Department of the Treasury

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# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2022

Under section 501(c), 527, or 4	4947(a)(1) of the Internal Revenue C	Code (except private foundations)
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Do not enter social security numbers on this form as it may be made public.

Open to Public

Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2022 calendar year, or tax year beginning 07-01 2022, and ending 06-30 ,2023 Α в Check if applicable: C Name of organization LEBANON AREA FOUNDATION D Employer identification number Address change Doing business as 43-1340282 E Telephone number Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite Initial return PO BOX 1042 (417)532 - 8868Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts Amended return LEBANON, MO 65536 3,074,838 П X No Application pending F Name and address of principal officer: H(a) Is this a group return for subordinates? Yes H(b) Are all subordinates included? Yes No No **X** 501(c)(3) 501(c) ( 4947(a)(1) or 527 If "No," attach a list. See instructions Tax-exempt status: ) (insert no.) WWW.LAFCARES.ORG J Website: H(c) Group exemption number Form of organization: X Corporation Trust Association Other L Year of formation: 1984 M State of legal domicile: MO Part I Summary 1 Briefly describe the organization's mission or most significant activities: ORGANIZATION ESTABLISHED TO ADMINISTER DONATIONS FOR VARIOUS COMMUNITY PROJECTS AND NON-PROFIT ENTITIES. Activities & Governance Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) ..... 3 3 19 Number of independent voting members of the governing body (Part VI, line 1b) ..... 4 19 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) ...... 5 2 6 Total number of volunteers (estimate if necessary) 6 40 Total unrelated business revenue from Part VIII, column (C), line 12 7a 7a 0 Net unrelated business taxable income from Form 990-T, Part I, line 11 . . . . . . . . . 7b b 0 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) ..... 8 639,425 683,432 Revenue 9 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... 10 686,920 (34, 444)Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 34 31 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .... 12 1,326,379 649,019 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . . . . . . . . . . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .... 61,596 69,374 Expenses 0 Total fundraising expenses (Part IX, column (D), line 25) b 0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . . . . . . . . . . . 584,657 629,626 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 646,253 699,000 . . . . . . . . 19 680,126 (49,981)**Beginning of Current Year** End of Year Net Assets or Fund Balances 5,340,155 20 Total assets (Part X, line 16) 5,641,346 21 Total liabilities (Part X, line 26) . . . . . . . . . . . . . 1,363 1,105 22 5,338,792 5,640,241 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

	DEBORAH M	IOORE							
Sign	Signature of officer							Date	
Here	DEBORAH M								
	Type or print name and tit	le							
h	Print/Type preparer's n	ame	Preparer's signature			Date	Check	] <sub>if</sub> PTIN	
Paid	Kevin Allen	, CPA				10-03-2023	self-employ	ed <b>P0043787</b>	3
Preparer	Firm's name	WALTERS	STAEDTLER	ALLEN L	LC		Firm's EIN		
Use Only	Firm's address	PO BOX 8	32				Phone no.		
	Lebanon MO 65536 417							17-532-5941	
May the IRS	discuss this return	with the preparer sh	nown above? Se	e instructions				X Yes	No
For Doportu	ork Poduction Act	Notico soo tho so	narato instructi	one				Form 9	00 (2022)

Form	990 (2022) LEBANON AREA FOUNDATION 43	3-1340282	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u>.</u>	🗌
1	Briefly describe the organization's mission:		
	ORGANIZATION ESTABLISHED TO ADMINISTER DONATIONS FOR VARIOUS COMMUNITY PROJECTS	AND NON	-PROFIT
	ENTITIES.		
	Did the same the first state is a similar to see the same state in the same ship is a set if it is the state of the		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	. 🗌 Yes	<u>x</u> No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
3		. 🗌 Yes	V No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	,	
-	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others		
	the total expenses, and revenue, if any, for each program service reported.	-,	
4a	(Code: ) (Expenses \$ 699,000 including grants of \$ ) (Revenue \$		)
	OGRANIZATION ESTATBLISHED TO ADMINISTER DONATIONS FOR VARIOUS COMMUNITY PROJECT		N-PROFIT
	ENTITIES.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)		)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$		)
4d	Other program services (Describe on Schedule O.)		
Ψu	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses 699,000	/	
EEA		For	m <b>990</b> (2022)

	1 990 (2022) LEBANON AREA FOUNDATION 43-1340	282	F	Page 3
Pa	rt IV Checklist of Required Schedules			1
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
-	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		
•	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III.	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
-	"Yes," complete Schedule D, Part I	6	x	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		
	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		110		
h	complete Schedule D, Part VI	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	v	
~	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more		x	
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		v
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			x
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		v
~	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		x x
e f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	Tie		~
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			~
120	Schedule D, Parts XI and XII	12a		v
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120		x
D	"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		
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1-10		•
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
••	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III.	19		x
20 a		20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
		<u> </u>		

2         Did the organization report more than \$5.000 of grants or othan assistance to or for domestic individuals on Part N, column (A), ine 2 // ("Ves," complete Schedule I, Pars 1 and III			40282	ŀ	age 4
Pent IX, column (A), the 27 H <sup>2</sup> Yes, <sup>+</sup> complete Schedule I, Pars I and W.       22         DD de the organization nearer Yes ID part VII. Science A, Line 3, 4, or 5 shout compensation of the organization's current and former officers, firedors, musakes, key employees, and highest compensated employees? H <sup>2</sup> Yes, <sup>+</sup> complete Schedule J, J.       23         24a       Did the organization have a tax-exempt bord 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? H <sup>-2</sup> Yes, <sup>+</sup> answer likes 240 through 72 44 and complete Schedule J, to like 250.       24a         Did the organization invest may proceeded of tax-exempt bords beyond a temporary priod exception?.       24a         Did the organization means an excerce account of the than a multicap escore at any time during the year?       24a         Did the organization invest may proceeded of tax-exempt bords       24a         Did the organization makes an encow account there than a multicaplete Schedule L, Part I.       25a         Sciencin S01(c)(3), S01(c)(4), and S01(c)(2)0 organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year.       25b         Did the organization avane the integraded in an excess benefit transaction with a disqualified person in a prior year.       25c         Did the organization avane that engaged in an excess benefit transaction with a disqualified person in a prior year.       25c         Did the organization neares any amount on Part X, Lines 5 or 2, C for treceavables from or payables to any current or f	Pa	rt IV Checklist of Required Schedules (continued)		Vaa	Na
Part IX, column (A), the 27 H*Ves," complete Schedule I, Parts I and W.       22         Did the organization answer Yet to Part VI. Section A, Jine 3, 4 or 3 shout compensation of the organization have a face-complete Schedule J, .       23         Did the organization have a face-complete Schedule J, .       23         Did the organization have a face-complete Schedule J, .       24         Did the organization have a face-complete Schedule J, .       24         Did the organization have a face-complete Schedule J, .       24         Did the organization meets an encow account there than a refund gene scow at any time during they sent?       24         Did the organization meets and encow account there than a refund gene scow at any time during the year?       24         Did the organization meets and encow account there than a refund gene scow at any time during the year?       24         25       Section S01(c)(3) S01(c)(4) and S01(c)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person uning the year?       26         26       Did the organization avere that it engaged in an excess benefit transaction with a disqualified person uning the year?       26         Did the organization avere that it engaged in an excess benefit transaction with a disqualified person uning the year?       26         Did the organization avere that it engaged in an excess benefit transaction with a disqualified person uning the year?       26         Did the organization avere that a	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
23       Did the organization arrower "Ves" to Part VII. Section A, line 3, 4, or 5 about compensation of the organization surrent and former differser, director, trustees, key mytopese, and highest compensated emptywees? If "Ves," complete Schedule J,	~~		. 22		x
argarization surrent and former officients (fractors, trustees, key employees, and highest compensated         23           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 240         24a           Did the organization haves 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 240         24a           Did the organization markins an eacrow account that than a refunding eacrow at any time during the year?         24d           Did the organization at sam, in on behalf of "issuer for bonds outsimding at any time during the year?         24d           Did the organization at sam, in on behalf of "issuer for bonds outsimding at any time during the year?         24d           Did the organization at sam, in on behalf of "issuer for bonds outsimiding principes Schedule 1, Parl 1.         25a           Did the organization report any amount on Part X, line 6 or 22, lor receivables from or payables to any current or former officer, director, trustees, key employee, creator or former direc, director, trustee, key employee, creator or frunde, substantial contributor or employee thereol, a rant selection committee memorie, or to a 35% controlled entity (including an employee thereol, a rant selection committee memorie, or to a 35% controlled entity (including an employee thereol, a rant selection committee memorie, or to a 35% controlled entity (including an employee thereol, a rant selection committee memorie, or to a 35% controlled entity (including and encorphanization acceptor	23				
emptyees? If 'Yes,' complete Schedule J.         23           24a         Did the organization have a tex-evenpt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after Docember 31, 2002? If 'Yes,' answer lines 24b through 24d and completes Schedule K. 'I'ka,'' answer lines 24b         24a           b Did the organization investors my proceeds of tax-evenpt bonds beyond a temporary period exception?         24b           c Did the organization investors my toxes occurs to ther than a refunding escrew at any time during the year         24c           d Did the organization and the add of (issue) ergonizations. Did the organization engine in a verse benefit transaction with a disquafited person during the year?         24d           25a         Section 50(c)(3), 50(c)(4), 40(a)         60(a) and 50(c)(2) and proceeds of tax-exception with a disquafited person in a prior year, and the transaction with a disquafited person during the year?         24d           25a         Section 50(c)(3), 50(c)(4), 40(a)         1, 20(a)         25a           b is the organization export any any outh on Part X, line 5 or 22, for receivables from or payables to any current or or former office, director, trustes, key employse, creator or founder, substantial contributor, or 35% controlled entry of nain/ member or any other espectors?         25b           controlled entry or family member or any other espectors?         Complete Schedule L, Part I         27           27a         Was the organization approx tharbord. Trusseck, or omplete Schedule L, Part IV.					
\$100.000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes, "answer lines 24b       24a         b       Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?       24a         c       Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?       24c         c       Did the organization animisin an escrow account ofter then a refunding serrow at any time during the year       24c         d       Did the organization and the tile organization constanting at any time during the year       24c         d       Did the organization any other tile organization constanting at any time during the year       24c         d       Did the organization any other at ongane time anscenses benefit transaction with a disqualified person during the year // Yes, 'complete Schedule L, Part I.       25a         d       Did the organization report any anount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key emptype, creator or founder, substantial contributor, or 35%, controlled entity or anily member or any of the organization report as ubstantial contributor, or 35%, controlled entity or anily reaction and part or the assistance to any current or former officer, director, trustee, key emptype, creator or founder, substantial contributor, or 35%, controlled entity (including an employee thereot) or family member of any officer, director, trustee, key employee, creator or founder, substantial contributor? II       77         24       Was the organization ine part or abusiness tra			. 23		x
the organization metastan proceeds of tax-everyt bonds beyond a temporary period exception?     24b       b Did the organization maints an excitive account other than a tethundrig sective at any time during the year     24c       c Did the organization maints an excitive account other than a tethundrig sective at any time during the year     24d       c Did the organization at each or in behalf of tissuer for bonds outstanding at any time during the year?     24d       25a     Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization engage 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 spiror Forms 990 or 990-E27     7f       f ''ses, 'complete' Schedule L, Part I     25a       26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or forms officing, director, trustes, key employee, creator or founder, substantial contributor, or 35% controlled entity of namity member or any of these persons? If 'Yes,' complete Schedule L, Part I.     26       27 Did the organization provide agent or other assistance to any current or forms officing, director, trustes, key employee, creator or founder, substantial contributor, or anylybes thereol, a grant selection committee member, or to a 35% controlled entity (including an encipyee thereol) or family member of any of these persons? If 'Yes,' complete Schedule L, Part I.     27       28 Was the organization revelw end bill ing trepholes, conditors, and exceptions?     27       29 Did the organization revelwe that 325,000 in non-cash contributors? If 'Yes,' complete Schedule I.     28<	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
b         Did the organization muest any proceeds of tax-exempt bonds beyond a temporary period exception?         24b           c         Did the organization muest any proceeds of tax-exempt bonds?         24c           d         Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?         24c           d         Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?         24c           d         Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?         24c           d         Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?         24c           d         Did the organization access benefit transaction with a disqualified person in a prior year, and that the transaction the ange to care scess benefit transaction with a disqualified person in a prior year, and that the transaction the ange persons?         25b           210 the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officar, director, trustee, key employee, creator or founder, substantial contributor, or 35%, controlled entity inducting an emptyse thereol, or rans teaction action time member, or to 3.5%, controlled entity inducting an emptyse thereol, or rans teaction currentle member, are not assistance to a current or former officar, director, trustee, key emptysee, creator or founder, substantial contributor?         27           210 the organization any party to a business transaction with one of the following parti		\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
c       Did the organization maintain an escow account other than a refunding escrow at any time during the year       24c         d       Did the organization acts 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 disquifiled person during the year?       25a         b       Is the organization aware that it engaged in an excess benefit transaction with a disquifiled person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2?       // "Yes," complete Schedule L, Part I       25a         26       Did the organization provide a grant or other assistance to any control contributor, or 35% controlled entity (or these, excertator or founder, substantial contributor, a grant selection committee member, or to a 35% controlled entity (or these, excertator or founder, substantial contributor, 376%       26         27       Was the organization provide schedule L, Part II.       26         28       Was the organization provide schedule ontry (including an employee thereot) or family member of any of these persons? If "Yes," complete Schedule L, Part II.       27         28       Was the organization provide schedule L, Part III.       27         29       Was the organization regives thereot) or family member of any of these persons? If "Yes," complete Schedule L, Part II.       28         a A 35% controlled entity includiand scriback and cases op		through 24d and complete Schedule K. If "No," go to line 25a	. 24a		x
to defease any tax-exempt bonds?       24c         Did the organization act as an "on behalf of" issuer for bonds outsanding at y time during the year?       24d         25a Section 501(c)(3), 501(c)(4), and 501(c)(28) 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         25b Is the organization aver 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-E2?       7         10 The organization neares the intermace thow that disqualified person in a prior year, and that the transaction has not been reported on any of the organization's point any amount on Pan 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 these persons? If "Yes," complete Schedule L, Part II       26         27 Did the organization apart by to a business transaction with one of the following parties (see the Schedule L, Part III.       27         28 Was the organization apart by the abusiness transaction with one of the following parties (see the Schedule L, Part II.       28a         29 Did the organization opart on ormor individual actor for parties or founder, or substantial contributor? If "Yes," complete Schedule L, Part II.       28a         29 A Admin member of any of these persons? If "Yes," complete Schedule L, Part II.       28a         20 A Taminy member of any of these persons? If "Yes," complete Sche	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b		
d       Did the organization act as an "on behalf of "issuer for bonds outskanding 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         b       Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year?       25b         d)       Ub the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or forme officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member or any of these persons? II "Yes," complete Schedule L, Part II.       26         7D       Did the organization provide a grant or other any assistance to any current or forme officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereol, a grant selection committee member, or to a 35%, controlled entity (including an employee thereol, a grant selection committee member, any individual described.       27         28       Was the organization provide tools, conditions, and exceptions):       a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.       28a         29       Did the organization provide thing the year?       27         28       A samity member or any individual descrideal treasaures, or there sinifar assets, or qualified c	С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
25a       Section 501(c)(3), 501(c)(42) or ganizations. Did the organization engage 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-E2?       25a         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-E2?       17 'Ves,' complete Schedule L, Part I.       25b         26       Did the organization report any amout 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 lamily member or any of these persons? If "Yes," complete Schedule L, Part II.       26         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?       27         28       Was the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part II.       26         29       Was the organization could entity (including an employee thereof, a grant selection committee member of any individual desoribed in line 28a /I '/Yes," complete Schedule L, Part IV.       28a         29       Did the organization ceeves worth worth as 25,000 in non-cash contributions? If 'Yes," complete Schedule N, Part I.       28b         31       Did the organization ceeve morindividual desoriffee Schedule N.		to defease any tax-exempt bonds?	. 24c		
transaction with a disqualified person during the year? // "Yes," complete Schedule 1, Part 1.       25a         b is the organization reported on any ot the organization's prof Forms 990 or 990-E2?       // "Yes," complete Schedule 1, Part 1.       25b         25 Did the organization reports on any ot the organization's prof Forms 990 or 990-E2?       // "Yes," complete Schedule 1, Part 1.       25b         26 Did the organization reports on any amount on Part X, line 5 or 22, for receivables from or payables to any current of rorm or former officier, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (noting) are assistance to any current of form officier, furcier, trustee, key employee, creator or employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II.       26         27 Was the organization provide entity (noting) an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV.       27         28 Was the organization provide. Debin fling thresholds, conditions, and exceptions):       A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.       28a         29 Did the organization provide. Part IV.       28a       28a         30 To the organization provide. Legar IV.       28a         31 Did the organization induidual described in line 28a? If "Yes," complete Schedule L, Part IV.       28a         32 Did the organization induidual, terminate, or dissolve and cease operations? If "Yes," complete Schedule M. </td <td>d</td> <td>Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?</td> <td>. 24d</td> <td></td> <td></td>	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24d		
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-E27         If "Yes," complete Schedule L, Part I.         25b           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 or any of these persons? If "Yes," complete Schedule L, Part II.         26           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 35%, controlled entity (including an employee thereol) or family member of any of these persons? If "Yes," complete Schedule L, Part III.         27           28         Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV.         27           29         Marniy member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.         28a           A 10 <sup>th</sup> the organization receive contributions of ant, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.         28           29         Did the organization receive contributions of ant, historical treasures, or dire similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.         20           20         Did the organization individ	25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27       25b         If "Yes," complete Schedule I, Part I       25b         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%       26b         27       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 employee thereod, a grant selection committee member, or to a 33% controlled entity (including an employee thereod) or fainty member or any of these persons? If "Yes," complete Schedule L, Part II.       26         27       Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV.       28         28       Was the organization receive more than \$25,000 in non-cash contributors? If "Yes," complete Schedule L, Part IV.       28         29       Did the organization receive contributors of an thistorical transacues, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.       29         29       Did the organization receive on than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.       20         29       Did the organization receive on than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.       20         20       Did the organization receive on than \$2		transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	. 25a		x
# "Yes," complete Schedule L, Part I.       25b         25 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 empkyee, creator or founder, substantial contributor, or 35% controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II.       26         27 Did the organization provide a grant or other assistance to any current of former officer, director, trustee, key empkyee, creator or founder, substantial contributor or empkyee thereof, a grant selection committee member, or to a 35% controlled entity (including an empkyee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II.       27         28 Was the organization power Schedule L, Part II.       28         29 A strengther Schedule L, Part IV.       28         29 A analy member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.       28         29 Did the organization receive more than 255,000 in non-cash contributions? If "Yes," complete Schedule M.       29         20 Did the organization receive contributions of att, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.       29         30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I.       31         31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.       32         32 Did the organization ingu	b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
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, furstee, key employee, creator or founder, substantial contributor, or 35%.       28         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 anyboy ethereof, or family member or any of these persons? If "Yes," complete Schedule L, Part II.       28         28       Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV. Instructions, for applicable filling thresholds, conditions, and exceptions):       A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.       28a         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV.       28a         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.       29         30       Did the organization in each exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part I.       30         31       Did the organization well, Wear, "complete Schedule M.       30         32       Did the organization inguidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I.       31         32       Did the organization inelated th any tax-exempt or taxable entity? If "		year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II.       26         21       Did the organization provide a grant or teler 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         28       Was the organization party to a business transaction with one of the following parties (see the Schedule L, Part IV.       28         29       A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? II       27         28       Was the organization receive more than \$25,000 in non-cash contributions? II "Yes," complete Schedule L, Part IV.       28         29       Did the organization receive wore than \$25,000 in non-cash contributions? II "Yes," complete Schedule M.       29         20       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? III "Yes," complete Schedule N.       29         30       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? III "Yes," complete Schedule N. Part I.       31         31       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? III "Yes," complete Schedule N. Part II.       32		If "Yes," complete Schedule L, Part I	. 25b		х
controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II.       26         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) or family member of any of these persons? If "Yes," complete Schedule L, Part II.       27         28       Was the organization a party to a busiess transaction with one of the following parties (see the Schedule L, Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):       27         28       A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.       28a         29       A family member of any individual described in line 28a? If 'Yes," complete Schedule L, Part IV.       28b         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.       20         20       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.       20         30       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I.       31         31       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.       33         32       Did the organization neave a controlled estiva bits estivates? If "Yes," complete Schedule N,	26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
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         28       Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV.       28         29       A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.       28         20       A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.       28         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.       29         210       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.       29         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N. Part I.       31         31       Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule N, Part I.       31         32       Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II.       32         33       Did the organization related		or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
employee, creator or founder, substantial contributor or employee thereof, a grant selection committee       7         member, or to a 35% controlled entity (including an employee thereof) or family member of any of these       7         28       Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV. nervices, for applicable filing thresholds, conditions, and exceptions):       28         28       Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV		controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	. 26		х
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         Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):       a current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.       28a         b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.       28b         c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.       28c         29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.       29         30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.       30         31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.       31         32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections \$301,7701-32 and 301,7701-37 If "Yes," complete Schedule R, Part I, III, or IV, and Part V, ine 1       33         34 Was the organization neaced to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, ine 1       34         35a Did the organization oractiv	27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
persons? If "Yes," complete Schedule L, Part III       27         28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):       28         29 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):       28         a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.       28a         b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.       28a         29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I.       30         30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I.       31         31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I.       33         32 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1.       33         34 Was the organization nealed the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part I, IIII, or IV, and Part V, line 1. <t< td=""><td></td><td>employee, creator or founder, substantial contributor or employee thereof, a grant selection committee</td><td></td><td></td><td></td></t<>		employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
28       Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):       A         A       A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.       28a         b       A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.       28b         c       A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.       28c         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.       29         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I.       31         31       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I.       31         32       Did the organization nelated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       32         33       Did the organization neceive antroled entity within the meaning of section 512(b)(13)?       34         34       Was the organization receive any payment from or engage in any transaction with a controled entity within the meaning of section 512(b)(13)? <td></td> <td>member, or to a 35% controlled entity (including an employee thereof) or family member of any of these</td> <td></td> <td></td> <td></td>		member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):       a       A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If       "Yes," complete Schedule L, Part IV.       28a         b       A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.       28b         c       A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If       "Yes," complete Schedule L, Part IV.       28c         20       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.       29         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.       30         31       Did the organization seli, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I.       31         32       Did the organization seli, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule R, Part I.       33         33       Did the organization neality disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1       34         34       Was the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       35a         <		persons? If "Yes," complete Schedule L, Part III	. 27		x
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If       "yes," complete Schedule L, Part IV.       28a         b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.       28b         c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If       "Yes," complete Schedule L, Part IV.       28c         29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.       28c       28c         30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.       30       31         31 Did the organization incluidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.       31         32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I, III, or IV. and Part V, line 1.       34         34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or II "Yes," complete Schedule R, Part V, line 2.       35b         35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization. Did the organization and any transfers to an exempt non-charitable related organization. Did the organization and tha sit treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V, line 2.       36         35 Did the	28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
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b       A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV       28b         c       A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV       28c         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.       29c         30       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.       30         31       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I.       31         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I.       31         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.       33         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         35a       Did the organizations. Did the organization make any transfers to an exempt non-charitable related organization. Schedule R, Part V, line 2       356         364       Section 501c(C)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization complete Schedule R, Pa	а				
c       A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If       ?*es," complete Schedule L, Part IV.       28c         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.       29         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.       30         31       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.       31         32       Did the organization osell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I.       32         33       Did the organization realted to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       33         34       Was the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       35a         35a       Did the organization. Solid the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       35a         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization complete Schedule R, Part V, line 2       35b         37       Did the organization conduct more than 5% of its activities through an enty th		"Yes," complete Schedule L, Part IV	. <b>28</b> a	-	х
"Yes," complete Schedule L, Part IV.       28c         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.       29         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.       30         31       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.       31         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I.       31         33       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule R, Part I.       32         34       Was the organization netated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       33         35a       Did the organization neated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part V, line 2       35a         36       bif "Yes" to line 35a, did the organization necive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2       35b         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V, line 2<	b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	. 28b		х
29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.       29         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.       30         31       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.       31         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I.       32         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.       33         34       Was the organization nelated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.       34         35a       Did the organization.       34         35a       b f"Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       35a         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       37         37       Did the organization complete Schedule R, Part V, line 2.       37         38       Part V       Statements Regarding Other IRS Filings and Tax Compliance Che	С				
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conservation contributions? If "Yes," complete Schedule M.       30         31       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.       31         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.       32         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.       32         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         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a         364       Was the organization neal of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2       35a         365a       Did the organizations. Did the organization make any transfers to an exempt non-charitable related organization complete Schedule R, Part V, line 2       35b         37       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, line 31 b and 19? Note: All Form 990 files are required to complete Schedule O       37         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, line 31 b and 19? Note: All Form 990 files are required to complete Schedule O       37         39       Did t	29		. 29	-	х
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33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part L       33         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         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a         b       If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       35a         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2       35b         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.       37         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O       38         Part V       Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V       1a       0         1a       Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
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<ul> <li>37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i></li></ul>	36				
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19? Note: All Form 990 filers are required to complete Schedule O       38         Part V       Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V       1a       Inter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.       1a       0       1a       0       1b       0         Description       1a       0       1a       1a       0       1b       0       1b       0       1b       0       1b					

Form 990 (2022) LEBANON AREA FOUNDATION 43-1340282							
Par			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax						
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	<u> </u>			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		ļ			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,						
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x			
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the						
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	~					
-	gifts were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7-					
	and services provided to the payor?	7a 7b		x			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
С		7c		v			
d	If "Yes," indicate the number of Forms 8282 filed during the year	10		x			
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?	76 7f		x			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		x			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		x			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
	sponsoring organization have excess business holdings at any time during the year?	8		x			
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		x			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		х			
10	Section 501(c)(7) organizations. Enter:						
а	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:						
а	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?	12a		<u> </u>			
b	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.						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note: See the instructions for additional information the organization must report on Schedule O.						
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	4.4-					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x			
b 15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	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		v			
	excess parachute payment(s) during the year?	10		x			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x			
10	If "Yes," complete Form 4720, Schedule O.	10		-			
17	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17					
	If "Yes," complete Form 6069.						

For	m 990 (2022) LEBANON AREA FOUNDATION 43-	-134028	32	Р	age 6
Pa	art 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 in Schedule O. See ir				_
	Check if Schedule O contains a response or note to any line in this Part VI		••		х
Se	ction A. Governing Body and Management				-
		Г		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 in line 1a, above, who are independent <b>1b</b>	19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		2		v
3	any other officer, director, trustee, or key employee?	••• -	2		х
5	supervision of officers, directors, trustees, or key employees to a management company or other person?		3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	-	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	-	5		x
6	Did the organization have members or stockholders?	-	6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	-			
	one or more members of the governing body?		7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
	stockholders, or persons other than the governing body?	[	7b		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				
<u> </u>	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	•••	9		х
Jec	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?	Г	10a	162	x
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		104		~
~	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	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts	?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describe on Schedule O how this was done		12c	х	
13	Did the organization have a written whistleblower policy?		13		х
14	Did the organization have a written document retention and destruction policy?	· · ·	14	x	
15	Did the process for determining compensation of the following persons include a review and approval by				
-	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		15-		v
a b	The organization's CEO, Executive Director, or top management official		15a 15b		x x
U	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		130		•
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
	with a taxable entity during the year?		16a		x
b					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				
	organization's exempt status with respect to such arrangements?		16b		
Sec	ction C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(	c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.				
	Own website     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 financial statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records.				
	MELINDA FRIES (417)532-8868, PO BOX 1042, LEBANON, MO 65536				

Form 990 (202	2) LEBANON AREA FOUNDATION	43-1340282	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	mpensated Employe	es, and
	Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		🗌
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated En	nployees	
1a Complete t	his table for all persons required to be listed. Report compensation for the calendar year ending with o	r within the	
organization's t	ax year.		
<ul> <li>List all of</li> </ul>	the organization's current officers, directors, trustees (whether individuals or organizations), regardles	s of amount of	
compensation.	Enter -0- in columns (D), (E), and (F) if no compensation was paid.		

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

	ieu organizai		mper	1501	eu a	ny cui	ient	Unicer, director, or	llusiee.	
					(C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average	· ·				han one s both ar	n	Reportable	Reportable	Estimated amount
	hours					/trustee)		compensation	compensation	of other
	per week							from the organization (W-2/	from related organizations (W-2/	compensation from the
	(list any	or	Ins	Officer	Ke	em	Fo	1099-MISC/	1099-MISC/	organization and
	hours for related	direc	tituti	icer	y en	ploy	Former	1099-NEC)	1099-NEC)	related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	t con				
	below	uste	trus		ee	npen				
	dotted line)	Ø	tee			Highest compensated employee				
						٩				
(1) JOHN GIDEON	2.00									
DIRECTOR		х						0	0	0
(2) DONIETA HAWKINS	2.00									
DIRECTOR		х						0	0	0
(3) ROBERT FIELDS	2.00									
DIRECTOR		х						0	0	0
(4) JOY DAVIS	2.00									
DIRECTOR		х						0	0	0
(5) KIMBERLY ROECKER	2.00									
MEMBER AT LARGE		х						0	0	0
(6) DR DAVID SCHMITZ	2.00									
DIRECTOR		х						0	0	0
(7) GREG_TURNER	2.00									
DIRECTOR		х						0	0	0
(8) LEANN MATHER	2.00									
DIRECTOR		х						0	0	0
(9) SUE LEWIS	2.00									
DIRECTOR		х						0	0	0
(10)TRAVIS LONG	2.00									
DIRECTOR		х						0	0	0
(11)JEFF_ASADORIAN	2.00									
DIRECTOR		х						0	0	0
(12)DR BRAD ARMSTRONG	2.00									
DIRECTOR		х						0	0	0
(13)ANGIE_CARR	2.00									
DIRECTOR		х						0	0	0
(14)DR DUSTY CHILDRESS	2.00									
DIRECTOR		х						0	0	0
EEA										Form 990 (2022)

	00 (2022) LEBANON AREA FOUN									3-1340			2age <b>8</b>
Part	VII Section A. Officers, Directors, T	rustees, l	Key I	Emp	oloy	yee	s, an	d Highest Comp	ensated	Empl	oyees	(cont	tinued)
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box	, unles cer and	Pos eck m is per d a dir	rson i rector	han one s both an /trustee) Highest compensated	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reporta compensa from rela organization 1099-MI 1099-NE	uble ation ated ns (W-2/ SC/	cor f orga	(F) of other mpensat rom the nization d organiz	r tion and
(15)BE	CKI_CARR	2.00					٩						
DIREC			x					0		0			0
	E_KNAPP	5.00											
TREAS	-				x			0		0			0
<u> </u>	BORAH MOORE	5.00											
PRESI		<b>F</b> 00			x			0		0			0
	RED_GOTTMAN PRESIDENT	5.00	1					•		0			•
	PRESIDENT CHELLE JENNINGS	5.00			x			0		0			0
SECRE		5.00			x			0		o			0
-	LINDA FRIES	40.00						Ŭ					
	STRATOR					x		0		o			0
(21)													
(22)													
(23)													
(24)													
(25)													
1b c d	Subtotal		•••	•••	•••	•••	· · · · ·	0		0			0
2	Total number of individuals (including but not limit reportable compensation from the organization	ed to those I	isted a	bove	e) wł	no re	eceived	l more than \$100,000	of				0
3	Did the organization list any <b>former</b> officer, direc	tor, trustee,	key en	nploy	/ee,	or h	nighest	compensated				Yes	No
	employee on line 1a? If "Yes," complete Schedul	le J for such	individ	dual.							3		x
4	For any individual listed on line 1a, is the sum of re	eportable cor	npensa	ation	and	l oth	er com	pensation from the					
	organization and related organizations greater th	an \$150,000	)? If "Y	′es,"	con	nple	te Sche	edule J for such					
	individual					•••		••••••			4	<u> </u>	x
5	Did any person listed on line 1a receive or accrue	•					0						
0	for services rendered to the organization? If "Yes	s," complete	Sched	lule J	I for	suc	h perso	on	• • • • •	<u></u>	5	L	X
-	on B. Independent Contractors	( l <sup>1</sup> l							00 - (				
1	Complete this table for your five highest compensa												
	compensation from the organization. Report comp	CISALIONIO	ule cal	BUIDS	аг у е	are				ı∧yeal.	(0)		
	(A) Name and business addres	s						(B) Description of servi	ces		(C) Compens	ation	
		~						Description of Servi			Jonipene		
				-									_
	Total number of independent contractors (includin	a but not lim	itad ta	thee	o lic	tod		who					
2	Total number of independent contractors (includin received more than \$100,000 of compensation fro	-				lea	above)	WHO					

Form 9	90 (20	022) LEBAN	ON	AREA FOU	JNDAT	LION			43-13402	82 Page 9
Part	VIII	Statement of Rev	enu	le						
		Check if Schedule O co	ontair	ns a respons	se or n	ote to any line in thi	s Part VIII	<u></u> .		<u></u>
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .			1a					
<i>s</i>	b	Membership dues			1b					
unts	c	Fundraising events	•••		1c					
, G	d	d Related organizations								
Contributions, Gifts, Grants and Other Similar Amounts	e				1e					
Simi,	f		-							
her (		and similar amounts not in			1f	683,432				
d di	g	Noncash contributions includes 1a-1f			1g	¢				
	h	<b>Total.</b> Add lines 1a-1f					683,432			
	+		••	•••••	•••	Business Code	005,452			
	2a									
rice	b									
Ser	c									
Program Service Revenue	d									
- Sgra	е									
Ť.		All other program service								
	g	Total. Add lines 2a-2f .	• •		• • •					
	3	Investment income (includi								
		other similar amounts) . Income from investment of					134,559	134,559		
	4	Royalties			•					
	J			(i) Rea		(ii) Personal				
	6a	Gross rents	6a	(1) 100						
		Less: rental expenses								
		Rental income or (loss)	6c							
	d	Net rental income or (loss)	) .							
	7a	Gross amount from		(i) Securiti	ies	(ii) Other				
		sales of assets								
		other than inventory	7a	2,256	,816					
	b	Less: cost or other basis								
nue		and sales expenses								
evel		Gain or (loss) Net gain or (loss)					(160,000)	(160,000)		
Other Revenue		Gross income from fundra			•••		(169,003)	(169,003)		
Othe		events (not including \$	-							
Ŭ		of contributions reported o			-					
		1c). See Part IV, line 18			8a					
	b	Less: direct expenses .								
	c	Net income or (loss) from	fundı	aising event	ts					
	9a	Gross income from gaming	-							
		activities, See Part IV, line								
		Less: direct expenses .			9b					
		Net income or (loss) from	-	ng activities	• • •					
	10a	Gross sales of inventory, l returns and allowances .			100					
	h	Less: cost of goods sold			10a 10b					
		Net income or (loss) from :				1				
			54100		,	Business Code				
ŝ	11a	OTHER INCOME				900099	31	31		
non	b									
scellanou Revenue	с									
Miscellanous Revenue	d	All other revenue								
2		Total. Add lines 11a-11d					31			
	12	Total revenue. See instru	ictior	ns			649,019	(34,413	) 0	0

Part IX	Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX . . . (A) Total expenses (B) (C) (D) Do not include amounts reported on lines 6b. 7b. Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 1 and domestic governments. See Part IV, line 21 . . . Grants and other assistance to domestic 2 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, 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . . 7 Other salaries and wages . . . . . . . . . . . . . . 64,444 64,444 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 9 Payroll taxes . . . . . . . . . . . . 10 4,930 4,930 11 Fees for services (nonemployees): а b Legal..... . . . 3,071 3,071 С . . . . . . . Professional fundraising services. See Part IV, line 17 . е f 14,118 14,118 Other. (If line 11g amount exceeds 10% of line 25, column a (A) amount, list line 11g expenses on Schedule O.) 12 13 3,148 3,148 14 15 16 1,474 1,474 17 1,800 1,800 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . . . . . . . 20 Payments to affiliates . . . . . . . . . 21 22 Depreciation, depletion, and amortization . . . . . 23 4,164 4,164 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25. column (A), amount, list line 24e expenses on Schedule O.) a DISTRIBUTIONS 580,427 580,427 b OTHER TAX 1,226 1,226 19,114 c FUNDRAISING 19,114 d postage and po box 1,084 1,084 All other expenses е Total functional expenses. Add lines 1 through 24e. . 25 699,000 699,000 0 0 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here 🛛 if following SOP 98-2 (ASC 958-720)

SCHEDULE	Α
(Form 990)	

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2022
Open to Public

Inspection

Department of the Treasur
Internal Revenue Service

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

Name	ame of the organization Employer identification number								
LEBA	EBANON AREA FOUNDATION 43-1340282								
Par	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.								
The o	he organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)								
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2		] A s	school described in section 170	(b)(1)(A)(ii). (Attac	h Schedule E (Form 990	D).)			
3		] A ł	nospital or a cooperative hospita	l service organizati	ion described in <b>section</b>	170(b)(1)(/	A)(iii).		
4		] A r	medical research organization or	perated in conjunct	ion with a hospital desc	ribed in <b>sec</b>	tion 170(	b)(1)(A)(iii). Enter the	
		ho	spital's name, city, and state:						
5		] An	organization operated for the be	nefit of a college or	r university owned or op	erated by a	governme	ental unit described in	
		se	ction 170(b)(1)(A)(iv). (Complet	e Part II.)					
6		] A f	ederal, state, or local governme	nt or governmental	unit described in section	on 170(b)(1)	)(A)(v).		
7	Х	An	organization that normally receiv	es a substantial pa	art of its support from a g	jovernmenta	l unit or fr	om the general public	
		de	scribed in <b>section 170(b)(1)(A)(</b>	vi). (Complete Par	t II.)				
8		] A c	community trust described in <b>sec</b>	tion 170(b)(1)(A)(	vi). (Complete Part II.)				
9		] An	agricultural research organization	on described in <b>see</b>	ction 170(b)(1)(A)(ix) o	perated in c	onjunctio	n with a land-grant coll	ege
		or	university or a non-land-grant co	lege of agriculture	(see instructions). Enter	the name, c	ity, and st	ate of the college or	
		uni	iversity:						
10			organization that normally received						S
		rec	ceipts from activities related to its pport from gross investment income	me and unrelated b	subject to certain excep pusiness taxable income	tions; and (2 (less sectio	2) no more n 511 tax	e than 33 1/3% of its	
		ac	quired by the organization after	June 30, 1975. See	e <b>section 509(a)(2).</b> (Co	mplete Part	t III.) Ó	, ,	
11		An	organization organized and ope	rated exclusively to	o test for public safety.	See <b>section</b>	509(a)(4	.).	
12		An	organization organized and oper	ated exclusively fo	r the benefit of, to perform	m the function	ons of, or	to carry out the purpos	es of
		one	e or more publicly supported org	anizations describ	ed in section 509(a)(1)	or section !	509(a)(2).	See section 509(a)(3	). Check
		the	e box on lines 12a through 12d th				•	-	
а			Type I. A supporting organization				-	.,	/ing
			the supported organization(s) the				directors	or trustees of the	
		_	supporting organization. You n	•					
b			Type II. A supporting organization	•		-			•
			control or management of the s			persons that	control or	r manage the supported	d
		_	organization(s). You must con	•					
С			Type III functionally integrate						with,
			its supported organization(s) (s		•				
d			Type III non-functionally inte		• • •				. ,
			that is not functionally integrate	•	• • •		•	ent and an attentivenes	S
			requirement (see instructions).	-					
е			Check this box if the organization				s a Type I	I, Type II, Type III	
			functionally integrated, or Type	-	integrated supporting o	rganization.			
f	_		r the number of supported organi		•••••	• • • • • •	• • • •		• • •
g			ide the following information about		<b>o</b> ( )				
	(I) [	vame	of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the org		(v) Amount of monetary support (see	(vi) Amount of other support (see
					above (see instructions))	docume		instructions)	instructions)
						Vee	Na		
						Yes	No		
(A)									
(B)									
( <b>-</b> )									
(C)									
(D)									
(E)									
Total									

Par	ule A (Form 990) 2022 LEBANON ARI			ions 170(b)(1	)(A)(iv) and	43-134028 170(b)(1)(A)	
1 01	(Complete only if you checked th						
	Part III. If the organization fails to						
Sect	tion A. Public Support	s quality und					
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and	(a) 2010	(b) 2013	(0) 2020	(u) 2021	(6) 2022	
•	membership fees received. (Do not						
	include any "unusual grants.")	241 402	1 140 470	707 207	620 425	69 433	2 005 025
2	Tax revenues levied for the	341,403	1,148,478	797,287	639,425	68,432	2,995,025
2	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
3	furnished by a governmental unit to the						
	organization without charge						
4		241 402	1 140 480		620 405	60,420	0 005 005
4 5	-	341,403	1,148,478	797,287	639,425	68,432	2,995,025
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)						449,720
$\frac{6}{2}$	Public support. Subtract line 5 from line 4.						2,545,305
	tion B. Total Support	(-) 0040	(1-) 0040	(-) 0000	(-1) 0004	(-) 0000	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	341,403	1,148,478	797,287	639,425	68,432	2,995,025
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
-	similar sources	121,738	123,259	129,157	185,255	134,559	693,968
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						3,688,993
12	Gross receipts from related activities, etc.	•	,			12	
13	First 5 years. If the Form 990 is for the or	•			•	•	
	organization, check this box and stop her						
Sect	tion C. Computation of Public Support	-				1 1	
14	Public support percentage for 2022 (line 6		-			14	69.00 %
15	Public support percentage from 2021 Sch					15	82.49 %
16a	33 1/3% support test - 2022. If the organ						
	box and stop here. The organization qua	lifies as a pub	licly supported	organization .			x
b	33 1/3% support test - 2021. If the organ	ization did not	t check a box o	n line 13 or 16a	a, and line 15 i	s 33 1/3% or n	nore, check
	this box and stop here. The organization	qualifies as a	publicly suppor	rted organizatio	on		[
17a	10%-facts-and-circumstances test - 202	22. If the organ	nization did not	check a box o	n line 13, 16a,	or 16b, and lin	e 14 is
	10% or more, and if the organization mee	ts the facts-ar	d-circumstance	es test, check t	his box and <b>st</b> e	<b>op here.</b> Expla	iin in
	Part VI how the organization meets the fa	cts-and-circun	nstances test. 7	The organizatio	n qualifies as	a publicly supp	orted
	organization						[
b							
	15 is 10% or more, and if the organization	-					
	in Part VI how the organization meets the					-	-
	organization			-	=		· · _
18	Private foundation. If the organization di						
	instructions						1

### Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service

# Schedule of Contributors

OMB No. 1545-0047

#### Attach to Form 990 or Form 990-PF.

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

2022

Name of the organization	Employer identification number	
LEBANON AREA FOUNDATION	43-1340282	
Organization type (check one):		

Filers of:	Section:
Form 990 or 990-EZ	<b>X</b> 501(c)( <b>3</b> ) (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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

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

#### Schedule B (Form 990) (2022)

Name of organization

Page 2 Employer identification number

LEBANON AREA FOUNDATION

43-1340282

Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1_	EMERSON CLIMATE TECHNOLOGIES 1675 W CAMPBELL ROAD SIDNEY OH 45365	\$280,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_2_	KAREN MILLER 1304 ROUNDHOUSE LANE 304 ALEXANDRIA VA 22314	\$20,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	THE BOSWELL FOUNDATION 1078 S JEFFERSON AVE LEBANON MO 65536	\$24,150	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	TRUE CONSTRUCTION, INC. PO BOX 428 LEBANON MO 65536	\$5,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	COMMERCE BANCSHARES FOUNDATION 922 WALNUT STREET KANSAS CITY MO 64106	\$5,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	SANDRA WATERMAN 26650 OLDFIELD LANE LEBANON MO 65536	\$5,000	PersonXPayrollNoncash(Complete Part II for noncash contributions.)

Schedule B	(Form	990)	(2022)
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Name of organization

Page 2
Employer identification number

LEBANON AREA FOUNDATION

43-1340282

Part I	Contributors (see instructions). Use duplicate co		eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	CARL AND DIANNA LOWE 20671 POTOMAC DRIVE LEBANON MO 65536	\$5,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	BILL AND RUTH ANN HASH PO BOX 692 LEBANON MO 65536	\$8,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	JANET DIERKER <u>3750 MILLER DRIVE APT 1115</u> <u>COLUMBIA MO 65201</u>	\$5,000	PersonImage: CompletePayrollImage: Complete(CompletePart II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	WILLIAM AND BEVERLY DAVIS 420 MADISON FOREST DRIVE HERNDON VA 20170	\$6,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_11_	JUDITH BENAGE PO BOX 404 LEBANON MO 65536	\$63,313	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_12_	MISSOURI COOPERAGE COMPANY LLC PO BOX 104 LEBANON MO 65536	\$5,000	PersonImage: Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)	Schedule B	(Form	990)	(2022)
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Name of organization

EEA

Employer identification number

LEBANON AREA FOUNDATION

43-1340282

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>13</u>	MERCY HOSPITAL PO BOX 10386	\$ 5,000	Person 🔀 Payroll 🗌 Noncash 🗌
	SPRINGFIELD MO 65808		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_14_	EMERSON CHARITABLE TRUST 8000 W FLORRISANT AVE	\$25,000	Person <u>x</u> Payroll Noncash
	SAINT LOUIS MO 63136		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_15_	CHARLES AND ETHEL HUGHES FOUNDATION 409 W FIFTH STREET	\$8,000	Person 🛛 🛣 Payroll 🗌 Noncash 🗌
	LEBANON MO 65536		(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
			(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.)

SCHEDULE D	)
(Form 990)	

## **Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

OMB	No.	1545-0047

Open to Public
Inspection

Department of the Treasury Internal Revenue Service Na

ternal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information of the latest information	ation.
ame of the organization		Emplo
		i i

Employer identification number
42 1240292

			43-1340282
Pa			ts.
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	2	
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	-	
	funds are the organization's property, subject to the organization	-	X Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor a		
	only for charitable purposes and not for the benefit of the do		
	conferring impermissible private benefit?		X Yes 🗌 No
Par			
	Complete if the organization answered "Yes" of		
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreation		ically important land area
	Protection of natural habitat	Preservation of a certifi	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form of a cons	servation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements $\ldots$		2b
С	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired	-	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the organized	zation during the
	tax year		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing conservation	easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation ease	ements during the year
8	Does each conservation easement reported on line 2(d) abo		
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statements that o	describes the
<b>D</b> =	organization's accounting for conservation easements.		
Par			r Similar Assets.
	Complete if the organization answered "Yes" of		
1a	If the organization elected, as permitted under FASB ASC 9		
	of art, historical treasures, or other similar assets held for pu		ce of public
	service, provide in Part XIII the text of the footnote to its fina		
b	If the organization elected, as permitted under FASB ASC 9		
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furtherance	of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		provide the
	following amounts required to be reported under FASB ASC	•	
а	Revenue included on Form 990, Part VIII, line 1		\$

\$

Part IIII       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)         a Uaing the organization accuration, and other records, check any of the following the make significant use of its collection items (check all red apply):       d <td< th=""><th></th><th>e D (Form 990) 2022 LEBANON AREA FC</th><th></th><th></th><th></th><th></th><th>43-13402</th><th></th><th>Page 2</th></td<>		e D (Form 990) 2022 LEBANON AREA FC					43-13402		Page 2
collection terms (check all this apply):       d	Part	III Organizations Maintaining	Collections of A	Art, Historical T	reasures, o	r Oth	er Similar Ass	sets (cor	ntinued)
a       Public exhibition       d       Can or exchange program         b       Scholary research       e       Other         c       Presentation for thure generations       e       Other         4       Provide a description of the organization soliot or receive donations of art, historical treasures, or other similar assets to be aidd to naise under ather than to be maritalined as pair of the organization's collection?       Ives       No         Part W       Escrew and Custocial Arrangements.       Complete (It the organization answered 'Ves' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21, for second or observed within the arrangement in Part XIII and complete the following table:       Image: Complete (It the organization and every effect on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21, for second or custodial account liability?       Image: Complete (It the organization and every effect on Form 990, Part IV, line 1).         2a       Did the organization and end in Part XIII and complete the following table:       Image: Complete (It the organization and end in Part XIII and complete the following table:       Image: Complete (It the organization and end in Part XIII. Check here If the organization account liability?       Image: Complete It the organization and end in the second or custodial account liability?         2a       Did the organization and end of Part XIII. Check here If the organization and end on Part XIII.       Image: Complete If the organization account liability?       Image: Complete If the organization account liability? </th <th>3</th> <th>Using the organization's acquisition, accessi</th> <th>ion, and other records</th> <th>s, check any of the fo</th> <th>llowing that mak</th> <th>ke signi</th> <th>ificant use of its</th> <th></th> <th></th>	3	Using the organization's acquisition, accessi	ion, and other records	s, check any of the fo	llowing that mak	ke signi	ificant use of its		
b       Ghotarty research       e       Other         c       Prevation of future generators         4       Provide a description of the organization scillections and explain how they further the organization's exempt purpose in Part XII.         5       During the year, did the organization aclicit or receive donations of art, hisorical treasures, or other similar assets to be add to raise funds rater than to be maintsined as part of the organization's collection?       Yes       No         Part IV       Excreme and Custodial Arrangements.       Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Is the organization an agent, trustee, custodial account holding the year.       Yes       No         b       If 'Yes,' explain the arrangement in Part XIII. Intermediary for contributions or other assets not include on form 990, Part X, line 21.       Amount       Yes       No         c       Beginning balance       11       Intermedian Yes'       Yes'       No       Intermedian Yes'       Yes'       No         b       If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation include an amount on Form 990, Part IV, line 10.       Intermedian Yes'       Yes'       No       Intermedian Yes'       Yes'       No       No       Intermedian Yes'       Yes'       No       No       No       No       No       No       No       No		collection items (check all that apply):							
c       Preservation for hume generators         4       Provide a description of the organization solicitors and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be adod to raise (misc) after thm to be maintained as part of the organization a collection?.       Yee       No         Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Yes       No         1a       Is the organization angent trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part X2.       No       Yes       No         bit "Yes," explain the arrangement in Part XIII and complete the following table:       Image: trustee, custodial account leability?       Yes       No         c       Beginning balance.       Image: trustee, custodial comments and the explanation has been provided on Part XIII       Yes       No         Part V       Endowment Funds.       Image: trustee custodial cocount leability?       Yes       No         1a       Beginning of year balance       4,227,936       4,756,452       3,909,110       3,309,333       3,050,014         1a       Beginning of year balance       4,227,936       4,756,452       3,909,130       2,309,330	а	Public exhibition		d 🗌 Loan o	r exchange prog	ram			
c       Preservation for hume generators         4       Provide a description of the organization solicitors and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be adod to raise (misc) after thm to be maintained as part of the organization a collection?.       Yee       No         Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Yes       No         1a       Is the organization angent trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part X2.       No       Yes       No         bit "Yes," explain the arrangement in Part XIII and complete the following table:       Image: trustee, custodial account leability?       Yes       No         c       Beginning balance.       Image: trustee, custodial comments and the explanation has been provided on Part XIII       Yes       No         Part V       Endowment Funds.       Image: trustee custodial cocount leability?       Yes       No         1a       Beginning of year balance       4,227,936       4,756,452       3,909,110       3,309,333       3,050,014         1a       Beginning of year balance       4,227,936       4,756,452       3,909,130       2,309,330	b	Scholarly research		e Other					
Forvide a description of the organization's collections and explain how they further the organization's event purpose in Part XIII     Duing the year, did the organization able to receive downlows of art, historical treasures, or other similar     assets to be add to raise further than to be maintained as part of the organization's collection?	с								
XIII.       Soluring the year, did the organization solicit or receive donelions of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?.       Yes       No         Part W       Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Yes       No         Is the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Yes       No         b If 'Yes', explain the arrangement in Part XIII and complete the following table:       Imount       Yes       No         c Beginning balance       1d       Imount       Imount       Yes       No         2a Did the organization include an amount on Form 990, Part X, line 21, for estrow or custodial account liability?       Imount       Imount <th></th> <th></th> <th>ollections and explain</th> <th>how they further the</th> <th>e organization's</th> <th>exemp</th> <th>t purpose in Part</th> <th></th> <th></th>			ollections and explain	how they further the	e organization's	exemp	t purpose in Part		
5       During the year, diff the organization solicit or receive dorations of art, historical treasumes, or other similar aspects to be sold to raide funds rather than to be maintained as part of the organization's collection?       Image: The State	-	·			o organ "Eathorito"	onomp			
assets to be add to make funds rather than to be maintained as part of the organization scotlection?	5		or receive donations o	f art historical treas	ures or other sir	nilar			
Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a Is the organization an agent trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part X ?       Ves       No         b If "Yes," explain the arrangement in Part XIII and complete the following table:	5								
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?         Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?         If the organization and gent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X!         If the organization and gent, trustee, custodian account isbility?         If the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         If the organization answered "Yes" on Form 990, Part IV, line 10.         Part V       Endowment Funds.         Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         If a Beginning of year balance       4, 267, 936         If a complete if the organization answered "Yes" on Form 990, Part IV, line 10.         If a complete if the organization answered "Yes" on Form 990, Part IV, line 10.         If a complete if the organization answered "Yes" on Form 990, Part IV, line 10.         If a complete if the organization answered "Yes" on Form 990, Part IV, line 10.         If a complete if the organization answered "Yes" on Form 990, Part IV, line 10.         If a complete if the organization answered "Yes" on Form 990, Part IV, line 10.         If a complete if the organizatio	Darf			art of the organization		• • •		163	
990, Part X, line 21.         1a       Is the organization an agent, trustee, ouslodian or other intermediary for contributions or other assets not included on Form 90, Part X?       Ives No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       1d         d       Additions during the year       1d         d       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b       If "Yes," axplain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Ves       No         Part V       Endowment Funds.       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (e) Two years back       (e) Four years       (e) Four years       (e) Four years       (e) Four years       (e) Four years<	1 011			on Form 000 P	art IV/ line 0	or ro	norted an amo	unt on E	orm
1a       Is the organization an agent, trustee, cusbidian or other intermediary for contributions or other assets not included on Form 990, Part X?       Image: Control of Contre Control of Control of Con			answered res	0111 01111 990, 1	art iv, inte 3,	0110	poneu an amo		UIII
included on Form 990, Part X?       Image: Second Sec	- 10		ion or other intermedic	m for contributions	ar athar accata r	t			
b         If "Yes," explain the arrangement in Part XIII and complete the following table:	Ta								
c       Beginning balance       Amount         tc       Ite       Ite         d       Additions during the year       Ite         d       Ite       Ite						•••		res	
c       Beginning balance       Ic       Id         d       Additions during the year       Id       Id         Distributions during the year       If       Id         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds.       Image: State of the organization answered "Yes" on Form 990, Part IV, line 10.       Image: State of the organization answered "Yes" on Form 990, Part IV, line 10.         e       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back.       (e) Four years back.         1b       Conthibutions       (d) Current year       (e) Two years back.       (e) Four years back.         1a       Beginning of year balance       (d) Current year       (e) Two years back.       (e) Four years back.         1a       Beginning of year balance       (f) Two years back.       (f) Two years back.       (e) Four years back.         1a       Combinitions       (f) Two years back.       (f) Two years back.       (f) Two years back.       (f) Two years back.         1a       Beginning of year balance       (f) Current year	a	if Yes, explain the arrangement in Part XII	and complete the foll	lowing table:			•		
d       Additions during the year       id         e       Distributions during the year       it         2a       Did the organization include an amount on Form 990, Part X, Ine 21, for secrow or custodial account liability?       it         2a       Did the organization include an amount on Form 990, Part X, Ine 21, for secrow or custodial account liability?       it       it         Part V       Endowment Funds.       (a) Current year       (b) Prorysear       (c) Two years back       (d) Twe years back         1a       Beginning of year balance       (a) Current year       (b) Prorysear       (c) Two years back       (d) Twe years back         1a       Beginning of year balance       4, 267, 936       4, 756, 452       3, 908, 110       3, 309, 330       3, 050, 014         b       Contributions       4, 267, 936       4, 766, 452       3, 908, 734       66, 811       265, 221         d       Grants or scholarships       255, 369       (264, 084)       958, 734       66, 811       265, 221         d       Grants or scholarships       257, 269       4, 756, 452       3, 908, 200       3, 309, 330         e       Other expenditures for facilities and programs       95, 858       167, 691       180, 331       207, 255       56, 565         f       Administrative expe		<b>_</b>				-	Amo	unt	
e       Distributions during the year       1e         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       it "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes       No         Part V       Endowment Funds.       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1b       Contributions       4, 267, 936       4, 756, 452       3, 908, 110       3, 309, 330       3, 050, 014         1c       Corrent year       (b) Prior year       (c) Two years back       (e) Four years back         1a       Beginning of year balance       4, 267, 936       4, 756, 452       3, 908, 230       3, 309, 330         1c       Grants or scholarships       51, 170       60, 741       40, 800       21, 233       34, 710 <td< th=""><th>С</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></td<>	С								
f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Net       Net         Part V       Endowment Funds.       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Second Sec	d	0,00				1d			
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       It "Yes," explain the arrangement in Part XII. Check here if the explanation has been provided on Part XIII       Yes       No         Part V       Endowment Funds.       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (d) Three years back.       (e) Four year back.       (f) Three years back.       f) for year balance.       f) for year balance.       f) for year balance.       f) for year balance.	е	<b>3 3</b>							
b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII         Part V       Endowment Funds.         Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance         b       Contributions         contributions       4,267,936         contributions       4,000         1a       Beginning of year balance         b       Contributions         contributions       4,000         1a       Beginning of year balance         b       Contributions         contributions       4,000         contributions       4,000         contributions       255,369         contributions       95,858         1a       Bead designated or scholarships         control year balance       4,267,277         year balance       3,309,200         year balance </th <th>f</th> <th>0</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	f	0							
Part V         Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.           1a         Beginning of year balance         (a) Current year         (b) Prorywar         (c) Two years back         (d) Three years back         (e) Four years back           1a         Beginning of year balance         4,267,936         4,756,452         3,908,110         3,309,330         3,050,014           b         Contributions         4,267,936         4,756,452         3,908,110         3,309,330         3,050,014           c         Net investment earnings, gains, and losses         4,000         110,739         760,547         85,370           c         Net investment earnings, gains, and losses         255,369         (264,084)         958,734         66,811         265,221           c         Other expenditures for facilities and programs         95,858         167,691         180,331         207,255         56,565           f Administrative expenses         51,170         60,741         40,800         21,233         34,710           g End of year balance	2a	-							No
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.                i.e. Beginning of year balance          (a) Current year          (b) Prior year          (c) Twe years back          (e) Four years back                 1.a. Beginning of year balance          (a) Current year          (b) Prior year          (c) Twe years back          (e) Four years back                 1.a. Beginning of year balance          (a) Current year          (b) Prior year          (c) Twe years back          (e) Four years back                 Contributions          Contributions          (a) Current year          (b) Prior year          (c) Twe years back          (e) Four years back                 Contributions          Contributions          (a) 255, 359          (264, 084)          958, 734          (c) Fatt          (c) Fatt <td< th=""><th></th><th></th><th>I. Check here if the ex</th><th>planation has been</th><th>provided on Par</th><th>t XIII</th><th></th><th></th><th></th></td<>			I. Check here if the ex	planation has been	provided on Par	t XIII			
1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance        4,267,936       4,756,452       3,908,110       3,309,330       3,050,014         b       Contributions       4,000       110,739       760,547       85,370         c       Net investment earnings, gains, and losses       255,369       (264,084)       958,734       66,811       265,221         d       Grants or scholarships        255,369       (264,084)       958,734       66,811       265,221         d       Grants or scholarships	Part	V Endowment Funds.							
1a       Beginning of year balance       4,267,936       4,756,452       3,908,110       3,309,330       3,050,014         b       Contributions       4,000       110,739       760,547       85,370         c       Net investment earnings, gains, and losses       255,369       (264,084)       958,734       66,811       265,221         d       Grants or scholarships       2       255,369       (264,084)       958,734       66,811       265,221         d       Grants or scholarships       3       30,014       40,800       21,233       34,710         g       End of year balance       51,170       60,741       40,800       21,233       34,710         g       End of year balance       4,376,277       4,267,936       4,756,452       3,908,200       3,309,330         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-endowment       %         b       Permanent endowment       %       %       Yes       No         (i)       Unelated organizations       and 2c should equal 100%.       3a       Are there endowment funds.       3a(0)       3a(0)         (ii)       Nelated organizations		Complete if the organization	answered "Yes"	on Form 990, P	art IV, line 10	).			
b       Contributions       4,000       110,739       760,547       85,370         c       Net investment earnings, gains, and losses       255,369       (264,084)       958,734       66,811       265,221         d       Grants or scholarships       2       2       2       2       56,565         e       Other expenditures for facilities and programs       95,858       167,691       180,331       207,255       56,565         f       Administrative expenses       51,170       60,741       40,800       21,233       34,710         g       End of year balance       4,376,277       4,267,936       4,756,452       3,908,200       3,309,330         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       8       Board designated or quasi-endowment       %         6       Permanent endowment       %       %       %       %       %         6       The percentages on lines 2a, 2b, and 2c should equal 100%.       3       Are there endowment funds not in the possession of the organization that are held and administered for the organizations       3a(i)       3a(i)       3a(i)         6       If "Yes" on line 3a(i), are the related organizations listed as required on Schedule R?       3a(i)       3a(i)       3a(i) <t< th=""><th></th><th></th><th>(a) Current year</th><th>(b) Prior year</th><th>(c) Two years bac</th><th>sk (</th><th>d) Three years back</th><th>(e) Four y</th><th>ears back</th></t<>			(a) Current year	(b) Prior year	(c) Two years bac	sk (	d) Three years back	(e) Four y	ears back
c       Net investment earnings, gains, and losses	1a		4,267,936	4,756,452	3,908,1	10	3,309,330	3,05	50,014
losses       255,369       (264,084)       958,734       66,811       265,221         d Grants or scholarships	b	Contributions		4,000	110,7	39	760,547	8	35,370
d Grants or scholarships	С	Net investment earnings, gains, and							
e       Other expenditures for facilities and programs		losses	255,369	(264,084)	958,7	34	66,811	26	55,221
programs       95,858       167,691       180,331       207,255       56,565         f       Administrative expenses       51,170       60,741       40,800       21,233       34,710         g       End of year balance       4,376,277       4,267,936       4,756,452       3,908,200       3,309,330         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       Board designated or quasi-endowment      %         b       Permanent endowment      %      %	d	Grants or scholarships							
programs       95,858       167,691       180,331       207,255       56,565         f       Administrative expenses       51,170       60,741       40,800       21,233       34,710         g       End of year balance       4,376,277       4,267,936       4,756,452       3,908,200       3,309,330         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       Board designated or quasi-endowment      %         b       Permanent endowment      %      %	е	· · · ·							
f       Administrative expenses       51,170       60,741       40,800       21,233       34,710         g       End of year balance       4,376,277       4,267,936       4,756,452       3,908,200       3,309,330         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       Board designated or quasi-endowment%         b       Permanent endowment%      %		-	95,858	167,691	180,3	31	207,255		56,565
g End of year balance       4,376,277       4,267,936       4,756,452       3,908,200       3,309,330         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       Board designated or quasi-endowment%         b Permanent endowment%      %         c Term endowment 1      %         mendowment 1      %         men	f	1							
2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment%         b       Permanent endowment%         c       Term endowment%         m       M         f       Permanent endowment%         c       Term endowment%         m       M         f       Permanent endowment%         m       M         f       Permanent endowment%         c       Term endowment funds not in the possession of the organization that are held and administered for the organization by:         (i)       Unrelated organizations	q	End of year balance			-				
a Board designated or quasi-endowment%         b Permanent endowment%         c Term endowment%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations .</li> <li>(ii) Related organizations .</li> <li>(ii) Related organizations .</li> <li>(ii) Related organizations .</li> <li>(ii) Related organizations .</li> <li>(iii) Related organizations .</li> <li>(ii) Related organizations .</li> <li>(iii) Related organizations .</li> <li>(i) Inrelated organizations .</li> <li>(ii) Related organizations .</li> <li>(iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>Description of property</li> <li>(a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(d) Equipment</li> <li>(d) Equipment</li> <li>(d) Equipment</li></ul>	_	Provide the estimated percentage of the cur				-			
b       Permanent endowment%         c       Term endowment%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li></ul>	а			( - 3, (-)	,				
c       Term endowment%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li></ul>	b								
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations									
3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes       No         (i)       Unrelated organizations       3a(i)       3	Ū		uld equal 100%						
organization by:       Yes       No         (i)       Unrelated organizations       3a(i)       3a(i)       3a(i)       3a(i)       3a(i)       3a(i)       3a(i)       3a(i)       3a(i)       3b       3b <th>39</th> <th></th> <th></th> <th>ation that are held an</th> <th>d administered f</th> <th>or the</th> <th></th> <th></th> <th></th>	39			ation that are held an	d administered f	or the			
(i) Unrelated organizations       3a(i)         (ii) Related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)         (a) Land       (d) Book value         b Buildings	Ju								les No
(ii) Related organizations		• •							
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		<i>c,</i>							
4 Describe in Part XII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (c) Accumulated depreciation       (d) Book value         1a       Land	h	., .							
Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land			•			•••		30	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land       Land	-			owment runds.					
Description of property     (a) Cost or other basis (investment)     (b) Cost or other basis (other)     (c) Accumulated depreciation     (d) Book value       1a     Land	Fait			on Form 000 P	ort IV line 11		o Form 000 E	Port V lir	0.10
Image: Non-Structure     Image: Non-Structure     Image: Non-Structure       1a     Land     (investment)     (other)     depreciation       b     Buildings     Image: Non-Structure     Image: Non-Structure     Image: Non-Structure       b     Buildings     Image: Non-Structure     Image: Non-Structure     Image: Non-Structure       c     Leasehold improvements     Image: Non-Structure     Image: Non-Structure     Image: Non-Structure       d     Equipment     Image: Non-Structure     Image: Non-Structure     Image: Non-Structure       e     Other     Image: Non-Structure     Image: Non-Structure     Image: Non-Structure									
1a       Land        Image: Constraint of the second secon		Description of property				• •		(d) Book v	/alue
b       Buildings						uep			
c         Leasehold improvements            d         Equipment          Image: Constraint of the second									
d         Equipment          Image: Constraint of the second seco	b	0	••						
e Other	С								
	d	Equipment	••						
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)									
	Total.	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B), line	10c.)				

Schedule D (Form 990) 2022

EEA

Schedule D (For	rm 990) 2022 LEBANON AREA FOUN	DATION	43-	1340282	Page 3
Part VII	Investments - Other Securities.				
	Complete if the organization answered	"Yes" on Form 990, Part IV, lin	e 11b. See Form	990, Part X,	line 12.
	(a) Description of security or category (including name of security)	(b) Book value		thod of valuation: d-of-year market value	
(1) Financial	derivatives				
(2) Closely-he	eld equity interests				
(3) Other					
(A¢entrai	L TRUST COMPANY INVESTMENTS	2,347,431	FMV		
(B)COWARD	JONES INVESTMENTS	2,153,628	FMV		
(C)					
(D)					
(E)					
(F)					
(G)					
(H) Tatal (Calum	in (h) much annual Farma 000. Dant V. aal. (D) line 40				
Part VIII	n (b) must equal Form 990, Part X, col. (B) line 12., Investments - Program Related.	4,501,059			
	Complete if the organization answered	"Ves" on Form 990 Part IV lin	e 11c See Form	900 Part X	lino 13
	· · · · · · · · · · · · · · · · · · ·				
	(a) Description of investment	(b) Book value		thod of valuation: d-of-year market value	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	n (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, lin	e 11d. See Form	990, Part X,	line 15.
	(a) Des	cription		(b) Book	value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	n (b) must equal Form 990, Part X, col. (B) line 15.,	1			
Part X	Other Liabilities.				
Turtx	Complete if the organization answered line 25.	"Yes" on Form 990, Part IV, lin	e 11e or 11f. Se	e Form 990, P	Part X,
1.	(a) Description of liability	(b) Book value			
	income taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
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 fina	ancial 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. . . . . .

	le D (Form 990) 2022 LEBANON AREA FOUNDATION	43-1340282	Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	. 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	. 2e	
3	Subtract line <b>2e</b> from line <b>1</b>	. 3	
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.)		
С	Add lines <b>4a</b> and <b>4b</b>	. 4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		
Part		per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	. 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines <b>2a</b> through <b>2d</b>	. 2e	
3	Subtract line <b>2e</b> from line <b>1</b>	. 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines <b>4a</b> and <b>4b</b>		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	
Part	XIII Supplemental Information.		

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

#### SCHEDULE O (Form 990)

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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



Department of the Treasury Internal Revenue Service Name of the organization

#### LEBANON AREA FOUNDATION

43-1340282

#### 01. Form 990 governing body review (Part VI, line 11)

THE 990 IS PREPARED BY AN OUTSIDE CERTIFIED PUBLIC ACCOUNTANT. IT IS THEN REVIEWED BY THE

ADMINISTRATOR AND THE BOARD OF DIRECTORS BEFORE BEING SENT TO THE INTERNAL REVENUE

SERVICE.

02. Conflict of interest policy compliance (Part VI, line 12c)

SEE ATTACHED PDF FILE.

03. Governing documents, etc, available to public (Part VI, line 19)

ALL INFORMATION IS MADE AVAILABLE BY REQUEST TO THE ADMINISTRATOR AT: PO BOX 1042

LEBANON, MO 65536 OR EMAIL AT MFRIES@LAFCARES.ORG OR BY PHONE 417-532-8868.

Form 8879-TE

## IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning 07-01 , 2022, and ending 06-30 ,2023

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

2022

43-1340282

Department of the Treasury	Do not send to the IRS. Keep for your records.	ZUZZ
Internal Revenue Service	Go to www.irs.gov/Form8879TE for the latest information.	
Name of filer	EIN or SSN	

LEBANON AREA FOUNDATION

Name and title of officer or person subject to tax

#### DEBORAH MOORE, PRESIDENT

#### Type of Return and Return Information Part I

8038-0 <b>3a, 4a,</b> <b>3b, 4b</b> ,	P and Form 5330 filers may enter dolla <b>5a, 6a, 7a, 8a, 9a,</b> or <b>10a</b> below, and t	ars ai he ai is ap	g this Form 8879-TE and enter the applicable amount, if any, from the return. For nd cents. For all other forms, enter whole dollars only. If you check the box or mount on that line for the return being filed with this form was blank, then leav pplicable, blank (do not enter -0-). But, if you entered -0- on the return, then er one line in Part I.	n line <b>1</b> ve line '	1b, 2b,
1a	Form 990 check here	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	649,019
2a	<b>Form 990-EZ</b> check here	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
52	Form 8868 check here	h	Balance due (Form 8868, line 3c)	5h	

Part	II Declaration and Signatu	re	Authorization of Officer or Person Subject to Tax		
10a	Form 8038-CP check here	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22) .	10b	
9a	Form 5330 check here	b	Tax due (Form 5330, Part II, line 19)	9b	
8a	Form 5227 check here	b	FMV of assets at end of tax year (Form 5227, Item D)	8b	
7a	Form 4720 check here	b	Total tax (Form 4720, Part III, line 1)	7b	
6a	Form 990-T check here	b	Total tax (Form 990-T, Part III, line 4)	6b	
Ja		D		50	

Under penalties of perjury, I declare that	I am an officer of the above entity or	I am a person subject to tax with respect to (name
of entity)	, (EIN)	and that I have examined a copy of the

2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

#### PIN: check one box only

x I authorize	WALTERS	STAEDTLER	ALLEN LL	to enter	my PIN	40282	as my signature
ERO firm name					Enter five numbers do not enter all zer		
	egulating cha	rities as part of th		within this return that a cop gram, I also authorize the a			
filed return. If	I have indicat	ed within this ret	urn that a copy of the	rill enter my PIN as my sig retum is being filed with a disclosure consent screen.			
Signature of officer or p	person subject t	to tax				Date 10-0	03-2023
Part III Cert	ification a	nd Authenti	cation				
ERO's EFIN/PIN. E number (EFIN) follo				432886	65536	5	
					Do not ente	er all zeros	
	eturn in accor			n the 2022 electronically fil <b>4163,</b> Modernized e-File (			
ERO's signature					Date	10-03-202	23
				nis Form - See Instr			
			Notice cost the instru	the IRS Unless Req	uested	To Do So	Corm 9970 TE

# WALTERS STAEDTLER ALLEN LLC

PO BOX 832 Lebanon, MO 65536 contact@wsa-accounting.com Phone: (417)532-5941 | Fax: (417)532-6698

October 03, 2023

Lebanon Area Foundation PO Box 1042 Lebanon, MO 65536

Lebanon Area Foundation:

Enclosed is the 2022 federal return for a tax-exempt organization, prepared for Lebanon Area Foundation from the information provided. The return will be e-filed with the IRS once we receive a signed Form 8879-TE, IRS e-file Signature Authorization for an Exempt Organization.

The federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (417)532-5941.

Sincerely,

Kevin Allen, CPA WALTERS STAEDTLER ALLEN LLC

# WALTERS STAEDTLER ALLEN LLC

PO BOX 832 Lebanon, MO 65536 contact@wsa-accounting.com Phone: (417)532-5941 | Fax: (417)532-6698

October 03, 2023

Lebanon Area Foundation PO Box 1042 Lebanon, MO 65536

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

\* Interviews regarding your tax situation

\* Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data

\* Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (417)532-5941.

Sincerely,

Kevin Allen, CPA WALTERS STAEDTLER ALLEN LLC