

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2023
Open to Public Inspection

A For the 2023 calendar year, or tax year beginning 01-01-2023, and ending 12-31-2023

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application
 Pending

C Name of organization: LANCASTER BAR ASSOCIATION
 Doing business as:
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 28 E ORANGE ST
 City or town, state or province, country, and ZIP or foreign postal code: LANCASTER, PA 17602

D Employer identification number: 23-0784543
E Telephone number: (717) 393-0737
G Gross receipts \$ 657,129

F Name and address of principal officer:
 LISA M DRIENDL-MILLER
 28 E ORANGE ST
 LANCASTER, PA 17602

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions.
H(c) Group exemption number

I Tax-exempt status: 501(c)(3) 501(c) (6) (insert no.) 4947(a)(1) or 527

J Website: LANCASTERBAR.ORG

K Form of organization: Corporation Trust Association Other
L Year of formation: 1945
M State of legal domicile: PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 TO PROMOTE THE COMPETENCE, ETHICS, AND COLLEGIALLY OF THE LEGAL PROFESSION; TO PROVIDE SERVICE TO THE PUBLIC; AND TO PROVIDE FOR THE FAIR ADMINISTRATION OF JUSTICE FOR ALL IN LANCASTER COUNTY.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	14
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	10
6 Total number of volunteers (estimate if necessary)	6	14
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0	0
9 Program service revenue (Part VIII, line 2g)	638,926	597,251
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,809	17,806
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	29,040	42,072
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	670,775	657,129

	Prior Year	Current Year
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	45,750	45,160
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	296,752	337,284
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	231,601	249,812
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	574,103	632,256
19 Revenue less expenses. Subtract line 18 from line 12	96,672	24,873

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,051,666	1,062,672
21 Total liabilities (Part X, line 26)	143,154	129,287
22 Net assets or fund balances. Subtract line 21 from line 20	908,512	933,385

Part II Signature Block

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

Sign Here
 Signature of officer: LISA M DRIENDL-MILLER EXECUTIVE DIRECTOR
 Date: 2024-06-26

Paid Preparer Use Only
 Print/type preparer's name: MCKONLY & ASBURY LLP
 Preparer's signature: [Signature]
 Date: 2024-06-26
 Check if self-employed
 PTIN: P00252339
 Firm's name: MCKONLY & ASBURY LLP
 Firm's EIN: 23-1909723
 Firm's address: 415 FALLOWFIELD ROAD
 Phone no.: (717) 761-7910
 CAMP HILL, PA 17011

May the IRS discuss this return with the preparer shown above? See Instructions. Yes No