EXTENDED TO MAY 15, 2024

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Open to Public Go to www.irs.gov/Form990 for instructions and the latest information. Inspection JUL 1, 2022 and ending JUN 30. A For the 2022 calendar year, or tax year beginning

3 C	heck if	C Name of organization		D Employer identific	cation number
	¬Addre	SS LINTED WAY OF LEDANON COLINEY THE			
H	_lchang ∏Name	·		23-14656	3.2
H	_lchang ∏Ini̞tial	5	D a a ma /a :ta		
H	_lreturn □Final	BO BOY 355	Room/suite	E Telephone number 717-273-	
	return. termin				812,366.
	ated ∏Amen	City or town, state or province, country, and ZIP or foreign postal code ANNVILLE, PA 17003		G Gross receipts \$	
H	⊒return ∏Applic			H(a) Is this a group re	
	⊥tion pendii	SAME AS C ABOVE		for subordinates	—
	-01/ 01/		or 527	H(b) Are all subordinates in	
	Vebsit		JI 32 <i>I</i>	⊣ ′	list. See instructions
		organization: X Corporation Trust Association Other	I Voor	H(c) Group exemption	1 State of legal domicile: PA
	irt I	Summary	L Teal	OF IOTHIALION, TOOL N	1 State of legal dominible, 1 21
		Briefly describe the organization's mission or most significant activities: UNITE	ZD WAY	OF LEBANON	COUNTY
Governance	'	PARTNERS WITH BUSINESS, GOVERNMENT, DONOF	RS ANI	HIGH PERFO	RMING
rns	2	Check this box if the organization discontinued its operations or dispos	sed of mor	e than 25% of its net as	sets.
OVE	3	Number of voting members of the governing body (Part VI, line 1a)		3	18
	4	Number of independent voting members of the governing body (Part VI, line 1b)			18
es {	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5	3
ΛİŢ	6	Total number of volunteers (estimate if necessary)		6	0
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
1		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Ф	8	Contributions and grants (Part VIII, line 1h)		1,012,341.	640,057.
anu.	9	Program service revenue (Part VIII, line 2g)		3,752.	1,468.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		346,519.	170,841.
E	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		1,362,612.	812,366.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		371,524.	539,845.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .		213,786.	135,724.
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 94,87	<u></u>	0.	0.
xbe	b	Total fundraising expenses (Part IX, column (D), line 25)	77 .		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		234,694.	220,310.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		820,004.	895,879.
- 10		Revenue less expenses. Subtract line 18 from line 12		542,608.	-83,513.
s or			В	eginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		4,756,023.	4,882,135.
nd E	21	Total liabilities (Part X, line 26)		221,983.	199,483.
		Net assets or fund balances. Subtract line 21 from line 20		4,534,040.	4,682,652.
	ırt II	Signature Block			
	•	Ilties of perjury, I declare that I have examined this return, including accompanying schedules			/ knowledge and belief, it is
rue,	correc	tt, and complete. Declaration of preparer (other than officer) is based on all information of wh	iich prepare	r nas any knowledge.	
		Signature of officer		l Date	
Sigr		ANDREW DEMLER, PRESIDENT		Date	
Her	е	Type or print name and title			
				Date Check	TI PTIN
Paid	ı	Print/Type preparer's name MAXINE R MASER CPA Preparer's signature		D2/16/24 of self-employe	
	arer	Firm's name STANILLA, SIEGEL AND MASER LLC		Firm's EIN 4	6-1196981
-	Only	Firm's address 825 NORMAN DRIVE		I IIIII 3 LIN =	<u> </u>
	J,	LEBANON, PA 170427445		Phone no 71	7-273-1683
Mari	tho II	RS discuss this return with the preparer shown above? See instructions		I none no. / 1	X Yes No
vidy	u 10 11	TO GIOCUSO UNIO TECUITI WILLT UTE PIEPAIEI SHOWIT ADOVE! OEE IHSTIUCTIONS			155 110

Pai	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:
•	TO SERVE AS THOUGHT LEADERS, CONVENE COMMUNITY, PROMOTE COLLABORATION,
	AND DEVELOP RESOURCES AND SOLUTIONS TO STRENGTHEN THE LEBANON COUNTY
	COMMUNITY.
	COMMONITI:
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X 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 \$ 723,823 • including grants of \$ 539,845 •) (Revenue \$ 1,468 •)
	COMMUNITY INVESTMENTS
	UNITED WAY OF LEBANON COUNTY, IN PARTNERSHIP WITH LOCAL EXPERTS AND
	COMMUNITY VOLUNTEERS, WILL INVEST RESOURCES INTO NONPROFIT
	COLLABORATIONS OR PROGRAMS THAT ARE ABLE TO DEMONSTRATE ALIGNMENT WITH
	COMMUNITY GOALS IN EARLY LITERACY, YOUTH DEVELOPMENT, SAFETY NET
	SERVICES, AND HELPING TO MOVE ADULTS TO SELF-SUFFICIENCY.
4b	(Code:) (Expenses \$
	ORGANIZATION'S MISSION, VISION, VALUES, AND COMMUNITY IMPACT WORK AND
	CONNECTS WITH A VARIETY OF TARGET AUDIENCES.
	COMMUNITY PLANNING - COLLABORATE WITH PUBLIC AND PRIVATE PARTNERS TO
	ASSEMBLE INFORMATION ABOUT COMMUNITY CONDITIONS AND SUGGESTIONS TO
	HEIGHTEN UNDERSTANDING AND AWARENESS
	INFORMATION REFERRAL - PROVIDE INFORMATION AND REFERRALS ON SOCIAL,
	HEALTH, AND OTHER HUMAN SERVICES THROUGH, BUT NOT LIMITED TO,
	DIRECTORIES AND LISTINGS, TELEPHONE ASSISTANCE, AND AGENCY
	CONSULTATIONS.
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 723,823.
	Form 990 (2022)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
	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			$ _{\mathbf{x}}$
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		x
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	э		122
6	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? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
Ū	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 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			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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			٠,,
	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			- V
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
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
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
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		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,			\ _{3,7}
	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	ا مر ا		v
40	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,"	4.		x
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		 *
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		\vdash
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	• ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			

	INTER WAY OF LEDANON COUNTY INC. 22 1465			
	990 (2022) UNITED WAY OF LEBANON COUNTY, INC. 23-1465 TIV Checklist of Required Schedules (continued)	0034	P	age 4
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
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? <i>If</i> "Yes," <i>complete Schedule J</i>	23		х
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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		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		х
28 a	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? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?// "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash 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 I	31		X
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	34		х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 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			
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		Х

Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Part V

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	13			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming			
	(gambling) winnings to prize winners?			10		

UNITED WAY OF LEBANON COUNTY, INC. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				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 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	Х	
3а	•		3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		Х
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 A				37
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 transa		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				Х
	any contributions that were not tax deductible as charitable contributions?		6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contribut	-	C.L		
7	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	70		Х
a	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7a 7b		21
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		76		
С	to file Form 8282?	•	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	I	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		
g g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
			8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	 	12a		
	,	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
h	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	13b			
_	organization is licensed to issue qualified health plans Enter the amount of reserves on hand	13c			
с 14а			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		. 15		
.5	excess parachute payment(s) during the year?		15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

232005 12-13-22

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

	Check if Schedule O contains a response or note to any line in this Part VI					X				
Sec	tion A. Governing Body and Management									
			_		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	18							
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent	1b	18							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with any other								
	officer, director, trustee, or key employee?		2	2		X				
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision								
	of officers, directors, trustees, or key employees to a management company or other person?		<u> </u>	3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?		4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	<u></u>	5		Х				
6	Did the organization have members or stockholders?		<u> </u>	6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint one or								
	more members of the governing body?		7	a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockholders, or								
	persons other than the governing body?		7	b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye									
а	The governing body?		8	а	Х					
b	Each committee with authority to act on behalf of the governing body?			b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ached at the								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O									
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Code.)								
			_	_	Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?		10	Оа		Х				
b	If "Yes," did the organization have written policies and procedures governing the activities of such c									
	and branches to ensure their operations are consistent with the organization's exempt purposes? \dots		10	Ob						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly before filing the for	m? 1	1a	Х					
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			2a	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12	2b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," describe								
	on Schedule O how this was done			2c	X					
13	Did the organization have a written whistleblower policy?			3	Х					
14	Did the organization have a written document retention and destruction policy?		<u> 1</u>	4	Х					
15	Did the process for determining compensation of the following persons include a review and approv									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official			5а	X					
b	Other officers or key employees of the organization		15	5b	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 arrange	ment with a								
	taxable entity during the year?		16	ба		Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nization's								
	exempt status with respect to such arrangements?		16	6b						
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed PA									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990-T (section 50	1(c)(3)s o	nly)	availa	able				
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request X Other (explain	,								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	onflict of interest poli	cy, and fi	inan	cial					
	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 bo	ooks and records								
	THE ORGANIZATION - 717-273-8144 PO BOX 355, ANNVILLE, PA 17003									
	IO DON JJJ, MINIATHTE' LW TIAAA									

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, 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 Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - 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 the instructions for the order in which to list the persons above.

Check this box if neither the organization (A)	(B)	Γ		((C)			(D)	(E)	(F)
Name and title	Average	(do	not o	Pos	itior	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	<u> </u>	cer ar	iu a u	recu	or/trus	tee)	from	from related	other
	(list any hours for	· director						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	5	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	,	and related
	below	Individual trustee	Institutional trustee	er	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) JULIA KRALL	40.00			l						
EXECUTIVE DIRECTOR	1000			X				82,024.	0.	3,741.
(2) ANDREW DEMLER	10.00	↓								
PRESIDENT	1000	Х		Х				0.	0.	0.
(3) DAN EHRGOOD	10.00	ļ						•		•
VICE PRESIDENT	10.00	Х		Х				0.	0.	0.
(4) JAMES ROVITO	10.00							0		•
TREASURER	10.00	Х		Х				0.	0.	0.
(5) SHERRY CASSEL	10.00	37		7.				0	•	0
SECRETARY	10.00	X		Х				0.	0.	0.
(6) PHILLIP DOMENCIC	10.00	.,						0	0	0
DIRECTOR	10 00	Х						0.	0.	0.
(7) ONEIDA DELUCA	10.00	X						0	0.	0
DIRECTOR COOPER	10.00	^						0.	0.	0.
(8) RICK SCOTT	10.00	X						0.	0.	0.
OIRECTOR (9) KIMBERLY LANSFORD	10.00	^						0.	0.	0.
DIRECTOR	10.00	X						0.	0.	0.
(10) RON STOHLER	10.00	1						0.	0.	0.
DIRECTOR	10.00	x						0.	0.	0.
(11) ALLETTA SCHADLER	10.00	122						0.	•	•
DIRECTOR	1000	x						0.	0.	0.
(12) GREG WEABER	10.00	┢								
DIRECTOR		x						0.	0.	0.
(13) GEOFFREY ROCHE	10.00									
DIRECTOR		x						0.	0.	0.
(14) KELLY SMITH	10.00									
DIRECTOR		Х						0.	0.	0.
(15) PHILIP HESS	10.00									
DIRECTOR		X						0.	0.	0.
(16) MIKE KUHN	10.00									
DIRECTOR		X						0.	0.	0.
			_	_						
(17) JULIE SMYTH	10.00	X						0.	0.	

232007 12-13-22

(F)

(E)

(C)

(D)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(B)

(A)

	Name and title	Average hours per	box	, unle	heck ss pe	erson	than is bot	h an	Reportable compensation	Reportable compensation	า		stimat noun	
		week (list any hours for related organizations below line)	tee or director	er Institutional trustee	Officer		Highest compensated Ltd.	Ĺ	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MIS 1099-NEC)		com fr org and	othe npens rom tl ganiza d rela aniza	sation he ation ated
	RENE NUMER	10.00	х						0.		0.			0.
) JOCELYN STAHL	10.00	Δ						0.		0.			<u> </u>
DIR	ECTOR		Х						0.		0.			0.
						4								
)					
	Subtotal								82,024.		0.		3,5	741.
С	Total from continuation sheets to Part V	II, Section A							0.		0.			0.
_d	Total (add lines 1b and 1c)								82,024.		0.		3, ⁻ 7	741.
2	Total number of individuals (including but r compensation from the organization	not limited to th	ose	liste	ed a	.bov	e) wl	no r	eceived more than \$100	0,000 of reportable	Э			0
	5										ı		Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			•	•	•	•	_	ghest compensated emp	•		3		x
4	For any individual listed on line 1a, is the si													
	and related organizations greater than \$15											4		X
5	Did any person listed on line 1a receive or	•				•	•		•	idual for services				l
	rendered to the organization? If "Yes," con	nplete Schedul	e J f	or s	uch	pers	son					5		X
1	ction B. Independent Contractors Complete this table for your five highest co	omneneated in	dene	ande	ent c	cont	racto	ore t	that received more than	\$100 000 of com	nane	ation :	from	
•	the organization. Report compensation for	•	•							•	peris	ation	10111	
	(A)								(B)			((C)	
	Name and business	address	N	INC	E				Description of s	ervices	С	ompe	nsati	on
2	Total number of independent contractors (\$100,000 of compensation from the organ		ot li	mite	d to		se li	stec	d above) who received n	nore than				
	+						•					Form	990	(2022)

			Check if Schedule O contains a response	or note to any lin	ne in this Part VIII			
			Check if Schedule O contains a response	or note to any in	(A) Total revenue	Related or exempt	(C) Unrelated business revenue	Revenue excluded
Contributions, Gifts, Grants and Other Similar Amounts		b c d e f	Federated campaigns	640,057.	640,057.			
				Business Code				
e l	2	а	ADMINISTRATIVE FEES	541900	1,468.	1,468.		
e Zi		b						
Se		С						
am eve		d						
Program Service Revenue		е						
P		f	All other program service revenue					
		g	Total. Add lines 2a-2f		1,468.			
	3		Investment income (including dividends, interest					
			other similar amounts)		116,800.			116,800.
	4		Income from investment of tax-exempt bond p	roceeds				
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory $7a 54,041$.					
		b	Less: cost or other basis					
nue			and sales expenses					
Revenue			Gain or (loss) 7c 54,041.		<u> </u>			5.4.0.44
Ŗ			Net gain or (loss)		54,041.			54,041.
Other	8	а	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18					
		h	Part IV, line 18 8a Less: direct expenses 8b					
			Gross income from gaming activities. See					
	3	а	Part IV, line 19 9a					
		h	Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
			Gross sales of inventory, less returns					
	10	u	and allowances 10a					
		h	Less: cost of goods sold 10b	I I				
			Net income or (loss) from sales of inventory					
_		Ť	135 modified in (1666) from Gales of inventory	Business Code				
sno é	11	а						
Miscellaneous Revenue		b						
eve		c						
ļšc R			All other revenue					
2			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		812,366.	1,468.	0.	170,841.

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).

D-	Check if Schedule O contains a respons	(A)	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	520 045	522 245		
	and domestic governments. See Part IV, line 21	539,845.	539,845.		
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	113,018.	63,747.	19,948.	29,323
8	Pension plan accruals and contributions (include	-		-	· · · · · · · · · · · · · · · · · · ·
	section 401(k) and 403(b) employer contributions)	4,121.	2,308.	742.	1,071
9	Other employee benefits	8,844.	5,005.	1,546.	1,071 2,293
0	Payroll taxes	9,741.	5,494.	1,720.	2,527
1	Fees for services (nonemployees):	27.220			
	Management				
a					
b	Legal	46,613.	27,154.	8,497.	10,962
С.	Accounting	40,013.	27,134.	0,497.	10,902
d	, <u> </u>				
е	Professional fundraising services. See Part IV, line 17	22 705		22 705	
f	Investment management fees	33,705.		33,705.	
g	Other. (If line 11g amount exceeds 10% of line 25,	0.162	260	100	1 600
	column (A), amount, list line 11g expenses on Sch 0.)	2,163.	362.	108.	1,693
12	Advertising and promotion	37,457.	10,194.	207.	27,056
13	Office expenses	14,423.	8,053.	1,370.	5,000
14	Information technology				
15	Royalties				
16	Occupancy	12,832.	7,314.	2,182.	3,336
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,714.	977.	291.	446
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,103.	1,750.	548.	805
23		2,089.	1,191.	355.	543
	Other expenses. Itemize expenses not covered	=,003.	_, _, _,	3331	3 1 3
24	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.) COMMUNITY PROGRAM EXPEN	21,443.	21,443.		
a	STATE & NATIONAL DUES	13,366.	7,564.	2,332.	3,470
b		-	-	1,920.	
С	EQUIPMENT MAINTENANCE A	11,294.	6,438.	1,940.	2,936
d	CAMPAIGN EVENT EXPENSES	10,545.	9,994.	1 700	551
е	· — — –	9,563.	4,990.	1,708.	2,865
5	Total functional expenses . Add lines 1 through 24e	895,879.	723,823.	77,179.	94,877
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)				

Pa	rt X	Balance Sheet						
		Check if Schedule O contains a response or no	te to ar	y line in this Part X				
					(A) Beginning of year		(B) End of year	
	1	Cash - non-interest-bearing			637,960.	1	429,957	
	2	Savings and temporary cash investments			214,201.	2	343,436	
	3	Pledges and grants receivable, net			179,857.	3	135,978	
	4	Accounts receivable, net		4				
	5	Loans and other receivables from any current of						
		trustee, key employee, creator or founder, subs	tantial	contributor, or 35%				
		controlled entity or family member of any of the	se pers	ons		5		
	6	Loans and other receivables from other disqua	ified pe	rsons (as defined				
		under section 4958(f)(1)), and persons describe		6				
ţ	7	Notes and loans receivable, net			7			
Assets	8	Inventories for sale or use				8		
⋖	9	Prepaid expenses and deferred charges			1,786.	9	1,971	
	10a	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D	10a	24,860.				
	b	Less: accumulated depreciation	10b	21,307.		10c	3,553	
	11	Investments - publicly traded securities	1,973,478.	11	2,116,908			
	12	Investments - other securities. See Part IV, line		12				
	13	Investments - program-related. See Part IV, line		13				
	14	Intangible assets		14				
	15	Other assets. See Part IV, line 11	1,742,085.	15	1,850,332			
	16	Total assets. Add lines 1 through 15 (must equ			4,756,023.	16	4,882,135	
	17	Accounts payable and accrued expenses			6,209. 200,000.	17 18	5,297 112,292	
	18		Grants payable					
	19	Deferred revenue				19	28,000	
	20	Tax-exempt bond liabilities			15 554	20	10 050	
	21	Escrow or custodial account liability. Complete			15,774.	21	19,859	
es	22	Loans and other payables to any current or for						
Ĭ		trustee, key employee, creator or founder, subs						
Liabilities		controlled entity or family member of any of the				22		
_	23	Secured mortgages and notes payable to unrel				23	24 025	
	24	Unsecured notes and loans payable to unrelate				24	34,035	
	25	Other liabilities (including federal income tax, pa						
		parties, and other liabilities not included on line	s 17-24). Complete Part X				
		of Schedule D			221,983.	25	199,483	
	26	Total liabilities. Add lines 17 through 25			221,903.	26	133,403	
S		Organizations that follow FASB ASC 958, ch	eck hei	e 🛕				
Š		and complete lines 27, 28, 32, and 33.			1,301,078.	07	1,380,486	
<u>aa</u>	27				3,232,962.	27	3,302,166	
힏	28	Net assets with donor restrictions			3,232,302.	28	3,302,100	
Ē		Organizations that do not follow FASB ASC 9	, cn	eck nere				
ō		and complete lines 29 through 33.						
ets	29	Capital stock or trust principal, or current funds				29		
4SS	30	Paid-in or capital surplus, or land, building, or e				30		
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			4,534,040.	31	4,682,652	
Z	32	Total net assets or fund balances			4,756,023.	32	4,882,135	
	33	Total liabilities and net assets/fund balances .			4,130,043.	33	±,002,133	

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				<u>66.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				79.
3	Revenue less expenses. Subtract line 2 from line 1	3				13.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4	,53		
5	Net unrealized gains (losses) on investments	5		23	2,1	25.
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	4	,68	2,6	52.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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 separat	e basis	5,			
	consolidated basis, or both:					
	X 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 th	e audit	t,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	Ο.			
За	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?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

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.

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

Open to Public

OMB No. 1545-0047

Name of the organization

Employer identification number

UNITED WAY OF LEBANON COUNTY, INC. 23-1465632 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The 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 school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	1,040,292.	1,094,751.	1,130,247.	1,012,341.	640,057.	4,917,688.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	1,040,292.	1,094,751.	1,130,247.	1,012,341.	640,057.	4,917,688.		
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)								
6	Public support. Subtract line 5 from line 4.						4,917,688.		
Sec	ction B. Total Support				7				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
7	Amounts from line 4	1,040,292.	1,094,751.	1,130,247.	1,012,341.	640,057.	4,917,688.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources		46,261.	31,104.	76,995.	170,841.	325,201.		
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						5,242,889.		
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	9,796.		
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	501(c)(3)			
_	organization, check this box and stor		······				<u></u>		
	ction C. Computation of Publ						02 00		
14	Public support percentage for 2022 (14	93.80 %		
15	Public support percentage from 2021					15	97.32 %		
16a	33 1/3% support test - 2022. If the o	•		•		•			
	stop here. The organization qualifies as a publicly supported organization								
b	33 1/3% support test - 2021. If the d								
	and stop here. The organization qual								
17a	10% -facts-and-circumstances tes	-							
	and if the organization meets the fact		*	•	•	VI how the organiz	ation		
	meets the facts-and-circumstances to	· ·							
b	10% -facts-and-circumstances tes	-					10% or		
	more, and if the organization meets the				-				
	organization meets the facts-and-circ								
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	ı, 16b, 17a, or 17b,	, check this box a	nd see instructions	sL		

Schedule A (Form 990) 2022

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support	elow, please con	ipiete i art ii.)				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and			, ,	` '	, ,	,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that					+	
3	are not an unrelated trade or bus-						
	in						
4						+	
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf					_	
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons				<u> </u>		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,	\					
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	o organization's	first second third	fourth or fifth tay	voar as a soction	1 501(c)(3) organizat	tion
17	check this box and stop here	•		•	•		lion,
Sec	ction C. Computation of Publ		ercentage				
	Public support percentage for 2022 (I			column (f))		15	0
						16	9
	Public support percentage from 2021 ction D. Computation of Investigation					16	<u> </u>
						17	
	Investment income percentage for 20					—	9
	Investment income percentage from 2					18	17 is not
198	33 1/3% support tests - 2022. If the						17 IS NOT
	more than 33 1/3%, check this box at						
b	33 1/3% support tests - 2021. If the	· ·			•	•	
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a	a box on line 14, 19	a, or 19b, check t	his box and see i	nstructions	L

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	V	- No.
	Yes	No
1		
_		
2		
3a		
3b		
3с		
4a		
4b		
4c		
70		
_		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
90		
40-		
10a		
401		
10b	<u> </u>	
dule A (For	m 990)	2022

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Seci	ion D. All Type III Supporting Organizations		1	
			Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	2		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instruction	<u></u>		
· a	The organization satisfied the Activities Test. Complete line 2 below.	٥,,		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio	ns).	
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VII) See instructions
•	All other Type III non-functionally integrated supporting organizations must c		, , ,	art vij. See mstructions.
Sect	ion A - Adjusted Net Income	omple	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting orga	anization (see
	instructions).			

Schedule A (Form 990) 2022

Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continu	ued)	. <u></u>
Sect	ion D - Distributions		, , ,		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
_6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
<u>i</u>	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D, line 7:				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
c	Excess from 2020				
d	Excess from 2021				

Schedule A (Form 990) 2022

e Excess from 2022

232028 12-09-22 Schedule A (Form 990) 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization Employer identification number

UNITED WAY OF LEBANON COUNTY, 23-1465632 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 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).

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

Schedule B (Form 990) (2022)

Name of organization Employer identification number

UNITED WAY OF LEBANON COUNTY, INC.

23-1465632

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl spa	ice is needed.	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
1	BAYER HEALTHCARE LLC LEBANON LEBANON, PA 17042	\$_	25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
2	THE FRANCIS J DIXON FOUNDATION PO BOX 333 LEBANON, PA 17042	\$_	25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
3	BISHOP FOUNDATION 1600 EAST CUMBERLAND STREET LEBANON, PA 17042	\$ <u>-</u>	25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
4	WELLSPAN/GOODSAMARITAN HOSPITAL 4TH & WALNUT STREETS LEBANON, PA 17042	\$ ₋	15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
5	WENTLING TRUST C/O FULTON BANK LANCASTER, PA 17601	\$ ₋	27,808.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
		\$_		Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

UNITED WAY OF LEBANON COUNTY, INC.

23-1465632

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization **Employer identification number** 23-1465632 UNITED WAY OF LEBANON COUNTY, INC. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

UNITED WAY OF LEBANON COUNTY, INC. **Employer identification number** 23-1465632

Schedule D (Form 990) 2022

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ds or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wr	riting that the assets held in donor adv	vised funds
	are the organization's property, subject to the organization's ex	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor adv	visors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		
Pa			, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	· ·	
	Preservation of land for public use (for example, recreation	· —	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form	n of a conservation easement on the last Held at the End of the Tax Yea
	day of the tax year.		
	Total number of conservation easements		
	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified historic structure.		2c
a	Number of conservation easements included in (c) acquired aff	-	
2	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by t	ne organization during the tax
4	year Number of states where property subject to conservation ease	amont is located	
5	Does the organization have a written policy regarding the perio		- f
3	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, ha		
·	etan and volunteer neare develor to membering, inepecting, in	ariaming of violations, and officioning oc	nice valien casemonic daming the year
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conser	vation easements during the year
	5, 1		Ç ,
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 17	70(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footno	te to the organization's financial state	ments that describes the
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958,	, not to report in its revenue statemen	t and balance sheet works
	of art, historical treasures, or other similar assets held for public	c exhibition, education, or research in	furtherance of public
	service, provide in Part XIII the text of the footnote to its finance	ial statements that describes these it	ems.
b	If the organization elected, as permitted under FASB ASC 958,	, to report in its revenue statement an	d balance sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in fu	rtherance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical treas	sures, or other similar assets for financ	sial gain, provide
	the following amounts required to be reported under FASB AS	C 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		\$

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

	t III Organizations Maintaining C	ollections of Ar		-		er Si	milar	Asse	ts (conti		age Z	
	Using the organization's acquisition, accession		-							1404)		
Ū	collection items (check all that apply):	on, and other record	s, check any or	ine following the	at make t	3igi iiik	Jant u	30 01 113				
а	Public exhibition	d	Loan or	exchange progra	am							
b	Scholarly research	e		skerialige progr	am							
C	Preservation for future generations	Č										
4	Provide a description of the organization's co	allections and explain	n how they furth	er the organizat	ion's eve	mnt n	urnos	e in Par	· XIII			
5	During the year, did the organization solicit or							C IIII aii	C XIII.			
J	to be sold to raise funds rather than to be ma								Yes		No	
Pai	t IV Escrow and Custodial Arrange									<u> </u>		
	reported an amount on Form 990, Par		ne ii tile organizi	ation anowored	100 01		1000,	i aitiv,				
	Is the organization an agent, trustee, custodi		liary for contribu	tions or other as	ssets not	tinclu	ded					
	on Form 990, Part X?								Yes	X	No	
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:							-		
	Too, explain the arrangement in rate xin t	and complete the fo	nowing table.						Amoun	t		
c	Beginning balance						1c					
	Additions during the year						1d					
	Distributions during the year						1e					
f	Ending balance						1f					
	Did the organization include an amount on Fo								Yes	X	No	
	If "Yes," explain the arrangement in Part XIII.					-						
	t V Endowment Funds. Complete if											
		(a) Current year	(b) Prior year				ree yea	ırs back	(e) Fou	r years	back	
1a	Beginning of year balance	2,187,679.	2,344,83	23. 1,75	3,387.	1,741,821			1	,889,	030.	
	Contributions	132,989.	238,74	9. 24	9,510.	99,111.		9,111.		123,	962.	
	Net investment earnings, gains, and losses	207,260.	-318,73	5. 42	8,513.						538.	
d		53,780.	59,88	32. 7	3,294.	94,661.		94,661.			350,	946.
е	Other expenditures for facilities							-				
	and programs											
f	Administrative expenses	13,804.	17,29	96. 1	3,293.		1:	1,192.		11,	763.	
g	End of year balance	2,460,344.	2,187,6	79. 2,34	4,823.		1,75	3,387.	1	,741,	821.	
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, colum	n (a)) held as:								
а	Board designated or quasi-endowment	37.0000	%									
b	Permanent endowment 63.0000	%	7									
С	Term endowment	// 6										
	The percentages on lines 2a, 2b, and 2c short	uld equal 100%.										
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are he	d and administe	ered for t	the						
	organization by:									Yes	No	
	(i) Unrelated organizations								3a(i)	X		
	(ii) Related organizations								3a(ii)		X	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule	R?					3b			
4	Describe in Part XIII the intended uses of the		wment funds.									
Pai	t VI Land, Buildings, and Equipm											
	Complete if the organization answered	d "Yes" on Form 990), Part IV, line 11	a. See Form 990	0, Part X	, line 1	0.					
	Description of property	(a) Cost or of	' '	ost or other			ulated		(d) Boo	k valu	е	
		basis (investn	nent) ba	sis (other)	de	precia	tion					
	Land											
	Buildings											
	Leasehold improvements			0.4.053		0.1	2.2					
d	Equipment			24,860.		21	, 30	7 •		3,5	53.	
	Other									<u> </u>	<u> </u>	
Total	Add lines to through to (Column (d) must be	aual Form 000 Dort	Y column (P) lin	1001				1		3 5	ግኅ-	

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 UNITED WAY (Part VIII Investments - Other Securities.	OF LEBANON CO	OUNTY, INC.	23-1465632 Page 3
Complete if the organization answered "Yes" (on Form 990. Part IV. line	e 11b. See Form 990. Part X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost of	or end-of-vear market value
(1) Financial derivatives		` '	,
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	r end-of-year market value
(1)		A	
(2)			
(3)			
(4)			
(5)			
(6)		· ·	
(7)			
(8)			
(9) Tatal (Col. (b) must squal Form 000, Port V. col. (P) line 12.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	e 11d See Form 990 Part X line 15	
	Description		(b) Book value
(1) BENEFICIARY INTEREST			1,816,297.
(2) RIGHT OF USE ASSET			34,035.
(3)			, , , , , , , , , , , , , , , , , , , ,
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	: 15.)		1,850,332.
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, lir	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	25)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line			
2. Liability for uncertain tax positions. In Part XIII, provide		_	· —
organization's liability for uncertain tax positions under	FASB ASC 740. Check I	nere if the text of the footnote has be	en provided in Part XIII L

Schedule D (Form 990) 2022

	edule D (Form 990) 2022 UNITED WAY OF LEBANON C				1465632 _{Page}
Par	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With	Revenue per P	leturn).
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ie 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,010,784
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	000 100		
а	5		232,123.	-	
b	Donated services and use of facilities			-	
С	Recoveries of prior year grants			-	
d	, , , , , , , , , , , , , , , , , , , ,			-	020 102
е	• • • • • • • • • • • • • • • • • • • •			2e	232,123
3	Subtract line 2e from line 1			3	778,661
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	22 705		
а	, , , ,		33,705.	-	
b	, , , , , , , , , , , , , , , , , , , ,	4b		-	22 705
С	Add lines 4a and 4b			4c	33,705
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	812,366
Pai	rt XII Reconciliation of Expenses per Audited Financial St		i Expenses per	Ketu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin			т. т	060 174
1	Total expenses and losses per audited financial statements			1	862,174
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	4 - 1			
а				-	
b	Prior year adjustments			-	
С	Other losses			-	
d	, , , , , , , , , , , , , , , , , , , ,			-	0
	Add lines 2a through 2d			2e	060 174
3	Subtract line 2e from line 1			3	862,174
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1	22 705		
а	, , , , , , , , , , , , , , , , , , , ,		33,705.	-	
b	, , , , , , , , , , , , , , , , , , , ,	4b		-	22 705
	Add lines 4a and 4b			4c	33,705
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	8.)		5	895,879
	rt XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4			4; Part	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	ny additional inforn	nation.		
ד א ד	om va time A.				
PAI	RT V, LINE 4:				
πО	GENERATE INCOME FOR DISTRIBUTION TO GR	ANTERC DV	COVEDING	ODEI	DATTNC
10	GENERALE INCOME FOR DISTRIBUTION TO GR	WILES DI	COVERING	OFE	MATING
ര	STS OF THE ORGANIZATION				
COL	SID OF THE ONGANIZATION				

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

Name of the organization
UNITED WAY OF LEBANON COUNTY, INC.

Employer identification number
23-1465632

Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records t	o substantiate th	e amount of the grants	or assistance, the	grantees' eligibilit	y for the grants or ass	sistance, and the selec	tion
criteria used to award the grants or assis							
2 Describe in Part IV the organization's pro	cedures for mon	itoring the use of grant	funds in the United	d States.			
Part II Grants and Other Assistance to I					anization answered "Y	es" on Form 990, Part	: IV, line 21, for any
recipient that received more than \$	5,000. Part II ca	n be duplicated if addit	ional space is need	ded.			
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
COMMUNITIES IN SCHOOLS OF PENNSYLVANIA - 234 STATE ST - HARRISBURG, PA 17101		501(C)(3)	122,500.	0.			HEALTH & HUMAN SERVICES
POWER PACKS PROJECT 1660 N 7TH ST LEBANON, PA 17042	26-3009024	501(C)(3)	10,000.	0.			HEALTH & HUMAN SERVICES
BIG BROTHERS BIG SISTERS OF THE CAPITAL REGION - 1519 N THIRD ST - HARRISBURG, PA 17102	23-2260248	501(C)(3)	10,000.	0.			HEALTH & HUMAN SERVICES
LUTHERCARE CHILD CARE 600 E MAIN ST LITITZ, PA 17543	23-1365374	501(C)(3)	20,000.	0.			HEALTH & HUMAN SERVICES
CENTRAL PENNSYLVANIA FOOD BANK 3908 COREY RD HARRISBURG, PA 17109	23-2202250	501(C)(3)	20,000.	0.			HEALTH & HUMAN SERVICES
LEBANON COUNTY LIBRARY SYSTEM 125 N 7TH ST LEBANON, PA 17046	86-2105613	501(C)(3)	60,000.	0.			HEALTH & HUMAN SERVICES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

Page 1

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(b) Liiv	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
COMPASS MARK							
1891 SANTA BARBARA DR, STE 104							
LANCASTER, PA 17601	23-6444556	501(C)(3)	7,500.	0.			HEALTH & HUMAN SERVICES
·			,				
LEBANON COUNTY CHRISTIAN							
MINISTRIES - 250 S 7TH STREET -							
LEBANON, PA 17042	23-2262968	501(C)(3)	55,000.	0.			HEALTH & HUMAN SERVICES
COMPEER OF LEBANON COUNTY							
4 SOUTH 4TH ST, UNIT C	25 1921107	E01/Q\/3\	15 000	0.			HEALBH C HIMAN GERVICEG
LEBANON, PA 17042	25-1821197	501(C)(3)	15,000.	0.			HEALTH & HUMAN SERVICES
LEBANON VALLEY FAMILY YMCA							
201 N 7TH ST							
LEBANON, PA 17046	23-1243980	501(C)(3)	12,500.	0.			HEALTH & HUMAN SERVICES
LEBANON FAMILY HEALTH SERVICES							
615 CUMBERALND ST							
LEBANON, PA 17042	23-1900450	501(C)(3)	32,331.	0.			HEALTH & HUMAN SERVICES
DOMESTIC VIOLENCE INTERVENTION OF							
LEBANON COUNTY INC - PO BOX 42 -	25 1634670	E01/G)/3)	25 000	0			HEALBH C HIMAN GERVICE
LEBANON, PA 17042	25-1634670	501(C)(3)	25,000.	0.			HEALTH & HUMAN SERVICES
LANCASTER-LEBANON EDUCATION							
FOUNDATION - 1020 NEW HOLLAND AVE							
- LANCASTER, PA 17601	13-4281183	501(C)(3)	17,014.	0.			HEALTH & HUMAN SERVICES
•			,				
MAKING A DIFFERENCE OF LEBANON PA							
PO BOX 1425, 11 N 9TH ST							
LEBANON, PA 17046	46-2881269	501(C)(3)	7,500.	0.			HEALTH & HUMAN SERVICES
P.R.O.B.E.							
303 CHESTNUT ST, STE 1							
LEBANON, PA 17042	25-1569088	501(C)(3)	10,000.	0.			HEALTH & HUMAN SERVICES

(a) Name and address of	(b) [N	(a) IDC continu	(d) Amount of	(a) Amount of	(f) Mathadist	(a) Description of	(h) Durages of great
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOENIX YOUTH CENTER							
PO BOX 114							
ALMYRA, PA 17078	25-1899860	501(C)(3)	75,000.	0.			HEALTH & HUMAN SERVICE
SEXUAL ASSAULT RESOURCE &							
OUNSELING CENTER - 615 CUMBERLAND							
TREET - LEBANON, PA 17042	23-2335091	501(C)(3)	25,500.	o.l			HEALTH & HUMAN SERVICE
HE LITERACY COUNCIL OF							
ANCASTER-LEBANON, LVA, INC - 407							
AFAYETTE STREET - LANCASTER, PA							
17603	23-2373136	501(C)(3)	10,000.	0.			HEALTH & HUMAN SERVICE
							Schedule I (Form

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
			X		
		5			
Part IV Supplemental Information. Provide the information	required in Part I, lir	ne 2; Part III, column	n (b); and any other a	dditional information.	
PART I, LINE 2:					
THE UNITED WAY REQUIRES ALL AGEN	CIES RECEI	VING FUNDS	TO SUBMIT	AN ANNUAL	
AUDIT REPORT AND REPORTS ON OUTCO	OMES PRODU	CED FROM I	THE GRANT A	WARDED	

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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.

OMB No. 1545-0047
2022
Open to Public Inspection

Name of the organization

UNITED WAY OF LEBANON COUNTY, INC.

Employer identification number 23-1465632

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

NON-PROFITS TO ADVANCE THE COMMON GOOD AND CHANGE LIVES.

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

IT IS THE ORGANIZATION'S POLICY TO GIVE THE BOARD A COPY OF THE 990 TO REVIEW BEFORE THE RETURN IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION'S BOARD MEMBERS AND STAFF REVIEW THE CONFLICT OF INTEREST POLICY ANNUALLY AND SIGN A CODE OF ETHICS CERTIFICATE. THE CERTIFICATE PROVIDES FOR DISCLOSURE OF POTENTIAL CONFLICTS. ANY KNOWN OR POSSIBLE BREACHES OF THE CODE OF ETHICS ARE DISCLOSED TO THE BOARD CHAIR, CHIEF EXECUTIVE OFFICER OR AND EXECUTIVE COMMITTEE MEMBER FOR INVESTIGATION AND FOLLOWUP.

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

THE ORGANIZATION'S EXECUTIVE DIRECTOR IS REVIEWED AS PART OF AN ANNUAL PROCESS BY THE ADMINISTRATIVE COMMITTEE WITH RECOMMENDATIONS SUBJECT TO BOARD APPROVAL.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FORM 990, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST AT THE CORPORATE OFFICE. FORM 990 IS ALSO AVAILABLE ON GUIDESTAR.

FORM 990, PART XII, LINE 2C:

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

Schedule O (Form 990) 2022

	edule O (Form									Page 2
Nam	e of the organi	zation	UNITED	WA	Y OF LE	BANON	COU	NTY,	INC.	Employer identification number 23-1465632
NO	CHANGE	IN	PROCESS	то	REVIEW	990				
									4	

Forms included in Electronic Filing

Form 990/990-EZ/990-PF	Form 990-T
EXPORTED ON 02/16/2024 12:35:26	
FORM 990	

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