IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning $\frac{7}{01}$, 2020, and ending $\frac{6}{30}$, 20 $\frac{2021}{000}$

Department of the Treasury

► Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879EO for the latest informati

Internal Revenue Service	Go to www.irs.gov/Form88/9EO for the latest information.	
Name of exempt organization or pe	rson subject to tax	Taxpayer identification number
	CONSERVANCY, INC.	22-2902944
Name and title of officer or person : GEORGE MORRIS	VP, TREASURER	
	rn and Return Information (Whole Dollars Only)	
Check the box for the retu check the box on line 1a, 2 leave line 1b, 2b, 3b, 4b, 5	rn for which you are using this Form 8879-EO and enter the applicable amount, i 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being fil ib, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered Do not complete more than one line in Part I.	f any, from the return. If you ed with this form was blank, then I -0- on the return, then enter -0- on
1 a Form 990 check here 2 a Form 990-EZ check l	L	
3 a Form 1120-POL chec		***************************************
4 a Form 990-PF check I		
5 a Form 8868 check he.	· · · · · · · · · · · · · · · · · · ·	
6 a Form 990-T check he		
7 a Form 4720 check he		
Part II Declaration a	and Signature Authorization of Officer or Person Subject to Tax	
Under penalties of perjury, I (name of organization)	declare that X I am an officer of the above organization or I I am a person	
and belief, they are true, celectronic return. I consented IRS and to receive from the processing the return or refurinitiate an electronic funds who of the federal taxes owed U.S. Treasury Financial Agfinancial institutions involvinguiries and resolve issue	a copy of the 2020 electronic return and accompanying schedules and statement correct, and complete. I further declare that the amount in Part I above is the amount to allow my intermediate service provider, transmitter, or electronic return origine IRS (a) an acknowledgement of receipt or reason for rejection of the transmissind, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its depithdrawal (direct debit) entry to the financial institution account indicated in the tax preporn this return, and the financial institution to debit the entry to this account. To regent at 1-888-353-4537 no later than 2 business days prior to the payment (settled in the processing of the electronic payment of taxes to receive confidential infinites related to the payment. I have selected a personal identification number (PIN) the consent to electronic funds withdrawal.	count shown on the copy of the nator (ERO) to send the return to the ion, (b) the reason for any delay in esignated Financial Agent to paration software for payment evoke a payment, I must contact the ment) date. I also authorize the formation necessary to answer
PIN: check one box only X I authorize		76104 as my signature
on the tax year 2020 ele (les) regulating charitie disclosure consent scre	ctronically filed return. If I have indicated within this return that a copy of the return is best as part of the IRS Fed/State program, I also authorize the aforementioned ERC	o not enter all zeros eing filed with a state agency O to enter my PIN on the return's
electronically filed retu	n subject to tax with respect to the organization, I will enter my PIN as my signaturn. If I have indicated within this return that a copy of the return is being filed with IRS Fed/State program, I will enter my PIN on the return's disclosure consent so	h a state agency(ies) regulating creen.
Signature of officer or person subje-	ct to tax - George Morris Date -	5/13/22
Part III Certification	and Authentication	***
	r six-digit electronic filing identification	
	your five-digit self-selected PIN	
l certify that the above nume l am submitting this return in Providers for Business Ret	eric entry is my PIN, which is my signature on the 2020 electronically filed return indicate accordance with the requirements of Pub. 4163 , Modernized e-File (MeF) Information for Acturns.	ed above. I confirm that uthorized IRS <i>e-file</i>
ERO's signature ► <u>COLT</u>	N D. COMBS, CPA Date ► 4/7/2022	
	ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So	

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information

Open to Public Inspection Department of the Treasury Internal Revenue Service For the 2020 calendar year, or tax year beginning .**20** 2023 2020, and ending Check if applicable: D Employer identification number Address change LAKE GEORGE LAND CONSERVANCY, INC. 22-2902944 P.O. BOX 1250 Telephone number Name change BOLTON LANDING, NY 12814 518-644-9673 Initial return Final return/terminated **G** Gross receipts \$ Amended return 3,206,234 F Name and address of principal officer: H(a) Is this a group return for subordinates Application pending GEORGE MORRIS **H(b)** Are all subordinates included? If "No," attach a list. See instructions No SAME AS C ABOVE Yes Tax-exempt status: X 501(c)(3) 4947(a)(1) or 527 (insert no.) 501(c) (Website: ► WWW.LGLC.ORG **H(c)** Group exemption number X Corporation Association 1988 Form of organization: Other > L Year of formation: M State of legal domicile: NY Summary Briefly describe the organization's mission or most significant activities: DEDICATED TO PERMANENTLY PRESERVE THE NATURAL, SCENIC AND RECREATIONAL RESOURCES OF THE LAKE GEORGE REGION. Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b)..... 21 5 8 Total number of volunteers (estimate if necessary)..... 6 179 7a Total unrelated business revenue from Part VIII, column (C), line 12..... 0. **b** Net unrelated business taxable income from Form 990-T, Part I, line 11..... 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h)..... 2,010,720 2,342,903. Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 239,166. 10 286,456 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 11 -35,673 7,449. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 12 261,503 589,518. Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... 6,150 9,265 Benefits paid to or for members (Part IX, column (A), line 4)..... Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 525,075 531,625 **16a** Professional fundraising fees (Part IX, column (A), line 11e)..... **b** Total fundraising expenses (Part IX, column (D), line 25) ► Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 372,832. 386,279. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)... 904,057 927,169. Revenue less expenses. Subtract line 18 from line 12..... 1,662,349. 357,446. **End of Year Beginning of Current Year** 20 Total assets (Part X, line 16)..... 22,923,871. 25,772,963. 21 Total liabilities (Part X. line 26) 67,097. 152,354.

Part II Signature Block

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

Sign Here	Signature of officer		[Date				
	GEORGE MORRIS							
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN			
Paid	COLIN D. COMBS, CPA	COLIN D. COMBS, CPA		self-employed	P00968109			
Preparer	Firm's name MHITTEMORE,	Firm's name MHITTEMORE, DOWEN & RICCIARDELLI, LLP						
Use Only	Firm's address 333 AVIATION	Firm's address 333 AVIATION RD BLDG B						
	QUEENSBURY,	Phone no. (518) 792-0918						
May the IRS	discuss this return with the prepare	r shown above? See instructions			. X Yes No			

Net assets or fund balances. Subtract line 21 from line 20.....

25,620,609.

22,856,774.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part l</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? <i>If 'Yes,' complete Schedule C, Part II</i>	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 Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7	Х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete 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 amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> 'Yes,' <i>complete Schedule D, Part IV</i>	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
ā	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
t	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
C	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
C	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.	11 d	Х	
6	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Χ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i>	11 f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
t	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
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
Ł	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F. Parts II and IV.	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I See instructions.	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х

Form 990 (2020) LAKE GEORGE LAND CONSERVANCY, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV	28a		Х
	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.	28b		Χ
	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	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		Х
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
35	a 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? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	140
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	(gambling) winnings to prize winners?	1 c		
RA/	TEEA0104L 10/07/20	Larm	aan (ついつつい

Form 990 (2020) LAKE GEORGE LAND CONSERVANCY, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a			
ŀ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			• • •
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
	olf 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>	3 b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
ŀ	of If 'Yes,' enter the name of the foreign country ►			
.	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5 a		X
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		71
		30		
	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
	Organizations that may receive deductible contributions under section 170(c).			
á	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?	7 a	X	
	of If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	, ,		
	Form 8282?	7 c		Х
	If 'Yes,' indicate the number of Forms 8282 filed during the year	7.		X
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e 7 f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	/ 1		21
	as required?	7 g		
ŀ	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12			
	o Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
ł	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 a	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ŀ	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
ä	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
	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			
	Enter the amount of reserves on hand			17
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	o If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If 'Yes,' complete Form 4720, Schedule O.	. •		

Form 990 (2020) LAKE GEORGE LAND CONSERVANCY, INC. 22-2902944 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. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... 21 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..... 21 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE. Q. 15 a **b** Other officers or key employees of the organization...SEE .SCHEDULE..Q..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... 16 a Χ **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?. 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > NY FL NJ CO CT OH VA SC NM GA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website X Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records

CORNELIA WELLS P.O. BOX 1250 BOLTON LANDING NY 12814 518-644-9673

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

		(C)								
(A) Name and title	(B) Average hours per	thar	one both dire	box, an o ector/	unles	,	on	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(1) JAMIE BROWN	40									
EXECUTIVE DIR.	0			Χ				111,918.	0.	22,598.
	2	Х		Х				0.	0.	0.
(3) GEORGE MORRIS	2									
VP, TREASURER	0	Χ		Χ				0.	0.	0.
(4) JEFF_BROZYNA	2									
VICE PRESIDENT	0	Χ		Χ				0.	0.	0.
(5) JOHN BUHAC, MD	1									
DIRECTOR	0	Χ						0.	0.	0.
	1									
DIRECTOR	0	X						0.	0.	0.
	1	٠,,						0	0	0
DIRECTOR APPRINGLE	0	X						0.	0.	0.
(8) SHERYL ARENHOLZ	1	37						0	0	0
DIRECTOR	0	Х						0.	0.	0.
(9) ELIZABETH GUEST DIRECTOR	$\left - \frac{1}{0} - \frac{1}{0} \right $	Х						0.	0.	0
(10) ROBERT C SINGER	1	Λ						0.	0.	0.
DIRECTOR	1	Х						0.	0.	0.
(11) PAUL BELL	1	Λ.						0.	0.	<u> </u>
DIRECTOR	0	Х						0.	0.	0.
(12) CHRIS LAGUARDIA	1							0.	•	<u> </u>
DIRECTOR	0	Х						0.	0.	0.
(13) KATIE BRUENING	1									
DIRECTOR	0	Х						0.	0.	0.
(14) AMANDA METZGER	1									
DIRECTOR	0	Χ						0.	0.	0.

Part VII Section A. Officers, Directors, Tru	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
	(B)			(C	•							
(A) Name and title	Average hours per	box	, unles	ss pe	erson	than is both or/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from	Estim	(F) ated am	ount
	week (list any	유	SL.	Ç	S e	em Hig	Fo	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compe	of other ensation erganizat	from
	hours for related	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former			an	d related anization	d
	organiza - tions	ior in	onal -		ploy	com	,			. 3		
	below dotted	Jstee	trust		જ	pens						
	line)	()	8			ated						
(15) PAUL CUMMINGS	1											
DIRECTOR	0	Х						0.	0.			0.
(16) CLIFF DAVID	1											
DIRECTOR	0	Χ						0.	0.			0.
(17) PATTY HASBROUCK	2											
VICE PRESIDENT	0	X		Χ				0.	0.			0.
(18) ROBERT VON WERNE	1	.,							•			•
DIRECTOR (10) WD ACEV CLOSSILED	0	Х						0.	0.			0.
(19) TRACEY CLOTHIER SECRETARY	2	Х		Χ				0.	0.			0.
(20) MICHAEL O'REILLY	3	Λ		Λ				0.	0.			0.
PRESIDENT	0-	Χ		Χ				0.	0.			0.
(21) DEBORAH HOFFMAN	1											
DIRECTOR	0	Χ						0.	0.			0.
(22) ELIZABETH MEIGHER	1											
DIRECTOR	0	Χ						0.	0.			0.
(23)												
(24)												
(25)												
1 b Subtotal							•	111,918.	0.	22,598.		
c Total from continuation sheets to Part VII, Section 17							-	0.	0.		20 [0.
d Total (add lines 1b and 1c)							ved	111, 918.	0.	ensatio	22,5	598.
from the organization \(\) 1	10 111030 1	Sicu	abov	(C) ¥	WIIO	ICCCI	vcu	more than \$100,00	o or reportable comp	CHSallo	''	
											Yes	No
3 Did the organization list any former officer, direct	tor. truste	e. ke	v en	olan	ovee	. or	hiah	nest compensated	emplovee			
on line 1a? If 'Yes,' complete Schedule J for suc	h individu	aĺ								. 3		X
4 For any individual listed on line 1a, is the sum of	reportab	le co	mpe	nsa	ţion	and	oţh	er compensation	from			
the organization and related organizations greate such individual										. 4		Х
5 Did any person listed on line 1a receive or accrue	e compen	satio	n fro	om a	any	unre	late	ed organization or	individual			
for services rendered to the organization? If 'Yes	,' comple	te Sc	hedi	ule	J fo	r suc	:h p	erson		. 5		X
Section B. Independent Contractors 1 Complete this table for your five highest compensus	sated inde	nen	dent	cor	ntrac	rtors	tha	t received more th	nan \$100 000 of			
compensation from the organization. Report compen	sation for	the c	alend	dar y	year	endi	ng v	vith or within the or	ganization's tax year			
(A) Name and business address								(B) Description of		Compe	C)	\n
	<u> </u>							Description	or services	Compe	iisalic	111
2 Total number of independent contractors (including b		ted to	tho:	se li	isted	labo	ve)	who received more	than			
\$100,000 of compensation from the organization	D 0											

		Check if Schedule O contains a response or note to any	y line in this Part V	III		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns	2,342,903.			
e (Business Code	2,342,303.			
Program Service Revenue		All other program service revenue				
	3	Investment income (including dividends, interest, and other similar amounts)	107 224			107 224
	4	Income from investment of tax-exempt bond proceeds	107,324.			107,324.
	5	Royalties				
	C -	(i) Real (ii) Personal				
		Gross rents				
		Rental income or (loss) 6c 12,750.				
		Net rental income or (loss)	12,750.			12,750.
	7 a	Gross amount from (i) Securities (ii) Other				
		sales of assets other than inventory 7a 739,069.				
	b	Less: cost or other basis and sales expenses 7b 607,227.				
	С	Gain or (loss)				
	d	Net gain or (loss)	131,842.			131,842.
Other Revenue		Gross income from fundraising events (not including \$\frac{169,663}{\text{.}}\$ of contributions reported on line 1c). See Part IV, line 18				
₹	С	Net income or (loss) from fundraising events	-1,198.			-1,198.
		Gross income from gaming activities. See Part IV, line 19				
		Less: direct expenses 9b Net income or (loss) from gaming activities				
		- - - - - - - - - -				
		Gross sales of inventory, less returns and allowances				
		Net income or (loss) from sales of inventory▶	-4,103.	-4,103.		
SI	11	Business Code				
Miscellaneous Revenue	11 a b c d					
	c D					
SCE Re	d	All other revenue				
Σ		Total. Add lines 11a-11d				
	12	Total revenue. See instructions ▶	2,589,518.	-4,103.	0.	250,718.

SOP 98-2 (ASC 958-720).....

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. (D) (B) (C) Do not include amounts reported on lines Total expenses Program service Management and Fundraising 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21..... 9,265 9,265. 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 Compensation of current officers, directors, trustees, and key employees 139,271 83,563. 27,854 27,854. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)....... 0 0 0 0. 307,161 164,871 71,145 71,145. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 18,873 9,647 4,613 4,613. 32,604 13,294 9,655 9,655. 33,716 7,778. 18,160. 7,778 11 Fees for services (nonemployees): 10,689 10,689 c Accounting..... 14,445 14,445 **d** Lobbying...... e Professional fundraising services. See Part IV, line 17... 7,489. 7,489. Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.SCH. (13,073. 7,588. 127,340. 106,679. Advertising and promotion..... 46,110. 36,511. 4,800. 4,799. 1,810. 1,159 452 199. 6,270.Information technology..... 14 6,966. 348. 348. 15 Royalties.... 17 1,609 1,440 113 56. Payments of travel or entertainment expenses for any federal, state, or local public officials..... Conferences, conventions, and meetings.... 19 21 Payments to affiliates..... 22 Depreciation, depletion, and amortization. . . . 52,579. 38,808. 9,564. 4,207. 23 14,743. 4,879. 2,146. 21,768 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.).... a OPERATING SUPPLIES 37,265 23,850 9,316 4,099. b PERMITS, FEES AND LICENSES 14,673 9,450 1,596. 3,627 6,631 c TELEPHONE AND UTILITIES 10,293 2,543 1,119. 8,986 5,529 2,507 950. d POSTAGE AND SHIPPING 24,257. 19,256. 4,017 984. e All other expenses..... 25 Total functional expenses. Add lines 1 through 24e. . . 198,218 149,136. 927,169. 579,815. 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

		Check if Schedule O contains a response or note to	any line	in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing			635,551.	1	457,725.
	2	Savings and temporary cash investments			769,313.	2	920,296.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	er officer, I contribut	director, or, or 35%		5	
	6	Loans and other receivables from other disqualified p		h h			
	0	section 4958(f)(1)), and persons described in section		6			
	7	Notes and loans receivable, net		L		7	
sts	8	Inventories for sale or use				8	
Assets	9	Prepaid expenses and deferred charges				9	
A		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		1,580,256.			
	b	Less: accumulated depreciation	10 b	533,542.	1,052,954.	10 c	1,046,714.
	11	Investments — publicly traded securities			4,423,057.	11	6,137,869.
	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	16,042,996.	15	17,210,359.		
	16	Total assets. Add lines 1 through 15 (must equal line	33)		22,923,871.	16	25,772,963.
	17	Accounts payable and accrued expenses		17			
	18	Grants payable				18	
	19	Deferred revenue		ļ-		19	
	20	Tax-exempt bond liabilities		L-		20	
ies	21	Escrow or custodial account liability. Complete Part I		L		21	
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these pe	utor, or 35	5%		22	
_	23	Secured mortgages and notes payable to unrelated the		L		23	
	24	Unsecured notes and loans payable to unrelated third		L-	65,541.	24	151,000.
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	•		1,556.	25	1,354.
	26	Total liabilities. Add lines 17 through 25			67,097.	26	152,354.
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	≥ ► ∑	(,		,
lan	27				19,114,592.	27	21,202,440.
Ва	28	Net assets with donor restrictions			3,742,182.	28	4,418,169.
nd		Organizations that do not follow FASB ASC 958, che	ck here >	· 🗇 📑			, , , , , , , , , , , , , , , , , , , ,
Fu		and complete lines 29 through 33.					
Net Assets or Fund Balance	29	Capital stock or trust principal, or current funds			29		
ets	30	Paid-in or capital surplus, or land, building, or equipment	nent fund.			30	
SSI	31	Retained earnings, endowment, accumulated income,	, or other	funds		31	
1 7	32	Total net assets or fund balances			22,856,774.	32	25,620,609.
×	33	Total liabilities and net assets/fund balances	<u></u>	<u></u>	22,923,871.	33	25,772,963.
RΔ	۸		TEEA0111L	10/07/20			Form 990 (2020)

Part XI Reconciliation of Net Assets							
Check if Schedule O contains a response or note to any line in this Part XI.							
1 Total revenue (must equal Part VIII, column (A), line 12)		1	2,5	89,5	518.		
2 Total expenses (must equal Part IX, column (A), line 25)	🗀	2	9	27,1	L69.		
3 Revenue less expenses. Subtract line 2 from line 1	🗀	3	1,6	62,3	349.		
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
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			0.		
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
column (B))	1	0	25,6	20,6	509.		
Part XII Financial Statements and Reporting					_		
Check if Schedule O contains a response or note to any line in this Part XII					. X		
				Yes	No		
1 Accounting method used to prepare the Form 990: Cash Accrual X Other SEE SCH.	0						
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.							
2 a Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Χ		
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revi separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ewed	on a					
b Were the organization's financial statements audited by an independent accountant?			2 b	Χ			
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis	arate	!					
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the at review, or compilation of its financial statements and selection of an independent accountant?	dit,		2 c	Х			
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.							
3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e 		3 a		Х		
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3 b				
BAA TEEA0112L 10/19/20			Form	990 ((2020)		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization Employer identification number LAKE GEORGE LAND CONSERVANCY, INC. 22-2902944 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 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) Total

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

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

Sec	tion A. Public Support						
	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	1,613,821.	2,660,473.	1,775,167.	2,010,720.	2,342,903.	10,403,084.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	1,613,821.	2,660,473.	1,775,167.	2,010,720.	2,342,903.	10,403,084.
6	Public support. Subtract line 5 from line 4						5,583,452.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	1,613,821.	2,660,473.	1,775,167.	2,010,720.	2,342,903.	10,403,084.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	74,603.	92,736.	122,954.	115,876.	120,074.	526,243.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	,	,	,	, , , , , ,	, ,	0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0.
	Total support. Add lines 7 through 10						10,929,327.
12	Gross receipts from related activ	vities, etc. (see in:	structions)			12	0.
13	First 5 years. If the Form 990 is organization, check this box and	for the organization for the o	on's first, second,	third, fourth, or f	fifth tax year as a	section 501(c)(3)	▶ □
Sec	tion C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 20 Public support percentage from						51.09 %
15 16a	33-1/3% support test—2020. If t	he organization d	id not check the b	oox on line 13, an	d line 14 is 33-1/3	B% or more, checl	52.17 % this box
b	and stop here. The organization 33-1/3% support test—2019. If the and stop here. The organization	ne organization die	d not check a box	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more, o	check this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	s test, check this	box and stop here	e. Explain in Part	VI how
	10%-facts-and-circumstances te or more, and if the organization organization metals the 'facts-and the 'facts	meets the facts-a d-circumstances'	ind-circumstances test. The organiza	s test, check this lation qualifies as	box and stop here a publicly support	e. Explain in Part ed organization.	VI how the▶
18	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or 1/b, check th	is box and see ins	structions

Page 3

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

(Complete only	if you checked	the box on line	e 10 of Part I	or if the	organization	failed to	qualify	under Pa	rt II. If t	he organi:	zation
fails to qualify u	inder the tests I	listed below, p	lease comple	te Part II	l.)						

Section A. Public Support								
	dar year (or fiscal year beginning in) 🟲	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513.							
-	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.							
С	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
Sec	tion B. Total Support							
	dar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
	Amounts from line 6							
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
с 11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).							
	Total support. (Add lines 9, 10c, 11, and 12.)							
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or f	ifth tax year as a s	section 501(c)(3)	▶ □	
	tion C. Computation of Pul							
	Public support percentage for 20	•			•		%	
	Public support percentage from 2					16	%	
	tion D. Computation of Inv							
	Investment income percentage for	•	• •	-			%	
	Investment income percentage f					L1	%	
	33-1/3% support tests—2020. If t is not more than 33-1/3%, check	this box and sto	p here. The orgar	nization qualifies a	as a publicly suppo	orted organization	۱ 🟲 📗	
	33-1/3% support tests—2019. If t line 18 is not more than 33-1/3%	, check this box a	and stop here. Th	e organization qu	alifies as a public	ly supported orga	nization ►	
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section	•		
	(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was cribed in section 509(a)(1) or (2).			
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4 a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI.	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.	9с		
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)? If 'Yes,' answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.).	10b		

Part	: IV	Supporting Organizations (continued)			
11	Lloo t	the expenientian accepted a gift or contribution from any of the following persons?		Yes	No
		the organization accepted a gift or contribution from any of the following persons? son who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below,			
		overning body of a supported organization?	11a		
b	A fan	nily member of a person described in line 11a above?	11b		
		controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Sect	ion I	B. Type I Supporting Organizations			
1	Did #	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one		Yes	No
	or mo office organ than	ore supported organizations have the power to regularly appoint or elect at least a majority of the organization's ers, directors, or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported inization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers			
		g the tax year.	1		
	that o	ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Sect	ion (C. Type II Supporting Organizations		•	•
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the			
		orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	ion I	D. All Type III Supporting Organizations			
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
	organ	nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	Vere any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		2		
3	By rea	ason of the relationship described in line 2, above, did the organization's supported organizations have a significant			
		in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played			
	in this	s regard.	3		
Sect	ion I	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	Т	The organization satisfied the Activities Test. Complete line 2 below.			
b	Т	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	Т	he organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instru	uction	s).
2	Activi	ities Test. <i>Answer lines 2a and 2b below.</i>	ľ	Yes	No
	suppo organ	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was			
		onsive to those supported organizations, and how the organization determined that these activities constituted tantially all of its activities.	2a		
		ne activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or			
	reaso	of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the part of the organization's position that its supported organization(s) would have engaged in these activities	2b		
		or the organization's involvement.	20		
		nt of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	each	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>If 'Yes' or 'No,' provide details in Part VI.</i>	3a		
		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

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1.1.	_ /.	7	u	1	7	4	4

Page 6

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	on No	ov. 20, 1970 (explain in	n Part VI). See through E.
Sec	tion A — Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
t	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
(Total (add lines 1a, 1b, and 1c)	1d		
6	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_ 7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grated	Type III supporting or	ganization

Schedule A (Form 990 or 990-EZ) 2020

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Sec	tion D - Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes	1			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3			
4	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required — provide details in Part VI)	5			
6	Other distributions (describe in Part VI). See instructions.	6			
7	Total annual distributions. Add lines 1 through 6.	7			
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8			
9	Distributable amount for 2020 from Section C, line 6	9			
10	Line 8 amount divided by line 9 amount	10			

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			
DAA		Calaadala A /Ea	000 000 EZ\ 000

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Schedule A (Form 990 or 990-EZ) 2020

Part VI

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

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

• 5	Section 501(c)(4), (5), or (6) o	rganizations: Complete Part III.			
	of organization	,		Employer identific	ation number
LAF	KE GEORGE LAND CONS	ERVANCY, INC.		22-290294	
Par	rt I-A Complete if the or	rganization is exempt under section	on 501(c) or is a s	section 527 organi	zation.
1		organization's direct and indirect political con of 'political campaign activities')	ampaign activities in	Part IV.	
2	Political campaign activity ex	penditures (See instructions)		⊳ \$	1
3	Volunteer hours for political	campaign activities (See instructions)			
Par	rt I-B Complete if the or	rganization is exempt under section	on 501(c)(3).		
1	Enter the amount of any exc	ise tax incurred by the organization under	section 4955	⊳ \$	0.
2	Enter the amount of any exc	ise tax incurred by organization managers	under section 4955.	▶\$	0.
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year?		Yes No
4 a	Was a correction made?				Yes No
Ł	If 'Yes,' describe in Part IV.				
Par	rt I-C Complete if the or	rganization is exempt under section	on 501(c), excep	t section 501(c)(3).	
1	Enter the amount directly ex	pended by the filing organization for section	n 527 exempt function	on activities ►\$	
2		g organization's funds contributed to other			
3		ditures. Add lines 1 and 2. Enter here and		► \$	
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No
5	amount of political contribution	and employer identification number (EIN) s. For each organization listed, enter the all so received that were promptly and directly del all action committee (PAC). If additional spanning the committee (PAC) is additional spanning the committee (PAC).	ivered to a separate po	olitical organization, such	as a separate
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2020

Part II-A Complete if section 501(the organization	on is exempt under sec	ction 501(c)(3) and	l filed Form 5768 (el	ection under
		ngs to an affiliated group (and	list in Part IV each affili	ated group member's name	<u>,</u>
		nd share of excess lobbying			
B Check ► if the filing	ng organization ch	ecked box A and 'limited cor	ntrol' provisions apply.		
(The term	Limits on Lobb 'expenditures' me	oying Expenditures eans amounts paid or incurr	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expendit	ures to influence p	oublic opinion (grassroots lob	bying)		
b Total lobbying expendition	ures to influence a	a legislative body (direct lobb	ying)		
, , ,	•	and 1b)			
e Total exempt purpose e	expenditures (add	lines 1c and 1d)			
		mount from the following tab			
If the amount on line 1e, col	umn (a) or (b) is:	The lobbying nontaxable	amount is:		
Not over \$500,000		20% of the amount on line 1e.			
Over \$500,000 but not over \$1		\$100,000 plus 15% of the excess			
Over \$1,000,000 but not over \$		\$175,000 plus 10% of the excess			
Over \$1,500,000 but not over \$	\$17,000,000	\$225,000 plus 5% of the excess of	over \$1,500,000.		
Over \$17,000,000	amount (enter 25%	\$1,000,000. 6 of line 1f)			
•	•	ss, enter -0			
_		ss, enter -0			
j If there is an amount other	er than zero on eithe	er line 1h or line 1i, did the org	janization file Form 4720	reporting	Yes No
3001011 4311 107 1110	y car				
(Som		4-Year Averaging Period L nat made a section 501(h) el pelow. See the separate inst	ection do not have to		
		bying Expenditures During			
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying					
expenditures BAA					1 990 or 990-EZ) 2020

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

For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		1)	(b)
		No	Amount
SEE PART IV 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		Χ	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Χ	
c Media advertisements?		Χ	
d Mailings to members, legislators, or the public?		Χ	
e Publications, or published or broadcast statements?		Χ	
f Grants to other organizations for lobbying purposes?		Χ	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		Χ	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Χ	
i Other activities?		Χ	
j Total. Add lines 1c through 1i			0.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х	
b If 'Yes,' enter the amount of any tax incurred under section 4912			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6).	(c)(5)	, or	

F

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

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

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

Part IV Supplemental Information

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

PART II-B - DESCRIPTION OF LOBBYING ACTIVITY

ALL LOBBYING THAT WAS DONE ON BEHALF OF THE ORGANIZATION WAS PROVIDED PRO-BONO BY A LOCAL LAW FIRM.

SCHEDULE D (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.

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

LAK	E GEORGE LAND CONSERVANCY, INC.		22-29	02944
Par	t Organizations Maintaining Donor Advised Funds or Othe			
	Complete if the organization answered 'Yes' on Form 990,	Part IV, line	e 6.	
	(a) Donor advised for	unds	(b) Funds and	other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that the are the organization's property, subject to the organization's exclusive legal of	assets held in d	lonor advised funds	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writin for charitable purposes and not for the benefit of the donor or donor advisor, impermissible private benefit?	ng that grant fur or for any othe	nds can be used only r purpose conferring	Yes No
Par				
	Complete if the organization answered 'Yes' on Form 990,		e 7.	
1	Purpose(s) of conservation easements held by the organization (check all that			
	X Preservation of land for public use (for example, recreation or education)		tion of a historically imp	
	X Protection of natural habitat	Preservat	tion of a certified histor	ic structure
•	X Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conservation contralst day of the tax year.	ribution in the foi	m of a conservation eas	ement on the
	tast day of the tax your.		Held at the	e End of the Tax Year
а	Total number of conservation easements		2a 19	
	Total acreage restricted by conservation easements		_	
c	: Number of conservation easements on a certified historic structure included i	in (a)		
d	Number of conservation easements included in (c) acquired after 7/25/06, an	id not on a histo	oric	
	structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, extinguished, c tax year ►	or terminated by	the organization during t	he
4	Number of states where property subject to conservation easement is located ▶		<u>1</u>	
5	Does the organization have a written policy regarding the periodic monitoring and enforcement of the conservation easements it holds?			X Yes
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, 250			uring the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and	enforcing conse	rvation easements during	the vear
-	►\$ 5,000.	, , , , , , , , , , , , , , , , , , ,		, ,
	Does each conservation easement reported on line 2(d) above satisfy the regard section 170(h)(4)(B)(ii)?		<u> </u>	Yes No
9	In Part XIII, describe how the organization reports conservation easements in include, if applicable, the text of the footnote to the organization's financial s conservation easements. SEE PART XIII	n its revenue ar statements that	nd expense statement a describes the organiza	and balance sheet, and tion's accounting for
Par		Treasures. o	r Other Similar As	sets.
<u>. u.</u>	Complete if the organization answered 'Yes' on Form 990,	, Part IV, line	e 8.	
1 a	If the organization elected, as permitted under FASB ASC 958, not to report historical treasures, or other similar assets held for public exhibition, education Part XIII the text of the footnote to its financial statements that describes the	on, or research	tatement and balance in furtherance of public	sheet works of art, c service, provide in
b	If the organization elected, as permitted under FASB ASC 958, to report in its historical treasures, or other similar assets held for public exhibition, education, or following amounts relating to these items:	research in furth	erance of public service,	provide the
	(i) Revenue included on Form 990, Part VIII, line 1			
	(ii) Assets included in Form 990, Part X		▶\$	
	If the organization received or held works of art, historical treasures, or other similar amounts required to be reported under FASB ASC 958 relating to these items	s:		-
	Revenue included on Form 990, Part VIII, line 1			
L	Assats included in Form 990 Part Y		▶ ♦	1

Part III Organizations	Maintaining Colle	ections of	Art, Histor	ical Tre	easures, or	Other	Similar Ass	ets (c	ontınu	ed)
3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):										
a Public exhibition		(d Loan or	exchanç	ge program					
b Scholarly research		•	e Other							
c Preservation for futu	ire generations									•
4 Provide a description of the Part XIII.	ne organization's collect	tions and expl	ain how they t	further the	e organization's	exempt	purpose in			
5 During the year, did the to be sold to raise funds	rather than to be ma	iintained as p	part of the org	ganizatio	n's collection?			Yes		No
Escrow and Cu line 9, or repor	ustodial Arranger ted an amount or	Form 990	, Part X, li	ne 21.	iization ans	werea	res on ro	1111 99	u, Par	ιιν,
1 a Is the organization an a	gent, trustee, custodia	an or other in	itermediary fo	or contrib	utions or othe	r assets	not included	- 1	_	٦
on Form 990, Part X?								Yes	·	No
b If 'Yes,' explain the arra	ngement in Part XIII i	and complete	the following	g table:			ı	A 100 0 1 110		
- Devinning belongs						1		Amoun	IT	
c Beginning balance										
d Additions during the yeae Distributions during the										
f Ending balance						1 e				
2a Did the organization incl							liahilitu2	Yes		No
b If 'Yes,' explain the arra							-			
Part V Endowment Fu	ınds. Complete if	the organi	ization ans	wered	'Yes' on For	m 990	Part IV lir	ne 10		
Ture Endowment	(a) Curren	T T	(b) Prior year		Two years back		Three years back		Four years	hack
1 a Beginning of year balan			3,830,50		3,341,145		2,740,369.		,275,	
b Contributions		,059.	541,59		300,000		300,000.			000.
a National advantage		, , , , , , ,								
c Net investment earnings and losses		,617.	174,08	5.	254,499		300,776.		365,	135.
d Grants or scholarships .			<u> </u>		<u> </u>		<u> </u>			
e Other expenditures for f	acilities									
and programs	283	,862.	165,11	7.	65,144	•	0.			
f Administrative expenses										
g End of year balance		•	4,381,06		3,830,500		3,341,145.	2	<u>,740,</u>	369.
2 Provide the estimated p	-	-	•	1g, colu	mn (a)) held a	ıs:				
a Board designated or quas		30.90	<u>)</u>							
b Permanent endowment	69.10	5								
c Term endowment ►	*									
The percentages on lines	2a, 2b, and 2c should a	equal 100%.								
3 a Are there endowment fund	ds not in the possession	n of the organi	ization that ar	e held and	d administered	for the		1		
organization by:									Yes	No
(i) Unrelated organizati								3a(i)		X
(ii) Related organization								3a(ii)		X
b If 'Yes' on line 3a(ii), are	-							3b		
4 Describe in Part XIII the			's endowmer	nt funds.	SEE PART	' XIII	-			
Part VI Land, Building Complete if the	s, and Equipmen organization ans		s' on Form	990, P	art IV, line	11a. S	ee Form 99	0, Par	t X, lir	ne 10.
Description of p	property	(a) Cost or o			t or other (other)	(c) Ad	cumulated reciation	(d)	Book va	lue
1 a Land					46,000.				46,	,000.
b Buildings				1,3	318,354.		465,426.		852,	,928.
c Leasehold improvement	S				89,141.		4,940.		84,	,201.
d Equipment					117,446.		53,861.			,585.
e Other					9,315.		9,315.			0.
Total. Add lines 1a through 16	e. (Column (d) must e	qual Form 99	90, Part X, co	olumn (B)				1	,046,	
DAA	* *				•				orm 000	

Schedule D (Form 990) 2020

Investments - Other Securities. Complete if the organization answered	l'Vos' on Form 99	N/A O Part IV lina 11h Saa Farm 9	900 Part V lina 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-o	
(1) Financial derivatives	(2) Doon tunus	(c) meaned of variations cook of one of	your market value
(2) Closely held equity interests.			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(l)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) ▶			
Part VIII Investments — Program Related.		N/A	
Complete if the organization answered			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets.			
Complete if the organization answered	l 'Yes' on Form 99	0, Part IV, line 11d. See Form 9	90, Part X, line 15
	scription		(b) Book value
(1) DEPOSIT ON LAND			305,000.
(2) LAND HELD FOR CONSERVATION			16,905,013.
(3) SECURITY DEPOSIT			346.
<u>(4)</u> (5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (i	B) line 15.)		17,210,359.
Part X Other Liabilities.			
Complete if the organization answered 'Yes' on F		11e or 11f. See Form 990, Part X, line 25	
	iption of liability		(b) Book value
(1) Federal income taxes			554
(2) OTHER PAYABLE			554.
(3) SECURITY DEPOSIT (4)			800.
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.).	· · · · · · · · · · · · · · · · · · ·	>	1,354.
2. Liability for uncertain tax positions. In Part XIII, provide the text of the fo	=		
tay nositions under FASR ASC 7/10 Check here if the text of the footnote has	hoon provided in Part VIII	प्र	E PART XTTT X

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return	l .
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	3,690,763.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	,486.	
b Donated services and use of facilities	,248.	
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.		1,108,734.
3 Subtract line 2e from line 1	3	2,582,029.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	,489.	
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.		1/103.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		2,589,518.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expense	es per Retu	ırn.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	926,928.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	,248.	
a Donated services and use of facilities2a7b Prior year adjustments2b	,248.	
·	,248.	
b Prior year adjustments	,248.	
b Prior year adjustments		7,248.
b Prior year adjustments	2e	7,248. 919,680.
b Prior year adjustments		
b Prior year adjustments	2e	
b Prior year adjustments	2e 3	919,680.
b Prior year adjustments	2e 3 ,489.	919,680.

Part XIII Supplemental Information.

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

PART II, LINE 9 - ORGANIZATION REPORTING OF CONSERVATION EASEMENTS

THE CONSERVATION EASEMENTS ARE INCLUDED IN LANDS HELD FOR CONSERVATION ON THE BALANCE SHEET. CERTAIN DONATED EASEMENTS HAVE NOT BEEN VALUED FOR BALANCE SHEET PURPOSES. ALL OTHER DONATED EASEMENTS HAVE BEEN VALUED AT FAIR MARKET VALUE AND ARE INCLUDED ON THE BALANCE SHEET.

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

THE CONSERVANCY HOLDS REAL ESTATE INTERESTS ON CERTAIN PROPERTIES SURROUNDING LAKE

GEORGE. THE STEWARDSHIP ENDOWMENT CONSISTS OF FUNDS DONOR RESTRICTED IN PERPETUITY,

Schedule D (Form 990) 2020

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND (CONTINUED)

THE INCOME FROM WHICH CAN BE USED FOR THE MANAGEMENT OF THE PROPERTIES OWNED AND MANAGED BY THE CONSERVANCY. NET ASSETS OF \$107,990 AND \$107,990 FOR THE YEARS ENDED JUNE 30, 2021 AND 2020, RESPECTIVELY, ARE DONOR RESTRICTED IN PERPETUITY FOR STEWARDSHIP PURPOSES. THE VIRGINIA ROWAN SMITH AND HIGH MOUNTAIN ENDOWMENTS WERE ESTABLISHED IN 2015 AND CONSISTED OF NET ASSETS OF \$3,909,582 AND \$3,453,186 FOR THE YEARS ENDED JUNE 30, 2021 AND 2020, RESPECTIVELY. THESE ENDOWMENTS ARE DONOR RESTRICTED IN PERPETUITY, THE INCOME FROM WHICH MAY BE USED FOR THE PURPOSE OF CONTINUING THE MISSION OF THE CONSERVANCY.

PART X - FASB ASC 740 FOOTNOTE

THE CONSERVANCY ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES BY RECOGNIZING TAX

POSITIONS IN THE FINANCIAL STATEMENTS WHEN IT IS MORE-LIKELY-THAN-NOT THE POSITIONS

WILL BE SUSTAINED UPON EXAMINATION BY TAX AUTHORITIES. AS OF JUNE 30, 2021, THE

CONSERVANCY BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR THE INCOME TAX POSITIONS

TAKEN ON ITS TAX RETURNS AND, THEREFORE, BELIEVES THAT IT HAS NO UNCERTAIN TAX

POSITIONS THAT WOULD HAVE A MATERIAL IMPACT ON THE FINANCIAL STATEMENTS. AS OF JUNE

30, 2021, THE TAX YEARS THAT REMAIN SUBJECT TO EXAMINATION BY TAXING AUTHORITIES

BEGIN WITH 2018.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Inspection

Open to Public

Name of the organization Employer identification number 22-2902944 LAKE GEORGE LAND CONSERVANCY, INC. **Fundraising Activities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e X Solicitation of non-government grants X Solicitation of government grants Internet and email solicitations Phone solicitations Special fundraising events X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key **b** If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity (or retained by) or entity (fundraiser) have custody or control of contributions? from activity fundraiser listed in organization column (i) Yes No 1 2 3 5 6 7 9 10 Total. 0. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration NY FL NJ CO CT OH VA SC NM GA

Schedule G (Form 990 or 990-EZ) 2020 LAKE GEORGE LAND CONSERVANCY, INC. 22-2902944 Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (d) Total events (a) Event #1 **(b)** Event #2 (c) Other events (add column (a) 2020 LAND WATE 2021 LAND WATE through column (c) (event type) (event type) (total number) Revenue **1** Gross receipts..... 76,773. 72,033. 15,908. 164,714. 2 Less: Contributions..... 76,773. 72,033. 15,908 164,714. **3** Gross income (line 1 minus line 2)..... 1,572. 1,572. Direct Expenses Rent/facility costs..... 7 Food and beverages **9** Other direct expenses..... 360. 360. 10 Direct expense summary. Add lines 4 through 9 in column (d)..... 1,932. Net income summary. Subtract line 10 from line 3, column (d)..... -1,932.Gaming. Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming Revenue (add column (a) (a) Bingo bingo/progressive bingo (c) Other gaming through column (c)) Gross revenue..... Direct Expenses **2** Cash prizes..... 4 Rent/facility costs..... **5** Other direct expenses..... Yes Yes Yes No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d)..... **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If 'No,' explain:

b If 'Yes,' explain:

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?.....

Sche	edule G (Form 990 or 990-EZ) 2020 LAKE GEORGE LAND CONSERVANCY, INC. 2	2-2902944	Page 3
	Does the organization conduct gaming activities with nonmembers?		No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility.	13 a	%
ı	b An outside facility	13 b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ►		
	Address ►		
15 a	a Does the organization have a contract with a third party from whom the organization receives gaming revenu	ıe? Y	es No
ı	b If 'Yes,' enter the amount of gaming revenue received by the organization▶ \$ and the	ne amount	
	of gaming revenue retained by the third party ► \$		
•	c If 'Yes,' enter name and address of the third party:		
	Name •		
	Address ►		i
16	Gaming manager information:		
	Name •		
	Gaming manager compensation ► \$		
	Description of services provided ►		
	□ Director/officer □ Employee □ Independent contractor		
17	Mandatory distributions:		
ä	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Ye	es No
ı	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	<u> </u>	
	organization's own exempt activities during the tax year ► \$		
Pai	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, co	lumns (iii) and	d (v);
	and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide an	y additional	
	information. See instructions.		

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service ► Go

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

LAKE GEORGE LAND CONSERVANCY, INC.

Part I Types of Property

Employer identification number

22-2902944

	1 1							
	·	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Meth- noncash	od of c	d) determir oution a	
1	Art – Works of art							
2	Art – Historical treasures.							
3	Art – Fractional interests.							
_								
4	Books and publications							
5	Cars and other vehicles							
6								
7	Boats and planes							
8	Intellectual property.	X	1.0	450.010	TD 47.7			
9	Securities — Publicly traded	Λ	10	458,012.	FMV			
10	Securities — Closely held stock							
11	Securities – Partnership, LLC, or trust interests .							
12	Securities – Miscellaneous							
13	Qualified conservation contribution — Historic structures							
14	Qualified conservation contribution — Other							
15	Real estate – Residential							
16	Real estate – Commercial							
17	Real estate – Other.	Х	1	35,000.	APPRA	SAL		
18	Collectibles			, , , , , , , , ,				
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (MERCH & WEBSITE)	X	4	1,932.	FMV			
26	Other ► (ADMIN & STEWARD)	X	5	10,568.	FMV			
27	Other ► ()							
28	Other ► ()							
29	Number of Forms 8283 received by the organization d							
	organization completed Form 8283, Part V, Dones	e Acknowled	gement		29			
							Yes	No
30a	During the year, did the organization receive by contri	bution any pr	roperty reported in Part I	, lines 1 through 28, that				
	it must hold for at least three years from the date	of the initial	I contribution, and whic	ch isn't required to be u	sed			
	for exempt purposes for the entire holding period?	?				30 a		X
b	If 'Yes,' describe the arrangement in Part II.							
31	Does the organization have a gift acceptance police	cy that requi	ires the review of any r	nonstandard contributio	ns?	31	X	
32a	Does the organization hire or use third parties or	•						
noncash contributions?						32 a		X
	olf 'Yes,' describe in Part II.							
33	If the organization didn't report an amount in colu describe in Part II.	mn (c) for a	type of property for wh	nich column (a) is chec	ked,			

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

Schedule M (Form 990) 2020

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

BAA TEEA4602L 08/18/20 Schedule M (Form 990) 2020

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

LAKE GEORGE LAND CONSERVANCY, INC.

Employer identification number 22-2902944

FORM 990. PART VI. LINE 11B - FORM 990 REVIEW PROCESS

A COPY OF THE 990 IS PROVIDED TO THE EXECUTIVE DIRECTOR, WHO MAKES THE FORM AVAILABLE TO ALL BOARD MEMBERS FOR REVIEW AND APPROVAL.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE BOARD CONDUCTS ALL ACTIVITIES, INCLUDING THOSE RELATING TO PERSONS CLOSELY ASSOCIATED WITH THEM AND TO BUSINESS AND/OR OTHER ORGANIZATIONS, IN SUCH A WAY THAT NO CONFLICT OR APPEARANCE OF CONFLICT WILL ARISE BETWEEN SUCH OTHER INTEREST AND THE POLICIES, OPERATIONS AND INTERESTS OF LGLC. THE BOARD MAINTAINS INDEPENDENCE AND OBJECTIVITY AND DO WHAT A SENSE OF FAIRNESS, ETHICS AND PERSONAL INTEGRITY WOULD DICTATE. THE BOARD SERVES THE ORGANIZATION CONSISTENT WITH ITS MISSION WITHOUT BEING INFLUENCED BY ANY SPECIAL INTEREST GROUP OR CONSTITUENCY.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE COMPENSATION OF THE EXECUTIVE DIRECTOR. THE COMPENSATION OF ALL OTHER EMPLOYEES IS REVIEWED AND APPROVED BY THE EXECUTIVE DIRECTOR.

FORM 990, PART VI. LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE COMPENSATION OF THE EXECUTIVE DIRECTOR. THE COMPENSATION OF ALL OTHER EMPLOYEES IS REVIEWED AND APPROVED BY THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G OTHER FEES FOR SERVICES

	(A)	(B) PROGRAM	(C) MANAGEMENT	(D) FUND-	
	TOTAL	SERVICES	<u>& GENERAL</u>	RAISING	
CONTRACTED SERVICES PAYROLL SERVICE EXPENSE	116,476. 3,276.	106,679.	9,797. 3,276.		

Name of the organization	Employer identification number
LAKE GEORGE LAND CONSERVANCY, INC.	22-2902944

FORM 990, PART IX, LINE 11G (CONTINUED) OTHER FEES FOR SERVICES

		(A)	(B) PROGRAM	(C) MANAGEMENT	(D) FUND-
	_	TOTAL	SERVICES	& GENERAL	RAISING
VIDEO PRODUCTION		7,588.			7,588.
	TOTAL \$	127,340.	\$ 106,679.	\$ 13,073.	\$ 7,588.

FORM 990, PART XII, LINE 1 - OTHER ACCOUNTING METHOD

MODIFIED CASH

FORM 990, PART IV QUESTION 12A

THE FINANCIAL STATEMENTS HAVE BEEN AUDITED ON THE MODIFIED CASH BASIS OF ACCOUNTING AND NOT ON THE BASIS OF GENERALLY ACCEPTED ACCOUNTING PRINCIPLES AS NOTED BY THE INSTRUCTIONS TO QUESTION 12A.