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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A I	For th	e 2023 calendar year, or tax year beginning ai	nd ending					
В	Check if applicab	C Name of organization		D Employer identif	ication number			
	Addre	6 LANCASTER COUNTY FOUNDATION						
<u></u>	Name chang	Doing business as		23-64191	.20			
F	Initial returr Final	24 MECH KING CHOREM CHIME 201	Room/suit	te E Telephone numbe 717-397-				
_	lreturr termii ated		_	G Gross receipts \$	2,489,326.			
	Amen	ded TANCACOURD DA 17603		H(a) Is this a group r				
	Appli			for subordinate				
	pendi	SAME AS C ABOVE		H(b) Are all subordinates i				
$\overline{\mathbf{T}}$	Гах-ех	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 52		list. See instructions			
	Websi		.,	H(c) Group exemption				
		forganization: Corporation X Trust Association Other	L Yea		M State of legal domicile: PA			
	art I	Summary	, =					
	1	Briefly describe the organization's mission or most significant activities: TO	SUPPOR	T THE ACTIVI	TIES AND			
ခိုင		PROGRAMS OF THE LANCASTER COUNTY COMMUNI						
Activities & Governance	2	Check this box if the organization discontinued its operations or disp	osed of mo	re than 25% of its net as	sets.			
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	12			
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	12			
80	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		5	0			
ij	6	Total number of volunteers (estimate if necessary)		6	12			
턍	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.			
				Prior Year	Current Year			
ø	8	Contributions and grants (Part VIII, line 1h)		0.	0.			
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.			
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.			
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	L	2,064,129.	2,489,326.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,064,129.	2,489,326.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,064,129.	2,489,326.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10		0.	0.			
nse.	1 6a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Expenses	1	Total fundraising expenses (Part IX, column (D), line 25)	.77					
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		0.	0.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,064,129.	2,489,326.			
		Revenue less expenses. Subtract line 18 from line 12		0.	0.			
Soc	20 21 22		В	eginning of Current Year	End of Year			
Set	20	Total assets (Part X, line 16)	·	25,543,495.	27,765,221.			
ZE E	21	Total liabilities (Part X, line 26)		0.	0.			
<u>Ž</u> :	22	Net assets or fund balances. Subtract line 21 from line 20		25,543,495.	27,765,221.			
2 00.5	irt II	Signature Block						
		Ities of perjury, I declare that I have examined this return, including accompanying schedu			knowledge and belief, it is			
true,	correc	t, and complete. Declaration of preparer (ether than officer) is based on all information of	vnich prepare	r nas any knowledge.				
o:	_	Signature of officer		Date n.	- 4 - 2 (/			
Sign		SAMUEL J. BRESSI, PRESIDENT/CEO		9.	30.24			
Her	е	Type or print name and title						
Paid	l	Print/Type preparer's name DOUGLAS L. BERMAN, CPA DOUGLAS L. BERMAN	fANI. כ	09/26/24 self-employ				
	arer	Firm's name RKL LLP	, _		3-2108173			
	Only	Firm's address 3501 CONCORD ROAD, STE 250		THIISEIN Z	<u> </u>			
	J.1.13	YORK, PA 17402		Phone no 71	7-843-3804			
May	the II	RS discuss this return with the preparer shown above? See instructions		[1 NOID NO. 7 =	X Yes No			
viciy	u 10 11	io giodada ana teraiti with the brehater allowit above (ode illatification)			[44] [65] [NO			

Form 990 (2023)

Form 990 (2023) LANCASTER COUNTY FOUNDATION
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	\vdash		
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	٣		
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			i
		9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10		40		x
44	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	41.1 - Sign	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X,	1 Y	48	
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			!
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	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	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Ì	X
	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		ŀ	
	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	j	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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
.,		,,		x
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	[v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"		- 1	37
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	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	
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			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	<u> </u>	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	4
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		1	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1		l
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	+
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	1	1	
	any tax-exempt bonds?	24c	-	+
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	1	+
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			₩
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		X
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		054		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		┢
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			ľ
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
	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,			(3)
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	Saturday	Garaga e	1
	"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		х
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		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
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		Х
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	Х	
	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		
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	1	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?		٠	
Par	Note: All Form 990 filers are required to complete Schedule O t V _i Statements Regarding Other IRS Filings and Tax Compliance	38	X	
	Check if Schedule O contains a response or note to any line in this Part V			
	Chock in Constitute O Contains a response of note to any line in this Part v	······		<u> </u>
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	30329	<u>Yes</u>	No
ı d	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a U Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
٠	(gambling) winnings to prize winners?	1c	iii.fati	الدائد. ا
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			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			W Mark
	filed for the calendar year ending with or within the year covered by this return 2a 2		Majoria.	a.
þ		2b	<u> </u>	
За		3a	ļ	X
b	, no to mio ob, provide an explanation on concaule o	3b	↓	<u> </u>
4a	, , , , , , , , , , , , , , , , , , , ,			l
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	h astroni	X
b	If "Yes," enter the name of the foreign country			
	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		3/800	37
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	1	X
C C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	 	
6a	any contributions that your pat toy deducable as about the same	١,,		x
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		
ь	and the state of the control of the			
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c),	6b	0.100	S. S.
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	425115±30	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	70		
Ū	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		400 EM	79 July
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	1 174.11.52	Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		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/	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	ia, e Hecs, ed	00 963841 XXX 4554	Services
	sponsoring organization have excess business holdings at any time during the year? N/A	8	to const. Handwise	MORINGE
9	Sponsoring organizations maintaining donor advised funds.	590.0 590.0	法問題	
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:	45.45 75.42	X.X	
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			ŢĒ.
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)		SE.	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	. 1.877.180	544
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		TEX.1	12.54
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a	Proc 550	Stations 1.
	Note: See the instructions for additional information the organization must report on Schedule O.		養績	
р	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	Top.	19. W	
	Enter the amount of reserves on hand	36544	1822 (1827)	<u>Ottal</u>
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes " has it filed a Form 720 to report these payments? If We " a paying a payment of the	14a		X
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
	excess parachute payment(s) during the year?	4.5		х
	If "Yes," see the instructions and file Form 4720, Schedule N.	15		<u> </u>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	122321	X
. •	If "Yes," complete Form 4720, Schedule O.	10	5,37	25 25
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	Alaha Dal	ALLE T	#Maix.
-	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17		
	If "Yes," complete Form 6069.	(1 V.)		-00-11

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_{\perp}
Sec	tion 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 12	130	and the	MAR.
	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 12		200	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			Par.
	officer, director, trustee, or key employee?	2	Allandrian	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	<u> </u>		
•	of officers directors trustees or key completees to a server and the server of the server of	3		Х
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 amount of the form of the latest	6		X
7a	Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or	۳-		- 11
	many was also as a file and a survey in a land of	7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<u>'a</u>		
	navana attace than the garage and of	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	() ()	5.55	
а		0	X	
		8a 8b	X	
9	Lach committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD	-25	
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		
	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	1,65	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	-104		
•	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	ľ	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b		936,67	5.J.W	100-9
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	2423
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent	12.1		(v * 4)
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		300	
а	The organization's CEO, Executive Director, or top management official	15a	X	Ni 1
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	7000	松 \$	\$ J
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	Land Control	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	建设	mus :	
	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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed PA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only) a	vailabl	е
	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	financ	ial	
	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			

23-6419120

Form 990 (2023) Part VIII 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	(C) Position		(D) Reportable	(E) Reportable	(F) Estimated				
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	T	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) MR. SAMUEL BRESSI	4.00	_ <u>=</u>	<u>=</u>	5	\$	重憲	굔			
PRESIDENT & CEO	36.00	1		X				0.	254,700.	10,188.
(2) MR. WAYNE GROFF, CPA	4.00									
CFO	36.00			X				0.	152,214.	15,275.
(3) MS. ALISON VAN HARSKAMP	0.20	1	1							,
CHAIR	1.80	Х		X				0.	0.	0.
(4) MS. LYDIA HENRY	0.10						}			
VICE CHAIR (5) MS. THERESA MONGIOVI	0.90	Х		X			<u> </u>	0.	0.	0.
SECRETARY	0.10	X		X	i			0.	0.	0.
(6) MR. STEVE NIELI	0.10			-22				V.	0.	
TREASURER (START 1/1/23)	0.90	x	ĺ	X				0.	0.	0.
(7) MS. MELISA BAEZ	0.10									
BOARD MEMBER	0.90	x						0.	0.	0.
(8) MR. ROB BARBER	0.10									
BOARD MEMBER (START 1/1/23)	0.90	Х						0.	0.	0.
(9) MS. BETH BRENNAN	0.10									
BOARD MEMBER	0.90	Х						0.	0.	0.
(10) MR. JEFF GUINDON	0.10	۱.,								•
60ARD MEMBER (11) MR. JOE HESS	0.90	X	-	-	-i			0.	0.	0.
BOARD MEMBER	0.90	х						0.	0.	0.
(12) MR. PEDRO RIVERA	0.10	^						0.		<u> </u>
BOARD MEMBER	0.90	х						0.	0.	0.
(13) MR. FRED WALLER	0.10			T						
BOARD MEMBER	0.90	х			- 1		i	0.	0.	0.
(14) MS. JUDITH WUBAH	0.10									
BOARD MEMBER	0.90	Х						0.	0.	0.
					_	\Box				
			\dashv					-		
										000 (2222)

332007 12-21-23

Form 990 (2023)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 1 a Federated campaigns b Membership dues 1b c Fundraising events d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f Business Code Program Service f All other program service revenue Total, Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory **b** Less: cost or other basis and sales expenses c Gain or (loss) ______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold _____ c Net income or (loss) from sales of inventory **Business Code** 11 a DISTRIBUTIONS FROM TRU 525920 2,489,326.2,489,326 d All other revenue 2,489,326. e Total. Add lines 11a-11d 2,489,326. Total revenue. See instructions

332009 12-21-23

Form **990** (2023)

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 (A) Total expenses (B) Program service (**D**) Fundraising Do not include amounts reported on lines 6b. Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 2,489,326. 2,489,326 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members _____ 4 Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (nonemployees): Management _____ Legal _____ Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 Office expenses 13 14 Information technology 15 Royalties 16 Occupancy _____ 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 Depreciation, depletion, and amortization 22 23 Insurance Other expenses, Itemize expenses not covered 24 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.) C d e All other expenses 2,489,326. 2,489,326. 0. 0 Total functional expenses. Add lines 1 through 24e 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)

		Check if Schedule O contains a response or note to any line in this Par	t X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	,,,	1	
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		_ 3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director			
		trustee, key employee, creator or founder, substantial contributor, or 35	%		7 70 7 2 3
		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	
73	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
ď	9	Prepaid expenses and deferred charges	i .	9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	27,765,221.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	27,765,221.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		_19	
	20	Tax-exempt bond liabilities		20	
•	21		100 SCHOOL SCHOO	21	
S.	22	Loans and other payables to any current or former officer, director,			
#		trustee, key employee, creator or founder, substantial contributor, or 35	%		
Liabilities		controlled entity or family member of any of these persons		22	
_	23			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	×		
		of Schedule D		25	
	26	Total liabilities, Add lines 17 through 25	0.	26	0.
ø		Organizations that follow FASB ASC 958, check here		Ý.Ý	
ခို		and complete lines 27, 28, 32, and 33.		372	
alaı	27	Net assets without donor restrictions	25,543,495.	27	27 765 221
d B	28	Net assets with donor restrictions	25,343,495.	28	27,765,221.
Ė		Organizations that do not follow FASB ASC 958, check here			
Net Assets or Fund Balances	00	and complete lines 29 through 33.			
şţ	29	Capital stock or trust principal, or current funds		29	
SS.	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
et /	31		25,543,495.	31	27,765,221.
ž	32	Total net assets or fund balances	25 542 405	32	27,765,221.
	33	Total liabilities and net assets/fund balances	23,343,433.	33	41,100,241.

Form 990 (2023)

	1 990 (2023) LANCASTER COUNTY FOUNDATION	23-6	419120	Page	12
Pa	rt XI] Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			2	X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,489		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,489	,326	<u>.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>).</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	25,543	,495	<u>5.</u>
5	Net unrealized gains (losses) on investments	5			
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	2,221	,726	<u>. </u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	27,765	,221	. •
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		🛚	ζ_
				/es N	lo_
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.		er de	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	ζ
	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,			쮋
	consolidated basis, or both:				M
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	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	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche		物温镜		
За	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	5
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit		İ	_
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2023)

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

2023

Open to Public Inspection

Name of the organization **Employer identification number** LANCASTER COUNTY FOUNDATION 23-6419120 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (iii) Type of organization (v) Amount of monetary (ii) EIN (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes Nα above (see instructions)) LANCASTER COUNTY 7 COMMUNITY FOUNDATIO 20-0874857 2,489,326 X 2 5 489. 326. 0. Total

Schedule A (Form 990) 2023 LANCASTER COUNTY FOUNDATION 23-6419

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")]	
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to					i	
	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						
5	The portion of total contributions		345 TE 2/1		THE STATE	生物 原序设施。	
	by each person (other than a						
	governmental unit or publicly	在					
	supported organization) included		aktika china				
	on line 1 that exceeds 2% of the	手 。2.14.14.14					
	amount shown on line 11,						
	column (f)			452			
	Public support. Subtract line 5 from line 4.		A control of the second of the second		《金属物品》		
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business.]			
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	4				1	
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10	Same rations					
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	_
	organization, check this box and stor						
	tion C. Computation of Publi						<u></u>
	Public support percentage for 2023 (li	• • • • • • • • • • • • • • • • • • • •	•	.,,		14	%
	Public support percentage from 2022					15	%
16a	33 1/3% support test - 2023. If the o	-		•		•	
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2022. If the c	_		•		•	
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	-					•
	and if the organization meets the facts					I how the organizat	ion
_	meets the facts-and-circumstances te	-	-				
	10% -facts-and-circumstances test						% or
	more, and if the organization meets th						
	organization meets the facts-and-circu				• • •	*************	
18	Private foundation. If the organization	n did not check a b	ox on line 13, 16a	<u>, 16b, 17a, or 17b,</u>	check this box an		
						Schedule A (F	orm 990) 2023

332022 12-21-23

Schedule A (Form 990) 2023 LANCASTER COUNTY FOUNDATION

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not			ĺ			
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
_	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-	"	"				
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
	•						
<i>I</i> a	Amounts included on lines 1, 2, and						
h	3 received from disqualified persons Amounts included on lines 2 and 3 received						
D	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b	Defeates (12 gr. 1 gr. 1 gr. 1	Alger the Africa C	1.50 1.50 2.00 1987	Jacobski skipat i belowen is		
	Public support. (Subtract line 7c from line 6.)			Forta (St			
	· · · · · · · · · · · · · · · · · · ·	(-) 0010	4-3-0000	(-) 0004	f.#L0000	43,0000	10 T-4-I
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6 Gross income from interest,						
iva	dividends, payments received on						
	securities loans, rents, royalties,				i		
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses					ĺ	
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is		ļ				
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital			İ	·		
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	1,
		- Command Day					
	tion C. Computation of Publi						
	Public support percentage for 2023 (I		•			15	<u>%</u>
16	Public support percentage from 2022					16	<u>%</u>
	tion D. Computation of Inves			. 40	1	4-1	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	<u>%</u>
19a	33 1/3% support tests - 2023. If the						is not
_	more than 33 1/3%, check this box ar						
	33 1/3% support tests - 2022. If the	-				•	
	line 18 is not more than 33 1/3%, che			•			
20	Private foundation. If the organization	n did not check a b	oox on line 14, 19a	, or 19b, check thi	s box and see inst		<u></u>
33202	3 12-21-23					Schedule A	(Form 990) 2023

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? |f "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdinas.)

	т—	
(L. 10	Yes	No
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9b		X
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9c		X
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10a		<u>X</u> _
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10b	1329	and the
ile A (Form	990)	2023

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Schedule A (Form 990) 2023

_	edule A (Form 990) 2023 LANCASTER COUNTY FOUND A Type III Non-Functionally Integrated 509(a)(3) Supporting	ATION	anizations 2	3-6419120 Page 6
1				
,	Check here if the organization satisfied the Integral Part Test as a qualifying All other Type III non-functionally integrated supporting organizations must			Part VI). See instructions.
Sec	tion A - Adjusted Net Income	st comple	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain			
2	Recoveries of prior-year distributions	2		·
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	,	
Sect	ion B - Minimum Asset Amount	I	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	rug .		
	instructions for short tax year or assets held for part of year);			No. of the Control of
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		"-
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6	<u>.</u>	
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	如秦州· 二、江东湖南 (秦) (东) (南) (南)	
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	The state of the s	
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		

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

Schedule A (Form 990) 2023

Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continu	ued)	
Sect	ion D - Distributions		,		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	••••	1	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	s	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pl	rovide 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 t	the organization is responsive)		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	IS	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		Continue of the Continue of th		
2	Underdistributions, if any, for years prior to 2023 (reason-	Sec. Sec.	- Company of the Comp	P1.4	
_	able cause required - explain in Part VI). See instructions.	4.5.6			
3	Excess distributions carryover, if any, to 2023		To the complete of the complet	: 1059 3 1 32	CARL STREET CONTROL OF THE STREET
	From 2018	がいた。企場体では、点上、(基準型) - 25/20 (基準度) - 2.25/20 (基準型) - 25/20 (基************************************	year constraint		
b	From 2019			250K.	
	From 2020	THE STATE OF THE STATE OF	AF SAFE MESS	177.9	
	From 2021	100 (10 (agr) (1	5 - 1 - 179 - 3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
	From 2022		Property Control Control	MAR.	
f	Total of lines 3a through 3e				在多面的
g	Applied to underdistributions of prior years	Transfer of the property of th			
h	Applied to 2023 distributable amount	Towns and the second se	be loop to a set of the set of th		
i	Carryover from 2018 not applied (see instructions)				BORTH SELECTION
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		WELL STORY	Mas	移動信用表示。包含其多数数
4	Distributions for 2023 from Section D,				Was properly
	line 7: \$				
a	Applied to underdistributions of prior years				REAL PROPERTY OF THE PARTY OF T
b	Applied to 2023 distributable amount	PERMIT		BUS.	
С	Remainder. Subtract lines 4a and 4b from line 4.				A SAMPLE CANTON
5	Remaining underdistributions for years prior to 2023, if			Ì	The state of the s
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.			(180)	
7	Excess distributions carryover to 2024. Add lines 3j]			7.5 中国基本的发现基本的第三人称单数的发现。 在18.2 是19.5 中国第二人称:
	and 4c.	Processor and the contract of	But the Same Same Same Same Same Same Same Sam		
8	Breakdown of line 7:				T. S. E.
a	Excess from 2019	表现。1. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		New S	
b	Excess from 2020		Maria de Aria br>Aria de Aria d		
C	Excess from 2021		COMPANY AND STREET OF THE STRE		Social and the second s
d	Excess from 2022		THE REPORT OF BUILDING A PROPERTY	N/E	
e	Excess from 2023			機能	

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023 LANCASTER COUNTY FOUNDATION 23-6419120 Page 8
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.)
•••	
- 86	

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

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.

2023
Open to Public Inspection

Name of the organization

LANCASTER COUNTY FOUNDATION

Employer identification number 23-6419120

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Funds or A	ccounts. Complete if the
		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in don	or advised fun	ds
	are the organization's property, subject to the organization's e	xclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other p	urpose confer	ring
	impermissible private benefit?			Yes No
Pa	rt II Conservation Easements. Complete if the organization	anization answered "Yes" on For	m 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreati	on or education) Presen	ation of a histe	orically important land area
	Protection of natural habitat			ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the	ne form of a co	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic structure.			2c
d	Number of conservation easements included on line 2c acquire			
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, release			
•	year	2004, Oxtanguishou, or terminator	a by the organi	zadon during the tax
4	Number of states where property subject to conservation ease	ment is located		
5	Does the organization have a written policy regarding the period		lling of	
•	violations, and enforcement of the conservation easements it h	• •	· ·	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, his	***************************************		
_	g,g,	arialing of ficializatio, and official	ng concervatio	in casemonia during the year
7	Amount of expenses incurred in monitoring, inspecting, handling	ag of violations, and enforcing or	nservation ea	sements during the year
•	, and an experience in our or in monitoring, in operating, right	ig or violations, and emoreing of	moer vacion eac	sements during the year
8	Does each conservation easement reported on line 2d above s	atisfy the requirements of section	n 170/h)/4\/B\/ii	
	and section 170(h)(4)(B)(ii)?	•	1 // // //	
9	In Part XIII, describe how the organization reports conservation			
Ť	balance sheet, and include, if applicable, the text of the footno		•	
	organization's accounting for conservation easements.	te to the organization a financial	Statements un	it describes the
Pai	t III Organizations Maintaining Collections of A	Art. Historical Treasures.	or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form 9	•		
	If the organization elected, as permitted under FASB ASC 958,		ment and hala	ince sheet works
	of art, historical treasures, or other similar assets held for public			
	service, provide in Part XIII the text of the footnote to its finance			ee or public
h	If the organization elected, as permitted under FASB ASC 958,			about works of
	art, historical treasures, or other similar assets held for public e provide the following amounts relating to these items.	Almonion, education, or research	iii lurulerance	or public service,
	•			Φ.
	(i) Revenue included on Form 990, Part VIII, line 1			
_				
2	If the organization received or held works of art, historical treas		ınancial gain, p	provide
	the following amounts required to be reported under FASB ASC			
a	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			\$
LHA	For Paperwork Reduction Act Notice, see the Instructions for	or Form 990,		Schedule D (Form 990) 2023

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Sche	edule D (Form 990) 2023 LANCAST	ER COUNTY	FOUND	ATION				<u>23-64</u>	<u> 1912</u>	<u>≀0 r</u>	⊃ _{age} 2
Pa	rt III Organizations Maintaining C	collections of A	rt, Histo	rical Tre	easures, or C	Other S	Simila	r Asset	s (coni	tinued))
3	Using the organization's acquisition, access	ion, and other recor	ds, check	any of the	following that m	ake sign	nificant	use of its			
	collection items (check all that apply).				-	_					
а	Public exhibition		d \square L	oan or exc	change program						
b	Scholarly research			Other	5 1 • 5 • •						
C	Preservation for future generations										 -
4	Provide a description of the organization's c	ollections and expla	in how the	v/ further ti	he organization's	s eyemn	t nurno	co in Part	YIII		
5	During the year, did the organization solicit of							oc mir are	7.III.		
Ŭ	to be sold to raise funds rather than to be m								Yes	Г	No
Pa	t IV Escrow and Custodial Arran									_	NO
	reported an amount on Form 990, Pa		ete ii tile o	rganization	nanswered res	s on ro	m 990,	Part IV, I	me 9, or		
	<u> </u>						al and and				
та	Is the organization an agent, trustee, custod		-					_	٦	_	٦
	on Form 990, Part X?							L	Yes	느	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing tal	ble:							
									Amour	1t	
C	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for es	scrow or cu	ustodial account	liability?	?		Yes		No
	If "Yes," explain the arrangement in Part XIII.									_	
Pai	TV Endowment Funds Complete if	the organization an	swered "Y	es" on For	rm 990, Part IV,	line 10.					
		(a) Current year	(b) Pri	or year	(c) Two years b	ack (d)) Three y	ears back	(e) Fou	ır years	back
1a	Beginning of year balance							-			
b	Contributions					"					
С	Net investment earnings, gains, and losses				1						
d	Grants or scholarships					"					
e	Other expenditures for facilities										
·	and programs								l		
f	Administrative expenses			_		-					
-						-+					
g	End of year balance		- (in - 1 -		N hald as				L		
2	Provide the estimated percentage of the curr	•	,	column (a)) neid as:						
a	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
C		%									
	The percentages on lines 2a, 2b, and 2c sho										
За	Are there endowment funds not in the posses	ssion of the organiza	ation that a	are held an	ıd 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 organization	tions listed as requi	red on Sch	edule R?					Зb		
4	Describe in Part XIII the intended uses of the		wment fur	nds.							
Par	t VI Land, Buildings, and Equipm	ent									
	Complete if the organization answered	d "Yes" on Form 99(), Part IV, I	ine 11a. S	ee Form 990, Pa	ırt X, line	∍10.				
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Accu	ımulate	d	(d) Boo	k valu	0
		basis (investr	ment)	basis ((other)	depre	ciation	İ	. ,		
1a	Land		1		1			W 13	-		
	Buildings		<u> </u>				200 - 52.5				
	Leasehold improvements										—
	Equipment										
	Other							- 			
	Add lines 1a through 1s. (O-t (-1)t -		V #== 42:		/OU						0

Schedule D (Form 990) 2023

	OUNTY FOUNDA	TION	23-6419120 Page
Part VII Investments - Other Securities			
Complete if the organization answered "Yes" of			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			· · · · · · · · · · · · · · · · · · ·
_ (A)			
(B)			
(C)			
(D)			• .
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" or	on Form 990, Part IV, lin	e 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)		<u> </u>	
_ (5)			
(6)			
(7)			
(8)	· · ·		
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		usatowa susakija i zasacije	
Part IX Other Assets			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
(1) PERPETUAL TRUSTS			25,985,529.
(2) SPLIT INTEREST AGREEMENTS			431,283.
(3) CHARITABLE REMAINDER TRUST	S		1,348,409.
(4)			

(a) Description	(b) book value
(1) PERPETUAL TRUSTS	25,985,529.
(2) SPLIT INTEREST AGREEMENTS	431,283.
(3) CHARITABLE REMAINDER TRUSTS	1,348,409.
(4)	
(5)	
(6)	
(7)	****
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	27,765,221.

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)		
(3)		
(4)		
(5)	· · · · · · · · · · · · · · · · · · ·	
(6)		
(7)	<u></u>	
(8)		
(9)		<u></u>
	(Column (b) must equal Form 990. Part X, line 25, col. (B))	

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 ...

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023

SCHEDULE I (Form 990)

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.

Go to www.irs.gov/Form990 for the latest information. Attach to Form 990.

Open to Public Pinspection OMB No. 1545-0047

Employer identification number Name of the organization

.20		Ş	} 1			 			1	0	
23-6419120		L X	2	IV, line 21, for any	(h) Purpose of grant or assistance	TO PROVIDE FOR THE ORGANIZATION'S PROGRAM RELATED EXPENSES.					
		stance, and the selectic		and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any licated if additional space is needed.	(g) Description of noncash assistance						
		for the grants or assis		anization answered "Y	(f) Method of valuation (book, FMV, appraisal, other)					***************************************	
		grantees' eligibility	States.	complete if the organsed.	(e) Amount of noncash assistance	.0					
		or assistance, the (funds in the United	Governments. Conal space is neede	(d) Amount of cash grant	2,489,326.			line 1 table		
FOUNDATION	;	amount of the grants	oring the use of grant		(c) IRC section (if applicable)	501(C)(3)			ganizations listed in the	table	Pound Offi
	nd Assistance	o substantiate the tance?	cedures for monit	Domestic Organiz 55,000. Part II can	(9)	20-0874857			nd government or	listed in the line	a lactricular for
LANCASTER COUNTY	Fait.	1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection criteria used to award the grants or assistance?	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Con 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	LANCASTER COUNTY COMMUNITY FOUNDATION - 24 WEST KING STREET, SUITE 201 - LANCASTER, PA 17603			2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	3 Enter total number of other organizations listed in the line 1 table	For Panenwork Reduction Act Notice, see the Instructions for Earn

23-6419120

Schedule I (Form 990) 2023 LANCASTER COUNTY FOUNDATION

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
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	uired in Part I, line	e 2; Part III, column (b); and any other add	itional information.	
PART I, LINE 2:					
SINCE THE BOARD OF DIRECTORS IS THE	SAME	R LANCASTE	FOR LANCASTER COUNTY FOUNDATION	UNDATION	
AND LANCASTER COUNTY COMMUNITY FOUN	FOUNDATION,	LANCASTER	COUNTY FOUN	FOUNDATION IS	
ABLE TO MONITOR THE USE OF ALL GRANT FUNDS		BEING DIST	BEING DISTRIBUTED TO LANCASTER	LANCASTER	
COUNTY COMMUNITY FOUNDATION.					
332102 11-01-23					Cocco (See and Till all books

Schedule I (Form 990) 2023

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

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

2023

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

Part I

LANCASTER COUNTY FOUNDATION

Questions Regarding Compensation

Employer identification number 23-6419120

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		機剪	
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	7.5		
	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		40	
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
			がよ	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	100		
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	XXXXIIII	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			1872 S. S. S.
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
				V. San
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's	1889		(1)/10/2014 1/4/2014 1/4/2014
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to	33.3		
	establish compensation of the CEO/Executive Director, but explain in Part III.			10
	Compensation committee Written employment contract		發端	
	Independent compensation consultant Compensation survey or study	1 K	開閉	
	Form 990 of other organizations Approval by the board or compensation committee			
		1 2 2 2		
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:		2-45	
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
	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.	3000	15.3	370
	The second and persons and provide the applicable allocated to odd them in a drift.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			To a
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:			貨幣
а	The organization?	5a		X
	Any related organization?	5b		X
_	If "Yes" on line 5a or 5b, describe in Part III.	Talia:	(FV)	
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:	6341		美担 至
а	The organization?	6a	Tag all	X
	Any related organization?	6b		X
-	if "Yes" on line 6a or 6b, describe in Part III.		ONE	# T
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	50 No. 2 A		The same
•	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		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		da A	
•	Regulations section 53.4958-6(c)?	9		J4.850
	negalations section 03.4550-0(c):			

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

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023

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.

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	-2 and/or 1099-MISC compensation	and/or 1099-NEC	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			윤호
(1) MR. SAMUEL BRESSI	(i)	0	0	0.	0	0	0	0
PRESIDENT & CEO	(ii)	254,700.	0.	0.	10,188.	0	264,888.	0
(2) MR. WAYNE GROFF, CPA	(i)	l ł	0.	0.	0	0	0	0
CFO	(ii)	152,214.	0.	0.	6,182.	9,093.	167,489.	0
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	(ii)							
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Schedule J (Form 990) 2023

Schedule J (Form 990) 2023

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PART I, LINE 3:
LANCASTER COUNTY COMMUNITY FOUNDATION, A RELATED ORGANIZATION, COMPENSATES
THE ORGANIZATION'S PRESIDENT AND CEO. LANCASTER COUNTY COMMUNITY FOUNDATION
USES THE FOLLOWING METHODS TO ESTABLISH COMPENSATION:
- FORM 990 OF OTHER ORGANIZATIONS
- COMPENSATION SURVEY OR STUDY
- APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE
Schedule J (Form 990) 2023

SCHEDULE O (Form 990)

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 the latest information.

OMB No. 1545-0047
2023
Open to Public Inspection

Name of the organization

LANCASTER COUNTY FOUNDATION

Employer identification number 23-6419120

ELECTIVE COULTE L'OUIDILLEUR
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
IS "TO EMBOLDEN EXTRAORDINARY COMMUNITY BY INVESTING IN PEOPLE AND
IDEAS THAT WILL SHAPE THE FUTURE OF LANCASTER COUNTY."
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.
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.
FORM 990, PART VI, SECTION B, LINE 15:
THE ORGANIZATION'S POLICY IS AS FOLLOWS: 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.
LANCASTER COUNTY FOUNDATION DOES NOT CURRENTLY HAVE EMPLOYEES.
BODM OOD DADW MT GROWTON O I THE 10.

FORM 990, PART VI, SECTION C, LINE 19:

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

LHA 332211 11-14-23

Schedule O (Form 990) 2023

Name of the organization LANCASTER COUNTY FOUNDATION	Employer identification number 23-6419120
GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AV	AILABLE UPON
REQUEST. FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE	ON THE
FOUNDATION'S WEBSITE, BY MAIL, OR UPON REQUEST.	
FORM 990, PART VII, SECTION A	
SAMUEL BRESSI SERVES AS PRESIDENT AND CEO OF BOTH THE LANC	ASTER COUNTY
FOUNDATION AND THE LANCASTER COUNTY COMMUNITY FOUNDATION.	HE IS
COMPENSATED ONLY THROUGH THE LANCASTER COUNTY COMMUNITY FO	UNDATION.
WAYNE GROFF SERVES AS CFO FOR BOTH THE LANCASTER COUNTY FO	UNDATION AND
THE LANCASTER COUNTY COMMUNITY FOUNDATION. HE IS COMPENSAT	ED ONLY
THROUGH THE LANCASTER COUNTY COMMUNITY FOUNDATION.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF NON-COMPONENT PERPETUAL TRUSTS	2,221,726.
FORM 990, PART XII, LINE 2C	
THE FINANCE/AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVER	RSIGHT OF THE
AUDIT OF THE FINANCIAL STATEMENTS AND OF THE SELECTION OF	AN
INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED FROM	THE PRIOR
YEAR.	
FORM 990, PART X, LINE 15	
THE ORGANIZATION HAS EXCLUDED THE ASSETS OF CERTAIN PERPETU	JAL TRUSTS,
OF WHICH THE ORGANIZATION IS A BENEFICIARY, ON FORM 990, PA	ART X,
BALANCE SHEET, BECAUSE THE ASSETS OF THESE PERPETUAL TRUSTS	
332212 11-14-23	Schedule O (Form 990) 2023

Name of the org						,				Employer identification number
		LANC	ASTER CO	UNTY FOUN	DAT:	ION				Employer identification number 23-6419120
INCLUDED	IN	990-PF	FILINGS	PREPARED	BY	THE	TRUSTEES	OF	THE	SPECIFIC
TRUSTS.										

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332212 11-14-23

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships Attach to Form 990.

OMB No. 1545-0047

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

Open to Public 2023

Employer identification number

23-6419120

Inspection

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

LANCASTER COUNTY FOUNDATION

Schedule R (Form 990) 2023 (g) Section 512(b)(13) controlled Š × entity? Direct controlling Yes entity 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. Direct controlling End-of-year assets 170(B)(1)(A)(status (if section Public charity 501(c)(3)) î Total income Exempt Code ਉ section 9 501(C)3 Legal domicile (state or Legal domicile (state or foreign country) foreign country) PENNSYLVANIA WITH SUPPORT OF NON-PROFIT ENHANCING THE COMMUNITY Primary activity Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990, ACTIVITY 20-0874857, 24 WEST KING STREET, SUITE 201, LANCASTER COUNTY COMMUNITY FOUNDATION Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity LANCASTER, PA 17603 Part II

Page 2 23-6419120

LANCASTER COUNTY FOUNDATION Schedule R (Form 990) 2023 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.

General or Percentage managing ownership partner? 宝 9 Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Dispropertionate Yes No allocations? Ξ Share of end-of-year assets Ð Share of total income Ξ Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> (d) (Direct controlling entity (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization a 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.

(i) ection 2(b)(13) ntrolled ntith?	Yes	_	1				_			
S11.5	¥ Kes	<u> </u>			l				L	
(h) (i) Section Percentage 512by(13) controlled entity?										
(g) Share of end-of-year	2									
(f) Share of total income										
(e) Type of entity C corp, S corp or trust)										
(d) Direct contro										
(c) Legal domicile (state or foreign)	conunty)									
(b) Primary activity										
(a) Name, address, and EIN of related organization										

Schedule R (Form 990) 2023

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	2
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?	s with one or more rel	ated organizations listed	in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	Α			-t		×
 b Gift, grant, or capital contribution to related organization(s) 				٩	×	
c Gift, grant, or capital contribution from related organization(s)				2	_	×
d Loans or loan guarantees to or for related organization(s)				2		×
e Loans or loan guarantees by related organization(s)				<u>-</u>		M
				情報		
f Dividends from related organization(s)				#	-	×
g Sale of assets to related organization(s)				5		×
h Purchase of assets from related organization(s)				=		×
i Exchange of assets with related organization(s)				Ţ		×
j Lease of facilities, equipment, or other assets to related organization(s)				-		×
				### 1964 196		
K Lease of facilities, equipment, or other assets from related organization(s)				¥	1	×
Performance of services or membership or fundraising solicitations for related organization(s)	ınization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			£		×
	ion(s)			£	×	
 Sharing of paid employees with related organization(s) 				9	×	
P. Deimhurcomont naid to volated arranization(a) for account				120	- 186 - 186	(V) (F) (K)
				은	1	×
q Heimbursement paid by related organization(s) for expenses		***************************************		2	T	×
r Other transfer of cash or property to related opposition(s)						
Other transfer of cash or property from related organization(s)				-		4
If the answer to any of the above is "Vee " and the individual of	1 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		18	1	4
it tile allower to any of tile above is they, see tile illistructions for	no must complete the	s line, including covered r	illormation 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	nvolved		
(1)						
(2)						
(3)						
(4)						
(5)						
(9)						
332.163 09-28-23			Schedu	Schedule R (Form 990) 2023	(066	2023

Page 4

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.

(i) (k) General or Percentage managing ownership		!			190) 2023
ging at or	2				ž – ž
(j) General or managing partner?	ũ				F,
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)					Schedule R (Form 990) 2023
(h) Disproportionate allocations?					
(g) Share of end-of-year assets					
(f) Share of total income					
(e) Are all partners sec. 501(c)(3) orgs.?					
(d) Predominant income related, unrelated, excluded from tax undersections 512-514)					
(c) Legal domicile (state or foreign country)					
(b) Primary activity		·			
(a) Name, address, and EIN of entity					

Scriedule H	((Form 990) 2023	LANCASTER	COUNTY	FOUNDATION	23-641912	J Page 5
Part VII	k (Form 990) 2023 Supplemental Info	rmation				
ARCHARDA PROPERTY AND ARCHARD	Drovido additional inform	nation for recognoses to	a auactions or	Schedule R. See instructions.		
	Provide additional inton	nation for responses to	o questions or	Schedule H. See Instructions.		
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