F

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

OMB No. 1545-0047

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

Open to

		f the Treasury nue Service		ww.irs.gov/Form990 for instruc		-	•		Inspection	
			ar year, or tax year begin		07-0			0.	5-30 , <b>20</b> 24	
_		applicable:		BANON AREA FOUNDATION			I		oyer identification number	
		change	Doing business as					p.	43-1340282	
=	Name ch	-	E Teler	hone number						
=	nitial ret	-	PO BOX 1042	x if mail is not delivered to street address)		Room/su		,	(417)532-8868	
Ξ		urn/terminated		country, and ZIP or foreign postal code				G Gros	s receipts	
=		d return	LEBANON, MO 65					\$	1,931,815	
Ξ.		ion pending	F Name and address of principal				H(a) is this a c		for subordinates? Yes X No	
<u>,</u>	.pp.iouu	ion portaing					H(b) Are all s			
. 1	Tax-exe	mpt status: X	501(c)(3) 501(c) (	) (insert no.) 4947(a)(1) or		27	7		st. See instructions	
	Vebsite		LAFCARES.ORG	) ()			H(c) Group e			
				ociation Other	L	Year of formation: 198			jal domicile: <b>MO</b>	
	rt I	Summar								
	1			on or most significant activities:	ORGA	NIZATION ESTA	BLISHED	TO A	DMINISTER	
	-	-	-	MUNITY PROJECTS AND N						
e							•			
nan										
Governance	2	Check this b	ox 🗌 if the organization d	iscontinued its operations or disp	osed of r	more than 25% of its	net assets.			
ĝ	3							3	19	
	4			s of the governing body (Part VI,				4	19	
ties	5			calendar year 2023 (Part V, line	,			5	2	
Activities &	6		r of volunteers (estimate if r					6	40	
Ac	7a		,	Part VIII, column (C), line 12				7a	0	
				from Form 990-T, Part I, line 11				7b	0	
	- ~					· · · · · · · · · · · · · · · · · · ·	Prior Year	1.0	Current Year	
	8	Contributions	s and grants (Part VIII, line	1h)				,432	1,056,476	
9	9			e 2g)				7152	0	
nue	10			A), lines 3, 4, and 7d)			(34	,444)	185,280	
Revenue	11			les 5, 6d, 8c, 9c, 10c, and 11e)			(31	31	28	
	12			must equal Part VIII, column (A), I			649	,019	1,241,784	
	13		· · ·	X, column (A), lines 1-3)	,		015	7015	0	
	14			(, column (A), line 4)					0	
	15			benefits (Part IX, column (A), lin			69	,374	73,004	
es		-		column (A), line 11e)	,			7371	0	
Expenses			ising expenses (Part IX, col			0			•	
ğ			ses (Part IX, column (A), lin				629	,626	752,064	
	18			equal Part IX, column (A), line 25	)			,000	825,068	
	19		```	8 from line 12	,			,981)	416,716	
_ ¥							inning of Curre		End of Year	
ets o	20	Total assets	(Part X, line 16)				5,641		6,372,679	
Asse	21								1,596	
Net Assets or Fund Ralances	22	Net assets o	or fund balances. Subtract li	ine 21 from line 20			5,640	,105	6,371,083	
	rt II		re Block							
Unde	er penal	ties of perjury, I dee	clare that I have examined this retur	m, including accompanying schedules and			wledge and bel	ief, it is		
true,	correct,	, and complete. De	ciaration of preparer (other than offi	cer) is based on all information of which pre	eparer has a	any knowleagê.		I		
		DEBO	RAH MOORE							
Sig	n	Signature of offic						Da	te	
Her	е	DEBO	RAH MOORE, PRESID	ENT						
		Type or print nar	-							
		Print/Type pre	eparer's name	Preparer's signature		Date	Check	if	PTIN	
Pai	d	Kevin A	Allen, CPA			09-27-2024	self-em	ployed	P00437878	

ALLEN LLC

WALTERS STAEDTLER

Lebanon MO 65536

PO BOX 832

Preparer

Use Only

Firm's name

Firm's address

X Yes

No

417-532-5941

. . . .

Firm's EIN

Phone no.

Form	1990 (2023) 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		🗌
1	Briefly describe the organization's mission:		
	ORGANIZATION ESTABLISHED TO ADMINISTER DONATIONS FOR VARIOUS COMMUNITY PROJECTS	AND NON	-PROFIT
	ENTITIES.		
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
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	_	_
	services?	. 🗌 Yes	<u>x</u> 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 other	3,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:         ) (Expenses \$		)
	OGRANIZATION ESTATBLISHED TO ADMINISTER DONATIONS FOR VARIOUS COMMUNITY PROJECT	'S AND NO	N-PROFIT
	ENTITIES.		
4b	(Code:) (Expenses \$ including grants of \$ ) (Revenue \$)		)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$		
70			/
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses 825,068		
EEA		For	m <b>990</b> (2023)

Form	990 (2023) LEBANON AREA FOUNDATION 43-1340	282	F	age 3
Pa	t 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	х	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		x
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues,	F		
6	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III.	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	v	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0	x	
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		v
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	-		x
0	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	0		~
3	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	5		~
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,	10	•	
••	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
u	complete Schedule D, Part VI	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	x	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part.X.	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and I.V.	15		х
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 JV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		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 JI.	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

		40282	ŀ	Page 4
Pa	rt IV Checklist of Required Schedules (continued)		Vee	Na
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	. 22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the	•	-	
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	. 23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	. 24a	1	x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24k	)	
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	. 240	;	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 240	1	
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	1	x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	. 25b	<b>b</b>	x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part.II	. 26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	. 27		x
28	Was the organization a party to a business transaction with one of the following parties (See the Schedule			
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	. 28a	1	x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	. 28k	)	х
С	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	. 280	:	х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	. 29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	. 30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part J	. 31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	. 32	_	х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	. 33	_	х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1		_	х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. <u>35</u> a	1	х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	. 35k	)	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	. 36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part.VI	. 37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
_	19? Note: All Form 990 filers are required to complete Schedule O.	. 38	X	
Par				_
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?		X 000	(0.0.7
		En		

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Par	Tt V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this returm 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		x
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	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	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 1 1 a	Enter the amount of reserves on hand       13c         Did the organization receive any payments for indoor tanning services during the tax year?	140		
14a		14a		x
ь 15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		<u> </u>
13	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.	13		~
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			Λ
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

	n 990 (2023) LEBANON AREA FOUNDATION 43-13402			age 6
Pa	Int VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below,	and fo	or a "l	Vo″
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See i	nstruc	ctions.
	Check if Schedule O contains a response or note to any line in this Part VI			х
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 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 1b 19	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization have members or stockholders?	6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	
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	x	
13	Did the organization have a written whistleblower policy?	13		x
14	Did the organization have a written document retention and destruction policy?	14	x	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		х
b	Other officers or key employees of the organization	15b		х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion 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       Image: 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	3) LEBANON AREA FOUNDATION	43-1340282	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Col	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.

	lieu organizai		npei	1501	eu a	iny cui	Territ	Unicer, director, or	llusiee.	
					(C)					
(A)	(B)	Position (D)						(D)	(E)	(F)
Name and title	(do not check more than one box, unless person is both an						Reportable	Reportable	Estimated amount	
	Average hours					r/trustee)		compensation	compensation	of other
	per week							from the organization (W-2/	from related organizations (W-2/	compensation from the
	(list any hours for	or o	Ins	Officer	Key	em	Former	1099-MISC/	1099-MISC/	organization and
	related	direc	titutio	icer	/ em	hest	mer	1099-NEC)	1099-NEC)	related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	ee				
	below	Jstee	trust		ee	Ipen				
	dotted line)		ee			Highest compensated employee				
						<u> </u>				
(1) DONIETA HAWKINS	2.00									
DIRECTOR		х						0	0	0
(2) SUE LEWIS	2.00									
DIRECTOR		х						0	0	0
(3) JASE_GLENDENNING	2.00									
DIRECTOR		х						0	0	0
(4)ROBERT FIELDS	2.00									
DIRECTOR		х						0	0	0
(5)KIMBERLY_ROECKER	2.00									
MEMBER AT LARGE		х						0	0	0
(6) GREG_TURNER	2.00									
DIRECTOR		х						0	0	0
(7)JESSIE WILLIAMS	2.00									
DIRECTOR		х						0	0	0
(8) DR DAVID SCHMITZ	2.00									
DIRECTOR		х						0	0	0
(9) TRAVIS LONG	2.00									
DIRECTOR		х						0	0	0
(10)LEANN_MATHER	2.00									
DIRECTOR		х						0	0	0
(11)BECKI_CARR	2.00									
DIRECTOR		х						0	0	0
(12)ANGIE_CARR	2.00									
DIRECTOR		х						0	0	0
(13)KRISTY CARR	2.00									
DIRECTOR		х						0	0	0
(14)JOY DAVIS	2.00									
DIRECTOR		х						0	0	0
EEA										Form <b>990</b> (2023)

Form 990 (2023) LEBANON AREA FOUN										3-1340			age <b>8</b>
Part VII Section A. Officers, Directors, T	rustees, I	Key E	Emp	oloy	/ee	s, an	d F	lighest Comp	ensated	Emple	oyees	(cont	inued)
(A) Name and title	(B) Average hours per week (list any	officer and a director/trustee						(D) Reportable compensation from the organization (W-2/ 1099-MISC/	(E) Reportable compensation from related organizations (W-2/		cor fi	(F) ated am of other npensati om the nization	ion
	hours for related organizations below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-NEC)	1099-MI 1099-NE		•	l organiz	
(15)DR DUSTY_CHILDRESS DIRECTOR	2.00	x						0		0			0
(16)DR BRAD ARMSTRONG TREASURER	5.00			x				0		0			0
(17) DEBORAH MOORE PRESIDENT	<u>5.0</u> 0			x				0		0			0
(18)JARED_GOTTMAN	5.00												-
VICE PRESIDENT				х				0		0			0
(19)DR RACHELLE JENNINGS	5.00			x				0		0			0
(20)MELINDA FRIESADMINSTRATOR	40.00				x			0		0			0
(21)													
(22)													
(23)													
<u>(24)</u>													
(25)													
1b       Subtotal	 ion A	•••	•••	•	•••	•••	•						
c Total from continuation sheets to Part VII, Sect d Total (add lines 1b and 1c)		· · ·	· · ·	•••		••••	•	0		0			0
2 Total number of individuals (including but neoportable compensation from the organiza	ot limited to							received more th	nan \$100,	000 of			0
3 Did the organization list any former officer, direc	tor, trustee, I	key en	nploye	ee,	or h	ighest	con	npensated				Yes	No
employee on line 1a? If "Yes," complete Schedu											3		x
4 For any individual listed on line 1a, is the sum of re organization and related organizations greater th													
individual											4		х
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes			-			-					5		x
Section B. Independent Contractors	.,												
1 Complete this table for your five highest con compensation from the organization. Report	-	-										tax y	ear.
(A)	•							(B)			(C)		
Name and business addres	s							Description of servic	es		Compens	ation	
2 Total number of independent contractors (ir	-					ose li	stec	above) who					
received more than \$100,000 of compensation	tion from th	e org	aniza	atio	n								

Form 99	90 (20	23) LEBAN	ON 2	AREA FOU	UNDAT	LION			43-13402	82 Page 9
Part	VIII	Statement of Rev	enu	е						
		Check if Schedule C	) con	tains a res	spons	e or note to any li	ine in this Part V	/111		[
							(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					
Contributions, Gifts, Grants and Other Similar Amounts	b	· · · · · · · · · · · · · · · · · · ·								
	c									
	d									
	е									
	f	All other contributions, gifts, grants,								
		and similar amounts not included above <b>1f</b> <b>g</b> Noncash contributions included in				1,056,476				
Sthe	g									
nd (		lines 1a-1f			1g	\$				
ъО	h						1,056,476			
						Business Code				
0	2a									
, zic	b									
Program Service Revenue	c									
eve	d									
ngo R	е									
ę.		All other program service								
	g	Total. Add lines 2a-2f .	• • •		• • •					
	3	Investment income (includi								
		other similar amounts) .				F	157,860	157,860		
	4	Income from investment of		•	•	F				
	5	Royalties								
		-		(i) Rea	al	(ii) Personal				
		Gross rents								
		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	<i>1</i> a	717	,451					
	d	Less: cost or other basis								
nue		and sales expenses			,031					
Other Revenue		Gain or (loss)			,420			07.400		
r R		Net gain or (loss)			•••		27,420	27,420		
the	oa	Gross income from fundral	ising							
0		events (not including \$	nling		-					
		1c). See Part IV, line 18			8a					
	h	Less: direct expenses .								
		Net income or (loss) from t				· · · · · · · · · · · · · · · · · · ·				
		Gross income from gaming		aising even	۵ <u>.</u>					
	Ju	activities. See Part IV, line			9a					
	h	Less: direct expenses .			9b					
		Net income or (loss) from								
			-	ig dournioo	/ · · ·					
	Tua	Gross sales of inventory, le returns and allowances .			10a					
	Ь	Less: cost of goods sold			10b					
		Net income or (loss) from :				-				
			04.00		,	Business Code				
s	11a	OTHER INCOME				900099	28	28		
Miscellanous Revenue	b						20			
ven	c									
isce Rev		All other revenue								
Σ		Total. Add lines 11a-11d					28			
		Total revenue. See instru					1,241,784	185,308	0	0

Part IX

Sec	tion 501(c)(3) and 501(c)(4) organizations must comple			nust complete colun	nn (A).
	Check if Schedule O contains a response or r	note to any line in this			
Do n	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	67,816	67,816		
8	Pension plan accruals and contributions (include				
Ũ	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10		5,188	5,188		
11	Fees for services (nonemployees):	5,100	5,100		
a					
a h					
0	-	2 710	2 710		
d		2,719	2,719		
-	Lobbying				
e	Professional fundraising services. See Part IV, line 17.	14 500	14 500		
f	Investment management fees	14,529	14,529		
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	3,220	3,220		
14	Information technology				
15	Royalties				
16					
17		1,650	1,650		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23		4,132	4,132		
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.)				
а	DISTRIBUTIONS	703,893	703,893		
b	OTHER TAX	1,293	1,293		
с	FUNDRAISING	20,133	20,133		
d	POSTAGE AND PO BOX	495	495		
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	825,068	825,068	0	0
26	Joint costs. Complete this line only if the	010,000	0_0,000	<b>U</b>	•
	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)				

Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X	•••••		[
			(A)		(B)
	1		Beginning of year		End of year
	1	Cash - non-interest-bearing	939,477	1	346,136
	2	Savings and temporary cash investments	148,268	2	1,228,615
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) $\ldots$		6	
s	7	Notes and loans receivable, net	52,542	7	50,062
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	4,501,059	12	4,747,866
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	5,641,346	16	6,372,679
	17	Accounts payable and accrued expenses	1,105	17	1,596
	18	Grants payable		18	
	19			19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
Lial		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
				25	
	26	of Schedule D	1 105		1 500
	26	Total liabilities. Add lines 17 through 25	1,105	26	1,596
		and complete lines 27, 28, 32, and 33.			
ses	27	Net assets without donor restrictions	206,840	27	239,409
and	28	Net assets with donor restrictions	5,433,401	28	
Bal	20	Organizations that do not follow FASB ASC 958, check here	5,455,401	20	6,131,674
pur		and complete lines 29 through 33.			
Ę	29	Capital stock or trust principal, or current funds		29	
ts o	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
ssel	30	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	5,640,241	32	6,371,083
Re	33	Total liabilities and net assets/fund balances	5,641,346	33	6,372,679
	55		5,041,340	55	6,3/2,6/9

EEA

Form 990 (2023)

LEBANON AREA FOUNDATION

Form 990 (2023)

43-1340282

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Form	990 (2023) LEBANON AREA FOUNDATION	43-1340282	2	Pa	age <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,	241,	784
2	Total expenses (must equal Part IX, column (A), line 25)	2		825,	,068
3	Revenue less expenses. Subtract line 2 from line 1	3		416,	,716
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,	640,	,241
5	Net unrealized gains (losses) on investments	5		314,	,126
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	6,	371 <b>,</b>	083
Pa	T XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
		г		Yes	No
1	Accounting method used to prepare the Form 990: X Cash Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	n <b>990</b>	(2023)

SCHEDULE	Α
(Form 990)	

## **Public Charity Status and Public Support**

ON	/B N	o. 1	545	-00	)47
	2	0	2	3	
-			_		

(Form 990) Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable to		empt charitable trust.	2023
Department of the Tre Internal Revenue Serv		ormation	Open to Public Inspection
Name of the organiz		Employer identificat	
LEBANON AREA	FOUNDATION	43-13402	82
	son for Public Charity Status. (All organizations must complete thi		
	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).	
	described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)		
3 🗌 A hospita	al or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).		
4 🗌 A medica	al research organization operated in conjunction with a hospital described in section 1	70(b)(1)(A)(iii). Enter th	ne
hospital's	s name, city, and state:		
5 🗌 An organ	ization operated for the benefit of a college or university owned or operated by a govern	nmental unit described i	n
section	170(b)(1)(A)(iv). (Complete Part II.)		
6 A federal	l, state, or local government or governmental unit described in section 170(b)(1)(A)(v)	).	
7 X An organ	nization that normally receives a substantial part of its support from a governmental unit of	or from the general publ	ic
describe	d in <b>section 170(b)(1)(A)(vi).</b> (Complete Part II.)		
=	unity trust described in <b>section 170(b)(1)(A)(vi).</b> (Complete Part II.)		
	ultural research organization described in <b>section 170(b)(1)(A)(ix)</b> operated in conjunc	-	-
	sity or a non-land-grant college of agriculture (see instructions). Enter the name, city, an	d state of the college or	
university			
receipts f support f	ization that normally receives (1) more than 33 1/3% of its support from contributions, n from activities related to its exempt functions, subject to certain exceptions; and (2) no r from gross investment income and unrelated business taxable income (less section 511 by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)	nore than 33 1/3% of its	
11 🗌 An organ	nization organized and operated exclusively to test for public safety. See section 509(a	a)(4).	
12 🗌 An organ	ization organized and operated exclusively for the benefit of, to perform the functions of	or to carry out the purp	oses of
one or m	ore publicly supported organizations described in section 509(a)(1) or section 509(a)	(2). See section 509(a	)(3). Check
the box o	on lines 12a through 12d that describes the type of supporting organization and complete	e lines 12e, 12f, and 12g	].
а 🗌 Туре	e I. A supporting organization operated, supervised, or controlled by its supported orga	nization(s), typically by	giving
the s	upported organization(s) the power to regularly appoint or elect a majority of the director	ors or trustees of the	
supp	orting organization. You must complete Part IV, Sections A and B.		
	II. A supporting organization supervised or controlled in connection with its supported	• • • •	•
	ol or management of the supporting organization vested in the same persons that control	ol or manage the suppo	rted
_ ~ ~	nization(s). You must complete Part IV, Sections A and C.		
	e III functionally integrated. A supporting organization operated in connection with, a		ed with,
_	upported organization(s) (see instructions). You must complete Part IV, Sections A,		
	e III non-functionally integrated. A supporting organization operated in connection w		
	s not functionally integrated. The organization generally must satisfy a distribution requir		IESS
	irement (see instructions). You must complete Part IV, Sections A and D, and Part		
	ck this box if the organization received a written determination from the IRS that it is a Ty	pe I, Type II, Type III	
	tionally integrated, or Type III non-functionally integrated supporting organization.		
	umber of supported organizations		••••
g Provide the	e following information about the supported organization(s).	1	

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Par	t II Support Schedule for Organiz	ations Descr	ibed in Sect	ons 170(b)(1	)(A)(iv) and	170(b)(1)(A)	(vi)
	(Complete only if you checked t	he box on line	5, 7, or 8 of	Part I or if the	organizatio	n failed to qua	lify under
	Part III. If the organization fails t	o qualify unde	er the tests lis	ted below, ple	ease comple	te Part III.)	-
Sect	ion A. Public Support		-				-
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,148,478	797,287	639,425	68,432	1,056,476	3,710,09
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	1,148,478	797,287	639,425	68,432	1,056,476	3,710,09
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)						892,50
6	Public support. Subtract line 5 from line 4.						2,817,58
	ion B. Total Support						_/0_//00
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	1,148,478	797,287	639,425	68,432	1,056,476	3,710,09
8	Gross income from interest, dividends,	1/110/1/0		0007120	00,102	1,000,110	07720705
•	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	123,259	129,157	185,255	134,559	157,860	730,09
9	Net income from unrelated business	123,239	129,137	105,255	134,339	137,800	730,09
5	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
10	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						4 440 18
12						12	4,440,18
12	Gross receipts from related activities, etc First 5 years. If the Form 990 is for the c						$\sim$
15							
Faat	organization, check this box and stop he				<u></u>	• • • • • • • • •	•••••
	ion C. Computation of Public Suppo			1 oclump (f))		14	<b>62.46</b>
14	Public support percentage for 2023 (line		-			14	63.46
15	Public support percentage from 2022 Scl					-	69.00 °
16a	33 1/3% support test - 2023. If the organ						
	box and <b>stop here.</b> The organization qua			-			
b							
	this box and <b>stop here.</b> The organization	•		-			
17a	10%-facts-and-circumstances test - 20	-					
	10% or more, and if the organization mee						
	Part VI how the organization meets the fa	acts-and-circum	istances test. 7	he organizatio	n qualifies as	a publicly supp	orted
	organization						
b							
	15 is 10% or more, and if the organizatio					-	-
	in Part VI how the organization meets the	e facts-and-circu	umstances test	. The organiza	tion qualifies a	as a publicly su	pported
							Г
	organization						-
18	organization If the organization d						-

## Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

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

2023

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 E	3 (Form	990)	(2023
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Employer identification number

LEBANON AREA FOUNDATION

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
_1_	WALMART 702 SW 8TH STREET BENTONVILLE AR 72716	\$10,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
_2_	BOSWELL FOUNDATION 1078 S JEFFERSON LEBANON MO 65536	\$ <u>69,475</u>	Person x Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	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		
4	TRUE CONSTRUCTION, INC. PO BOX 428 LEBANON MO 65536	\$25,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5	KAREN MILLER 1304 ROUNDHOUSE LANE APT 304 ALEXANDRIA VA 22314	\$10,000	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	) (2023)

Page 2
Employer identification number

LEBANON AREA FOUNDATION

Part I	Contributors (see instructions). Use duplicate cop		eeded.
(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
8	EMERSON CLIMATE TECHNOLOGIES 1675 W CAMPBELL ROAD SIDNEY OH 45365	\$75,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	JUDY BENAGE PO BOX 404 LEBANON MO 65536	\$51,031	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_10_	RANDALL AND DEBORAH SUTTER PO BOX 125 LEBANON MO 65536	\$12,500	PersonImage: CompletePayrollImage: CompleteNoncashImage: Complete(CompletePart II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_11_	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
<u>12</u>	CARL AND DIANNA LOWE 20671 POTOMAC DRIVE LEBANON MO 65536	\$5,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)

Schedule B	(Form 990)	(2023)
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Page 2
Employer identification number

LEBANON AREA FOUNDATION

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
13	CITY OF LEBANON PO BOX 111	\$5,000	Person 🗵 Payroll 🗌 Noncash 🗌			
	LEBANON MO 65536	_ \$5,000	(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_14_	WILLIAM AND BEVERLY DAVIS	-	Person 🗴 Payroll 🗌			
	420 MADISON FOREST DRIVE HERNDON VA 20170	\$6,025 	Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_15_	MISSOURI COOPERAGE	\$7,000	Person <u>x</u> 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			
_16_	WILLARD ASPHALT PAVING PO BOX 869	_ \$ 5,000	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			
_17_	MERCY HOSPITAL	-	Person 🗴 Payroll 🗌			
	PO BOX 10386 SPRINGFIELD MO 65808	\$5,000 	Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_18_	ESTATE OF WAYNE ANDERSON	-	Person 🗴 Payroll 🗌			
	301 NORTH ADAMS LEBANON MO 65536	\$549,446	Noncash			

Schedule B (Form 990) (2023)	
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Page 2
Employer identification number

LEBANON AREA FOUNDATION

Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_19	CHARLES AND ETHEL HUGHES FOUNDATION	\$8,200	Person x Payroll Noncash (Complete Bart II for
	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 Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash
		_	(Complete Part II for noncash contributions.)

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. OMB No. 1545-0047

Attach to Form 990.	Open to Public
Go to www.irs.gov/Form990 for instructions and the latest information.	Inspection

Department of the Treasury Internal Revenue Service

Name of	the org	janizatio	า	

Name o	f the organization		Employer ic	dentification number	
LEBAI	NON AREA FOUNDATION		43-1	.340282	
Pa	rt I Organizations Maintaining Donor Advised	Funds or Other Similar Funds or Acc	counts		
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 6.			
		(a) Donor advised funds	(	b) Funds and other accounts	
1	Total number at end of year	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	writing that the assets held in donor advised			
	funds are the organization's property, subject to the organization	ation's exclusive legal control?		XYes	No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	ed		
	only for charitable purposes and not for the benefit of the do	nor or donor advisor, or for any other purpose	9		
	conferring impermissible private benefit?			X Yes	No
Par	t II Conservation Easements				
	Complete if the organization answered "Yes" of	· ·			
1	Purpose(s) of conservation easements held by the organiza	· · · · · · · · · · · · · · · · · · ·			
	Preservation of land for public use (for example, recreation	on or education)	historically i	mportant land area	
	Protection of natural habitat	Preservation of a c	certified his	toric structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	a conservati		
	easement on the last day of the tax year.			Held at the End of the	Tax Year
а	Total number of conservation easements				
b	Total acreage restricted by conservation easements				
С	Number of conservation easements on a certified historic st		. 2c		
d	Number of conservation easements included on line 2c, acq	•			
	on a historic structure listed in the National Register			<u> </u>	
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the o	rganization	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	<b>3</b> 1 3			□ <b>.</b> .
	violations, and enforcement of the conservation easements i				No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva-	ation easem	nents during the year	
-				and a start data and a	
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	n easements	s during the year	
8	Does each conservation easement reported on line 2d above	$(a, a a tiof u the requirements of a action \frac{170}{b}$	4)(D)(i)		
0		<b>,</b> 1 ()(	,,,,,,		
9	and section 170(h)(4)(B)(ii)?				∐ No
9	In Part XIII, describe how the organization reports conserva				
	sheet, and include, if applicable, the text of the footnote to the	e organization s intancial statements that des			
Par	organization's accounting for conservation easements t III Organizations Maintaining Collections	of Art Historical Treasures or C	ther Sim	nilar Assots	
i ai		or mit, matoriour measures, or o		mai 733513	

Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works 1a of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

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

	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the	
	following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	

Schedu	le D (Form 990) 2023 LEBANON AREA FO					43-13402			ge <b>2</b>
Par	t III Organizations Maintaining	Collections of A	Art, Historical 7	Freasures, o	or Otl	ner Similar Ass	ets (co	ntinue	ed)
3	Using the organization's acquisition, access	ion, and other record	s, check any of the fe	ollowing that ma	ake sig	nificant use of its			
	collection items (check all that apply):								
а	Public exhibition		d 🗌 Loan o	or exchange pro	gram				
b	Scholarly research		e Other	0.1	0				
c	Preservation for future generations								
4	Provide a description of the organization's of	collections and explain	a how thoy further th	o organization's	ovom	nt numero in Part			
-				e organizations	eveni	pr puipose in r arr			
-	XIII.		for a la foto al contra d		· 1				
5	During the year, did the organization solicit							□.	
	assets to be sold to raise funds rather than		part of the organizati	on's collection?			Yes		lo
Par	t IV Escrow and Custodial Arra							_	
	Complete if the organization	answered "Yes"	on Form 990, P	Part IV, line S	), or r	eported an amo	unt on I	orm	
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermedi	ary for contributions	or other assets	not				
	included on Form 990, Part X?						Yes	- N	lo
b	If "Yes," explain the arrangement in Part XII	II and complete the fo	llowing table.						
		·	Ū			Amou	unt		
с	Beginning balance				1c		-		
d	Additions during the year				1d				
	Distributions during the year				10				
e	0,00								
f	Ending balance				1f	2			
2a	Did the organization include an amount on F								No
b	If "Yes," explain the arrangement in Part XII	II. Check here if the e	xplanation has been	provided on Pa	art XIII	• • • • • • • • •			
Par					_				
	Complete if the organization	answered "Yes"	on Form 990, P	Part IV, line 1	0.				
		(a) Current year	(b) Prior year	(c) Two years b	ack	(d) Three years back	(e) Four	ears bac	k
1a	Beginning of year balance	4,376,277	4,267,936	4,756,4	£52	3,908,110	3,3	09,33	30
b	Contributions	30,000		4,0	000	110,739	7	60,54	ł7
с	Net investment earnings, gains, and								
	losses	359,938	255,369	(264,0	)84)	958,734		66,81	11
d	Grants or scholarships					, -			
e	Other expenditures for facilities and								
•	programs	107,102	95,858	167,6	201	180,331	2	07,25	
f	Administrative expenses	38,398							
	•		51,170	60,		40,800		21,23	
g	End of year balance	4,620,715	4,376,277	4,267,9	936	4,756,452	3,9	08,20	10
2	Provide the estimated percentage of the cur		e (line 1g, column (a	)) held as:					
а	Board designated or quasi-endowment								
b	Permanent endowment%	)							
С	Term endowment%								
	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the poss	ession of the organization	ation that are held ar	nd administered	for the		_		
	organization by:							Yes I	No
	(i) Unrelated organizations?						3a(i)		
	(ii) Related organizations?						3a(ii)		
b	If "Yes" on line 3a(ii), are the related organized						3b		
4	Describe in Part XIII the intended uses of th	•					•••		
_	t VI Land, Buildings, and Equip		ownent fando.						
I UI	Complete if the organization		on Form 990 P	Part IV/ line 1	12 9	E Form 900 P	art X li	no 10	
									<u>.</u>
	Description of property	(a) Cost or othe		or other basis	• •	Accumulated	(d) Book	value	
		(investme	anu) (	(other)	de	preciation			
1a	Land	••							
b	Buildings	••							
С	Leasehold improvements	••							
d	Equipment	•••							
е	Other								
Total.	Add lines 1a through 1e. (Column (d) must		t X, line 10c, columr	n (B)					
EEA							ule D (Fo	m 990)	2023

Schedule D (Form 990) 2023

Schedule D (For	n 990) 2023 LEBANON AREA FOUNDATIO	N	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.
	<ul> <li>(a) Description of security or category (including name of security)</li> </ul>	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
., .	erivatives	· · · ·	
(3) Other			
	TRUST COMPANY INVESTMENTS	2,537,873	FMV
	JONES INVESTMENTS	2,209,993	FMV
(C)			
(D) (E)			
(E) (F)			
(G)			
(H)			
	n (b) must equal Form 990, Part X, line 12, col.(B))	4,747,866	
Part VIII	Investments - Program Related		
	Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:
			Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Tatal (Calum			
Part IX	n (b) must equal Form 990, Part X, line 13, col. (B)) Other Assets	• • •	
	Complete if the organization answered "Yes"	on Form 990 Part IV lin	e 11d. See Form 990. Part X. line 15
	(a) Description		(b) Book value
(1)			(1)
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	(b) must equal Form 990, Part X, line 15 col. (B))		
Part X	Other Liabilities Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X,
	line 25.		
<u>1.</u>		(b) Book value	
(1) Federal in	ncome taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7) (8)			
(8)			
	b) must equal Form 990, Part X, line 25 col. (B))		
	uncertain tax positions. In Part XIII, provide the text of the fo	otnote to the organization's fina	ancial statements that reports the

	le D (Form 990) 2023 LEBANON AREA FOUNDATION	43-1340282	Page 4
Part		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 4a and 4b		
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 2a through 2d	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.)		
C	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 ntity

OMB No. 1545-0047

for a	ax	Exem	npt	En	tit
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For calendar year 2023, or fiscal year beginning 07-01 , 2023, and ending 06-30 , 2024

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

2023

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Internal Revenue Service	Go to www.irs.gov/Form88797		
Name of filer		EIN or SSN	
LEBANON AREA FOUNDATIO	N	43-1340282	
Name and title of officer or person subj	ect to tax		
DEBORAH MOORE, PRESIDE	NT		
Part I Type of Return	and Return Information		
8038-CP and Form 5330 filers ma 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a b	y enter dollars and cents. For all other forms, pelow, and the amount on that line for the retu , whichever is applicable, blank (do not enter	r the applicable amount, if any, from the return. If enter whole dollars only. If you check the box urn being filed with this form was blank, then lea -0-). But, if you entered -0- on the return, then the	on line <b>1a, 2a,</b> ave line <b>1b, 2b,</b>
1a Form 990 check here		990, Part VIII, column (A), line 12)	i
20 Form 000 E7 shook hara	h Total revenue if any (Form	000 EZ line 0	2h

3a Form 112					. 2b
••• ••••••	20-POL check here	b Total tax (Form 1120-PC	DL, line 22)		. 3b
4a Form 990	<b>D-PF</b> check here	b Tax based on investme	nt income (Form 990-PF, Par	t V, line 5) <b></b>	. 4b
5a Form 886	68 check here	b Balance due (Form 8868	8, line 3c)		. 5b
6a Form 990	<b>D-T</b> check here	b Total tax (Form 990-T, P	art III, line 4)		. 6b
7a Form 472	20 check here 🗌	b Total tax (Form 4720, Pa	rrt III, line 1)		. 7b
8a Form 522	27 check here	b FMV of assets at end of	tax year (Form 5227, Item D)		. 8b
9a Form 533	30 check here 🗌	b Tax due (Form 5330, Par	rt II, line 19)		. 9b
10a Form 803	38-CP check here	b Amount of credit payme	ent requested (Form 8038-CF	, Part III, line 22)	. 10b
Part II De	claration and Signatu	ure Authorization of Off	icer or Person Subject	to Tax	
Jnder penalties o	f perjury, I declare that	I am an officer of the above	entity or I am a perso	n subject to tax wit	h respect to (name
of entity)			, (EIN)	and that I have ex	amined a copy of the
etum, and the fina -888-353-4537 r processing of the	ancial institution to debit the e no later than 2 business days electronic payment of taxes t ve selected a personal identif	count indicated in the tax prepa entry to this account. To revoke prior to the payment (settlemen to receive confidential information ication number (PIN) as my sig	a payment, I must contact the L nt) date. I also authorize the fin on necessary to answer inquirie	J.S. Treasury Final ancial institutions ir es and resolve issu	ncial Agent at nvolved in the les related to
21NI: abaak ana b	ox only				
	•	R ALLEN LL	to enter my PIN	40282	as my signatura
PIN: check one b	WALTERS STAEDTLE	ER ALLEN LL ERO firm name	to enter my PIN	40282 Enter five number do not enter all ze	·
<ul> <li>I authorize</li> <li>on the tax y agency(ies) retum's disc</li> <li>As an office filed retum.</li> </ul>	WALTERS STAEDTLE ear 2023 electronically filed r regulating charities as part closure consent screen. er or person subject to tax wit If I have indicated within this		this return that a copy of the re also authorize the aforementic er my PIN as my signature on t is being filed with a state agen	Enter five number do not enter all ze tum is being filed v oned ERO to enter he tax year 2023 e	rs, but ros with a state my PIN on the lectronically
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<ul> <li>☑ I authorize</li> <li>on the tax y agency(ies) retum's disc</li> <li>□ As an office filed retum. of the IRS F</li> <li>Signature of officer of</li> <li>Part III Ce</li> </ul>	WALTERS STAEDTLE ear 2023 electronically filed r regulating charities as part closure consent screen. er or person subject to tax wit If I have indicated within this Fed/State program, I will enter or person subject to tax ertification and Authe	ERO firm name retum. If I have indicated within of the IRS Fed/State program, I h respect to the entity, I will ente return that a copy of the return er my PIN on the return's disclos	this return that a copy of the re also authorize the aforementic er my PIN as my signature on t is being filed with a state agen	Enter five number do not enter all ze turn is being filed w oned ERO to enter he tax year 2023 e cy(ies) regulating	rs, but ros with a state my PIN on the lectronically charities as part
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### **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see the instructions. EEA

# WALTERS STAEDTLER ALLEN LLC

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

September 27, 2024

Lebanon Area Foundation PO Box 1042 Lebanon, MO 65536

Lebanon Area Foundation:

Enclosed is the 2023 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

September 27, 2024

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