



UHY Advisors Mid-Atlantic MD, Inc. 8601 Robert Fulton Drive Suite 210 Columbia, MD 21046

Phone 410-720-5220 Fax 410-381-2524

November 11, 2021

THE HOWARD COUNTY CONSERVANCY, INC 10520 OLD FREDERICK ROAD WOODSTOCK, MD 21163

THE HOWARD COUNTY CONSERVANCY, INC:

Enclosed are the original and one copy of the 2020 Exempt Organization return, as follows...

2020 Form 990

We have completed the return(s) in accordance with the scope and terms of the engagement letter. The return(s) were completed from information you furnished to us. We have not audited or otherwise verified the data you submitted, although we may have asked you to clarify some of the information.

All of the information you submitted to us was, to the best of your knowledge, correct and complete and included all income, deductions, and other data necessary for the preparation of your income tax return(s). You are responsible for keeping the necessary records to support the information within your return(s). It is important that you review your records to ensure that you have the documentation for these income and expense items. If you find that the documentation is incomplete or incorrect, please notify our office to discuss the propriety of amending these returns.

Enclosed are any original documents that you may have provided to us for the preparation of your returns. We may have retained copies of some or all of the documents, but you should maintain all of the original documents and records to support your return.

Your return(s), of course, are subject to review by the taxing authorities. Any items resolved against you are subject to certain rights of appeal. In the event of any examination, we will be available to represent you as a separate engagement.

The Internal Revenue Code and states provides for numerous penalties. They include penalty for omitting income, failure to file informational returns (such as 1099's or various reporting requirements related to foreign activities), substantial underpayment of tax liability and numerous others. The taxing authorities have indicated they will assess penalties vigorously. Please contact us if you believe that there are any additional filings required that have not been prepared.

The <u>FILING INSTRUCTIONS</u>, which are included with each return, provide information on how to file your return, the due date of the return, and the amount of your refund or amounts due.

Please review the return(s) prior to filing with the taxing authority. Should you have any questions regarding the return(s), please contact us.

You should retain a copy of the return(s) for your files.

We sincerely appreciate the opportunity to work with you, and we look forward to our continued relationship.

Very truly yours,

Nancy Johnson

## TAX RETURN FILING INSTRUCTIONS

**FORM 990** 

#### FOR THE YEAR ENDING

December 31, 2020

#### **Prepared For:**

THE HOWARD COUNTY CONSERVANCY, INC 10520 OLD FREDERICK ROAD WOODSTOCK, MD 21163

#### **Prepared By:**

UHY Advisors Mid-Atlantic MD, Inc. 8601 Robert Fulton Drive, Suite 210 Columbia, MD 21046

#### Amount Due or Refund:

Not applicable

#### Make Check Payable To:

Not applicable

#### Mail Tax Return and Check (if applicable) To:

Not applicable

#### Return Must be Mailed On or Before:

Not applicable

#### **Special Instructions:**

This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

Form	990
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Department of the Treasury Internal Revenue Service

#### \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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



AI	or th	e 2020 calendar year, or tax year beginning and	ending			
B	Check if applicab	le: C Name of organization		D Employer identific	cation number	
	Addre	P THE HOWARD COUNTY CONSERVANCY, INC				
	Name Chang	pe Doing business as		52-171293	13	
	Initial		Room/suite	E Telephone number		
	Final Feturr	10520 OLD FREDERICK ROAD		410-465-8		
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	2,854,398.	
	Amen	WOODSTOCK, MD 21105		H(a) Is this a group re		
	Applio tion pendi	F Name and address of principal officer: MARGRET SCHOMACHER	BOYD	for subordinates		
		SAME AS C ABOVE		H(b) Are all subordinates in		
		empt status: $X = 501(c)(3) = 501(c) () = (insert no.) = 4947(a)(1) c$	or 527		list. See instructions	
		te: ► HTTPS: //WWW.HOWARDNATURE.ORG/		H(c) Group exemption		
		f organization: X Corporation Trust Association Other >	<b>L</b> Year (	of formation: 1990 N	I State of legal domicile: MD	
Pa	art I	Summary	TOOTO			
é	1	Briefly describe the organization's mission or most significant activities: THE N				
Activities & Governance		CONSERVANCY IS TO EDUCATE CHILDREN AND AD				
ern	2	Check this box      if the organization discontinued its operations or dispos			ets. 19	
Š	3		<b>o y (y ( y ( y ( y ( y ( y ( y ( y ( y (y ()y (y (y ()y (y ()y ()(y (y ()y ()(y (y ()y ()(y (y ()(y (y ()(y ()()(y ()()()(y ()()()()()()()()()()</b>			
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4		r of independent voting members of the governing body (Part VI, line 1b)			
ties	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a) Total number of volunteers (estimate if necessary)			<u>26</u> 200	
ti					0.	
Ac	/a	Total unrelated business revenue from Part VIII, column (C), line 12			0.	
				Prior Year	Current Year	
	8	Contributions and grants (Part VIII, line 1h)		748,301.	810,088.	
nue	9	Program service revenue (Part VIII, line 2g)		263,363.	186,778.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		53,259.	-68,824.	
ž	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		168,865.	96,756.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,233,788.	1,024,798.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		558,289.	542,277.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
ed A	b	Total fundraising expenses (Part IX, column (D), line 25)	37.			
Ê	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		394,713.	308,136.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		953,002.	850,413.	
	19	Revenue less expenses. Subtract line 18 from line 12		280,786.	174,385.	
S OF			Be	ginning of Current Year	End of Year	
sets	20	Total assets (Part X, line 16)		5,094,830.	5,511,712.	
Net Assets (	21	Total liabilities (Part X, line 26)		117,087.	146,004.	
2ª	22	Net assets or fund balances. Subtract line 21 from line 20		4,977,743.	5,365,708.	

Part II Signature Block

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

Sign	Signature of officer		Date						
Here		D, EXECUTIVE DIRECTOR	2						
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date Check PTIN						
Paid	NANCY JOHNSON	NANCY JOHNSON	11/11/21 self-employed P01593478						
Preparer	Firm's name 🕒 UHY ADVISORS MID	-ATLANTIC MD, INC.	Firm's EIN 🕨 26-0794367						
Use Only	Firm's address 🖕 8601 ROBERT FULT	ON DRIVE, SUITE 210							
	COLUMBIA, MD 210	46	Phone no. (410) 720-5220						
May the II	May the IRS discuss this return with the preparer shown above? See instructions								
032001 12-2	Discoul 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)								
-									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2020) THE HOWARD COUNTY CONSERVANCY, INC 52-1712913 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: <u>THE MISSION OF THE HOWARD COUNTY CONSERVANCY IS TO EDUCATE CHILDREN</u>
	AND ADULTS ABOUT OUR NATURAL WORLD, PRESERVE THE LAND AND ITS LEGACY
	FOR FUTURE GENERATIONS, AND MODEL RESPONSIBLE STEWARDSHIP OF OUR
	ENVIRONMENT.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
•	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	<b>5 5 5 5 5 5 5 5 5 5</b>
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$749,553including grants of \$) (Revenue \$186,778)
та	HOWARD COUNTY CONSERVANCY IS ENGAGED IN THE PRESERVATION OF RURAL AND
	AGRICULTURAL RESOURCES. THE CONSERVANCY ALSO PROVIDES EDUCATIONAL
	PROGRAMS DESIGNED TO INCREASE AWARENESS AND APPRECIATION FOR OUR LAND
	RESOURCES.
	MT. PLEASANT IS A 300-YEAR-OLD FARM NOW OPERATED AS A NATURE RESERVE
	AND EDUCATIONAL FACILITY. MT. PLEASANT IS LOCATED ON 232 ACRES OF
	ROLLING HILLS, WITH A VARIETY OF HABITAT AND IS IDEALLY SUITED FOR
	NATURE STUDY AND EXPLORATION. THE GUDELSKY ENVIRONMENTAL EDUCATION
	CENTER, ON-SITE AT MT. PLEASANT, IS HOWARD COUNTY'S FIRST NATURE
	CENTER. DEDICATED TO EDUCATING CHILDREN AND ADULTS ABOUT ENVIRONMENTAL
	STEWARDSHIP AND ECOSYSTEMS, THE CONSERVANCY FOCUSES ITS PROGRAMS ON
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$ )
40	(Code:) (Expenses \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 749,553.
	Form <b>990</b> (2020)

Form	aan	(2020)	
FUIII	990	(2020)	

 Form 990 (2020)
 THE HOWARD COUNTY CONSERVANCY, INC

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
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		<u> </u>
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		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		37	
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
-	Schedule D, Part III	8		<u> </u>
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?			v
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		v
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	110	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	<u>11a</u>	<u></u>	
D		11b		х
~	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			- 23
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	· · · · · · · · · · · · · · · · ·			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? /f "Yes, "			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Х

Form 990 (2020)

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	<u>28a</u>		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	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	37	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	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			
<u> </u>	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?			- -
07	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	0-		v
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	х	
Pa	Note: All Form 990 filers are required to complete Schedule O           Statements Regarding Other IRS Filings and Tax Compliance	38	л	L
	Check if Schedule O contains a response or note to any line in this Part V			
			Vcc	
1-	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
ia b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	-		
u c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c	х	

(gambling) winnings to prize winners?

Form 990 (2020)				CONSERVANCY,	
Part V Statem	ents Regardi	ing Other I	RS Filings	and Tax Compliance	e (continued)

2a         Exter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, to a considered on time 2a, did the organization file and two receives the required federal employment tax returns?         2b         X           3a         Did the organization have numbered than 250, you may be required to a-fail (see instructions)         3a         X           3b         Did the organization have numbered than 250, you may be required to a-fail (see instructions)         3b         X           3b         Did the organization have numbered than 250, you may be required an on-Scheduke O         3b         X           3b         Did the organization have numbered in a data may the during the year?         3b         X           3c         At any time during the a-cleander pain, during the year?         4a         X           3c         M3         Did the organization approximation have an intere during that any time during that any each during that any each during that any time during that any time during that any each during that any each during the year (M1 and any time during that any each during the year (M1 and any time during that any each during the year (M1 and any time during that any each during the year (M1 and any time during the any time during that any each during the year (M1 and any any time during thany time during that any each during						Yes	No
b         If a least one is reported on line 2a, did the organization file all required feared employment tax returns?         2b         X           Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>a-lia</i> (see instructions)         3a         X           b         If the organization have unrelated business gross income of \$1,000 or more during the side during the calendary service in a septention on Schedule O         3b         A           b         If 'ves,' has if field a formit 900 If for this year? If 'No' to line 3b, provide an explanation or other financial account; explanation or any time during the tax year?         Sa         X           b         If 'ves,' has if field a foreign country is whether transaction at any time during the tax year?         Sa         X           b         If 'ves,' has if the organization file Form 888617?         Sa         X           b         Does the organization aptic year is a splanation on a prohibel tax sheet transactor?         Sa         X           b         If 'ves,' has if the organization is aptic year is a splanation on a prohibel tax sheet transactor?         Sa         X           c         If 'ves,' has if the organization is aptic year is a path to a prohibel tax sheet transactor?         Sa         X           c         If 'ves,' has if the organization neave apametil in excessol 375 mede path yeav contributions	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
Note: If the sum of lines 1 and 2 is greater 1 an 250, you may be required to e-dia (see instructions)         Image: Sec: Sec: Sec: Sec: Sec: Sec: Sec: Se		filed for the calendar year ending with or within the year covered by this return	2a	26			
3a       Did the organization have unrelated business gross income of \$1.000 or more during the year?       3a       X         b       If Yes, 'I hast iffed a Form 1905 Tor this year? (If Yot's for 16.9 by provide an explanation on Schedule O       3b       4a         At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account()       4a       X         If Yes, 'Indicate the name of the forgin country, securities account, or other financial account()       5a       X         Sw site forganization a party to a prohibited tax shelter transaction at any time during the tax year?       5a       X         b       Ut any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5a       X         cit Yes's to ites fas or 5b, did the organization here from 886-17.       5a       X         cit Yes's to ites fas or 5b, did the organization here every solicitation an express statement that such contributions orgits were not tax deductible as charitable contributions?       6a       X         diff Yes, 'Indicate the number of Form S20-75 mide party as a contribution and party for goods and services provided to the party?       7a       X         diff We organization receive admention include with were set tax shelt transactions?       7a       X         diff We organization number were solicitation an express statement that such contributons or anumore spreceivide?       7a       X <th>b</th> <th>If at least one is reported on line 2a, did the organization file all required federal employment tax return</th> <th>ns?</th> <th></th> <th>2b</th> <th>Х</th> <th><b></b></th>	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	<b></b>
b       If "Yes," has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule O</i> 90         4       At any time during the calendar year, ald the organization have an interest in, or a signature or other authority over, a financial account I a toring country b       4a         5       With 'Yes,' enter the name of the foreign country b       5         6       See instructions for filing requirements for Filing require than should be schetable country.       4a       X         5       With 'Yes,' enter the name of the foreign country b       56       56       56         6       Did any taxable pary notify the organization file form 8886-T?       56       56       56         6       Did any contribution tax edenuctible is a charatable contributions and party for goods and services provided to the part?       7a       X         7       Torganization neity dut be explanation on the value of the goods or services provided to the part?       7a       X         1       1'Yes,' rid the organization neity the dancy of the value of the goods or services provided?       7a       X         1       1'Yes,' rid the organization neity any temp.       7a       7a       X         1       1'		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)					
4a       At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account?       4a       X         bit 11 "vs., "tert the name of the foreign country is usen as a bank account, securities account, or other financial account?       5a       X         bit 11 "vs., "tert the name of the foreign country is usen as a bank account, account, or other financial Accounts (FBAR), 5a       X       5a       X         bit 11 "vs., "tert the name of the foreign country is provided to a prohibited tax shelter transaction?       5a       X         bit 12 "vs., "tert to the organization that the vas or is a party to a prohibited tax shelter transaction?       5a       X         bit 11 "vs., "tert to the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?       6a       X         bit 11 "vs., "tert the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       7a       X         bit 11 "vs., "tert the organization receive a payment in excess 157 made party as a contribution and party for prodost and services provided to the party at the organization and express taxement that such contract?       7a       X         bit 11 wes., "tert the accelve a theorem B282?       Cd       7a       X         bit 11 wes., "tert the organization sele, excess to avoid proved contract?       7a       X         11 "v							<u> </u>
fmancial account in a foreign country (such as a bark account, securities account, or other financial account)?       4a       X         b       f*Yes, 'enter the name of the foreign country (such as a bark account, securities account, or other financial Accounts (FBAR).       Security (such as a party to a prohibited tax shelter transaction at any time during the tax year?       Sa       X         5a       Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       Sa       X         6a       Dota ny taxable party notify the organization file Form 1898-07?       Sa       X         6a       Dota ny taxable party notify the organization file Form 1898-07?       Sa       X         6b       Dota ny taxable party notify the organization file Form 1898-07?       Sa       X         7b       Tyse,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible a charitable contributions and party for goods and services provided to the party or the value of the goods or services provided?       Ta       X         11 'Yes,' did the organization notify the donor of the value of the goods or services provided?       Ta       X       Ta       X         11 'Yes,' did the organization notify the donor of the value of the goods or services provided?       Ta       X       Ta       X         11 'Yes,' indicate the number of Forms 8282? filed during the year       Td       Td					3b		
b       If "Yes," enter the name of the toreign country       →         Bee instructions for fling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a       X         b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b       X         cli any taxable party notify the organization fine form 88867?       5a       X         cli any taxable party notify the organization form 88867?       5a       X         cli any taxable party notify the organization form 88867?       5a       X         cli any contributions that were not tax deductible as chartable contributions?       5a       X         b       If "Nes," idid the organization neity the dong on services provided to the payor?       7a       X         dli the organization neity the dong on the value of the goods or services provided?       7a       X         dli the organization neity the dong on the value of the goods or services provided?       7b       X         dli the organization neity the dong on the value of the goods or services provided?       7c       X         dli the organization neity the dong on the value of the pay partily as a contribution and partly for goods and services provided?       7b       X         dli the organization neity the dong on the value of the payon and partly contradict.       7a       X         d	4a			•			
See instructions for filing requirements for FinCEN form 114. Report of Foreign Bank and Financial Accounts (FBAR).       5a       X         5a       Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a       X         5a       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5a       X         6       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solute annual gross receipts that are normally greater than \$100,000, and did the organization solute annual gross receipts that are normally greater than \$100,000, and did the organization solute were not tax deductible?       6a       X         bit frequentiation receive advectible contributions under section 170(c).       7a       X       6b       7c       X         7       Did the organization nective parmet in excess of \$75 rande party is a contribution and party for goods and services provided to the part?       7a       X         7       Tyes,' did the organization nective thy origone contangible personal property for which it was required?       7a       X         10 the organization neceve any funds, directly or indirectly, on a personal benefit contract?       7c       X         7       Tyes,' ridid the organization neceves boldings at my time during the year?       7a       7a         10 the organization neceved a contribution or lausified intelectual property, did			accour	nt)?	4a		
5a     Was the organization a party to a prohibited tax shelter transaction aparty to a prohibited tax shelter transaction?     5a     X       b     Did any taxable party notify the organization file Form 8886 17     Sc     Sc       6a     Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chartable contributions?     Sc       7b     Did any taxable party notify the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     Sc       7b     Organizations that may receive deductible contributions under section 170(c).     Bit the organization solity the doors of the value of the goods or services provided?     Ta       7c     Vast     If "Yes," did the organization notify the doors of the value of the goods or services provided?     Ta       7c     Vast     Vast     Ta     X       7d     If "Yes," did the organization notify the doors of the value of the goods or services provided?     Ta     X       7d     Ut the organization receive any tunks, directly or indirectly, on a personal benefit contract?     Ta     X       7d     Ut the organization receive a contribution of qualified intellectual property, duited maintained door for advised funds.     Bit de organization file a Form 10889 arequired?       7d     If the organization receive a contribution of qualified intellectual property is which it was required?     Ta     <	b						
b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       56       X         c       if Yes' to line 5a or 5b, did the organization file Form 8866 T?       5c       5c       5c         d       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions include with every solicitation an express statement that such contributions or gifts       6a       X         b       If Yes, '' did the organization include with every solicitation an express statement that such contributions or gifts       6b       7a       X         7       Organization setue a payment in excess of \$75 mate party as a contribution and party for goods and services provided to the payor?       7a       X         0       Did the organization notify the donor of the value of the goods or services provided?       7b       7c       X         d       If Yes, '' did the organization setue say funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         d       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       7d       X         g       If the organization meave any taxed induced funds.       Did the organization file a Form 1098-C?       7h       2g       7h       2g         g       Fonsoring organ	-				<b>F</b> -		v
c     If "Yes" to line 5a or 5b, did the organization file Form 8886-17     5c       6a     Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that terms on tax deductible as chartable contributions?     5c       b     If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as chartable contributions and partly for goods and services provided to the payor?     7a     X       7     Organization stat may receive deductible contributions under section 170(c).     10 the organization notify the donor of the value of the goods or services provided?     7c     X       7     Did the organization notify the donor of the value of the goods or services provided?     7c     X       11     11 "Yes," did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7c     X       12     12 the organization neceive a contribution of qualified intellectual property, did the organization file a Form 1098-C?     7n     X       13     14 the service organization maintaining donor advised funds.     10d the organization file a Form 10882     9a       9     Sponsoring organization maintaining donor advised funds.     10d     9a       9     Sponsoring organization maintaining donor advised funds.     10d     10d       9     Sponsoring organization maintaining donor advised funds.     10d     10d<							
Ga       Des 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?       Ga       X         b If 'Yes,'' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       Ga       X         a Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       Ga       X         b If 'Yes,'' did the organization notify the donor of the value of the goods or services provided?       7a       X         b If 'Yes,'' indicate the number of Forms 8282 filed during the year       Td       Td       X         c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7r       X         f If 'Yes,'' indicate the number of Forms 8282 filed during the year       Td       Td       X         g If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7r       X         g If the organization receive a contribution of qars, boats, aiplanes, or other vehicles, did the organization file Form 8899 as required?       7g       X         g If the organization receive any funds, directly or indirectly, to pay premiums, and parsity for exhicles during the year?       7g       Sector 501(c)(7) organizations maintalning door advised funds.       10       10							
any contributions that were not tax deductible as charitable contributions?     6a     X       b     if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     6b     6b       7     Organizations that may receive deductible contributions under section 170(c).     6b     7c       a     Did the organization notify the donor of the value of the goods or services provided to the payof.     7c     X       b     if "Yes," did the organization notify the donor of the value of the goods or services provided?     7c     X       c     Did the organization notify the donor of the value of the goods or services provided?     7c     X       c     Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7c     X       g     If the organization received a contribution of qualified intellectual property, did the organization file Form 8282 filed during the year?     7d     X       g     If the organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds.     8     9       a     Did the sponsoring organization make a distribution to a donor advised runds.     9     9a       a     Did the sponsoring organization. Brake any taxable distributions under section 4966?     9a     9a       b     Did the sponsoring organization. Brake any taxable distributions orer					50		<u> </u>
b       If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b         7       Organizations that may receive deductible contributions under section 170(c).       7a       X         7       Dragnizations that may receive deductible contributions under section 170(c).       7a       X         7       Press,' did the organization neity the donor of the value of the goods or services provided?       7a       X         7a       Tyes,' did the organization neity the donor of the value of the goods or services provided?       7a       X         7b       Tyes,' did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         7d       If 'Yes,' indicate the number of Forms 8282 filed during the year       7d       Tr       X         9       Did the organization received a contribution of qualified intellectual property, did the organization file form 1089C?       7g       Tr       X         9       Sponsoring organizations maintaining donor advised funds.       Did the sponsoring organization nake any taxable distributions under section 4966?       9a       9b       9b       9b         9       Sponsoring organization nake any taxable distributions under section 4966?       9a       9b       9b       9b       9b       9b       9b       9b <th>ua</th> <th></th> <th></th> <th></th> <th>62</th> <th></th> <th>x</th>	ua				62		x
were not tax deductible?     65       7 Organizations that may receive deductible contributions under section 170(c).     76       9 Did the organization receive a payment in access of \$75 made partly as a contribution and partly for goods and services provided to the payor?     7a     X       9 If "Yes," did the organization nealle, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?     7c     X       10 the organization receive any funds, directly or indirectly, to pay premiums, on a personal benefit contract?     7e     X       11 the organization receive any funds, directly or indirectly or indirectly on a personal benefit contract?     7g     X       11 the organization receive a contribution of qualified intellectual property, did the organization file a Form 1098-C?     7g     X       12 Sponsoring organization maintaining donor advised funds. Did a door advised funds.     9a       9 Sponsoring organization make any taxable distributions under section 4966?     9a       9 Did the sponsoring organizations. Included on Part VIII, line 12.     10a       13 Section 501(c)(12) organizations. Enter:     10b       14 Section 501(c)(12) organizations. Enter:     11b       15 Section 501(c)(12) organizations. Enter:     11b       16 Section 501(c)(12) organizations. Enter:     11b </th <th>h</th> <th></th> <th></th> <th></th> <th>Ua</th> <th></th> <th></th>	h				Ua		
7       Organizations that may receive deductible contributions under section 170(c).       a) bit the organization nective a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       Ta       X         b) If 'Yes,'' did the organization notify the donor of the value of the goods or services provided?       To       To       X         c) Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to fine Form 8282?       To       To       X         d) If 'Yes, '' indicate the number of Forms 8282 filed during the year       Td       Zd       X       X         f) Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       Te       X         f) Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       Th       X         g) Bonsoring organization maintaining donor advised funds.       B       B       B         g) Sponsoring organization make any taxable distributions under section 4966?       9a       B       B         g) Did the sponsoring organization make any taxable distribution suder section 4966?       9a       B       B         g) Socions forg organization make a distribution to a donor advisor, or related person?       9a       B       B         11 Section 501(c)(T2) organizations. Enter:       10a	D.			-	6b		
a Did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided?       7a       X         b If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       7c       X         c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7d       7d       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d       X         f Did the organization received a contribution of qualified intellectual property, did the organization for Review any times, airplanes, or other vehicles, did the organization file Form 1098.C?       7f       X         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098.C?       7h       X         9 Sponsoring organizations maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining door advised funds.       8       9a       9a<	7				5.5		
b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       X         f       Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7f       X         g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7h       X         g       Sponsoring organization maintaining donor advised funds.       8       9       9         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b         10       the sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b       9b         10       the sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b       9b       9b       9b       9b       9b       9b       9b       9c       9c       9c       9c       9c       9c       <			rvices r	provided to the pavor?	7a		х
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d If "Ves," indicate the number of Forms 8282 filed during the year       7d       X         f Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7e       X         f Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7f       X         g If the organization received a contribution of carls boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       X         9 Sponsoring organizations maintaining doon advised funds.       Did a donor advised funds.       9a       9a         9 Did the sponsoring organization make any taxable distributions under section 4966?       9a       9a       9b       9a         9 Sonsoring organizations maintaining doon advised funds.       10a       <	b						
d       If "Yes," indicate the number of Forms 8282 filed during the year       Td       Td         e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       Te       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file a Form 8899 as required?       Te       X         g       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       Th       X         8       Sponsoring organizations maintaining donor advised funds.       Did the sponsoring organization make any taxable distributions under section 4966?       9a       9a         9       Sponsoring organizations maintaining donor advised funds.       10a       9b       9b         10       the sponsoring organization make any taxable distributions under section 4966?       9a       9a       9b         9       Socian 501(c)(7) organizations. Enter:       10a       10a       10b       10c       10c       10c	с						
e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       X         8       Sponsoring organizations maintaining door advised funds.       Did a donor advised fund maintained by the sponsoring organizations maintaining door advised funds.       8       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b		to file Form 8282?			7c		X
f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       71       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8898 as required?       71       X         n       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       70       71       X         8       Sponsoring organizations maintaining donor advised funds.       Did a donor advised funds.       8       8       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9       9b       90         10       the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       9c       9c <t< th=""><th>d</th><th>If "Yes," indicate the number of Forms 8282 filed during the year</th><th>7d</th><th></th><th></th><th></th><th></th></t<>	d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organizations maintaining donor advised funds.       8         9       Sponsoring organizations maintaining donor advised funds.       8         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organizations. Enter:       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a         b       Gross income from members or shareholders       11a         b       Gross income from other sources (Do not net amounts due or paid to other sources against       11b         12a       Section 501(c)(12) organizations. Enter:       11b       12a         a       Gross income from other sources (Do not net amounts due or paid to other sources against       11a       12a         12b       If Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         3       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         13b       Initiation fees an	е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?					X
h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organizations maintaining door advised funds. Did a door advised fund maintained by the sponsoring organizations maintaining door advised funds.       8       8         9       Sponsoring organizations maintaining door advised funds.       9a       8       9a         10       bid the sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b         10       Section 501(c)(7) organizations. Enter:       10a       9b       9b       9b       9c         11       Section 501(c)(12) organizations. Enter:       10b       10b       10b       11a       10b       10b       10c       11a       11a       11a       10b       12a       10c       11b       12a       10b       12a       10c       11b       12a       10b       12a       10c       12a       12a <t< th=""><th>f</th><th colspan="6">f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</th></t<>	f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?					
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         9       Sponsoring organizations maintaining donor advised funds.       9         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       10b       10b         12       Section 501(c)(2) organizations. Enter:       11a       10b       10b       10b         13       Bection 501(c)(2) organization terme       11a       10b       10b       10c	g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?					
sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       9a         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a         b       Gross income from members or shareholders       11a         b       Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       13a         13a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         c       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13a         c       Enter the amount of reserves on hand       13b       13a	h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
9       Sponsoring organizations maintaining donor advised funds.       a         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       initiation fees and capital contributions included on Part VIII, line 12       10a         11       Bection 501(c)(12) organizations. Enter:       a       10b       10b         11       Section 501(c)(12) organizations. Enter:       a       11a       10b         12       Section 501(c)(12) organizations. Enter:       a       11b       11b         13       Gross income from them sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         14a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         15       Section 501(c)(29) qualified nonprofit health insurance issuers.       a       13a       13a         16       Inter the amount of reserves the organization in required to maintain by the states in which the organization is licensed to issue qualified health plans       13a       13a         14a       Did the organization receive any payments for indoor tanning services during the	8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
a Did the sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10 Section 501(c)(7) organizations. Enter: <ul> <li>a linitation fees and capital contributions included on Part VIII, line 12</li> <li>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</li> <li>10b</li> <li>11 Section 501(c)(12) organizations. Enter:                  <ul> <li>a Gross income from members or shareholders</li> <li>that</li> <li>the organization filling Form 990 in lieu of Form 1041?</li> <li>12a</li> <li>the organization licensed to issue qualified health plans in more than one state?</li> <li>the organization is licensed to issue qualified health plans in more than one state?</li> <li>the organization is licensed to issue qualified health plans</li> <li>the organization is licensed to issue qualified health plans</li> <li>the organization receive any payments for indoor tanning services during the tax year?</li> <li>the organization subject to the section 4960 tax on payments? If "No," provide an explanation on Schedule O</li> <li>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?</li></ul></li></ul>		sponsoring organization have excess business holdings at any time during the year?					<u> </u>
b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       10b       11a         a       Gross income from members or shareholders       11a       11b       12a         b       Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       12a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule 0.       13b       13c       13a         c       Enter the amount of reserves on hand       13c       13a       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule 0</i> 14a       X	9						
10 Section 501(c)(7) organizations. Enter:   a Initiation fees and capital contributions included on Part VIII, line 12   b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   11 Section 501(c)(12) organizations. Enter:   a Gross income from members or shareholders   b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)   112a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year   13 Section 501(c)(29) qualified nonprofit health plans in more than one state?   Note: See the instructions for additional information the organization must report on Schedule O.   b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans   14a X   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 Is the organization and file Form 4720, Schedule N.							
a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10a         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       a       11a       10a       11a         b       Gross income from members or shareholders       11a       11a       11b       11a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         28       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         3       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13c       14a         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         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       X         16 <th></th> <th></th> <th></th> <th></th> <th>9b</th> <th></th> <th></th>					9b		
b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(12) organizations. Enter:       11a       11a         a       Gross income from members or shareholders       11a       11b         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13a         c       Enter the amount of reserves on hand       13c       14a       13c         c       Inter the amount of reserves on hand       13c       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b       14b         15       Is t			40-	1			
11       Section 501(c)(12) organizations. Enter:         a       Gross income from members or shareholders         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?         12b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year         13       Section 501(c)(29) qualified nonprofit health insurance issuers.         a       Is the organization licensed to issue qualified health plans in more than one state?         Note: See the instructions for additional information the organization must report on Schedule O.         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans         c       Enter the amount of reserves on hand         13a       13b         13b       13c         14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation or excess parachute payment(s) during the year?         15       X         15       X							
a       Gross income from members or shareholders       11a       11a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       12b       13a         13       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         14a       X       13b       13c       13a         14a       X       13b       13c       14a       X         14a       X       14a       X       14a       X         14a       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b       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       X							
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Note: See the instructions for additional information the organization must report on Schedule O.       Image: Description of the instructions for additional information is required to maintain by the states in which the organization is licensed to issue qualified health plans       Image: Image	13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13b         c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       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       X         If "Yes," see instructions and file Form 4720, Schedule N.       If "Yes," see instructions and file Form 4720, Schedule N.       If "Section 4920, Schedule N.	а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
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c       Enter the amount of reserves on hand       13c       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       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       X         If "Yes," see instructions and file Form 4720, Schedule N.       15       0       15	b	Enter the amount of reserves the organization is required to maintain by the states in which the					
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b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       17       17			13c				
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       X         If "Yes," see instructions and file Form 4720, Schedule N.       15       X							X
excess parachute payment(s) during the year?					14b		
If "Yes," see instructions and file Form 4720, Schedule N.	15						v
					15		X
is the organization an educational institution subject to the section 4968 excise tax on net investment income?	40		<b>1</b>		40		v
If "Yes," complete Form 4720, Schedule O.	10		L INCOI	IIE (	10		Δ

Form **990** (2020)

Form	990	(2020)	)

#### THE HOWARD COUNTY CONSERVANCY, INC

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 19			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			37
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
600	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed <b>MD</b>			-1-
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s	s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website X Another's website X Upon request Other (explain on Schedule O)	£		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	al	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records LISA ROSSBERG - 410-465-8877			
	10520 OLD FREDERICK ROAD, WOODSTOCK, MD 21163			

Form 990 (2020)	THE HOWARD	COUNTY C	CONSERVANCY,	INC	52-1712913	Page 7				
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated										
Employees, and Independent Contractors										
Check if Sched	ule O contains a response	or note to any li	line in this Part VII							
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees										
1a Complete this table for	all persons required to be I	isted. Report co	ompensation for the cale	endar year ending	with or within the organization's	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.										
<ul> <li>List all of the organization's current key employees, if any, See instructions for definition of "key employee."</li> </ul>										

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) (B)			(C)					(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one				ne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	son i	s both	n an	compensation	compensation	amount of
	week		cer ar I	id a d	irecto	r/trus <sup>:</sup>	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		ae	bens		(W-2/1099-MISC)		organization and related
	below	lual tr	tional		nploy	st con yee	_			organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MARGRET SCHUMACHER BOYD	40.00				×	1 0	ш.			
EXECUTIVE DIRECTOR		1		x				122,895.	Ο.	5,624.
(2) KIMBERLY DORSEY BRONOW	2.00									
DIRECTOR		Х						0.	Ο.	0.
(3) JOHN BYRD	2.00									
DIRECTOR		X						0.	Ο.	0.
(4) JANSSEN EVELYN	2.00									
DIRECTOR		Х						0.	0.	0.
(5) CYNDI GULA	2.00									
DIRECTOR		Х						0.	0.	0.
(6) SENATOR GUY GUZZONE	2.00									
DIRECTOR		Х						0.	0.	0.
(7) ELMINA J. HILSENRATH	2.00									
DIRECTOR		Х						0.	0.	0.
(8) ANDREW KIM	2.00									
DIRECTOR		Х						0.	0.	0.
(9) WANDA MACLACHLAN	2.00									
DIRECTOR		Х						0.	0.	0.
(10) WOODY MERKLE	2.00									
DIRECTOR		Х						0.	0.	0.
(11) ARIANNE H. MONROE, ESQ	2.00									
DIRECTOR		Х						0.	0.	0.
(12) LISA SCHLOSSNAGLE	2.00									
DIRECTOR		Х						0.	0.	0.
(13) JAHANTAB SIDDIQUI	2.00									
DIRECTOR		Х						0.	0.	0.
(14) JOHN DALLAS SLACK	2.00									
DIRECTOR		Х						0.	0.	0.
(15) MARK SOUTHERLAND, PHD	2.00									
DIRECTOR		Х						0.	0.	0.
(16) GINA ZAWITOSKI	2.00									_
DIRECTOR		Х						0.	0.	0.
(17) JONAS JACOBSON	2.00									_
PRESIDENT		Х		Х				0.	0.	0.

	90 (2020) THE HOWA	RD COUNI	'Y	CO	NS	EF	RVA	NC	CY, INC	52-17	<u>/12</u>	€ <u>13</u>	Paç	ge <b>8</b>
Part	VII Section A. Officers, Directors, Trus	stees, Key Emp	oloy	ees,	and	d Hi	ghes	st C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	box offi	not c	Pos heck ss pe	more rson i	1 than o is both pr/trus	n an	<b>(D)</b> Reportable compensation from	<b>(E)</b> Reportable compensatio from related	n I	Esti amo o	(F) imated ount of other	f
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization: (W-2/1099-MIS		fro orga and	ensation m the nization related nization	n d
	RYAN STURM, CPA	2.00												
	PRESIDENT	2 00	Х		X		-		0.		0.			0.
(19) I TREASU	JAT WILLIAMS	2.00	x		x				0.		0.			0.
	BRETT S. PLANO	2.00	^						0.					0.
SECRE		2.00	x		x				0.		0.			0.
			-											
							$\vdash$							
											-+			
							-				-+			
											_			
	Subtotal								122,895.		0.	5	,62	
	otal from continuation sheets to Part V								0. 122,895.		0.	5	,62	0.
	otal (add lines 1b and 1c)							o re		000 of reportable			,02	<u>+.</u>
C	ompensation from the organization											<u> </u>		1
											ſ		Yes	No
	bid the organization list any <b>former</b> officer			•	•			•	• •			3		Х
	ne 1a? If "Yes," complete Schedule J for s or any individual listed on line 1a, is the s											3		
	nd related organizations greater than \$15											4		х
<b>5</b> D	oid any person listed on line 1a receive or	accrue comper	isati	on fr	rom	any	unre	elate	ed organization or individ	dual for services				
	endered to the organization? <i>If</i> "Yes," con	nplete Schedule	e J f	or sı	ich j	oers	son .				<u></u>	5		X
	on B. Independent Contractors Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	ensat	ion fror	n	
t	ne organization. Report compensation for (A)	the calendar ye	ear e	endir	ng w	ith o	or wi	thin T	the organization's tax y	ear.		(C)		
	Name and business	address	N	ONE	3			_	Description of s	ervices	C	ompen		
<b>2</b> T	otal number of independent contractors (	ncluding but p	nt lir	niter	d to	thor	se lie	ted	above) who received m	ore than				
	100,000 of compensation from the organ	•	. III				) )							

					CO	UNTY CONS	SERVANCY,	INC	52-1712	913 Page 9
Pa	rt VII				0000	or noto to any lin	o in this Part VIII			
		Check if Schedule O	COLLE	ans a resp	onse	or note to any im	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded from tax under
								Turiction revenue	business revenue	sections 512 - 514
ts t	1 a	Federated campaigns		1a						
iran	b	Membership dues		1b						
Contributions, Gifts, Grants and Other Similar Amounts	с	Fundraising events		1c						
Gift Iar	d	Related organizations		<u>1d</u>						
,sc jini		Government grants (contr				4,872.				
er S	f	All other contributions, gifts,	-	-		005 016				
Oth		similar amounts not included			¢	805,216. 58,776.				
nd	-	Noncash contributions included in					810,088.			
O a	n	Total. Add lines 1a-1f				Business Code	010,000.			
	0 0	EDUCATIONAL PROGRAM				611710	186,778.	186,778.		
vice	b									
Program Service Revenue	c									
	d									
Bag	е									
Pre	f	All other program service	reve	nue						
	g	Total. Add lines 2a-2f					186,778.			
	3	Investment income (includ								
		other similar amounts)				►	14,291.			14,291.
	4	Income from investment of		-						
	5	Royalties	·							
	-	<b>a</b>		(i) Rea		(ii) Personal				
		Gross rents	6a		756. 0.					
		Less: rental expenses	6b 6c		756.					
		Rental income or (loss) Net rental income or (loss)	` <u> </u>	•			96,756.			96,756.
		Gross amount from sales of	/ <u> </u>	(i) Secur		(ii) Other	,,			
	7 4	assets other than inventory	7a	1,746,						
	b	Less: cost or other basis								
e		and sales expenses	7b	1,829,	600.					
venue	с	Gain or (loss)	7c	-83,	115.					
Re	d	Net gain or (loss)			···· <u>····</u>	►	-83,115.			-83,115.
Other	8 a	Gross income from fundraisi	•	•						
đ		including \$		of						
		contributions reported on								
		Part IV, line 18								
		Less: direct expenses								
		Net income or (loss) from				····· ►				
	9 a	Gross income from gamin Part IV, line 19								
	h	Less: direct expenses								
		Net income or (loss) from				<b>&gt;</b>				
		Gross sales of inventory, I	-	-						
		and allowances			10a					
	b	Less: cost of goods sold								
		Net income or (loss) from				►				
s						Business Code				
e eu	11 a								ļ	
sellanec <u>evenue</u>	b									
Miscellaneous Revenue	c									
Mis		All other revenue								
		Total. Add lines 11a-11d Total revenue. See instruction			<u></u>	<b>&gt;</b>	1,024,798.	186,778.	0.	27,932.
			ILLN .							

Form 990 (2020)

	Check if Schedule O contains a respons	se or note to any line in t	his Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	100 516	100 242	24 410	2 0 5 5
•	trustees, and key employees	128,516.	100,243.	24,418.	3,855.
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
7	persons described in section 4958(c)(3)(B)	356,269.	315,524.	32,776.	7,969.
7 8	Other salaries and wages Pension plan accruals and contributions (include	550,205.	515,5410	54,770•	• • • • • • •
0	section 401(k) and 403(b) employer contributions)	7,493.	5,844.	1.424.	225.
9	Other employee benefits	12,881.	12,089.	<u>1,424</u> . 553.	239.
10	Payroll taxes	37,118.	31,866.	4,347.	905.
11	Fees for services (nonemployees):	,,		_,	
a					
b	Legal				
с		27,480.		27,480.	
d		-			
е					
f	Investment management fees				
g					
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	5,149.	4,421.	603.	125.
13	Office expenses	35,645.	33,115.	2,201.	329.
14	Information technology	14,834.	12,735.	1,738.	361.
15	Royalties	20 150	04 600	4 000	1.5.4
16	Occupancy	30,152.	24,692.	4,996.	464.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	4,258.	3,048.	1,210.	
19	Conferences, conventions, and meetings	2,108.	1,825.	234.	49.
20	Interest	2,100.	±,02J•	2J4•	49.
21 22	Payments to affiliates Depreciation, depletion, and amortization	140,660.	120,762.	16,476.	3,422.
22 23	. · · · · · · · · · · · · · · · · · · ·	14,371.	12,901.	1,470.	5,744.
23 24	Other expenses. Itemize expenses not covered	, -, •	12,501.	<b>_</b> , <b>_</b> , <b>v</b> , <b>v</b> ,	
27	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 0.)				
а		47,559.	47,499.	50.	10.
b	FEES AND TAXES	21,589.	4,230.	16,920.	439.
c	PROGRAM CONSULTANTS	16,272.	16,272.		
d	COMMUNITY GARDEN	1,728.	1,728.		
е	All other expenses	-53,669.	759.	-54,823.	395.
25	Total functional expenses. Add lines 1 through 24e	850,413.	749,553.	82,073.	18,787.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Figure if following SOP 98-2 (ASC 958-720)				<b>– 000</b> (2000)

#### THE HOWARD COUNTY CONSERVANCY, INC

Form 990 (2020) Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

$\Gamma HE$	HOWARD	COUNTY	CONSERVANCY,	INC
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52-1712913 Page 11

		Check if Schedule O contains a response or note	e to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			376,604.	1	313,414.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			104,253.	4	92,895.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of these	e perso	ins		5	
	6	Loans and other receivables from other disqualifi	ied pers	sons (as defined			
		under section 4958(f)(1)), and persons described				6	
Ś	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			10,439.	9	9,237.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	4,649,335. 1,258,665.			
	b	Less: accumulated depreciation	10b	1,258,665.	3,345,875.	10c	3,390,670. 1,705,496.
	11	Investments - publicly traded securities		1,257,659.	11	1,705,496.	
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line 1			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			5,094,830.	16	5,511,712.
	17	Accounts payable and accrued expenses			77,087.	17	50,244.
	18	Grants payable			18		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete F	Part IV c	of Schedule D		21	
Se	22	Loans and other payables to any current or forme	er office	er, director,			
Liabilities		trustee, key employee, creator or founder, substa	antial co	ontributor, or 35%			
iabi		controlled entity or family member of any of these				22	
	23	Secured mortgages and notes payable to unrelate			40,000.	23	
	24	Unsecured notes and loans payable to unrelated	third p	arties		24	95,760.
	25	Other liabilities (including federal income tax, pay	ables t	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D			110 000	25	146 004
	26	Total liabilities. Add lines 17 through 25			117,087.	26	146,004.
s		Organizations that follow FASB ASC 958, chec	ck here				
ice	-	and complete lines 27, 28, 32, and 33.			4 (50 001		
alar	27				4,659,081.	27	5,026,254.
dBå	28				318,662.	28	339,454.
nn		Organizations that do not follow FASB ASC 95	58, che	ck here 🕨 🛄			
ΥĽ		and complete lines 29 through 33.					
ets (	29 00	Capital stock or trust principal, or current funds				29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or equ				30	
¢t A	31	Retained earnings, endowment, accumulated inc		Γ	1 077 713	31	5 365 700
Š	32				<u>4,977,743.</u> 5,094,830.	32	<u>5,365,708</u> 5,511,712.
	33	Total liabilities and net assets/fund balances			J,UJ4,OJU•	33	

Form 990 (2020)

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Form 990 (2020)
Part X Balance Sheet

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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)         2       850, 413.         3       1744, 385.         4       4, 977, 743.         5       213, 580.         6       0         7       743.         6       0         7       743.         6       0         8       0         9       0.         6       0         7       1         8       0         9       0.         10       0.0         10       8         9       0.         11       0.0         12       1         14       0.0         15       0.0         16       0.0         17       1         16       0.0         17       1.0         17       0.0         18       0.0         19       0.0         10       0.0         11       0.0	Form	990 (2020) THE HOWARD COUNTY CONSERVANCY, INC	52-1	712913	Pag	<sub>ge</sub> 12
1       Total revenue (must equal Part VIII, column (A), line 12)       1       1, 0.24, 7.98.         2       Total expenses (must equal Part IX, column (A), line 25)       2       850, 413.         3       Revenue less expenses. Subtract line 2 from line 1       3       1.74, 385.         4       Vet assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       4, 977, 743.         5       Donated services and use of facilities       6       6         7       7       7         8       0       9       0.         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances (explain on Schedule O)       9       0.         11       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checke	Pa	rt XI Reconciliation of Net Assets				
2       Total expenses (must equal Part IX, column (A), line 25)       2       850, 413.         3       Revenue less expenses. Subtract line 2 from line 1       3       174, 385.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       4, 977, 743.         5       Net unrealized gains (losses) on investments       5       2113, 580.         6       Donated services and use of facilities       7         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))       10       5, 365, 708.         Yeer NULL         Other changes in net assets or fund balances (explain on Schedule O)       9       0.         Other changes in net assets or fund balances (explain on Schedule O)       9       0.         Other changes in net assets or fund balances (explain as through 9 (must equal Part X, line 32, column (B))       10       5, 365, 708.         Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       2a       X <th></th> <th>Check if Schedule O contains a response or note to any line in this Part XI</th> <th></th> <th></th> <th></th> <th></th>		Check if Schedule O contains a response or note to any line in this Part XI				
2       Total expenses (must equal Part IX, column (A), line 25)       2       850, 413.         3       Revenue less expenses. Subtract line 2 from line 1       3       174, 385.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       4, 977, 743.         5       Net unrealized gains (losses) on investments       5       2113, 580.         6       Donated services and use of facilities       7         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))       10       5, 365, 708.         Yeer NULL         Other changes in net assets or fund balances (explain on Schedule O)       9       0.         Other changes in net assets or fund balances (explain on Schedule O)       9       0.         Other changes in net assets or fund balances (explain as through 9 (must equal Part X, line 32, column (B))       10       5, 365, 708.         Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       2a       X <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>						
3       Revenue less expenses. Subtract line 2 from line 1       3       174,385.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       4,977,743.         5       Net unrealized gains (losses) on investments       5       2113,580.         6       6       7         7       8       7       8         8       9       0.       9       0.         10       5,365,708.       8       9       0.         Part XII       Financial Statements and Reporting       X       X         Check if Schedule 0 contains a response or note to any line in this Part XII       X       X         7       8       No       10       5,365,708.         9       0.ther changes in net assets or fund balances (explain on Schedule 0)       10       5,365,708.         Part XIII       Financial Statements and Reporting       X       X         Check if Schedule 0 contains a response or note to any line in this Part XII       X       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       2a       X         16       Yes, 'check ab xo below to indicate whether the financial statements for the year were compiled or reviewed on a s	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
4       4       977,743.         5       Net unrealized gains (losses) on investments       5       213,580.         6       5       213,580.         6       6       7         7       7       7         8       9       0.         9       0.       9       0.         10       Net assets or fund balances (explain on Schedule 0)       9       0.         10       Net assets or fund balances (explain on Schedule 0)       9       0.         10       Net assets or fund balances (explain on Schedule 0)       9       0.         10       Net assets or fund balances (explain on Schedule 0)       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)       10       5, 365, 708.         Part XII       Financial Statements and Reporting       X       X       X         11       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Yes       No         12       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Za       X         14       Trees, check a box below to indicate whether the financial statements for the year were compil	2	Total expenses (must equal Part IX, column (A), line 25)	2			
5       Net unrealized gains (losses) on investments       5       213,580.         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))       10       5, 365, 708.         Part XII Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         1       Accounting method used to prepare the Form 990:       Cash       S Accrual       Other       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       Separate basis       Consolidated basis       Both consolidated and separate basis, consolidated basis, or both:       2b       X         If "Yes," to line 2a or 2b, dose the organization have a committee that assumes res	3	Revenue less expenses. Subtract line 2 from line 1	3	174	1,38	<u>35.</u>
6       Donated services and use of facilities       6       7         7       Investment expenses       7       8         8       Prior period adjustments       9       0.         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)       10       5, 365, 708.         Part XIII       Financial Statements and Reporting       X       X       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other, "explain in Schedule O.         2a       Were the organization s financial statements compiled or reviewed by an independent accountant?       Yes       No         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X       Image: Consolidated basis	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		-	
7 Investment expenses 7   8 Prior period adjustments 9   9 Other changes in net assets or fund balances (explain on Schedule O) 9   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10   Part XII Financial Statements and Reporting 10   Check if Schedule O contains a response or note to any line in this Part XII X   1 Accounting method used to prepare the Form 990: Cash   1 Accounting method used to prepare the Form 990: Cash   2a X   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	5	Net unrealized gains (losses) on investments	5	213	3,58	30.
7 Investment expenses 7   8 Prior period adjustments 9   9 Other changes in net assets or fund balances (explain on Schedule O) 9   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10   Part XII Financial Statements and Reporting 10   Check if Schedule O contains a response or note to any line in this Part XII X   1 Accounting method used to prepare the Form 990: Cash   1 Accounting method used to prepare the Form 990: Cash   2a X   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	6	Donated services and use of facilities	6			
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)) 10 5,365,708.   Part XII Financial Statements and Reporting X   Check if Schedule O contains a response or note to any line in this Part XII X   1 Accounting method used to prepare the Form 990: Cash X   Accounting method used to prepare the Form 990: Cash X   Accounting method used to prepare the Form 990: Cash X   Accounting method used to prepare the Form 990: Cash X   Accounting method used to prepare the Form 990: Cash X   Accounting method used to prepare the Form 990: Cash X   Accounting method used to prepare the Form 990: Cash X   Accounting method used to prepare the Form 990: Cash X   Accounting method used to prepare the Form 990: Cash X   Accounting method used to prepare the Form 990: Cash X   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a   Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both:   K Separate basis Consolidated basis   b Were the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   3a X   f <	7		7			
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))       10       5,365,708.         Part XIII       Financial Statements and Reporting       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       -         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," theck a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review,	8	Prior period adjustments	8			
column (B)       10       5,365,708.         Part XII       Financial Statements and Reporting       X         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis.       Consolidated basis       Both consolidated and separate basis         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its ove	9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Dotto indicate duality or box below to indicate whether the financial statements andited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection or an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a As a result of a federal award, was the	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         2a       X       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X         Separate basis       Consolidated basis       Both consolidated and separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," to line 2a or 2b, does the organization have		column (B))	10	5,365	5 <u>,</u> 70	)8.
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other	Pa	rt XII Financial Statements and Reporting				
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Image: Construct to the prepare the form 990:       Cash       X       Accrual       Other       Image: Construct to the prepare the form 990:       Cash       X       Accrual       Other       Image: Construct to the prepare the form 990:       Cash       X       Accrual       Other       Image: Construct to the prepare the form 990:       Cash       X       Accrual       Other       Image: Construct to the prepare the form 990:       Cash       X       Accrual       Other       Image: Construct to the prepare the form 990:       Cash       X       Accrual       Other       Image: Construct to the prepare the form 990:       Cash       X       Accrual       Other       Image: Construct to the prepare the form 990:       Cash       X       Accrual       Other       Image: Construct to the prepare to the prep		Check if Schedule O contains a response or note to any line in this Part XII				X
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a					Yes	No
2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain wh	1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       Image: Consolidated basis		If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule (	D.			
separate basis, consolidated basis, or both:   Separate basis   Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   X   Separate basis   Consolidated basis   Both consolidated and separate basis   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   X   Separate basis   Consolidated basis   Both consolidated and separate basis   If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?   If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?   b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
<ul> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</li> <li>X Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.</li> <li>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?</li> <li>If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits</li> </ul>		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       X       Image: Consolidated basis		separate basis, consolidated basis, or both:				
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Image: Consolidated basis       Image:		Separate basis Consolidated basis Both consolidated and separate basis				
consolidated basis, or both:       Image: Consolidated basis       Both consolidated and separate basis       Image: Consolidated basis	b	Were the organization's financial statements audited by an independent accountant?		2b	X	
X       Separate basis       Consolidated basis       Both consolidated and separate basis       Image: Consolidated basis       Image: Consolidated basis       Consolidated and separate basis       Image: Consolidated basis       Consolidated basis       Consolidated basis       Consolidated and separate basis       Consolidated basis <td< th=""><th></th><th>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate</th><th>basis,</th><th></th><th></th><th></th></td<>		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
c       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       2c       X         3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3b						
review, or compilation of its financial statements and selection of an independent accountant?          If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       2c       X         3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3b		X Separate basis Consolidated basis Both consolidated and separate basis				
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit       3a       X         Act and OMB Circular A-133?       3a       X         b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3b		review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3b		If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3a		gle Audit			
or audits, explain why on Schedule O and describe any steps taken to undergo such audits				3a		X
	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
		or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2020)

SCHEDULE A
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(Form 990 or 990-EZ)

## **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.

OMB No. 1545-0047
2020
Open to Public Inspection

Department of the Treasury Internal Revenue Service				Open to Public Inspection							
		-	Go to www.irs.go	v/Form990 for instruction	ons and tr	ie latest li	itormation.	Employer	identification number		
Name of	the organizati										
Dort	Decen	THE for Dublic (	HOWARD COU	NTY CONSERVAL	NCY,	LINC			2-1712913		
Part I				(All organizations must c			ee instructior	IS.			
The orgar	nization is not a	ı private found	lation because it is: (	For lines 1 through 12, c	heck only	one box.)					
1	A church, cor	nvention of ch	urches, or associatio	on of churches described	l in sectio	on 170(b)(1	I)(A)(i).				
2	A school des	cribed in <b>sect</b>	ion 170(b)(1)(A)(ii).(	Attach Schedule E (Forn	n 990 or 99	90-EZ).)					
3 🛄	•	•		anization described in se							
4	A medical res	earch organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,		
	city, and state	e:									
5	An organizati	on operated fo	or the benefit of a co	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in		
	section 170	( <b>b)(1)(A)(iv).</b> (C	Complete Part II.)								
6	A federal, sta	te, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).				
7 X	X 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 <b>)(1)(A)(vi).</b> (C	omplete Part II.)								
8	A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)						
9	An agricultura	al research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college		
	or university (	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or		
	university:										
10	An organizati	on that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	nip fees, and	d gross receipts from		
	activities rela	ted to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support fi	rom gross investment		
	income and u	inrelated busir	ness taxable income	(less section 511 tax) fro	om busines	sses acqui	red by the org	ganization a	fter June 30, 1975.		
	See section	509(a)(2). (Co	mplete Part III.)								
11	An organizati	on organized a	and operated exclusi	ively to test for public sa	fety. See	section 50	)9(a)(4).				
12	An organizati	on organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or		
	more publicly	supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See section	<b>509(a)(3).</b> (	Check the box in		
	lines 12a thro	ough 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	l 12g.			
a	Type I. A s	upporting orga	anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), t	ypically by	giving		
	the suppor	ted organizatio	on(s) the power to re	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting		
	organizatio	n. <b>You must c</b>	complete Part IV, Se	ections A and B.							
b	<b>Type II.</b> A s	supporting org	anization supervised	l or controlled in connect	tion with it	s supporte	ed organizatio	n(s), by hav	ring		
	control or n	nanagement o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported		
	organizatio	n(s). <b>You mus</b>	t complete Part IV,	Sections A and C.							
c 🗌	Type III fur	nctionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functiona	lly integrate	d with,		
	its supporte	ed organizatio	n(s) (see instructions	). You must complete I	Part IV, Se	ections A,	D, and E.				
d 🗌	Type III no	n-functionally	integrated. A supp	porting organization oper	ated in co	nnection v	/ith its suppo	rted organiz	ation(s)		
	that is not f	unctionally int	egrated. The organiz	zation generally must sat	isfy a distr	ibution red	uirement and	d an attentiv	veness		
	requiremen	t (see instructi	ions). You must cor	mplete Part IV, Sections	A and D,	and Part	<b>V</b> .				
e	Check this	box if the orga	anization received a	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III			
	functionally	integrated, or	r Type III non-functio	nally integrated supporti	ng organiz	ation.					
f Ent	er the number		rachizationa								
g Pro	vide the followi	ng informatior	n about the supporte								
	(i) Name of supp	orted	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your govern	anization listed ing document?	(v) Amount o	,	(vi) Amount of other		
	organization	1		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)		
-											

#### Schedule A (Form 990 or 990-EZ) 2020 THE HOWARD COUNTY CONSERVANCY, INC 52-1712 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

52-1712913 Page 2

(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						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	905,113.	1349187.	596,711.	748,301.	810,088.	4409400.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge $\dots$						
4	Total. Add lines 1 through 3	905,113.	1349187.	596,711.	748,301.	810,088.	4409400.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						223,256.
6	Public support. Subtract line 5 from line 4.						4186144.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	(e) 2020	(f) Total
7	Amounts from line 4	905,113.	1349187.	596,711.	748,301.	810,088.	4409400.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	173,127.	194,747.	287,668.	232,027.	27,932.	915,501.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						5324901.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 1	,209,733.
13	First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third, f	fourth, or fifth tax y	vear as a section 5	01(c)(3)	
	organization, check this box and stop	here					
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2020 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	<u>78.61 %</u>
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	75.64 %
<b>1</b> 6a	33 1/3% support test - 2020. If the c	organization did no	t check the box or	n line 13, and line <sup>-</sup>	14 is 33 1/3% or m	ore, check this bo>	and
	stop here. The organization qualifies	as a publicly supp	orted organization				<b>X</b>
b	33 1/3% support test - 2019. If the c	organization did no	t check a box on li	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	ind line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	r <b>e.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	- 2019. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is <sup>-</sup>	10% or
	more, and if the organization meets th	ne facts-and-circum	nstances test, cheo	ck this box and <b>st</b>	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	
						dulo A (Earm 000	

Schedule A (Form 990 or 990-EZ) 2020

#### Schedule A (Form 990 or 990-EZ) 2020 THE HOWARD COUNTY CONSERVANCY, INC Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	0 (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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disgualified persons						
k	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		•		•		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	0 (f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	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						
	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.)			<u> </u>			<u> </u>
14	First 5 years. If the Form 990 is for the	-			-		
Se	check this box and stop here ction C. Computation of Publi						<b>▶</b>
	Public support percentage for 2020 (I			column (f))		15	%
	Public support percentage from 2019		•			16	% %
	ction D. Computation of Inves						/0
	Investment income percentage for 20			ne 13. column (f))		17	%
18	Investment income percentage from					18	%
	a 33 1/3% support tests - 2020. If the					· · ·	
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	tion	
Ľ	<b>33 1/3% support tests - 2019.</b> If the						
20	line 18 is not more than 33 1/3%, che Private foundation. If the organization						
				.,,			····· 🔽 🗖

Schedule A (Form 990 or 990-EZ) 2020

#### Schedule A (Form 990 or 990-EZ) 2020 THE HOWARD COUNTY CONSERVANCY, INC

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

#### 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.**
- 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).
- 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).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined 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.**
- 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.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

#### Schedule A (Form 990 or 990-EZ) 2020 THE HOWARD COUNTY CONSERVANCY, INC

Pa	Int IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% 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		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes, " explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations		<b></b>	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations		<b></b>	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			

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

significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

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

1	Check the box next to the method that the	organization used to satisfy	/ the Integral Part Test durin	g the year (see instructions)
		erganization acca to cation	, the integral i art reet admin	g the year t

a The organization satisfied the Activities Test. Complete line 2 below.

b		The organization i	s the parent o	f each of its	supported	organizations.	Complete line 3	below.
---	--	--------------------	----------------	---------------	-----------	----------------	-----------------	--------

c 🗌	The organization supported a governmental entity	Describe in Part VI how you supported a governmental entity (see instructions).	
-----	--------------------------------------------------	---------------------------------------------------------------------------------	--

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

**a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.** 

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 

2

3

2a

2b

3a

3b

Yes No

Sche Par	dule A (Form 990 or 990-EZ) 2020 THE HOWARD COUNTY CONSE			52-1712913 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifyir		,	Part VI). See Instructions.
Sect	All other Type III non-functionally integrated supporting organizations mus on A - Adjusted Net Income	t complete	(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		
	on 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	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		
Sect	on 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-functiona	lly integrat	ed Type III supporting orga	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2020

# Schedule A (Form 990 or 990 EZ) 2020 THE HOWARD COUNTY CONSERVANCY, INC

Par	t v Type III Non-Functionally integrated 509	(a)(3) Supporting Orga	nizations (contine	ued)	
Secti	on D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	6	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he 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	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able 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				
	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: Excess from 2016				
	Excess from 2017				
	Excess from 2017				
	Excess from 2019				
	Excess from 2020				
-					

Schedule A (Form 990 or 990-EZ) 2020

Schedule A	(Form 990 or 990-EZ) 2020 THE HOWARD COUNTY CONSERVANCY, INC 52-1712913 Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### Schedule B

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

Name of the organization

#### \*\* PUBLIC DISCLOSURE COPY \*\*

## Schedule of Contributors

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

OMB No. 1545-0047

2020

Employer identification number

	THE HOWARD COUNTY CONSERVANCY, INC	52-1712913
Organization type (chee	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

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

#### **General Rule**

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

#### Special Rules

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

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

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

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

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Name of organization

Employer identification number

52-1712913

### THE HOWARD COUNTY CONSERVANCY, INC

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>20,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$32,076.	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>40,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$38,300.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>75,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_		\$42,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

52-1712913

### THE HOWARD COUNTY CONSERVANCY, INC

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>    7                                </u>		\$25,781.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>     8                               </u>		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ <u>35,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE HOWARD COUNTY CONSERVANCY, INC

52-1712913

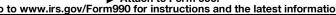
Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	STOCK	_	
2		—	
		\$20,754.	06/20/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(-)			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		¢	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		_   _	
		\$	

Schedule	B (Form 990, 990-EZ, or 990-PF) (2020)		Page <b>4</b>
Name of c	organization		Employer identification number
THE H	OWARD COUNTY CONSERVANC	Y, INC	52-1712913
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	ions to organizations described in set ) through (e) and the following line en charitable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	t l
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
		(e) Transfer of gif	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	I
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
		[	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

SCHEDU	LE D
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<del>9</del> 0)

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.





Name of the organization	
Department of the Treasury Internal Revenue Service	ÞG

THE HOWARD COUNTY CONSERVANCY, INC Employer identification number 52-1712913

Par			s or Ac	count	S. Complete if the	е
	organization answered "Yes" on Form 990, Part IV, line		1 .			
	-	(a) Donor advised funds	(	b) Fund	s and other accour	nts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in w	-				
	are the organization's property, subject to the organization's e				Yes	No
6	Did the organization inform all grantees, donors, and donor ad					
	for charitable purposes and not for the benefit of the donor or			•		
Par					Yes	No
			, Part IV,	line 7.		
1	Purpose(s) of conservation easements held by the organizatio					
	Preservation of land for public use (for example, recreat				mportant land area	
	Protection of natural habitat	Preservation	of a certi	hed histo	oric structure	
•	X Preservation of open space		,			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the forr	n of a cor			
_	day of the tax year.				Held at the End of the	<u>44</u>
a L	Total number of conservation easements			2a	1,928	
b		eture izeluded iz (c)		2b	1,920	• • • •
	Number of conservation easements on a certified historic stru Number of conservation easements included in (c) acquired a			2c		
u				2d		
3	listed in the National Register				uring the tax	
5	year	eased, extinguished, or terminated by th	le organiz	Lation u	uning the tax	
4	Number of states where property subject to conservation easi	ement is located				
5	Does the organization have a written policy regarding the peri		f			
Ŭ	violations, and enforcement of the conservation easements it				X Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, h				······ ——	
-	▶ 271	······································			······ ·······························	
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations. and enforcing conserv	ation eas	ements	during the year	
	▶\$ 7,158.	<b>.</b>			0,	
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	0(h)(4)(B)(	i)		
	and section 170(h)(4)(B)(ii)?	· · · ·			X Yes	No
9	In Part XIII, describe how the organization reports conservatio					
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's financial state	ments tha	t descri	bes the	
	organization's accounting for conservation easements.					
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or C	Other S	imilar	Assets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement	and bala	ince she	et works	
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in	furtheran	ce of pu	ıblic	
	service, provide in Part XIII the text of the footnote to its finan	cial statements that describes these ite	ems.			
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and	d balance	sheet w	vorks of	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fu	therance	of publi	ic service,	
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1					
2	If the organization received or held works of art, historical trea		ial gain, p	orovide		
	the following amounts required to be reported under FASB AS	-				
а	Revenue included on Form 990, Part VIII, line 1					
b	Assets included in Form 990, Part X			▶ \$		

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

Schedule D (Form 990) 2020

		ARD COUNTY					52-17			age <b>2</b>
Par	t III Organizations Maintaining C	collections of Ar	t, Historical	Treasures, o	r Other	Similar	Assets	contii	nued)	
3	Using the organization's acquisition, accessi	ion, and other record	s, check any of	the following tha	t make sig	gnificant u	ise of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan oi	r exchange progr	am					
b	Scholarly research	e	e 🔄 Other_							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how they furth	er the organizati	on's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit of							_		,
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the organi	zation answered	"Yes" on I	Form 990	, Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custod	ian or other intermed	iary for contribu	itions or other as	sets not ir	ncluded				
	on Form 990, Part X?		-				🗆	Yes		No
b	If "Yes," explain the arrangement in Part XIII									
								Amoun	t	
с	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f		_		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow	or custodial acco	ount liabilit	y?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.							<u></u>		
Par	<b>t V</b> Endowment Funds. Complete									
		(a) Current year	(b) Prior yea	ar <b>(c)</b> Two yea	ars back (	( <b>d)</b> Three y	ears back	(e) Fou	years	back
1a	Beginning of year balance									
b	Contributions									
с	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr		e (line 1g, colum	nn (a)) held as:						
a	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С		_%								
0-	The percentages on lines 2a, 2b, and 2c sho			lation of a sheet's take						
Ja	Are there endowment funds not in the posse	ession of the organiza	ation that are ne	ia and administe	red for the	e organiza	tion	1	Yes	Na
	by: (i) Unrelated organizations							20(1)	res	No
								3a(i) 3a(ii)		
h	(ii) Related organizations	ations listed as requir	ed on Schedule					3b		
1	Describe in Part XIII the intended uses of the							50		
Par	t VI Land, Buildings, and Equipm		which dids.							
	Complete if the organization answere		). Part IV. line 1 <sup>.</sup>	1a. See Form 990	). Part X. I	ine 10.				
	Description of property	(a) Cost or o		Cost or other		cumulate	d	(d) Boo	k value	÷
	Decemption of property	basis (investr	• • •	asis (other)	1	reciation	-	, 200		-
1a	Land			164,000.				16	4,00	00.
	Buildings		3.	936,366.	1.0	90,58	35.	2,84		
	Leasehold improvements				, -					
	Equipment			219,176.		99,22	25.	11	9,95	51.
	Other			329,793.		68,85			0,93	
	. Add lines 1a through 1e. (Column (d) must e		X. column (B). li					3,39		

Schedule D (Form 990) 2020

	Investments -		-				
Schedule D	(Form 990) 2020	THE	HOWARD	COUNTY	CONSERVANCY,	INC	

Complete if the organization answered "Yes" o	n Form 990, Part IV, line 1	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

### Part VIII Investments - Program Related.

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

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

#### Part IX Other Assets.

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

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must eq	ual Form 990. Part X. col. (B) line 15.)	
Part X Other Liab	ilities	
	e organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25	
		(b) Book value
Complete if th	ne organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (a) Description of liability	
Complete if th	ne organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (a) Description of liability	
Complete if th 1. (1) Federal income tax	ne organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (a) Description of liability	
Complete if th 1. (1) Federal income tax (2)	ne organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (a) Description of liability	
Complete if th 1. (1) Federal income tax (2) (3)	ne organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (a) Description of liability	
Complete if th  Complete if th  (1) Federal income tax  (2)  (3)  (4)	ne organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (a) Description of liability	
Complete if th  Complete if th  (1) Federal income tax  (2)  (3)  (4)  (5)	ne organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (a) Description of liability	
Complete if th  Complete if th  (1) Federal income tax  (2)  (3)  (4)  (5)  (6)	ne organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (a) Description of liability	
Complete if th  Complete if th	ne organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (a) Description of liability	

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

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

_	edule D (Form 990) 2020 THE HOWARD COUNTY CONSERVA				1712913 Page <b>4</b>
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,275,728.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	213,580.		
b	Donated services and use of facilities	. 2b	37,350.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	. 2d			
е	Add lines 2a through 2d			2e	250,930.
3	Subtract line 2e from line 1			3	1,024,798.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
~	Add lines <b>4a</b> and <b>4b</b>			4c	0.
С					
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			5	1,024,798.
5		ents With	Expenses per F		<u>1,024,798.</u> n.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)	ents With	Expenses per F		n.
5	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.)</i>	ents With a.	Expenses per F		<u>1,024,798.</u> n. <u>887,763.</u>
5 Pa	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> ) <b>rt XII</b> Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With a.	Expenses per F	Returi	n.
5 Pa 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements	a.	Expenses per F	Returi	n.
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With <u>a.</u> <u>2a</u>	Expenses per F	Returi	n.
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	22 2b	Expenses per F	Returi	n.
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	2a 2b 2c 2c	Expenses per F	Returi	n.
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a           2b           2c           2d	Expenses per F	Returi	n. <u>887,763.</u> 37,350.
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a 2b 2c 2d	Expenses per F	1	n. 887,763.
5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per F	1 2e	n. <u>887,763.</u> 37,350.
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a 2b 2c 2d	Expenses per F	1 2e	n. <u>887,763.</u> 37,350.
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:       Donated services and use of facilities         Prior year adjustments       Other losses       Other losses         Other (Describe in Part XIII.)       Add lines 2a through 2d       Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:       1	2a           2b           2c           2d	Expenses per F	1 2e	n. <u>887,763.</u> <u>37,350.</u> 850,413.
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other losses         Other losses         Other losses         Other losses         Other losses in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a           2b           2c           2d	Expenses per F	1 2e	n. <u>887,763.</u> <u>37,350.</u> <u>850,413.</u> 0.
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a         2a           2b         2c           2c         2d           2d         4a           4b         4b	Expenses per F	1 2e 3	n. <u>887,763.</u> <u>37,350.</u> 850,413.

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

#### PART II, LINE 9:

THE CONSERVANCY RECEIVES FUNDS FROM VARIOUS INDIVIDUALS AND ENTITIES FOR

LONG TERM EASEMENT STEWARDSHIPS. THESE FUNDS ARE DESIGNATED BY THE BOARD

TO BE RETAINED AND INVESTED, AND MAY BE USED IN THE EVENT OF LITIGATION

ARISING FROM ANY EASEMENT ACCEPTED.

PART X, LINE 2:

THE INCOME TAX POSITIONS TAKEN BY THE CONSERVANCY FOR ANY YEARS OPEN UNDER

THE VARIOUS STATUTES OF LIMITATIONS ARE THAT THE CONSERVANCY CONTINUES TO

BE EXEMPT FROM INCOME TAXES AND THAT THEY HAVE PROPERLY REPORTED UNRELATED

BUSINESS INCOME THAT IS SUBJECT TO INCOME TAXES. THE CONSERVANCY BELIEVES

THAT THERE ARE NO TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD

Schedule D (Form 990) 2020 THE HOWARD COUNT	TY CONSERVANCY, INC	52-1712913 Page 5
Part XIII Supplemental Information (continued)		
SIGNIFICANTLY INCREASE UNRECOGNIZED	TAX LIABILITIES WITHI	N 12 MONTHS OF
THE REPORTING DATE. NONE OF THE CON	ISERVANCY'S FEDERAL OR	STATE INCOME TAX
RETURNS ARE CURRENTLY UNDER EXAMINAT	CION.	

#### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

2020

**Open to Public** 

Department of the Treasury
Internal Revenue Service

Part I

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24 25

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Other 🕨

Other 🕨

Other

Securities - Closely held stock

trust interests Securities - Miscellaneous

Historic structures

Qualified conservation contribution - Other ... Real estate - Residential

Real estate - Commercial

Real estate - Other

Collectibles Food inventory

Drugs and medical supplies

Taxidermy Historical artifacts

Scientific specimens

Archeological artifacts

( \_\_\_\_\_ )

(

Securities - Partnership, LLC, or

Qualified conservation contribution -

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

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

#### Name of the organization

Inspection Employer identification number

THE HOWARD C	52-1712913			
t I Types of Property				
	<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d)</b> Method of determining noncash contribution amounts
Art - Works of art				
Art - Historical treasures				
Art - Fractional interests				
Books and publications				
Clothing and household goods				
Cars and other vehicles				
Boats and planes				
Intellectual property				
Securities - Publicly traded	Х	7	58,776.	FAIR MARKET VALUE

28	Other 🕨	(	)					
29	Number of Forms 8283 received by the organization during the tax year for contributions							
	for which the organization completed Form 8283, Part V, Donee Acknowledgement						29	

)

)

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it			
	must hold for at least three years from the date of the initial contribution, and which isn't required to be used for			
	exempt purposes for the entire holding period?			Х
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		Х
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash			
	contributions?	32a		Х
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,			
	describe in Part II.			
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Formatting Schedule M (Form				

Schedule M	(Form 990) 2020	THE	HOWARD	COUNTY	CONSERVAN	CY, INC	2 52-1712913	Page <b>2</b>
Part II	Supplementa is reporting in Par this part for any a	l Infori t I, colur	mation. Pro	vide the inform Ther of contril	mation required by P butions, the number	art I, lines 30 of items rece	b, 32b, and 33, and whether the organ eived, or a combination of both. Also c	nization omplete
			i mormation.					

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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.



THE HOWARD COUNTY CONSERVANCY, INC

52-1712913

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

WORLD, PRESERVE THE LAND AND ITS LEGACY FOR FUTURE GENERATIONS AND

MODEL RESPONSIBLE STEWARDSHIP OF OUR ENVIRONMENT.

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

LOCAL ANIMAL AND PLANT LIFE FOUND IN THE CHESAPEAKE BAY WATERSHED. THE

CONSERVANCY HAS BEEN AN EDUCATIONAL PARTNER WITH THE HOWARD COUNTY

PUBLIC SCHOOL SYSTEM SINCE 2003 AND HAS OTHER PARTNERSHIPS WITH HOWARD

COUNTY MASTER GARDENERS, HOWARD COUNTY RECREATION & PARKS DEPARTMENT,

HOWARD COUNTY BIRD CLUB, HOWARD COUNTY BEEKEEPERS, HOWARD COUNTY

BLACKSMITH GUILD AND OTHERS.

IN 2020 THE CONSERVANCY HAS LESS PROGRAM ATTENDEES DUE TO COVID. 2,000

STUDENTS PARTICIPATED IN SCHOOL-RELATED PROGRAMS DURING THE YEAR. WITH

THE SWITCH TO VIRTUAL PROGRAMS, THESE INTERACTIONS INCREASED TO MORE

THAN 25,000. OUR SUMMER CAMPS AND SCHOOL'S OUT PROGRAMS CONTINUED TO

FUNCTION AT REDUCED CAPACITY, REACHING 945 CHILDREN. MORE THAN 3,900

POUNDS OF FRESH, ORGANIC PRODUCE WERE DONATED TO THE FOOD BANK.

VISITORS TO OUR FIVE MILES OF TRAILS INCREASED DRAMATICALLY DURING

COVID, WITH AN ESTIMATED 70% INCREASE IN VISITORS TO OUR

GROUNDS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE ORGANIZATION'S 990 WAS DISTRIBUTED TO AND REVIEWED BY THE BOARD OF

DIRECTORS WHO WERE GIVEN THE OPPORTUNITY TO COMMENT.

Schedule O (Form 990 or 990-EZ) 2020 Pa						
Name of the organization THE HOWARD COUNTY CONSERVANCY, INC	Employer identification number 52-1712913					
FORM 990, PART VI, SECTION B, LINE 12C:						

THE ORGANIZATION REQUIRES MEMBERS OF THE BOARD OF DIRECTORS TO REPORT

CONFLICTS OF INTEREST AND ANY ISSUE ARISING FOR WHICH A BOARD MEMBER HAS A

CONFLICT OF INTEREST. THE ORGANIZATION ALSO REQUIRES THE INDIVIDUAL TO

RECUSE THEMSELVES FROM VOTING.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE DETERMINES AND APPROVES COMPENSATION FOR THE

EXECUTIVE DIRECTOR ANNUALLY, WHICH INCLUDES A REVIEW PROCESS AND COMPARABLE

DATA FOR SIMILAR ORGANIZATIONS.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST, POLICIES, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.