

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

Form 990

Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning 07/01/18, and ending 06/30/19

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

C Name of organization: **ASSETS LANCASTER**

D Employer identification number: ****-***7808**

Doing business as: _____

E Telephone number: **717-393-6089**

Number and street (or P.O. box if mail is not delivered to street address): **24 SOUTH QUEEN STREET** Room/suite: _____

F Name and address of principal officer:
JONATHAN COLEMAN
24 SOUTH QUEEN STEET
LANCASTER PA 17603

G Gross receipts \$: **1,533,097**

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

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

J Website: **WWW.ASSETSPA.ORG** H(c) Group exemption number **u**

K Form of organization: Corporation Trust Association Other **u** L Year of formation: **1995** M State of legal domicile: **PA**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ASSETS LANCASTER CREATES ECONOMIC OPPORTUNITY AND CULTIVATES ENTREPRENEURIAL LEADERSHIP TO ALLEVIATE POVERTY AND BUILD VIBRANT AND SUSTAINABLE COMMUNITIES.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	14
	6 Total number of volunteers (estimate if necessary)	6	80
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 38	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,080,582	1,189,021
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	50,452	344,076
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	68	0
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,131,102	1,533,097
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	627,208	779,066
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) u 97,260		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	917,606	570,550
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,544,814	1,349,616	
19 Revenue less expenses. Subtract line 18 from line 12	-413,712	183,481	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	624,877	1,031,880
	22 Net assets or fund balances. Subtract line 21 from line 20	254,283	477,805
		370,594	554,075

Part II Signature Block

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

Sign Here: Signature of officer: **JONATHAN COLEMAN** CO-CEO Date: _____

Type or print name and title: **JONATHAN COLEMAN** CO-CEO

Paid Preparer Use Only: Print/Type preparer's name: **THOMAS A. WOBBER, CPA** Preparer's signature: **THOMAS A. WOBBER, CPA** Date: _____ Check if self-employed PTIN: *********

Firm's name: **BERTZ, HESS & CO., LLP** Firm's EIN: **** - ***9427**

Firm's address: **36 EAST KING ST LANCASTER, PA 17602** Phone no.: **717-393-0767**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes 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 \$ **849,195** including grants of \$) (Revenue \$ **71,509**)

ASSETS LANCASTER OFFERS MICROENTERPRISE DEVELOPMENT THROUGH TRAINING AND LENDING SERVICES FOR MICROENTERPRISES. ADDITIONALLY, IT OFFERS CONSULTING SERVICES TO ESTABLISHED BUSINESSES TO MEASURE AND IMPROVE SOCIAL AND ENVIRONMENTAL PERFORMANCE. ASSETS LANCASTER'S MICRO-LENDING IS DESIGNED TO PROVIDE SMALL AMOUNTS OF WORKING CAPITAL TO BUSINESS ENTREPRENEURS. THE LOANS WILL TYPICALLY RANGE BETWEEN \$1,200 AND \$20,000. THERE WERE 29 NEW LOANS WITH AN AVERAGE BALANCE OF \$5,552 FOR THE FISCAL YEAR ENDING 6/30/19.

Copy

4b (Code:) (Expenses \$ **220,884** including grants of \$) (Revenue \$ **272,567**)

DURING THE FISCAL YEAR ENDED JUNE 30, 2019, ASSETS LANCASTERS' SUBSIDIARY LANCASTER WORKS, A SOCIAL ENTERPRISE EMPLOYMENT AGENCY, PLACED 90 INDIVIDUALS IN JOBS WITH VARIOUS LOCAL BUSINESSES.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **u 1,070,079**

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)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
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		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		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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

Part IV Checklist of Required Schedules (continued)

		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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>	X	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

1a	27
1b	0

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	14		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country: u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	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:				
a	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:				
a	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			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X

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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section 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 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 in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in 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	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u PA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **u**

ALEX ALVAREZ
LANCASTER

24 S QUEEN ST

PA 17603

717-393-6089

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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NANCY NEFF	2.00									
DIRECTOR	0.00	X					0	0	0	
(2) LASHONDA WHITAKER	2.00									
DIRECTOR	0.00	X					0	0	0	
(3) RUTH MARTIN	2.00									
PAST CHAIR	0.00	X		X			0	0	0	
(4) JESSE CASLER	2.00									
CHAIR	0.00	X		X			0	0	0	
(5) RICK OPPENHEIMER	2.00									
DIRECTOR	0.00	X					0	0	0	
(6) LIZ MARTIN	2.00									
DIRECTOR	0.00	X					0	0	0	
(7) CLAUDIA GALDAMEZ	2.00									
DIRECTOR	0.00	X					0	0	0	
(8) ALEX RIVERA	2.00									
DIRECTOR	0.00	X					0	0	0	
(9) ALEX ALVAREZ	2.00									
TREASURER	0.00	X		X			0	0	0	
(10) JULIE PEACHEY	2.00									
SECRETARY	0.00	X		X			0	0	0	
(11) FRED WALLER	2.00									
VICE-CHAIR	0.00	X		X			0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) KIANDRA (BAIR) STEFFY DIRECTOR	2.00 0.00	X						0	0	0
(13) DAVID CRUZ, JR DIRECTOR	2.00 0.00	X						0	0	0
(14) TINA CAMPBELL CO-CEO	40.00 0.00			X				69,442	0	7,332
(15) JONATHAN COLEMAN CO-CEO	40.00 0.00			X				63,279	0	7,035
1b Sub-total							u	132,721		14,367
c Total from continuation sheets to Part VII, Section A							u			
d Total (add lines 1b and 1c)							u	132,721		14,367

Copy

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u 0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u 0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	685,928			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	503,093			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f	u	1,189,021			
Program Service Revenue	2a PROGRAM SERVICE REVENUE	Busn. Code	336,750	336,750		
	b INTEREST INCOME		7,326	7,326		
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	u	344,076			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u				
	4 Income from investment of tax-exempt bond proceeds	u				
	5 Royalties	u				
	6a Gross rents	(i) Real (ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)	u				
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)					
	d Net gain or (loss)	u				
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events	u				
	9a Gross income from gaming activities. See Part IV, line 19	a				
b Less: direct expenses	b					
c Net income or (loss) from gaming activities	u					
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory	u					
Miscellaneous Revenue	Busn. Code					
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d	u					
12 Total revenue. See instructions.	u	1,533,097	344,076	0	0	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	132,721	93,426	26,197	13,098
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	502,396	353,648	99,165	49,583
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,294	8,606	2,459	1,229
9 Other employee benefits	79,041	55,329	15,808	7,904
10 Payroll taxes	52,614	36,830	10,523	5,261
11 Fees for services (non-employees):				
a Management	5,060	3,542	1,012	506
b Legal	430	301	86	43
c Accounting	18,275	12,793	3,655	1,827
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,227	859	245	123
12 Advertising and promotion				
13 Office expenses	37,211	31,651		5,560
14 Information technology				
15 Royalties				
16 Occupancy	20,225	14,157	4,045	2,023
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	8,571	8,571		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	12,032		12,032	
23 Insurance	13,449	9,414	2,690	1,345
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CONTRACT LABOR	220,884	220,884		
b PROGRAM EXPENSES	115,120	111,623		3,497
c CONSULTING FEES	69,060	69,060		
d ADMINISTRATION EXPENSES	13,405	9,383	2,681	1,341
e All other expenses	35,601	30,002	1,679	3,920
25 Total functional expenses. Add lines 1 through 24e	1,349,616	1,070,079	182,277	97,260
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	408,433	1	740,008
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	22,001	3	29,843
	4	Accounts receivable, net	3,432	4	40,590
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	38,910	7	61,683
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	6,222	9	6,863
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 85,308		
	b	Less: accumulated depreciation	10b 53,551	10c	31,757
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	104,051	15	121,136
16	Total assets. Add lines 1 through 15 (must equal line 34)	624,877	16	1,031,880	
Liabilities	17	Accounts payable and accrued expenses	32,188	17	14,773
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	130,693	23	330,694
	24	Unsecured notes and loans payable to unrelated third parties	44,830	24	60,940
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	46,572	25	71,398
	26	Total liabilities. Add lines 17 through 25	254,283	26	477,805
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	-48,705	27	-53,012
	28	Temporarily restricted net assets	419,299	28	607,087
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	370,594	33	554,075	
34	Total liabilities and net assets/fund balances	624,877	34	1,031,880	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,533,097
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,349,616
3	Revenue less expenses. Subtract line 2 from line 1	3	183,481
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	370,594
5	Net unrealized gains (losses) on investments	5	
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 in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	554,075

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

ASSETS LANCASTER

Employer identification number

**** - ***7808**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 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:
- 5 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.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 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.)
- 9 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **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.**
 - 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.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **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.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	868,901	810,017	801,765	1,080,582	1,189,021	4,750,286
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	868,901	810,017	801,765	1,080,582	1,189,021	4,750,286
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)						124,151
6 Public support. Subtract line 5 from line 4						4,626,135

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	868,901	810,017	801,765	1,080,582	1,189,021	4,750,286
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	7,452	5,745				13,197
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.)		246	372	68		686
11 Total support. Add lines 7 through 10						4,764,169

12 Gross receipts from related activities, etc. (see instructions) 12 426,445

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	97.10 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	95.38 %

16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization'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						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						
11 Net income from unrelated business activities not included in 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 assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 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)? <i>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).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 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		
2 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in (2), 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2 Activities Test. <i>Answer (a) and (b) below.</i>		
a 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? <i>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.</i>		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
2b		
3 Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
a 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? <i>Provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(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	
Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	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 1-1/2% 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 .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10 - OTHER INCOME DETAIL

MISCELLANEOUS INCOME \$ 686

Copy

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

Name of the organization

Employer identification number

ASSETS LANCASTER

**** - ***7808**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- 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 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization

ASSETS LANCASTER

Employer identification number

**** - ***7808****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	RODGERS & ASSOCIATES 2025 LITITZ PIKE LANCASTER PA 17601	\$ 55,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	GARY NEFF 100 SOUTH QUEEN STREET LANCASTER PA 17603	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	BB&T 150 S STRATFORD RD STE 330 WINSTON SALEM NC 27104	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	LANCASTER COUNTY COMMUNITY FOUNDATIO 24 W KING ST STE 201 LANCASTER PA 17602	\$ 107,706	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	SANTANDER 75 STATE STREET BOSTON MA 02109	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	CDFI 1500 PENNSYLVANIA AVENUE NW WASHINGTON DC 20220	\$ 428,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

ASSETS LANCASTER

Employer identification number

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	SBA 409 3RD ST. SW WASHINGTON DC 20416	\$ 246,914	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Copy

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

Employer identification number

ASSETS LANCASTER

** - ***7808

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, total number of easements, acreage restricted, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting works of art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **u**
 - b** Permanent endowment **u**
 - c** Temporarily restricted endowment **u**
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		53,702	37,350	16,352
e Other		31,606	16,201	15,405
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			u	31,757

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 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 or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) u		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) u		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) LONG TERM NOTES RECEIVABLE	121,136
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) u	121,136

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED PAYROLL	46,558
(3) COMPENSATED ABSENCES	19,466
(4) ESCROW PAYABLE	5,374
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	71,398

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information.

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

PART X - FIN 48 FOOTNOTE

TAX RETURNS ARE OPEN FOR EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR THREE YEARS FROM THE DUE DATE OF THE RETURNS. THE TAX YEARS SUBJECT TO EXAMINATION BY THE STATE JURISDICTION ARE UNLIMITED. THE ORGANIZATION HAS EVALUATED ITS TAX FILINGS FOR THE OPEN TAX YEARS FOR UNCERTAIN TAX POSITIONS.

Part XIII Supplemental Information *(continued)*

Copy

SCHEDULE O
(Form 990 or 990-EZ)

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.

u Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

ASSETS LANCASTER

Employer identification number

**** - ***7808**

FORM 990 - ORGANIZATION'S MISSION

ASSETS LANCASTER IS A NON-PROFIT THAT WORKS WITH START-UP AND EXISTING
BUSINESSES TO FORM A MORE EQUITABLE AND ETHICAL ECONOMY. ASSETS LANCASTER
OFFERS IN-DEPTH TRAINING AND FINANCING FOR ENTREPRENEURS, AND WORKS WITH
ESTABLISHED BUSINESSES TO IMPROVE THEIR SOCIAL AND ENVIRONMENTAL IMPACT.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE 990 IS REVIEWED WITH THE BOARD TREASURER BEFORE FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
THE ORGANIZATION ANNUALLY MONITORS COMPLIANCE WITH THIS POLICY BY ENSURING
THAT BOARD MEMBERS FILL OUT A FORM EACH YEAR DISCLOSING POTENTIAL
CONFLICTS OF INTEREST. THIS INFORMATION IS KEPT ON FILE.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
COMPENSATION IS BASED ON COMPARABLE DATA OBTAINED THROUGH THE CHAMBER OF
COMMERCE WAGE AND BENEFIT SURVEY.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
OFFICERS OF THE BOARD OF DIRECTORS ARE NOT COMPENSATED. KEY EMPLOYEE
COMPENSATION IS BASED ON COMPARABLE DATA OBTAINED THROUGH THE CHAMBER OF
COMMERCE.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
GOVERNING DOCUMENTS ARE PROVIDED UPON REQUEST.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

u Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

u Attach to Form 990.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

ASSETS LANCASTER

Employer identification number

**** - **7808**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) LANCASTER WORKS AT ASSETS, LLC 100 S. QUEEN STREET LANCASTER PA 17603 ** - **4121	EMPLOYMENT	PA	272,567	34,749	N/A
(2)					
(3)					
(4)					
(5)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												

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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		
b Gift, grant, or capital contribution to related organization(s)		
c Gift, grant, or capital contribution from related organization(s)		
d Loans or loan guarantees to or for related organization(s)		
e Loans or loan guarantees by related organization(s)		
f Dividends from related organization(s)		
g Sale of assets to related organization(s)		
h Purchase of assets from related organization(s)		
i Exchange of assets with related organization(s)		
j Lease of facilities, equipment, or other assets to related organization(s)		
k Lease of facilities, equipment, or other assets from related organization(s)		
l Performance of services or membership or fundraising solicitations for related organization(s)		
m Performance of services or membership or fundraising solicitations by related organization(s)		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		
o Sharing of paid employees with related organization(s)		
p Reimbursement paid to related organization(s) for expenses		
q Reimbursement paid by related organization(s) for expenses		
r Other transfer of cash or property to related organization(s)		
s Other transfer of cash or property from related organization(s)		

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

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Part VII

Supplemental Information.

Provide additional information for responses to questions on Schedule R. See Instructions.

Copy

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

u Attach to your tax return.

u Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

ASSETS LANCASTER

Identifying number ** - ***7808

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 columns: Line number, Description, and Amount. Includes lines 1-13 for Section 179 election details.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

Table with 3 columns: Line number, Description, and Amount. Includes lines 14-16 for special depreciation allowance.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 3 columns: Line number, Description, and Amount. Includes lines 17-18 for MACRS deductions.

Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Includes rows 19a-i.

Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) Recovery period, (c) Convention, (d) Method, (e) Depreciation deduction. Includes rows 20a-d.

Part IV Summary (See instructions.)

Table with 3 columns: Line number, Description, and Amount. Includes lines 21-23 for summary totals.

For Paperwork Reduction Act Notice, see separate instructions.

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
12	Furniture for Classroom	2/03/04	7,527			7,527	5 MO S/L	7,527	0
16	Telephone System	6/09/04	5,502			5,502	7 MO S/L	5,502	0
45	Server Upgrade	8/11/06	1,165			1,165	5 MO S/L	1,165	0
58	Filemaker Software & Development	6/01/12	5,211			5,211	5 MO S/L	5,211	0
60	Dell Docking Station	3/15/13	318			318	5 MO S/L	318	0
61	Mini Tower	3/05/13	449			449	5 MO S/L	449	0
62	Lap Top	3/05/13	548			548	5 MO S/L	548	0
63	Lap Top	3/05/13	548			548	5 MO S/L	548	0
64	Dell Upgrade	4/18/13	725			725	5 MO S/L	725	0
65	MacBook Air 13.3	1/18/14	1,049			1,049	5 MO S/L	926	123
67	Fireproof Filing Cabinet	5/05/15	1,249			1,249	5 MO S/L	791	250
68	(3)Think Pad Laptops	2/10/15	2,825			2,825	5 MO S/L	1,930	565
69	Refrigerator	8/24/15	523			523	5 MO S/L	296	105
70	Think Pad X-250	12/31/15	922			922	5 MO S/L	461	184
71	20 Stacking Training Room Chairs	6/23/16	3,220			3,220	5 MO S/L	1,288	644
72	26" Cylinder Table	6/23/16	255			255	5 MO S/L	102	51
73	2 Table Accessories	6/23/16	267			267	5 MO S/L	107	53
74	18" Personal Table	6/23/16	225			225	5 MO S/L	90	45
75	30" Square Table (2)	6/23/16	241			241	5 MO S/L	96	49
76	2 Cafe Tables	6/23/16	426			426	5 MO S/L	170	85
77	4 Cafe Stools	6/23/16	797			797	5 MO S/L	319	159
78	4 Lounge Chairs	6/23/16	2,936			2,936	5 MO S/L	1,174	587
79	4 Leg Stack Chair Set - Regatta (2)	6/23/16	443			443	5 MO S/L	177	89
80	4 Leg Stack Chair Set - Lime (3)	6/23/16	664			664	5 MO S/L	266	133
81	Presentation Cart Shelf	6/23/16	108			108	5 MO S/L	43	22
82	Presentation Cart	6/23/16	328			328	5 MO S/L	131	66
83	Presentation Cart Desk Lectern	6/23/16	124			124	5 MO S/L	50	25
84	3 Round Minis	6/23/16	587			587	5 MO S/L	235	117
85	24x72" Tables (6)	6/23/16	1,009			1,009	5 MO S/L	403	202
86	24Dx72" W Nesting V Left (6)	6/23/16	2,145			2,145	5 MO S/L	858	429
87	24Dx72 W V-Fixed (4)	6/23/16	672			672	5 MO S/L	269	135
88	18-24D Fixed V Leg Casters (4)	6/23/16	960			960	5 MO S/L	384	192
89	24Dx48W Half Round Tables (2)	6/23/16	364			364	5 MO S/L	145	73
90	24-30D Fixed V Casters	6/23/16	423			423	5 MO S/L	169	85
91	Furniture for training room & lobby - WBC	9/28/16	2,670			2,670	5 MO S/L	934	534
92	Office furniture from Jet	5/18/17	2,733			2,733	5 MO S/L	592	547
93	Staff Furniture - Houzz	5/19/17	1,222			1,222	5 MO S/L	265	244
94	12 Corner Tables & 12 Sit to Stand Tables	6/01/17	7,668			7,668	5 MO S/L	1,661	1,534
95	Computer Equipment & Setup TCW	9/01/16	6,385			6,385	5 MO S/L	2,341	1,277
96	Apple Ipad Air for WBC Program	9/22/16	846			846	5 MO S/L	296	169
97	New Phone System and installation - TCW	4/28/17	2,877			2,877	7 MO S/L	480	411
98	Lenovo Computers, Software & Install. - TC	4/28/17	5,695			5,695	5 MO S/L	1,329	1,139
99	Viewsonic 24 Inch Monitor	9/19/17	560			560	5 MO S/L	84	112
100	Lenova Think Center Desktop Computer	9/29/17	750			750	5 MO S/L	113	150
101	2 X TCL 55" LED Roku Smart HDTV	9/29/17	1,000			1,000	5 MO S/L	150	200
102	2 Desks (IKEA)	6/06/18	1,120			1,120	7 MO S/L	13	160
103	TCW Laptop	7/31/17	1,229			1,229	5 MO S/L	225	246
104	TCW - New Computer	2/24/18	989			989	5 MO S/L	66	198
105	Phone System	5/12/18	1,861			1,861	7 MO S/L	44	266
106	Lenova Thinkpad i5	4/07/18	989			989	5 MO S/L	49	198
107	Apple Retina MacBook 15"	3/29/19	1,112			1,112	5 MO S/L	0	56
108	Apple MacBook Air 13"	10/15/18	849			849	5 MO S/L	0	127
Total Other Depreciation			<u>85,310</u>			<u>85,310</u>		<u>41,515</u>	<u>12,036</u>
Total ACRS and Other Depreciation			<u>85,310</u>			<u>85,310</u>		<u>41,515</u>	<u>12,036</u>
Grand Totals			85,310			85,310		41,515	12,036
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>85,310</u>			<u>85,310</u>		<u>41,515</u>	<u>12,036</u>

PA Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	PA Prior	PA Current	Federal Current	Difference Fed - PA
Other Depreciation:								
12	Furniture for Classroom	2/03/04	7,527	7,527	7,527	0	0	0
16	Telephone System	6/09/04	5,502	5,502	5,502	0	0	0
45	Server Upgrade	8/11/06	1,165	1,165	1,165	0	0	0
58	Filemaker Software & Development	6/01/12	5,211	5,211	5,211	0	0	0
60	Dell Docking Station	3/15/13	318	318	318	0	0	0
61	Mini Tower	3/05/13	449	449	449	0	0	0
62	Lap Top	3/05/13	548	548	548	0	0	0
63	Lap Top	3/05/13	548	548	548	0	0	0
64	Dell Upgrade	4/18/13	725	725	725	0	0	0
65	MacBook Air 13.3	1/18/14	1,049	1,049	926	123	123	0
67	Fireproof Filing Cabinet	5/05/15	1,249	1,249	791	250	250	0
68	(3)Think Pad Laptops	2/10/15	2,825	2,825	1,930	565	565	0
69	Refrigerator	8/24/15	523	523	296	105	105	0
70	Think Pad X-250	12/31/15	922	922	461	184	184	0
71	20 Stacking Training Room Chairs	6/23/16	3,220	3,220	1,288	644	644	0
72	26" Cylinder Table	6/23/16	255	255	102	51	51	0
73	2 Table Accessories	6/23/16	267	267	107	53	53	0
74	18" Personal Table	6/23/16	225	225	90	45	45	0
75	30" Square Table (2)	6/23/16	241	241	96	49	49	0
76	2 Cafe Tables	6/23/16	426	426	170	85	85	0
77	4 Cafe Stools	6/23/16	797	797	319	159	159	0
78	4 Lounge Chairs	6/23/16	2,936	2,936	1,174	587	587	0
79	4 Leg Stack Chair Set - Regatta (2)	6/23/16	443	443	177	89	89	0
80	4 Leg Stack Chair Set - Lime (3)	6/23/16	664	664	266	133	133	0
81	Presentation Cart Shelf	6/23/16	108	108	43	22	22	0
82	Presentation Cart	6/23/16	328	328	131	66	66	0
83	Presentation Cart Desk Lectern	6/23/16	124	124	50	25	25	0
84	3 Round Minis	6/23/16	587	587	235	117	117	0
85	24x72" Tables (6)	6/23/16	1,009	1,009	403	202	202	0
86	24Dx72" W Nesting V Left (6)	6/23/16	2,145	2,145	858	429	429	0
87	24Dx72 W V-Fixed (4)	6/23/16	672	672	269	135	135	0
88	18-24D Fixed V Leg Casters (4)	6/23/16	960	960	384	192	192	0
89	24Dx48W Half Round Tables (2)	6/23/16	364	364	145	73	73	0
90	24-30D Fixed V Casters	6/23/16	423	423	169	85	85	0
91	Furniture for training room & lobby - WBC	9/28/16	2,670	2,670	934	534	534	0
92	Office furniture from Jet	5/18/17	2,733	2,733	592	547	547	0
93	Staff Furniture - Houzz	5/19/17	1,222	1,222	265	244	244	0
94	12 Corner Tables & 12 Sit to Stand Tables	6/01/17	7,668	7,668	1,661	1,534	1,534	0
95	Computer Equipment & Setup TCW	9/01/16	6,385	6,385	2,341	1,277	1,277	0
96	Apple Ipad Air for WBC Program	9/22/16	846	846	296	169	169	0
97	New Phone System and installation - TCW	4/28/17	2,877	2,877	480	411	411	0
98	Lenovo Computers, Software & Install. - TC	4/28/17	5,695	5,695	1,329	1,139	1,139	0
99	Viewsonic 24 Inch Monitor	9/19/17	560	560	84	112	112	0
100	Lenova Think Center Desktop Computer	9/29/17	750	750	113	150	150	0
101	2 X TCL 55" LED Roku Smart HDTV	9/29/17	1,000	1,000	150	200	200	0
102	2 Desks (IKEA)	6/06/18	1,120	1,120	13	160	160	0
103	TCW Laptop	7/31/17	1,229	1,229	225	246	246	0
104	TCW - New Computer	2/24/18	989	989	66	198	198	0
105	Phone System	5/12/18	1,861	1,861	44	266	266	0
106	Lenova Thinkpad i5	4/07/18	989	989	49	198	198	0
107	Apple Retina MacBook 15"	3/29/19	1,112	1,112	0	56	56	0
108	Apple MacBook Air 13"	10/15/18	849	849	0	127	127	0
Total Other Depreciation			85,310	85,310	41,515	12,036	12,036	0
Total ACRS and Other Depreciation			85,310	85,310	41,515	12,036	12,036	0
Grand Totals			85,310	85,310	41,515	12,036	12,036	0
Less: Dispositions			0	0	0	0	0	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			85,310	85,310	41,515	12,036	12,036	0

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
12	Furniture for Classroom	2/03/04	0				0 0 HY	0	0
16	Telephone System	6/09/04	0				0 0 HY	0	0
45	Server Upgrade	8/11/06	0				0 0 HY	0	0
58	Filemaker Software & Development	6/01/12	0				0 0 HY	0	0
60	Dell Docking Station	3/15/13	0				0 0 HY	0	0
61	Mini Tower	3/05/13	0				0 0 HY	0	0
62	Lap Top	3/05/13	0				0 0 HY	0	0
63	Lap Top	3/05/13	0				0 0 HY	0	0
64	Dell Upgrade	4/18/13	0				0 0 HY	0	0
65	MacBook Air 13.3	1/18/14	0				0 0 HY	0	0
67	Fireproof Filing Cabinet	5/05/15	0				0 0 HY	0	0
68	(3)Think Pad Laptops	2/10/15	0				0 0 HY	0	0
69	Refrigerator	8/24/15	0				0 0 HY	0	0
70	Think Pad X-250	12/31/15	0				0 0 HY	0	0
71	20 Stacking Training Room Chairs	6/23/16	0				0 0 HY	0	0
72	26" Cylinder Table	6/23/16	0				0 0 HY	0	0
73	2 Table Accessories	6/23/16	0				0 0 HY	0	0
74	18" Personal Table	6/23/16	0				0 0 HY	0	0
75	30" Square Table (2)	6/23/16	0				0 0 HY	0	0
76	2 Cafe Tables	6/23/16	0				0 0 HY	0	0
77	4 Cafe Stools	6/23/16	0				0 0 HY	0	0
78	4 Lounge Chairs	6/23/16	0				0 0 HY	0	0
79	4 Leg Stack Chair Set - Regatta (2)	6/23/16	0				0 0 HY	0	0
80	4 Leg Stack Chair Set - Lime (3)	6/23/16	0				0 0 HY	0	0
81	Presentation Cart Shelf	6/23/16	0				0 0 HY	0	0
82	Presentation Cart	6/23/16	0				0 0 HY	0	0
83	Presentation Cart Desk Lectern	6/23/16	0				0 0 HY	0	0
84	3 Round Minis	6/23/16	0				0 0 HY	0	0
85	24x72" Tables (6)	6/23/16	0				0 0 HY	0	0
86	24Dx72" W Nesting V Left (6)	6/23/16	0				0 0 HY	0	0
87	24Dx72 W V-Fixed (4)	6/23/16	0				0 0 HY	0	0
88	18-24D Fixed V Leg Casters (4)	6/23/16	0				0 0 HY	0	0
89	24Dx48W Half Round Tables (2)	6/23/16	0				0 0 HY	0	0
90	24-30D Fixed V Casters	6/23/16	0				0 0 HY	0	0
91	Furniture for training room & lobby - WBC	9/28/16	0				0 0 HY	0	0
92	Office furniture from Jet	5/18/17	0				0 0 HY	0	0
93	Staff Furniture - Houzz	5/19/17	0				0 0 HY	0	0
94	12 Corner Tables & 12 Sit to Stand Tables	6/01/17	0				0 0 HY	0	0
95	Computer Equipment & Setup TCW	9/01/16	0				0 0 HY	0	0
96	Apple Ipad Air for WBC Program	9/22/16	0				0 0 HY	0	0
97	New Phone System and installation - TCW	4/28/17	0				0 0 HY	0	0
98	Lenovo Computers, Software & Install. - TCW	4/28/17	0				0 0 HY	0	0
99	Viewsonic 24 Inch Monitor	9/19/17	0				0 0 HY	0	0
100	Lenova Think Center Desktop Computer	9/29/17	0				0 0 HY	0	0
101	2 X TCL 55" LED Roku Smart HDTV	9/29/17	0				0 0 HY	0	0
102	2 Desks (IKEA)	6/06/18	0				0 0 HY	0	0
103	TCW Laptop	7/31/17	0				0 0 HY	0	0
104	TCW - New Computer	2/24/18	0				0 0 HY	0	0
105	Phone System	5/12/18	0				0 0 HY	0	0
106	Lenova Thinkpad i5	4/07/18	0				0 0 HY	0	0
107	Apple Retina MacBook 15"	3/29/19	0				0 0 HY	0	0
108	Apple MacBook Air 13"	10/15/18	0				0 0 HY	0	0
Total Other Depreciation			0			0		0	0
Total ACRS and Other Depreciation			0			0		0	0
Grand Totals			0			0		0	0
Less: Dispositions and Transfers			0			0		0	0
Net Grand Totals			0			0		0	0

Copy

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

Copy

Future Depreciation Report FYE: 6/30/20

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
12	Furniture for Classroom	2/03/04	7,527	0	0
16	Telephone System	6/09/04	5,502	0	0
45	Server Upgrade	8/11/06	1,165	0	0
58	Filemaker Software & Development	6/01/12	5,211	0	0
60	Dell Docking Station	3/15/13	318	0	0
61	Mini Tower	3/05/13	449	0	0
62	Lap Top	3/05/13	548	0	0
63	Lap Top	3/05/13	548	0	0
64	Dell Upgrade	4/18/13	725	0	0
65	MacBook Air 13.3	1/18/14	1,049	0	0
67	Fireproof Filing Cabinet	5/05/15	1,249	208	0
68	(3)Think Pad Laptops	2/10/15	2,825	330	0
69	Refrigerator	8/24/15	523	104	0
70	Think Pad X-250	12/31/15	922	185	0
71	20 Stacking Training Room Chairs	6/23/16	3,220	644	0
72	26" Cylinder Table	6/23/16	255	51	0
73	2 Table Accessories	6/23/16	267	53	0
74	18" Personal Table	6/23/16	225	45	0
75	30" Square Table (2)	6/23/16	241	48	0
76	2 Cafe Tables	6/23/16	426	85	0
77	4 Cafe Stools	6/23/16	797	160	0
78	4 Lounge Chairs	6/23/16	2,936	587	0
79	4 Leg Stack Chair Set - Regatta (2)	6/23/16	443	88	0
80	4 Leg Stack Chair Set - Lime (3)	6/23/16	664	132	0
81	Presentation Cart Shelf	6/23/16	108	21	0
82	Presentation Cart	6/23/16	328	65	0
83	Presentation Cart Desk Lectern	6/23/16	124	24	0
84	3 Round Minis	6/23/16	587	117	0
85	24x72" Tables (6)	6/23/16	1,009	202	0
86	24Dx72" W Nesting V Left (6)	6/23/16	2,145	429	0
87	24Dx72 W V-Fixed (4)	6/23/16	672	134	0
88	18-24D Fixed V Leg Casters (4)	6/23/16	960	192	0
89	24Dx48W Half Round Tables (2)	6/23/16	364	73	0
90	24-30D Fixed V Casters	6/23/16	423	85	0
91	Furniture for training room & lobby - WBC	9/28/16	2,670	534	0
92	Office furniture from Jet	5/18/17	2,733	546	0
93	Staff Furniture - Houzz	5/19/17	1,222	245	0
94	12 Corner Tables & 12 Sit to Stand Tables	6/01/17	7,668	1,534	0
95	Computer Equipment & Setup TCW	9/01/16	6,385	1,277	0
96	Apple Ipad Air for WBC Program	9/22/16	846	169	0
97	New Phone System and installation - TCW Glick	4/28/17	2,877	411	0
98	Lenovo Computers, Software & Install. - TCW C	4/28/17	5,695	1,139	0
99	Viewsonic 24 Inch Monitor	9/19/17	560	112	0
100	Lenova Think Center Desktop Computer	9/29/17	750	150	0
101	2 X TCL 55' LED Roku Smart HDTV	9/29/17	1,000	200	0
102	2 Desks (IKEA)	6/06/18	1,120	160	0
103	TCW Laptop	7/31/17	1,229	246	0
104	TCW - New Computer	2/24/18	989	198	0
105	Phone System	5/12/18	1,861	266	0
106	Lenova Thinkpad i5	4/07/18	989	198	0
107	Apple Retina MacBook 15"	3/29/19	1,112	222	0
108	Apple MacBook Air 13"	10/15/18	849	170	0
Total Other Depreciation			85,310	11,839	0
Total ACRS and Other Depreciation			85,310	11,839	0
Grand Totals			85,310	11,839	0

PA Future Depreciation Report FYE: 6/30/20

Form 990, Page 1

Asset	Description	Date In Service	Cost	PA
Other Depreciation:				
12	Furniture for Classroom	2/03/04	7,527	0
16	Telephone System	6/09/04	5,502	0
45	Server Upgrade	8/11/06	1,165	0
58	Filemaker Software & Development	6/01/12	5,211	0
60	Dell Docking Station	3/15/13	318	0
61	Mini Tower	3/05/13	449	0
62	Lap Top	3/05/13	548	0
63	Lap Top	3/05/13	548	0
64	Dell Upgrade	4/18/13	725	0
65	MacBook Air 13.3	1/18/14	1,049	0
67	Fireproof Filing Cabinet	5/05/15	1,249	208
68	(3)Think Pad Laptops	2/10/15	2,825	330
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108	Apple MacBook Air 13"	10/15/18	849	170
Total Other Depreciation			85,310	11,839
Total ACRS and Other Depreciation			85,310	11,839
Grand Totals			85,310	11,839

For calendar year 2018, or tax year beginning **07/01/18**, ending **06/30/19**

Name

Taxpayer Identification Number

ASSETS LANCASTER****_***7808**

		2017	2018	Differences
Revenue	1. Contributions, gifts, grants	1. 492,351	503,093	10,742
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3. 588,231	685,928	97,697
	4. Program service revenue	4. 50,452	344,076	293,624
	5. Investment income	5.		
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.		
	8. Net income or (loss) from fundraising events	8.		
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11. 68		-68
	12. Total revenue. Add lines 1 through 11	12. 1,131,102	1,533,097	401,995
Expenses	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15. 115,652	132,721	17,069
	16. Salaries, other compensation, and employee benefits	16. 511,556	646,345	134,789
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 31,593	24,992	-6,601
	19. Occupancy, rent, utilities, and maintenance	19. 20,322	20,225	-97
	20. Depreciation and Depletion	20. 11,522	12,032	510
	21. Other expenses	21. 854,169	513,301	-340,868
	22. Total expenses. Add lines 13 through 21	22. 1,544,814	1,349,616	-195,198
	23. Excess or (Deficit). Subtract line 22 from line 12	23. -413,712	183,481	597,193
Other Information	24. Total exempt revenue	24. 1,131,102	1,533,097	401,995
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 50,520	344,076	293,556
	27. Total assets	27. 624,877	1,031,880	407,003
	28. Total liabilities	28. 254,283	477,805	223,522
	29. Retained earnings	29. 370,594	554,075	183,481
	30. Number of voting members of governing body	30. 13	13	
	31. Number of independent voting members of governing body	31. 13	13	
	32. Number of employees	32. 12	14	
33. Number of volunteers	33. 80	80		

Form **990****Tax Return History****2018**

Name

ASSETS LANCASTER

Employer Identification Number

****_***7808**

	2014	2015	2016	2017	2018	2019
Contributions, gifts, grants		810,017	801,765	1,080,582	1,189,021	
Membership dues						
Program service revenue		7,143	24,774	50,452	344,076	
Capital gain or loss		-831				
Investment income		5,745				
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue		246	372	68		
Total revenue		822,320	826,911	1,131,102	1,533,097	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.		74,955	75,175	115,652	132,721	
Other compensation		276,502	436,725	511,556	646,345	
Professional fees		14,829	62,823	31,593	24,992	
Occupancy costs		13,231	13,040	20,322	20,225	
Depreciation and depletion		3,339	8,068	11,522	12,032	
Other expenses		169,086	208,864	854,169	513,301	
Total expenses		551,942	804,695	1,544,814	1,349,616	
Excess or (Deficit)		270,378	22,216	-413,712	183,481	
Total exempt revenue		822,320	826,911	1,131,102	1,533,097	
Total unrelated revenue						
Total excludable revenue		12,303	25,146	50,520	344,076	
Total Assets		894,417	1,041,993	624,877	1,031,880	
Total Liabilities		113,551	238,911	254,283	477,805	
Net Fund Balances		780,866	803,082	370,594	554,075	

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
OTHER FEES	\$ 1,227	\$ 859	\$ 245	\$ 123
TOTAL	\$ 1,227	\$ 859	\$ 245	\$ 123

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
BAD DEBT EXPENSE	\$ 12,980	\$ 12,980	\$	\$
REGISTRATION/MEMBERSHIP	5,597	3,918	1,119	560
TELEPHONE	2,798	1,958	560	280
MISCELLANEOUS	293			293
EQUIPMENT REPAIRS	13,933	11,146		2,787
TOTAL	\$ 35,601	\$ 30,002	\$ 1,679	\$ 3,920

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Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
GOVERNMENT GRANTS OR CONTRIBUTIONS	\$ 685,928
OTHER	503,093
TOTAL	\$ <u>1,189,021</u>

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Federal Statements

Schedule A, Part II, Line 5 - Excess Gifts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
EVERENCE FEDERAL CREDIT UNION	\$ 30,900	\$
THE STEINMAN FOUNDATION	50,000	
BB&T	150,000	54,717
CAP HOUSING INC/LANCASTER EQUITY	20,000	
S DALE HIGH FAMILY FOUNDATION	45,000	
SANTANDER	50,000	
SMALL BUSINESS ADMINISTRATION	150,000	54,717
THE WYOMISSING FOUNDATION, INC	44,000	
UNITED SERVICES FOUNDATION, INC	30,000	
THE PNC FINANCIAL SERVICES GROUP	30,000	
CHIP CARGAS	10,000	
JAMES CLARK	13,500	
FERREE FOUNDATION	10,000	
FULTON BANK	10,000	
GRAYBILL PROCESSING	10,000	
CHAD HURST	5,000	
LIZ MARTIN AND ANGELA HARISH	10,000	
MCCANCE FOUNDATION	5,000	
GARY NEFF	37,500	
RICK OPPENHEIMER	25,445	
JULIE PEACHEY	5,500	
NATALIE PETERSEN	32,000	
PRYOR & ARLENE NEUBER TRUST	15,000	
RODGERS & ASSOCIATES	110,000	14,717
WELLS FARGO FOUNDATION	24,000	
HIGH FOUNDATION	15,000	
COMMUNITY SERVICES GROUP	5,000	
PAUL AND JOANNE OPPENHEIMER	5,000	
LORNA STOLTZFUS & GARY LUKE	5,000	
TOTAL	<u>\$ 952,845</u>	<u>\$ 124,151</u>