSER	(i)	120,296.	0.	0.	5,120.	27,279.	152,695.	0.
DIRECTOR OF PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization: LANCASTER COUNTY COMMUNITY FOUNDATION

Employer identification number: 20-0874857

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	21	2,799,304.	FAIR MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ( )				
26	Other ( )				
27	Other ( )				
28	Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 **2**

			Yes	No
30a	During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	X	
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

SCHEDULE M, PART I, LINE 32B:
ALL STOCK GIFTS TO THE ORGANIZATION ARE RECEIVED BY THE ORGANIZATION'S INVESTMENT MANAGER. THE STOCK IS THEN SOLD BY THE INVESTMENT MANAGER AND THE PROCEEDS ARE DEPOSITED INTO THE ORGANIZATION'S INVESTMENT ACCOUNT.

SCHEDULE O (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: LANCASTER COUNTY COMMUNITY FOUNDATION

Employer identification number: 20-0874857

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
FUTURE OF LANCASTER COUNTY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
STRETCH POOL AND PRIZES OF OVER $526,000 FROM THE COMMUNITY FOUNDATION AND SPONSORS. 444 COMMUNITY BENEFIT ORGANIZATIONS RECEIVED GRANT FUNDING AS A RESULT OF THIS PROGRAM.

APPROXIMATELY 10.2%, OR $1,500,000, OF TOTAL GRANT DOLLARS (71 GRANTS), ENHANCED BY ADDITIONAL EXPENDITURES IN NON-GRANT ALLOCATIONS AND EXPENSES OF $330,000, WERE INVESTED IN THE COMMUNITY VIA THE DISCRETIONARY IMPACT STRATEGIES. THESE INCLUDE THE "BUILDING BRIDGES" AND "BUILDING EQUITY" STRATEGIES THAT SEEK TO ENHANCE EQUITY AND INSPIRE CONNECTION WITHIN OUR COMMUNITY, AND THE 100TH ANNIVERSARY STRATEGY THAT FOCUSED ON HEALTH AND WELL BEING, CREATIVE EXPRESSION, THE NEXT GENERATION AND OUR PLANET.

APPROXIMATELY 33.3% OR $5.0 MILLION OF TOTAL GRANT DOLLARS WERE INVESTED THROUGH ITS GRANTMAKING PROGRAM TO COMMUNITY BENEFIT ORGANIZATIONS IN THE FORM OF OVER 500 GRANTS. SUCH GRANTS WERE DERIVED FROM DONOR ADVISED FUNDS, SCHOLARSHIP FUNDS, FIELD OF INTEREST FUNDS, AND DESIGNATED FUNDS.

FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS PROVIDED ELECTRONICALLY FOR REVIEW TO ALL BOARD MEMBERS AND MEMBERS OF THE FINANCE COMMITTEE PRIOR TO FILING.

THIS POLICY ALSO APPLIES TO ALL THE ORGANIZATION'S DISREGARDED ENTITIES.

FORM 990, PART VI, SECTION B, LINE 12C:
THE CONFLICT OF INTEREST STATEMENT IS COMPLETED BY EACH BOARD, STAFF AND VOLUNTEER MEMBER AT LEAST ANNUALLY. THE PROGRAM DEPARTMENT REVIEWS THE CONFLICT OF INTEREST STATEMENTS PRIOR TO BOARD MEETINGS AT WHICH A GRANT VOTE WILL TAKE PLACE IN ORDER TO IDENTIFY KNOWN CONFLICTS. THE CHAIR OF THE BOARD OF DIRECTORS MAKES A VERBAL REQUEST FOR SELF-IDENTIFICATION OF ADDITIONAL CONFLICTS OF INTEREST PRIOR TO DISCUSSION AND VOTING ON ANY ITEMS.

THIS POLICY ALSO APPLIES TO ALL THE ORGANIZATION'S DISREGARDED ENTITIES.

FORM 990, PART VI, SECTION B, LINE 15:
COMPENSATION FOR THE PRESIDENT/CHIEF EXECUTIVE OFFICER IS DETERMINED ACCORDING TO THE FOUNDATION'S POLICY, WHICH INCLUDES DELEGATION OF THE PROCESS TO A COMMITTEE OF BOARD MEMBERS AND REVIEW OF COMPARABILITY DATA.

FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE ON THE FOUNDATION'S WEBSITE, BY MAIL, OR UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
CHANGE IN VALUE OF CHARITABLE GIFT ANNUITY -103,983.

Name of the organization: LANCASTER COUNTY COMMUNITY FOUNDATION
Employer identification number: 20-0874857

CHANGE IN VALUE OF PERPETUAL TRUSTS AND SPLIT-INTEREST AGREEMENTS	15,009.
BOOK-TAX DIFFERENCE IN INVESTMENTS	25,922.
TOTAL TO FORM 990, PART XI, LINE 9	-63,052.

990, PART XII, LINE 2C
THE ORGANIZATION'S FINANCE/AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

FORM 990, PART VI, SECTION B, LINE 11A
THIS APPLIES TO ALL THE ORGANIZATION'S DISREGARDED ENTITIES.

FORM 990, PART VI, SECTION B, LINE 12A
THIS APPLIES TO ALL THE ORGANIZATION'S DISREGARDED ENTITIES.

FORM 990, PART VI, SECTION B, LINE 12B
THIS APPLIES TO ALL THE ORGANIZATION'S DISREGARDED ENTITIES.

FORM 990, PART VI, SECTION B, LINE 13
THIS APPLIES TO ALL THE ORGANIZATION'S DISREGARDED ENTITIES.

FORM 990, PART VI, SECTION B, LINE 14
THIS APPLIES TO ALL THE ORGANIZATION'S DISREGARDED ENTITIES.

FORM 990, PART VI, SECTION B, LINE 15A
THIS APPLIES TO ALL THE ORGANIZATION'S DISREGARDED ENTITIES.

FORM 990, PART VI, SECTION B, LINE 15B
THIS APPLIES TO ALL THE ORGANIZATION'S DISREGARDED ENTITIES.

SCHEDULE R
(Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
LANCASTER COUNTY COMMUNITY FOUNDATION

Employer identification number
20-0874857

Part I **Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
LANCASTER COUNTY LOCAL JOURNALISM FUND, LLC - 20-0874857, 24 WEST KING STREET, SUITE 201, LANCASTER, PA 17603	SUPPORT CHARITABLE OPERATIONS OF LCCF WITH A FOCUS OF LOCAL JOURNALISM	PENNSYLVANIA	84,839.	708,756.	LANCASTER COUNTY COMMUNITY FOUNDATION
LANCASTER REAL ESTATE FUND, LLC - 20-0874857 24 WEST KING STREET, SUITE 201 LANCASTER, PA 17603	SUPPORT CHARITABLE OPERATIONS OF LCCF WITH HANDLING OF REAL ESTATE	PENNSYLVANIA	-348,241.	0.	LANCASTER COUNTY COMMUNITY FOUNDATION

Part II **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
LANCASTER COUNTY FOUNDATION - 23-6419120 24 WEST KING STREET, SUITE 201 LANCASTER, PA 17603	DISTRIBUTION OF INCOME FROM RESPECTIVE TRUSTS TO SUPPORTED ORGS	PENNSYLVANIA	501(C)(3)	509(A)(3) - TYPE 1	LANCASTER COUNTY COMMUNITY FOUNDATION	X	

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) (Rev. 1-2025)

LHA 432161 10-23-24

Part III **Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No

Part V **Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

			Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to related organization(s)	1b		X
c	Gift, grant, or capital contribution from related organization(s)	1c	X	
d	Loans or loan guarantees to or for related organization(s)	1d		X
e	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o	Sharing of paid employees with related organization(s)	1o	X	
p	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	LANCASTER COUNTY FOUNDATION	C	2,315,893.	ACTUAL CASH RECEIVED
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART I, IDENTIFICATION OF DISREGARDED ENTITIES:

NAME OF DISREGARDED ENTITY:

LANCASTER REAL ESTATE FUND, LLC

PRIMARY ACTIVITY: SUPPORT CHARITABLE OPERATIONS OF LCCF WITH HANDLING OF REAL ESTATE DONATIONS

Name: LANCASTER COUNTY COMMUNITY FOUNDATIO FEIN: 20-0874857

Type and Entity: PASS-THROUGH INVESTMEN POST-2017 NO

DETAIL CARRYOVER SCHEDULE

Section 382 Annual Limitation | Section 382 Carryover

	Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 12/31/23	Amount Used for ____	Amount Used for ____	Amount Used for ____	Amount Used for ____	Amount Used for ____	Amount Used for ____	Amount Used for ____	Amount Used for ____
A	2022	9,243.	9,243.	9,243.								
B	2024	25,922.										
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												

	Detail Type	ESBC	Amount Used for ____	Amount Used for ____	Amount Used for ____	Amount Used for ____	Amount Used for ____	Amount Used for ____	Amount Used for ____	Amount Used for ____	Amount Used for ____	Amount Used for ____	Amount Used for ____
A													
B													
C													
D													
E													
F													
G													
H													
I													
J													
K													
L													
M													
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Q													
R													
S													
T													
U													
V													
W													

EXTENDED TO NOVEMBER 17, 2025

Form **990-T**

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

For calendar year 2024 or other tax year beginning _____ , and ending _____ .

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is an 501(c)(3).

OMB No. 1545-0047

2024

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

Department of the Treasury
Internal Revenue Service

A ☐ Check box if address changed.

B Exempt under section
☒ 501(c)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a) ☐ 529A

Print or Type

Name of organization (☐ Check box if name changed and see instructions.)
LANCASTER COUNTY COMMUNITY FOUNDATION

D Employer identification number
20-0874857

Number, street, and room or suite no. If a P.O. box, see instructions.
24 WEST KING STREET, SUITE 201

E Group exemption number (see instructions)

City or town, state or province, country, and ZIP or foreign postal code
LANCASTER, PA 17603

C Book value of all assets at end of year 184,647,711.

F ☐ Check box if an amended return.

G Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust ☐ State college/university ☐ 6417(d)(1)(A) Applicable entity

H Check if filing only to claim ☐ Credit from Form 8941 ☐ Refund shown on Form 2439 ☐ Elective payment amount from Form 3800

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ☐

J Enter the number of attached Schedules A (Form 990-T) 1

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation

L The books are in care of THE ORGANIZATION Telephone number 717-397-1629

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	0.
2	Reserved	2	
3	Add lines 1 and 2	3	
4	Charitable contributions (see instructions for limitation rules)	4	0.
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6	Deduction for net operating loss. See instructions	6	
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8	Specific deduction (generally $1,000, but see instructions for exceptions)	8	1,000.
9	**Trusts.** Section 199A deduction. See instructions	9	
10	**Total deductions.** Add lines 8 and 9	10	1,000.
11	**Unrelated business taxable income.** Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1	**Organizations taxable as corporations.** Multiply Part I, line 11 by 21% (0.21)	1	0.
2	**Trusts taxable at trust rates.** See instructions for tax computation. Income tax on the amount on Part I, line 11, from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041)	2	
3	**Proxy tax.** See instructions	3	
4a	Amount from Form 4255, Part I, line 3, column (q)	4a	
b	Other tax amounts. See instructions	4b	
5	Alternative minimum tax	5	
6	**Tax on noncompliant facility income.** See instructions	6	
7	**Total.** Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a			
b	Other credits (see instructions)	1b			
c	General business credit. Attach Form 3800 (see instructions)	1c			
d	Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d			
e	**Total credits.** Add lines 1a through 1d			1e	
2	Subtract line 1e from Part II, line 7			2	0.
3a	Amount from Form 4255, Part I, line 3, column (r) (see instructions)	3a			
b	Amount due from Form 8611	3b			
c	Amount due from Form 8697	3c			
d	Amount due from Form 8866	3d			
e	Other amounts due (see instructions)	3e			
f	Total amounts due. Add lines 3a through 3e			3f	0.
4	**Total tax.** Add lines 2 and 3f (see instructions). ☐ Check if includes tax previously deferred under section 1294. Enter tax amount here			4	0.

Part III Tax and Payments *(continued)*

5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)			5	0.
6 a	Payments: Preceding year's overpayment credited to the current year	6a			
b	Current year's estimated tax payments. Check if section 643(g) election applies ☐	6b			
c	Tax deposited with Form 8868	6c	5,300.		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d			
e	Backup withholding (see instructions)	6e			
f	Credit for small employer health insurance premiums (attach Form 8941)	6f			
g	Elective payment election amount from Form 3800	6g			
h	Payment from Form 2439	6h			
i	Credit from Form 4136	6i			
j	Other (see instructions)	6j			
7	**Total payments.** Add lines 6a through 6j			7	5,300.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐			8	
9	**Tax due.** If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed			9	
10	**Overpayment.** If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid			10	5,300.
11	Enter the amount of line 10 you want: **Credited to 2025 estimated tax** **Refunded**			11	5,300.

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

		Yes	No
1	At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year $		
4	Enter available pre-2018 NOL carryovers here $ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		

Business Activity Code	Available post-2017 NOL carryover
	$
	$
	$
	$

6 a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here

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

Signature of officer | Date: 10·7·25 | Title: PRESIDENT/CEO

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
DOUGLAS L. BERMAN, CPA	DOUGLAS L. BERMAN, CPA	10/03/25		P01269555

Firm's name RKL LLP | Firm's EIN 23-2108173

Firm's address 3501 CONCORD ROAD, STE 250 YORK, PA 17402 | Phone no. 717-843-3804

SCHEDULE D (Form 1120)
Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2024

Name

LANCASTER COUNTY COMMUNITY FOUNDATION

Employer identification number

20-0874857

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with **Box A** checked				
2 Totals for all transactions reported on Form(s) 8949 with **Box B** checked				
3 Totals for all transactions reported on Form(s) 8949 with **Box C** checked				1,571.

4 Short-term capital gain from installment sales from Form 6252, line 26 or 37	4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824	5	
6 Unused capital loss carryover (attach computation)	6	( )
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h	7	1,571.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with **Box D** checked				
9 Totals for all transactions reported on Form(s) 8949 with **Box E** checked				
10 Totals for all transactions reported on Form(s) 8949 with **Box F** checked				1,092.

11 Enter gain from Form 4797, line 7 or 9	11	3,990.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37	12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824	13	
14 Capital gain distributions	14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h	15	5,082.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	1,571.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	5,082.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	6,653.

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

Form **8949**

Department of the Treasury
Internal Revenue Service

Sales and Other Dispositions of Capital Assets

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

OMB No. 1545-0074

2024

Attachment Sequence No. **12A**

Name(s) shown on return	Social security number or taxpayer identification no.
LANCASTER COUNTY COMMUNITY FOUNDATION	20-0874857

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

Part I **Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.
Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

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

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

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the **Note** below and see *Column (e)* in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions. (f) Code(s)	(g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
GLENMEDE PRIVATE							
INVESTMENT FUND X,							
LLC							<225.>
GLENMEDE PRIVATE							
INVESTMENT FUND							
XI, LLC							<327.>
CLOVERLAY FUND II							
LP - SERIES B							2,116.
PEG GLOBAL PRIVATE							
EQUITY							
INSTITUTIONAL							7.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 1b** (if **Box A** above is checked), **line 2** (if **Box B** above is checked), or **line 3** (if **Box C** above is checked)							1,571.

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

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

LANCASTER COUNTY COMMUNITY FOUNDATION

Social security number or taxpayer identification no. 20-0874857

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

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

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

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

☐ **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

☐ **(E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS

☒ **(F)** Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the **Note** below and see *Column (e)* in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions. (f) Code(s)	(g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
GLENMEDE PRIVATE INVESTMENT FUND X, LLC							1,417.
GLENMEDE PRIVATE INVESTMENT FUND XI, LLC							<413.>
PEG GLOBAL PRIVATE EQUITY INSTITUTIONAL							88.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 8b** (if **Box D** above is checked), **line 9** (if **Box E** above is checked), or **line 10** (if **Box F** above is checked)							1,092.

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

Form **4797**

Department of the Treasury
Internal Revenue Service

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

2024

Attachment Sequence No. **27**

Name(s) shown on return

LANCASTER COUNTY COMMUNITY FOUNDATION

Identifying number

20-0874857

1a	Enter the gross proceeds from sales or exchanges reported to you for 2024 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20	1a
b	Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets	1b
c	Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets	1c

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

2 (a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
SEE STATEMENT 4						

3	Gain, if any, from Form 4684, line 39	3	
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37	4	
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5	
6	Gain, if any, from line 32, from other than casualty or theft	6	
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows	7	3,990.
	Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.		
	Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.		
8	Nonrecaptured net section 1231 losses from prior years. See instructions	8	
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions	9	3,990.

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11	Loss, if any, from line 7	11	( )
12	Gain, if any, from line 7 or amount from line 8, if applicable	12	
13	Gain, if any, from line 31	13	
14	Net gain or (loss) from Form 4684, lines 31 and 38a	14	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	15	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	16	
17	Combine lines 10 through 16	17	
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.		
a	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions	18a	
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4	18b	

Part III **Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255** (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A		
B		
C		
D		

	These columns relate to the properties on lines 19A through 19D.		Property A	Property B	Property C	Property D
20	Gross sales price (**Note:** See line 1a before completing.)	20				
21	Cost or other basis plus expense of sale	21				
22	Depreciation (or depletion) allowed or allowable	22				
23	Adjusted basis. Subtract line 22 from line 21	23				
24	Total gain. Subtract line 23 from line 20	24				
25	**If section 1245 property:**					
a	Depreciation allowed or allowable from line 22	25a				
b	Enter the **smaller** of line 24 or 25a	25b				
26	**If section 1250 property:** If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a	Additional depreciation after 1975. See instructions	26a				
b	Applicable percentage multiplied by the **smaller** of line 24 or line 26a. See instructions	26b				
c	Subtract line 26a from line 24. If residential rental property **or** line 24 isn't more than line 26a, skip lines 26d and 26e	26c				
d	Additional depreciation after 1969 and before 1976	26d				
e	Enter the **smaller** of line 26c or 26d	26e				
f	Section 291 amount (corporations only)	26f				
g	Add lines 26b, 26e, and 26f	26g				
27	**If section 1252 property:** Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
a	Soil, water, and land clearing expenses	27a				
b	Line 27a multiplied by applicable percentage	27b				
c	Enter the **smaller** of line 24 or 27b	27c				
28	**If section 1254 property:**					
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a				
b	Enter the **smaller** of line 24 or 28a	28b				
29	**If section 1255 property:**					
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a				
b	Enter the **smaller** of line 24 or 29a. See instructions	29b				

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV **Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less** (see instructions)

			(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33		
34	Recomputed depreciation. See instructions	34		
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35		

FORM 4797 PROPERTY HELD MORE THAN ONE YEAR STATEMENT 4

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
GLENMEDE PRIVATE INVESTMENT FUND X, LLC						-22.
GLENMEDE PRIVATE INVESTMENT FUND VIII-B,						1,400.
GLENMEDE PRIVATE INVESTMENT FUND XI, LLC						-43.
CLOVERLAY FUND II LP - SERIES B						1,607.
PEG GLOBAL PRIVATE EQUITY INSTITUTIONAL						1,048.
TOTAL TO 4797, PART I, LINE 2						3,990.

Form **4626**

Department of the Treasury
Internal Revenue Service

Alternative Minimum Tax-Corporations

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

OMB No. 1545-0123

2024

Name of corporation

LANCASTER COUNTY COMMUNITY FOUNDATION

Employer identification number (EIN)

20-0874857

A Is the corporation filing this form a member of a controlled group treated as a single employer under sections 59(k)(1)(D) and 52? ..... ☐ Yes ☒ No
If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the controlled group treated as a single employer taken into account in the determination of "applicable corporation" under section 59(k)(1)(D).

B Is the corporation filing this form a member of a foreign-parented multinational group (FPMG) within the meaning of section 59(k)(2)(B)? ☐ Yes ☒ No
If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the FPMG under section 59(k)(2)(B).

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

If you have already determined in current or prior years you are an applicable corporation, skip Part I and continue to Part II.

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

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

8 Is line 7 more than $1 billion?

☐ **Yes.** Continue to line 9.

☐ **No.** STOP here and attach to your tax return.

9 Is the corporation a member of an FPMG within the meaning of section 59(k)(2)(B)?

☐ **Yes.** Continue to line 10.

☐ **No.** Continue to Part II.

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

14	AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 13	14	
15	3-year average annual AFSI for purposes of the $100 million test	15	

16 Is line 15 $100 million or more?

☐ **Yes.** Continue to Part II.

☐ **No.** STOP here. Attach to your tax return.

Part II Corporate Alternative Minimum Tax (CAMT)

1	Net income or loss per AFS (see instructions):		
a	Consolidated net income or loss per the AFS of the corporation	1a	-26,922.
b	Include AFS net income or loss of other includible entities (add net income and subtract net loss)	1b	
c	Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)	1c	
d	Adjustment for certain consolidating entries (see instructions)	1d	
e	Specified additional net income or loss item D. Reserved for future use	1e	
f	AFS net income or loss before adjustments. Combine lines 1a through 1d	1f	-26,922.
2	Adjustments (see instructions):		
a	Financial statements covering different tax years	2a	
b	Reserved for future use - Adjustment 2b	2b	
c	Corporations that are not included on the taxpayers - consolidated return (see instructions)	2c	
d	The corporation's distributive share of adjusted financial statement income of partnerships	2d	
e	Aggregate pro-rata share of adjusted net income from CFCs for which the corporation is a U.S. shareholder. Enter the amount from Part VI, Section II, line 3	2e	
f	Amounts that are not effectively connected to a U.S. trade or business	2f	
g	Certain taxes. Enter the amount from Part III, line 7	2g	
h	Patronage dividends and per-unit retain allocations (cooperatives only)	2h	
i	Alaska native corporations	2i	
j	Certain credits	2j	
k	Mortgage servicing income	2k	
l	Covered benefit plans described in section 56A(c)(11)(B)	2l	
m	Tax-exempt entities (organizations subject to tax under section 511)	2m	
n	Depreciation	2n	
o	Qualified wireless spectrum	2o	
p	Covered transactions	2p	
q	Adjustments related to bankruptcy and insolvency	2q	
r	Certain insurance company adjustments	2r	
s	AFSI adjustment S - Reserved for future use	2s	
t	AFSI adjustment T - Reserved for future use	2t	
u	AFSI adjustment U - Reserved for future use	2u	
z	Other STATEMENT 3	2z	-6,653.
3	Total adjustments. Combine lines 2a through 2z	3	-6,653.
4	AFSI before financial statement net operating loss carryover. Combine lines 1f and 3	4	-33,575.
5	Financial statement net operating loss (FSNOL) (see instructions)	5	
6	AFSI. Subtract line 5 from line 4. If zero or less, enter -0-	6	
7	Multiply line 6 by 15% (0.15)	7	
8	Corporate alternative minimum tax foreign tax credit (CAMT FTC). Enter amount from Part IV, Section I, line 6 (see inst)	8	
9	Tentative minimum tax. Subtract line 8 from line 7. If zero or less, enter -0-)	9	
10	Regular tax liability (see instructions)	10	
11	Base erosion minimum tax (see instructions)	11	
12	Combine lines 10 and 11	12	
13	Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	13	

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

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

Part IV Corporate Alternative Minimum Tax - Foreign Tax Credit

Section I - CAMT Foreign Tax Credit

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

SCHEDULE A (Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2024

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

A Name of the organization: LANCASTER COUNTY COMMUNITY FOUNDATION

B Employer identification number: 20-0874857

C Unrelated business activity code (see instructions): 900001

D Sequence: 1 of 1

E Describe the unrelated trade or business: PASS-THROUGH INVESTMENT INCOME

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales _____ b Less returns and allowances _____ c Balance	1c			
2 Cost of goods sold (Part III, line 8)	2			
3 Gross profit. Subtract line 2 from line 1c	3			
4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a	6,653.		6,653.
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 1	5	-32,575.		-32,575.
6 Rent income (Part IV)	6			
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10			
11 Advertising income (Part IX)	11			
12 Other income (see instructions; attach statement)	12			
13 **Total.** Combine lines 3 through 12	13	-25,922.		-25,922.

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)			1	
2 Salaries and wages			2	
3 Repairs and maintenance			3	
4 Bad debts			4	
5 Interest (attach statement). See instructions			5	
6 Taxes and licenses			6	
7 Depreciation (attach Form 4562). See instructions	7			
8 Less depreciation claimed in Part III and elsewhere on return	8a		8b	
9 Depletion			9	
10 Contributions to deferred compensation plans			10	
11 Employee benefit programs			11	
12 Excess exempt expenses (Part VIII)			12	
13 Excess readership costs (Part IX)			13	
14 Other deductions (attach statement)			14	
15 **Total deductions.** Add lines 1 through 14			15	0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)			16	-25,922.
17 Deduction for net operating loss. See instructions			17	0.
18 **Unrelated business taxable income.** Subtract line 17 from line 16			18	-25,922.

Part III Cost of Goods Sold

Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	**Total.** Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	**Cost of goods sold.** Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	☐ Yes	☐ No

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

		A	B	C	D
2	Rent received or accrued				
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				

3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) 0.

4	Deductions directly connected with the income in lines 2a and 2b (attach statement)				

5 **Total deductions.** Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) 0.

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

		A	B	C	D
2	Gross income from or allocable to debt-financed property				
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				

8 **Total gross income** (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) 0.

9	Allocable deductions. Multiply line 3c by line 6				

10 **Total allocable deductions.** Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) 0.

11 **Total dividends-received deductions** included in line 10 0.

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations: 3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations: 7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).
Totals			0.	0.

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A).			Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals	0.			0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Part IX Advertising Income

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

A ☐
B ☐
C ☐
D ☐

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

		A	B	C	D
2	Gross advertising income				
a	Add columns A through D. Enter here and on Part I, line 11, column (A)				0.
3	Direct advertising costs by periodical				
a	Add columns A through D. Enter here and on Part I, line 11, column (B)				0.
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a	Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13				0.

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

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

Part XI Supplemental Information (see instructions)

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS STATEMENT 1

DESCRIPTION	NET INCOME OR (LOSS)
GLENMEDE CLIENT OPPORTUNITIES, LLC - ORDINARY BUSINESS INCOME (LOSS)	-389.
GLENMEDE CLIENT OPPORTUNITIES, LLC - NET RENTAL REAL ESTATE INCOME	-6.
GLENMEDE PRIVATE INVESTMENT FUND X, LLC - ORDINARY BUSINESS INCOME (LOSS)	22,639.
GLENMEDE PRIVATE INVESTMENT FUND X, LLC - NET RENTAL REAL ESTATE INCOME	1.
GLENMEDE PRIVATE INVESTMENT FUND X, LLC - INTEREST INCOME	441.
GLENMEDE PRIVATE INVESTMENT FUND X, LLC - DIVIDEND INCOME	54.
GLENMEDE PRIVATE INVESTMENT FUND X, LLC - ROYALTIES	219.
GLENMEDE PRIVATE INVESTMENT FUND X, LLC - OTHER PORTFOLIO INCOME (LOSS)	735.
GLENMEDE PRIVATE INVESTMENT FUND X, LLC - OTHER INCOME (LOSS)	-7,897.
GLENMEDE PRIVATE INVESTMENT FUND VIII-B, LLC - ORDINARY BUSINESS INCOME (LOS	5,457.
GLENMEDE PRIVATE INVESTMENT FUND VIII-B, LLC - NET RENTAL REAL ESTATE INCOME	30.
GLENMEDE PRIVATE INVESTMENT FUND VIII-B, LLC - OTHER NET RENTAL INCOME (LOSS	3.
GLENMEDE PRIVATE INVESTMENT FUND VIII-B, LLC - INTEREST INCOME	803.
GLENMEDE PRIVATE INVESTMENT FUND VIII-B, LLC - ROYALTIES	7.
GLENMEDE PRIVATE INVESTMENT FUND VIII-B, LLC - OTHER PORTFOLIO INCOME (LOSS)	122.
GLENMEDE PRIVATE INVESTMENT FUND VIII-B, LLC - OTHER INCOME (LOSS)	-1,531.
GLENMEDE PRIVATE INVESTMENT FUND XI, LLC - ORDINARY BUSINESS INCOME (LOSS)	1,320.
GLENMEDE PRIVATE INVESTMENT FUND XI, LLC - INTEREST INCOME	964.
GLENMEDE PRIVATE INVESTMENT FUND XI, LLC - ROYALTIES	662.
GLENMEDE PRIVATE INVESTMENT FUND XI, LLC - OTHER INCOME (LOSS)	-1,160.
CLOVERLAY FUND II LP - SERIES B - ORDINARY BUSINESS INCOME (LOSS)	-21,166.
CLOVERLAY FUND II LP - SERIES B - NET RENTAL REAL ESTATE INCOME	64.
CLOVERLAY FUND II LP - SERIES B - OTHER PORTFOLIO INCOME (LOSS)	1.
CLOVERLAY FUND II LP - SERIES B - OTHER INCOME (LOSS)	-3.
PEG GLOBAL PRIVATE EQUITY INSTITUTIONAL INVESTORS VI LLC - ORDINARY BUSINESS	-2,090.
PEG GLOBAL PRIVATE EQUITY INSTITUTIONAL INVESTORS VI LLC - NET RENTAL REAL E	1,065.
PEG GLOBAL PRIVATE EQUITY INSTITUTIONAL INVESTORS VI LLC - INTEREST INCOME	38.
PEG GLOBAL PRIVATE EQUITY INSTITUTIONAL INVESTORS VI LLC - ROYALTIES	183.
PEG GLOBAL PRIVATE EQUITY INSTITUTIONAL INVESTORS VI LLC - OTHER INCOME (LOS	-2,802.

CORDILLERA INVESTMENT FUND III, LP - NET RENTAL REAL ESTATE INCOME	-6,836.
CORDILLERA INVESTMENT FUND III, LP - INTEREST INCOME	64.
CORDILLERA INVESTMENT FUND III, LP - OTHER PORTFOLIO INCOME (LOSS)	-27,353.
CORDILLERA INVESTMENT FUND III, LP - OTHER INCOME (LOSS)	-3,205.
GPIF AA OFFICE VENTURE LP - NET RENTAL REAL ESTATE INCOME	6,991.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	-32,575.

FORM 4626 OTHER AMT ADJUSTMENTS STATEMENT 3

DESCRIPTION	AMOUNT
ADJUSTED GAIN OR LOSS	-6,653.
TOTAL TO FORM 4626, LINE 2Z	-6,653.

Form **8949**

Department of the Treasury
Internal Revenue Service

Sales and Other Dispositions of Capital Assets

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

OMB No. 1545-0074

2024

Attachment Sequence No. **12A**

Name(s) shown on return	Social security number or taxpayer identification no.
LANCASTER COUNTY COMMUNITY FOUNDATION	20-0874857

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

Part I **Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.
Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

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

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

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the **Note** below and see *Column (e)* in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions. (f) Code(s)	(g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)	
GLENMEDE PRIVATE INVESTMENT FUND X, LLC							-225.	C
GLENMEDE PRIVATE INVESTMENT FUND XI, LLC							-327.	C
CLOVERLAY FUND II LP - SERIES B							2,116.	C
PEG GLOBAL PRIVATE EQUITY INSTITUTIONAL							7.	C
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 1b** (if **Box A** above is checked), **line 2** (if **Box B** above is checked), or **line 3** (if **Box C** above is checked)							1,571.	

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

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

LANCASTER COUNTY COMMUNITY FOUNDATION

Social security number or taxpayer identification no. 20-0874857

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

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

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

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

[ ] **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

[ ] **(E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS

[X] **(F)** Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the **Note** below and see *Column (e)* in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). **See instructions.** (f) Code(s)	(g) Amount of adjustment	(h) **Gain or (loss).** Subtract column (e) from column (d) & combine the result with column (g)
GLENMEDE PRIVATE INVESTMENT FUND X, LLC							1,417. C
GLENMEDE PRIVATE INVESTMENT FUND XI, LLC							-413. C
PEG GLOBAL PRIVATE EQUITY INSTITUTIONAL							88. C
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 8b** (if **Box D** above is checked), **line 9** (if **Box E** above is checked), or **line 10** (if **Box F** above is checked)							1,092.

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

SCHEDULE D (Form 1120)
Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2024

Name

LANCASTER COUNTY COMMUNITY FOUNDATION

Employer identification number

20-0874857

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with **Box A** checked				
2 Totals for all transactions reported on Form(s) 8949 with **Box B** checked				
3 Totals for all transactions reported on Form(s) 8949 with **Box C** checked				1,571.

4 Short-term capital gain from installment sales from Form 6252, line 26 or 37	4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824	5	
6 Unused capital loss carryover (attach computation)	6	( )
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h	7	1,571.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with **Box D** checked				
9 Totals for all transactions reported on Form(s) 8949 with **Box E** checked				
10 Totals for all transactions reported on Form(s) 8949 with **Box F** checked				1,092.

11 Enter gain from Form 4797, line 7 or 9	11	3,990.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37	12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824	13	
14 Capital gain distributions	14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h	15	5,082.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	1,571.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	5,082.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	6,653.

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

Form **4797**

Department of the Treasury
Internal Revenue Service

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

2024

Attachment Sequence No. **27**

Name(s) shown on return

LANCASTER COUNTY COMMUNITY FOUNDATION

Identifying number

20-0874857

1a	Enter the gross proceeds from sales or exchanges reported to you for 2024 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20	1a	
b	Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets	1b	
c	Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets	1c	

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

2 (a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
SEE STATEMENT 2						

3	Gain, if any, from Form 4684, line 39	3	
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37	4	
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5	
6	Gain, if any, from line 32, from other than casualty or theft	6	
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows	7	3,990.
	Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.		
	Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.		
8	Nonrecaptured net section 1231 losses from prior years. See instructions	8	
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions	9	3,990.

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11	Loss, if any, from line 7	11	( )
12	Gain, if any, from line 7 or amount from line 8, if applicable	12	
13	Gain, if any, from line 31	13	
14	Net gain or (loss) from Form 4684, lines 31 and 38a	14	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	15	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	16	
17	Combine lines 10 through 16	17	
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.		
a	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions	18a	
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4	18b	

Part III **Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255** (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A		
B		
C		
D		

	These columns relate to the properties on lines 19A through 19D.		Property A	Property B	Property C	Property D
20	Gross sales price (**Note:** See line 1a before completing.)	20				
21	Cost or other basis plus expense of sale	21				
22	Depreciation (or depletion) allowed or allowable	22				
23	Adjusted basis. Subtract line 22 from line 21	23				
24	Total gain. Subtract line 23 from line 20	24				
25	**If section 1245 property:**					
a	Depreciation allowed or allowable from line 22	25a				
b	Enter the **smaller** of line 24 or 25a	25b				
26	**If section 1250 property:** If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a	Additional depreciation after 1975. See instructions	26a				
b	Applicable percentage multiplied by the **smaller** of line 24 or line 26a. See instructions	26b				
c	Subtract line 26a from line 24. If residential rental property **or** line 24 isn't more than line 26a, skip lines 26d and 26e	26c				
d	Additional depreciation after 1969 and before 1976	26d				
e	Enter the **smaller** of line 26c or 26d	26e				
f	Section 291 amount (corporations only)	26f				
g	Add lines 26b, 26e, and 26f	26g				
27	**If section 1252 property:** Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
a	Soil, water, and land clearing expenses	27a				
b	Line 27a multiplied by applicable percentage	27b				
c	Enter the **smaller** of line 24 or 27b	27c				
28	**If section 1254 property:**					
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a				
b	Enter the **smaller** of line 24 or 28a	28b				
29	**If section 1255 property:**					
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a				
b	Enter the **smaller** of line 24 or 29a. See instructions	29b				

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV **Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less** (see instructions)

			(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33		
34	Recomputed depreciation. See instructions	34		
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35		

FORM 4797 PROPERTY HELD MORE THAN ONE YEAR STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
GLENMEDE PRIVATE INVESTMENT FUND X, LLC						-22.
GLENMEDE PRIVATE INVESTMENT FUND VIII-B,						1,400.
GLENMEDE PRIVATE INVESTMENT FUND XI, LLC						-43.
CLOVERLAY FUND II LP - SERIES B						1,607.
PEG GLOBAL PRIVATE EQUITY INSTITUTIONAL						1,048.
TOTAL TO 4797, PART I, LINE 2						3,990.

Form **8868**
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print

File by the due date for filing your return. See instructions.

Name of exempt organization, employer, or other filer, see instructions.
LANCASTER COUNTY COMMUNITY FOUNDATION

Taxpayer identification number (TIN)
20-0874857

Number, street, and room or suite no. If a P.O. box, see instructions.
24 WEST KING STREET, SUITE 201

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
LANCASTER, PA 17603

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY)

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of THE ORGANIZATION
24 WEST KING STREET, SUITE 201 - LANCASTER, PA 17603

Telephone No. 717-397-1629 Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box ..... ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ..... ☐. If it is for part of the group, check this box ... ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 20 25, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
☒ calendar year 20 24 or
☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$ 0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$ 0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$ 0.

Form **8868**
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Department of the Treasury
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File a separate application for each return.
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OMB No. 1545-0047

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Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print

File by the due date for filing your return. See instructions.

Name of exempt organization, employer, or other filer, see instructions.
LANCASTER COUNTY COMMUNITY FOUNDATION

Taxpayer identification number (TIN)
20-0874857

Number, street, and room or suite no. If a P.O. box, see instructions.
24 WEST KING STREET, SUITE 201

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
LANCASTER, PA 17603

Enter the Return Code for the return that this application is for (file a separate application for each return) 07

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
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☒ calendar year 20 24 or
☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$	10,620.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$	5,320.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$	5,300.

For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8868** (Rev. 1-2025)

LHA 423841 01-02-25