

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

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

Go to www.irs.gov/Form990 for instructions and the latest information.**2024**Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2024 calendar year, or tax year beginning and ending		
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> 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 STREET City or town, state or province, country, and ZIP or foreign postal code LANCASTER, PA 17602 F Name and address of principal officer: LISA M. DRIENDL-MILLER SAME AS C ABOVE	D Employer identification number 23-0784543 E Telephone number 717-393-0737 G Gross receipts \$ 755,222. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) (insert no., <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: LANCASTERBAR.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other L Year of formation: 1945 M State of legal domicile: PA		

Part I Summary			
Activities & Governance	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		
	2 Check this box <input type="checkbox"/> 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 2024 (Part V, line 2a)	5	8
	6 Total number of volunteers (estimate if necessary)	6	14
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	0.	5,000.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	597,251.	665,875.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,806.	30,402.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	42,072.	41,572.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	657,129.	742,849.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	45,160.	45,351.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	337,284.	395,290.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	249,812.	244,371.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	632,256.	685,012.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	24,873.	57,837.
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,062,672.	1,114,291.
	22 Net assets or fund balances. Subtract line 21 from line 20	129,287.	123,069.
		933,385.	991,222.

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		Date	
	LISA M. DRIENDL-MILLER, EXECUTIVE DIRECTOR Type or print name and title			
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/> PTIN
	GARY J. DUBAS	GARY J. DUBAS	06/10/25	P00252339
	Firm's name	Firm's EIN		
	MCKONLY & ASBURY, LLP	23-1909723		
	Firm's address	Phone no.		
	415 FALLOWFIELD ROAD CAMP HILL, PA 17011	717-761-7910		

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

LHA For Paperwork Reduction Act Notice, see the separate instructions. 432001 12-10-24

Form **990** (2024)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**