EXTENSION GRANTED TO MAY 15, 2023

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 2021 Open to Public

Form 990 (2021)

Department of the Treasury

For Paperwork Reduction Act Notice, see the separate instructions.

► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection For the 2021 calendar year, or tax year beginning 07/01/21, and ending 06/30/22 C Name of organization D Employer identification number Check if applicable: ASSETS LANCASTER Address change **-***7808 Doing business as Name change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number 717-393-6089 Initial return 100 SOUTH QUEEN ST, SUITE 246 Final return/ City or town, state or province, country, and ZIP or foreign postal code LANCASTER PA 17603 1,563,641 G Gross receipts \$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending JAIME ARROYO 100 SOUTH QUEEN STREET, SUITE 246 H(b) Are all subordinates included? LANCASTER PA 17603 If "No," attach a list. See instructions X 501(c)(3) 501(c) (Tax-exempt status: 4947(a)(1) or WWW.ASSETSPA.ORG Website: ▶ H(c) Group exemption number ▶ Form of organization: X Corporation Trust L Year of formation: 1995 Association M State of legal domicile: Summary 1 Briefly describe the organization's mission or most significant activities: ASSETS LANCASTER CREATES ECONOMIC OPPORTUNITY AND CULTIVATES Activities & Governance ENTREPRENEURIAL LEADERSHIP TO ALLEVIATE POVERTY AND BUILD VIBRANT AND SUSTAINABLE COMMUNITIES. 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 13 4 Number of independent voting members of the governing body (Part VI, line 1b) 13 4 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 18 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Current Year** 8 Contributions and grants (Part VIII, line 1h) 1,479,473 1,435,725 9 Program service revenue (Part VIII, line 2g) 1,284,463 47,750 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -49,911 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 80,166 16,643 2,780,579 1,513,730 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,143,778 912,689 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 156,250 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,175,158 498,373 2,318,936 1,411,062 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 102,668 461,643 19 Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** End of Year 1,755,070 20 Total assets (Part X, line 16) 1,401,857 21 Total liabilities (Part X, line 26) 670,665 214,784 22 Net assets or fund balances. Subtract line 21 from line 20 1,084,405 1,187,073 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 Signature of officer Here JAIME ARROYO CEO Type or print name and title Print/Type preparer's name Preparer's signature Check Paid THOMAS A. WOBBER, CPA THOMAS A. WOBBER, CPA self-employed Preparer BERTZ, HESS & CO., LLP **-***9427 Firm's EIN Use Only 36 EAST KING ST LANCASTER, PA 717-393-0767 May the IRS discuss this return with the preparer shown above? See instructions X Yes No

	rt III	Statement of Program Service		art III X
	D : # 1		a response or note to any line in this P	art III
		escribe the organization's mission:		
5	EE SC	REDULE O	***************************************	
2	Did the o	rganization undertake any significant pr	rogram services during the year which were not	listed on the
	If "Yes,"	describe these new services on Schedu	ile O.	
3	Did the o	rganization cease conducting, or make	significant changes in how it conducts, any pro-	
	services'	?		Yes X No
	If "Yes,"	describe these changes on Schedule O		
4			complishments for each of its three largest progr	
			nizations are required to report the amount of gr	ants and allocations to others,
	the total	expenses, and revenue, if any, for each	program service reported.	
A S E P L	ENDIN ERVIC NVIRC ROVII OANS	E LANCASTER OFFERS M IG SERVICES FOR MICE CES TO ESTABLISHED E DIMENTAL PERFORMANCE DE SMALL AMOUNTS OF WILL TYPICALLY RANG WITH AN AVERAGE BAL	ROENTERPRISES. ADDITIONAR BUSINESSES TO MEASURE AND EL ASSETS LANCASTER'S MI WORKING CAPITAL TO BUSINE BETWEEN \$1,000 AND \$2 ANCE OF \$8,000 FOR THE	MENT THROUGH TRAINING AND ALLY, IT OFFERS CONSULTING
		NO. PRINCE AND DESCRIPTION OF THE STATE OF T		
N	/A) (Revenue \$
N 4c	/A			
4c N	(Code: /A) (Expenses \$	including grants of \$) (Revenue \$)
Ac N	(Code: /A) (Expenses \$	including grants of \$	

Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X 1 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? X 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) X election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, X assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 5 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 X "Yes," complete Schedule D, Part I 6 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Х complete Schedule D, Part III 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 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 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," X complete Schedule D, Part VI 11a 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 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 11c Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII 12a Was the organization included in consolidated, independent audited financial statements for the tax year? If X "Yes." and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 14b 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 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Х Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 If "Yes," complete Schedule G, Part III 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.

Form 990 (2021)

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

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (contin	ued)			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	18			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions					
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 on Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	a financial account in a foreign country (such as a bank account, securities account, or other financia	accou	ınt)?	4a		X
b	If "Yes," enter the name of the foreign country ▶					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A					
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 transact	tion?		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e				
	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 contribution					
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	oods				
	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		
С	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				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		?	7e	**********	Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 889	99 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine					
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.		*********			
а	Did the commander and in the control of the control			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		7		
11	Section 501(c)(12) organizations. Enter:		;			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources		=	7		
	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	10411		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.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a	B)		****	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule	9 O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?		*****	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incom	e?	16		Х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in					
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		*********	17		
	If "Yes," complete Form 6069					

Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 13 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 on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 13 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 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 X The governing body? 8a Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 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 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X 12c Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? 14 14 X 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? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a X with a taxable entity during the year? 16a 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 List the states with which a copy of this Form 990 is required to be filed PA 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. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records JAIME ARROYO 100 SOUTH QUEEN STREET, SUITE 246

717-393-6089

PA 17603

LANCASTER

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

X 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) (1) ALEX ALVAREZ 2.00 VICE CHAIR (2) PETER BARBER 2.00 DIRECTOR (B) Average hours per week (list any hours for related organizations below dotted line) (B) Average hours per week (list any hours for related organizations below dotted line) (I) ALEX ALVAREZ 2.00 VICE CHAIR 0.00 (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (I) Reportable compensation from the organizations (W-2/ 1099-MISC/ 1099-MISC/ 1099-MISC/ 1099-MISC/ 1099-MISC/ 1099-MISC/ 1099-MISC/ 1099-NEC) (I) ALEX ALVAREZ 2.00 VICE CHAIR 0.00 X X X 0 0 0 0 0 0 0 0 0	I amount her nsation the tion and
(1) ALEX ALVAREZ 2.00 VICE CHAIR 0.00 X X 2.00 (2) PETER BARBER 2.00	tion and anizations
2.00 X X 0 0 0	0
VICE CHAIR 0.00 X X 0 0 0 (2) PETER BARBER 2.00	0
2.00	
	0
(3) KATHY GRANBOIS	
2.00	
DIRECTOR 0.00 X 0	0
(4) LANCE GREENE	
2.00	•
DIRECTOR 0.00 X 0	0
2.00	
TREASURER 0.00 X X 0	0
(6) JOSEPH MARTINEZ	
2.00	
DIRECTOR 0.00 X 0	0
(7) FRANCINE MCNAIRY 2.00	
DIRECTOR 0.00 X 0	0
(8) LIZ MARTIN	
2.00	
CHAIR 0.00 X X 0	0
(9) NANCY NEFF	
DIRECTOR 0.00 X 0	0
DIRECTOR 0.00 X 0 0	U
2.00	
SECRETARY 0.00 X X 0	0
(11) JOAQUIN VILLARREAL	*.
2.00	196
DIRECTOR 0.00 X 0	0

	rt VII Section A. Officers	s, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)	
	(A) Name and title	(B) (do not check more than one box, unless person is both an officer and a director/trustee) per week (list any hours for director of the person is defined by the person of the person		Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	(F) Estimated amount of other compensation from the					
ž 		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	ber .	Key employee	Highest compensated employee	ner	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
(12) DENISE WAYMAN	2.00									
	ECTOR	0.00	х						0	0	0
CEO		40.00			x				0	0	0
(14) JESSE CASLER	40.00									
EX-	OFFICIO	0.00			х				0	0	0
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3 300300		***********									
						gan.		4000			
3 33 553	DESCRIPTION OF THE PROPERTY OF				(C	ру		
	Subtotal							>			
2	Total (add lines 1b and 1c) . Total number of individuals (increportable compensation from	cluding but not li	mite	d to				bove	e) who received more than	\$100,000 of	
	Did the organization list any fo				stee	, key	emp	oloye	ee, or highest compensated	d	Yes No
4	employee on line 1a? If "Yes," For any individual listed on line organization and related organ	1a, is the sum	of re	porta	able	com	pens	atio			3 X
5	individual Did any person listed on line 1stor services rendered to the organization.	a receive or acc	rue c	comp	ens	ation	fron	n an		individual	4 X
	on B. Independent Contractor Complete this table for your five		nna	tod i	ndor	ond	ont o	ontr	gatars that received more	than \$100,000 of	
	compensation from the organiz	zation. Report co	mpe	ensa	tion 1	for th	ne ca	lend	lar year ending with or with	in the organization's tax ye	
	Name and t	(A) business address							Descrip	(B) tion of services	(C) Compensation
(<u> </u>											
i .											
	Total number of independent creceived more than \$100.000 c								se listed above) who		

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (A) Total revenue (B) Related or exempt (D) Revenue excluded function revenue business revenue from tax under sections 512-514 1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 632,876 1e All other contributions, gifts, grants, and similar amounts not included above 1f 802,849 Noncash contributions included in 10,678 lines 1a-1f 1g \$ 1,435,725 h Total. Add lines 1a-1f..... **Business Code** 36,400 2a PROGRAM SERVICE REVENUE 36,400 Program Service Revenue 11,350 11,350 INTEREST INCOME f All other program service revenue g Total. Add lines 2a-2f..... 47,750 Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6a Gross rents 6a 6b b Less: rental expenses c Rental inc. or (loss) d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets 7a other than inventory b Less: cost or other Other Revenue 49,911 basis and sales exps. 7b -49,9117c c Gain or (loss) -49,911 -49,911 d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a b Less: direct expenses 8b c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory **Business Code** 80,166 80,166 INCOME FROM DISC. OPERATIONS d All other revenue Total. Add lines 11a-11d 80,166 1,513,730 47,750 30,255

Total revenue. See instructions

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).

560	Check if Schedule O contains a respo			npiete column (A).	
	not include amounts reported on lines 6b, 7b, 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	Donofite noid to as for members				
5	Compensation of current officers, directors,				
5	- Committee Comm				
6	trustees, and key employees Compensation not included above to disqualified				
O					
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	757,438	530,206	151 400	75 711
7	Other salaries and wages	131,436	550,206	151,488	75,744
8	Pension plan accruals and contributions (include	1 / / / / /	10 000	0.000	1 440
	section 401(k) and 403(b) employer contributions)	14,417	10,092	2,883	1,442 8,281
9	Other employee benefits	82,810	57,967	16,562	
10	Payroll taxes	58,024	40,617	11,605	5,802
11	Fees for services (nonemployees):				
а			1 000		
b		1,441	1,009	288	144
С	Accounting	24,800	17,359	4,961	2,480
d	Lobbying				· · · · · · · · · · · · · · · · · · ·
е	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.)	1,577	1,104	315	158
12	Advertising and promotion				
13	Office expenses	71,964	71,877		87
14	Information technology				
15	Royalties				
16	Occupancy	67,448	1,977	65,189	282
17	Travel	V			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	602	602		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	34,892		34,892	
23	Insurance	15,253	10,677	3,051	1,525
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	LOSS ON DISPOSAL OF ASSET	105,597		105,597	
b	PROGRAM EXPENSES	69,877	49,738		20,139
С	MISCELLANEOUS	32,918			32,918
d	EQUIPMENT REPAIRS	27,739	22,191		5,548
е	All other expenses	44,265	39,164	3,401	1,700
25	Total functional expenses. Add lines 1 through 24e	1,411,062	854,580	400,232	156,250
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if				
	following SOP 98-2 (ASC 958-720)				
DAA					Form 990 (2021)

-*7808 Form 990 (2021) ASSETS LANCASTER Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year 1,083,365 1 Cash—non-interest-bearing Savings and temporary cash investments 200,500 3 Pledges and grants receivable, net 42,235 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 53,077 Notes and loans receivable, net 7 Inventories for sale or use 1,705 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 366,559 basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 46,693 137,136 10c Investments—publicly traded securities 11 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 14 14 Intangible assets Other assets. See Part IV, line 11 237,052 15 15 1,755,070 16 16 Total assets. Add lines 1 through 15 (must equal line 33) Accounts payable and accrued expenses 92,204 17 17 Grants payable 18 18 Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 159,173 23 338,920 Unsecured notes and loans payable to unrelated third parties 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 80,368

Total liabilities. Add lines 17 through 25

Total liabilities and net assets/fund balances

Organizations that follow FASB ASC 958, check here ▶ X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 408,927 Net assets without donor restrictions 324,654 27 862,419 675,478 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.

Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances 1,084,405 1,187,073 32 32 1,755,070 1,401,857

Form 990 (2021)

Page 11

812,195

132,765

26,115

40,504

10,924

319,866

59,488

1,738

133,482

30,940

48,624

214,784

670,665

26

1,401,857

(B)

End of year

Forn	1 990 (2021) ASSETS LANCASTER **-**7808			Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,5		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,4		
3	Revenue less expenses. Subtract line 2 from line 1	3			668
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,0	84,	405
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 on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	1,18	87,	073
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
Α-			For	m 990	0 (2021)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

ASSETS LANCASTER

Employer identification number **-***7808

The	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	П	A school des	scribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)			
3	П			ce organization described in se		(b)(1)(A)(i	ii).	
4	П	- 1911		d in conjunction with a hospital				ospital's name,
		city, and stat	e.					************
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in						
B	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	X							
8	П			170(b)(1)(A)(vi). (Complete Par	t II.)			
9	П			cribed in section 170(b)(1)(A)(ed in coni	unction with a land-grant colle	qe
(E)				of agriculture (see instructions).				3-
10	П		ion that normally receives (1) more than 33 1/3% of its supp	ort from	contributio	ns, membership fees, and gro	OSS
				npt functions, subject to certain				
		7. **	•	nd unrelated business taxable i				
	r			0, 1975. See section 509(a)(2)				
11	Ц	The second secon	CONTRACTOR AND DESCRIPTION OF THE PROPERTY OF	exclusively to test for public saf				H-12-7-7-7-2
12	Ш			exclusively for the benefit of, to				
				ions described in section 509(scribes the type of supporting o				. Cneck
	_			erated, supervised, or controlle		/		na
	а		., , ,	ver to regularly appoint or elect		* /*/		ing
		0.505		omplete Part IV, Sections A a	250 5	y or the dir	cotors of trustees of the	
	b			pervised or controlled in conne		its suppor	ted organization(s), by having	
	-			ting organization vested in the				
		organiza	tion(s). You must complete	Part IV, Sections A and C.				
	С			upporting organization operate				rith,
				tructions). You must complete				
	d			I. A supporting organization ope			and the state of t	
			, ,	e organization generally must s	1973			ess
				nust complete Part IV, Sectio				
	е			eived a written determination fr n-functionally integrated suppor			a Type I, Type II, Type III	
	f		mber of supported organizati		ung organ	in Edition i		
	g			ne supported organization(s).				T1-10/17/1
		e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
1.7		anization	,	(described on lines 1–10		ur governing	support (see	other support (see
				above (see instructions))	docu	ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
				_				
(D)								
-								
(E)								
Total		warde Dardwatt	on Act Notice, see the Instruct	ione for Form 000 or 000 E7				
FULL	aver	work reductio	m ACT NOTICE, SEE THE INSTRUCT	IUIIS IUI FUIIII 330 UI 330-EZ.				Juliedule A (FOIII 990) 2021

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

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

Sec	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,080,582	1,189,021	939,270	1,479,473	1,435,725	6,124,071	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	1,080,582	1,189,021	939,270	1,479,473	1,435,725	6,124,071	
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)						86,659	
6	Public support. Subtract line 5 from line 4						6,037,412	
	tion B. Total Support ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(a) 2010	(4) 2020	(a) 2021	(f) Total	
		(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,080,582	1,189,021	939,270	1,479,473	1,435,725	6,124,071	
9	Net income from unrelated business activities, whether or not the business is regularly carried on		201) y				
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	68		1,403	16,643	80,166	98,280	
11	Total support. Add lines 7 through 10						6,222,351	
12	Gross receipts from related activities, etc.					12	2,870,811	
13	First 5 years. If the Form 990 is for the or	ganization's first, s	econd, third, fourt	h, or fifth tax year a	as a section 501(c))(3)		
	organization, check this box and stop her							
Sec	tion C. Computation of Public Sเ			read:				
14	Public support percentage for 2021 (line 6			n (f))			97.03%	
15	Public support percentage from 2020 School					15	97.50%	
16a	33 1/3% support test—2021. If the organ				33 1/3% or more, o	heck this	k (47)	
	box and stop here. The organization quali						▶ [X	
b	33 1/3% support test—2020. If the organ						▶□	
170	this box and stop here. The organization of 10%-facts-and-circumstances test—202							
17a	10% or more, and if the organization meet	270						
	Part VI how the organization meets the fac				5-			
	organization						▶ □	
b	10%-facts-and-circumstances test—202						Ц	
124.1	15 is 10% or more, and if the organization							
	in Part VI how the organization meets the							
	organization			- n	in 5 31	.50	▶ □	
18	Private foundation. If the organization did							
	instructions						▶ □	

Schedule A (Form 990) 2021 ASSETS LANCASTER

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

	-		· · · ·	
(Complete only if you	I checked the box on li	ne 10 of Part I or if the	e organization failed t	o qualify under Part II
If the organization fa	ils to qualify under the t	tests listed below plea	ase complete Part II	Y

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	1	(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 fax-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							
С	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from							
	line 6.)			N 1/				
	tion B. Total Support				T		. r	2027222 72 47
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	1	(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							
С	Add lines 10a and 10b							
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11,							
	and 12.)	V 22 V 22	L			(0)		
14	First 5 years. If the Form 990 is for the organization, should this boy and step her	=		30 a	75. 5			× 🗀
200	organization, check this box and stop here tion C. Computation of Public Su	**************						
				(0)			45	0/
15	Public support percentage for 2021 (line 8	, column (t), alvide	ea by line 13, colun	nn (t))			15	<u>%</u>
16 Soc	Public support percentage from 2020 School D. Computation of Investme						16	%_
<u>3ec</u> 17				2 column (4)			17	%
	Investment income percentage for 2021 (li	ne roc, column (i)	, aividea by line 13 Llino 17	5, COIUITIII (I))			18	%
	Investment income percentage from 2020 S 33 1/3% support tests—2021. If the organ	nization did not ch	eck the boy on line	14 and line 15	more than 22 1/20	% and line	10	70
19a	17 is not more than 33 1/3%, check this bo							▶ □
b	33 1/3% support tests—2020. If the organ							🗷 🗀
D	line 18 is not more than 33 1/3%, check th							▶ □
20	Private foundation. If the organization did				T (5% 10%	0.56		
	realitation in the organization die							

Supporting Organizations Part IV

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

Section A. All Supporting Organizations

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

	Yes	No

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3b		

3c		

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Schedu	lle A (Form 990) 2021 ASSETS LANCASTER	**-***/808		Page 5
Par	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? <i>If</i> "Yes" to line 11a, 11b, or 11c,	117		
U	provide detail in Part VI.	11c	***********	
Socti	on B. Type I Supporting Organizations	110		
OCCL	on B. Type I Supporting Organizations		Yes	No
		hin af ann an	res	NO
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membersh	[00000000]		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organizati	100000000000		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than o			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated	d among the		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	r. 1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on 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)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
		1		
Socti	the supported organization(s). on D. All Type III Supporting Organizations	1		
Secu	on B. All Type III Supporting Organizations		Vac	No
			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			
	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? If "No," explain in Part VI had	ow		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	7 FIRE 2011 2001	
Secti	on 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	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	al antity (ean instructions	1	
C		ai entity (see mstructions)	Yes	No
2	Activities Test. Answer lines 2a and 2b below.		162	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
4	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of the supported organizations? If the organization exercise a substantial degree of direction over the policies, programs, and activities of each of the supported organizations?			
b	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	or its supported organizations: If Tes, describe in Fart VI the fole played by the organization in this regard.	30		

Sched	ule A (Form 990) 2021 ASSETS LANCASTER		**-**7	808 Page 6
Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	aniza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov	v. 20,	1970 (explain in Part VI). S	ee
	instructions. All other Type III non-functionally integrated supporting organizations mus	t comp	olete Sections A through E.	
Sect	ion 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		
Sect	ion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities			
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
c	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 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
:50	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integrated T		I supporting organization	
	(see instructions).		R P	

Schedule A (Form 990) 2021

Schedu	le A (Form 990) 2021 ASSETS LANCASTER		**-***7	808 Page 7
Par	Type III Non-Functionally Integrated 509(a)(3) S	Supporting Organiza	tions (continued)	
Sect	ion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpos	ses		
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 suppo	orted organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required—provide deta	ails in Part VI)		-
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.	70 7a 3		<u> </u>
8	Distributions to attentive supported organizations to which the organizations to the organization of the organ	tion is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2021 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	(i)	(ii)	(iii)
Secti	ion E – Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021			
	(reasonable cause required-explain in Part VI). See			
2	instructions.			
3	Excess distributions carryover, if any, to 2021 From 2016			
	From 2017			
	From 2018			
	From 2019			
	From 2020			
	Total of lines 3a through 3e			
	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
-	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
8	and 4c. Breakdown of line 7:			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			

ASSETS LANCASTER

B, line: 3a, an	s 1 and 2; Part IV, Sec d 3b; Part V, line 1; Pa	tion C, line 1; Part IV rt V, Section B, line 1	′, Section D, 1e; Part V, S		Section E, lines 1c, 2a, 2b, 8; and Part V, Section E,
PART II, LI	NE 10 - OTHER	INCOME DETAI	ΙL		
MISCELLANEO				98,280	
•					
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Schedule B (Form 990)

Schedule of Contributors

0004

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-PF.

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

2021

OMB No. 1545-0047

Name of the organization

ASSETS LANCASTER

Employer identification number

-*7808

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 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					
ÿ						
	overed by the General Rule or a Special Rule . , (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See					
General Rule	Conv					
	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining a ributions.					
Special Rules						
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it nust 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).

ASSETS LANCASTER

Employer identification number **-***7808

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LANCASTER COUNTY COMMUNITY FOUNDATIO 24 W KING ST STE 201 LANCASTER PA 17603	\$ 49,569	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CALVIN AND JANET HIGH FAMILY FOUNDAT PO BOX 10008 LANCASTER PA 17605	\$ 50,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)	(c) Total contributions	(d) Type of contribution
3	Name, address, and ZIP + 4 SANTANDER BANK 1500 MARKET ST PHILADELPHIA PA 19102	\$ 50,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	US SMALL BUSINESS ADMINISTRATION 660 AMERICAN AVE #301 KING OF PRUSSIA PA 19406	\$ 169,712	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	LIZ H MARTIN 2856 CHARLESTOWN RD LANCASTER PA 17022	\$ 30,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	HIGH FOUNDATION 1861 WILLIAM PENN WAY LANCASTER PA 17605	\$ 40,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

ASSETS LANCASTER

Employer identification number **-***7808

Part I	Contributors (see instructions). Use duplicate copies of P	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 7	NALCAB 910 17TH ST NW WASHINGTON DC 20006	\$ 50,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
N 5.11444	3	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
× × × × × × ×	Cop	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
V		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
* 30000 cm		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

-*7808 ASSETS LANCASTER Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year **>**\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service. provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Pŧ	art III Organizations Maintaining (Collections of	Art, Historical Ti	reasures, c	or Other Simi	lar Ass	sets (contin	ued)	
3	Using the organization's acquisition, accession collection items (check all that apply):	, and other records	s, check any of the fol	lowing that m	ake significant us	e of its			
а	Public exhibition	d l	Loan or exchange pro	gram					
b	Scholarly research	е 🗌 (Other						
С	Preservation for future generations	<u>(₹</u>							
4	Provide a description of the organization's colle	ections and explain	how they further the	organization's	exempt purpose	in Part			
	XIII.								
5	During the year, did the organization solicit or r	eceive donations of	of art, historical treasu	res, or other s	similar				
	assets to be sold to raise funds rather than to be	oe maintained as p	art of the organization	s collection?			Ye	s	No
Pa	rrt IV Escrow and Custodial Arrar	ngements.							
	Complete if the organization a	answered "Yes"	on Form 990, Pa	rt IV, line 9	, or reported a	ın amo	unt on Forn	1	
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custodian	or other intermedi	ary for contributions of	or other asset	s not				
	included on Form 990, Part X?						Ye	s	No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the fol	lowing table:			operated a consistent			
							Amoun	t	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
	Did the organization include an amount on Form								No
	If "Yes," explain the arrangement in Part XIII. C	heck here if the ex	planation has been pr	rovided on Pa	rt XIII				
Pa	irt V Endowment Funds.	1.007	F 000 B	1 W / P 4	0				
	Complete if the organization a							secondo aconomia	
		(a) Current year	(b) Prior year	(c) Two yea	rs back (d) Th	ree years b	ack (e) Fou	r years b	oack
	Beginning of year balance			7	9				
	Contributions								
С	Net investment earnings, gains, and								
	losses								
	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
	Administrative expenses				-				
y 2	End of year balance Provide the estimated percentage of the curren	t veer and beloned	/line 1g. column (a))	hold on					_
۷,	Board designated or quasi-endowment		(iiile rg, coluiriii (a))	neiu as.					
	A Control Cont								
٠	The percentages on lines 2a, 2b, and 2c should	d equal 100%							
3a	Are there endowment funds not in the possessi		tion that are held and	administered	for the				
····	organization by:	ion of the organiza	non that are neld and	administrica	ioi tiic		1	Yes	No
	(i) Unrelated organizations						3a(i)	103	110
	(ii) Related organizations						3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ons listed as requir	ed on Schedule R?		************		3b		-
4	Describe in Part XIII the intended uses of the or						******		
Pa	rt VI Land, Buildings, and Equip								
	Complete if the organization a		on Form 990, Pa	rt IV, line 1	1a. See Form	990, P	art X, line 1	0.	
	Description of property	(a) Cost or other ba			(c) Accumulate		(d) Book		
		(investment)	(othe	er)	depreciation				
1a	Land								
b	Buildings								
С	Leasehold improvements			62,785	10	,219	2!	52,5	566
	Equipment			37,927		,435		19,4	
е	Other			65,847	18	,039		17,8	
Total	. Add lines 1a through 1e. (Column (d) must equ	ıal Form 990, Part	X, column (B), line 10	Oc.)		▶	3:	19,8	366

Part VII	Investments – Other Securities. Complete if the organization answered "Yes" on	Form 990 Part IV Jir	e 11h See Form 990 Part X line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)		Cost or end-of-year market value
(1) Financial o	lerivatives		
	ld equity interests		
(A)			
(ċ)			
(D)			
(E)	***************************************		
(F)			
(G)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments – Program Related.	J	
i air viii	Complete if the organization answered "Yes" on	Form 990 Part IV Jir	e 11c. See Form 990. Part X. line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation:
	(4)		Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 13.)	EI (5)	
Part IX	Other Assets. Complete if the organization answered "Yes" on	Form 000 Port IV lin	o 11d See Form 000 Port V line 15
	(a) Description	roilli 990, Pait IV, III	(b) Book value
(4)	(a) Description		(b) Book value
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
***************************************	(-)		>
Part X	Other Liabilities.		
	Complete if the organization answered "Yes" on	Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X,
	line 25.		
1.	(a) Description of liability		(b) Book value
	ncome taxes		32,721
	ED PAYROLL NSATED ABSENCES		14,970
	W PAYABLE		933
(4) ESCRO (5)	***************************************		955
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 25.)		▶ 48,624
	uncertain tax positions. In Part XIII, provide the text of the foo	tnote to the organization's	

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

X

Page 4

Pi	art XI Reconciliation of Revenue per Audited Financial		ue per Return.	
	Complete if the organization answered "Yes" on Forn			4 540 500
1	Total revenue, gains, and other support per audited financial statements		1	1,513,730
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	$f \sim 1$		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С		2c		
d	Other (Describe in Part XIII.)	2d		
	Add lines 2a through 2d			1 512 720
3	Subtract line 2e from line 1		3	1,513,730
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b		4c 5	1 512 720
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1			1,513,730
Pi	Reconciliation of Expenses per Audited Financial		ises per Keturn.	
_	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 12a.		1 /11 060
1			1	1,411,062
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1		
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses			
d	Other (Describe in Part XIII.)			
	Add lines 2a through 2d			1 /11 062
3	Subtract line 2e from line 1		3	1,411,062
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4-		
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)	()		
C	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	181	4c 5	1,411,062
******	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	76.)	J	1,411,002
	art XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4: Bort IV lines 1h and 2h: Bar	t V line 4: Part Y line	
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to			ž.
	ART X - FIN 48 FOOTNOTE	o provide any additional informa	ition.	
	ARI A FIN 40 POOTNOIE	~ * * * * * * * * * * * * * * * * * * *		
m	AX RETURNS ARE OPEN FOR EXAMINATION BY	THE THTEDNAT.	EVENITE SER	VICE FOR
	AX RETURNS ARE OPEN FOR EXAMINATION D	THE INTERNAL P	MYMMOH DHI	VICE FOR
т	HREE YEARS FROM THE DUE DATE OF THE RE	THE TAX	YEARS SUBT	ECT TO
. : -	IREE TEARS FROM THE DOE DATE OF THE RE	TORNO. THE TEM	THIRD DODG	HO
E.	XAMINATION BY THE STATE JURISDICTION A	ARE IINT.TMTTED T	HE ORGANIZ	ган иотта
	AMINATION BY THE STATE CONTROLLION P	THE CHILLIAN	III ONOINIE	
H:	VALUATED ITS TAX FILINGS FOR THE OPEN	TAX YEARS FOR I	NCERTAIN T	XΧ
• • • •				777
P	OSITIONS.			
		**********		*********
7.7.7				*******************
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		*******************************	************	

Schedule D (Fo	orm 990) 2021	ASSETS	LANCASTER	**-***7808	Page 5
Part XIII	Supplemen	ital Informat	ion (continued)		
	•		,		
			****************		* * * * * * * * * * * *
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				<u> </u>	

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to an extended the destruction of the			o		was removed the first
			 		

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047 2021

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

-*7808

ASSETS LANCASTER	**-***7808
FORM 990 - ORGANIZATION'S MISSION	
ASSETS LANCASTER IS A NON-PROFIT THAT WORKS WITH STA	ART-UP AND EXISTING
BUSINESSES TO FORM A MORE EQUITABLE AND ETHICAL ECON	IOMY. ASSETS LANCASTER
OFFERS IN-DEPTH TRAINING AND FINANCING FOR ENTREPREN	HEURS, AND WORKS WITH
ESTABLISHED BUSINESSES TO IMPROVE THEIR SOCIAL AND E	INVIRONMENTAL 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 CONFLIC	CTS POLICY
THE ORGANIZATION ANNUALLY MONITORS COMPLIANCE WITH T	THIS POLICY BY ENSURING
THAT BOARD MEMBERS FILL OUT A FORM EACH YEAR DISCLOS	SING POTENTIAL
CONFLICTS OF INTEREST. THIS INFORMATION IS KEPT ON	FILE.
FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS F	OR TOP OFFICIAL
COMPENSATION IS BASED ON COMPARABLE DATA OBTAINED TH	IROUGH THE CHAMBER OF
COMMERCE WAGE AND BENEFIT SURVEY.	
FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS F	OR OFFICERS
OFFICERS OF THE BOARD OF DIRECTORS ARE NOT COMPENSAT	ED. KEY EMPLOYEE
COMPENSATION IS BASED ON COMPARABLE DATA OBTAINED TH	ROUGH THE CHAMBER OF
COMMERCE.	
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DIS	SCLOSURE EXPLANATION
GOVERNING DOCUMENTS ARE PROVIDED UPON REQUEST.	

Form **4562**

Department of the Treasury Internal Revenue Service

(99)

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

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

OMB No. 1545-0172

Name(s) shown on return

ASSETS LANCASTER

Identifying number **-***7808

	ess or activity to which this form rela								
	NDIRECT DEPRECIA		7707 1534-0 Hg s 0505-	Alle View					
Pa		ense Certain Prop				7911.72			
	Note: If you have	e any listed property	, complete Pa	rt V before	you c	omplete	Part I.	· -	
1	Maximum amount (see instruct							1	1,050,000
2	Total cost of section 179 prope							2	
3	Threshold cost of section 179 p	property before reduction	n in limitation (see	instructions)			*******	3	2,620,000
4	Reduction in limitation. Subtract							4	
_5	Dollar limitation for tax year. Subtract	t line 4 from line 1. If zero o	r less, enter -0 If ma				ns	5	
6	(a) Descrip	otion of property		(b) Cost (bus	iness use	only)	(c) Elected cos	E .	
						r			
7	Listed property. Enter the amou	unt from line 29				7			
8	Total elected cost of section 17	'9 property. Add amount	s in column (c), lir	nes 6 and 7 $_{\cdot}$				8	
9	Tentative deduction. Enter the							9	
10	Carryover of disallowed deduct		2020 Form 4562					10	
11	Business income limitation. En							11	
12	Section 179 expense deduction	n. Add lines 9 and 10, bu	ıt don't enter more	than line 11				12	
13	Carryover of disallowed deduct				🕨	13			
Note	: Don't use Part II or Part III belo								
Pa	irt II Special Depreci	ation Allowance a	nd Other Dep	reciation	(Don't	include	listed prope	rty. Se	ee instructions.)
14	Special depreciation allowance	for qualified property (o	ther than listed pr	operty) place	d in ser	vice			
	during the tax year. See instruc	tions			<i>[</i> [*********		14	
15	Property subject to section 168	(f)(1) election	\sim		l		*****	15	
16	Other depreciation (including A	CRS)						16	34,895
Pa	irt III MACRS Depreci	iation (Don't includ	e listed proper	ty. See ins	structio	ons.)			
			Sect	ion A					
17	MACRS deductions for assets	placed in service in tax y	years beginning be	efore 2021				17	0
18	If you are electing to group any assets pla	aced in service during the tax ye	ar into one or more gen	eral asset accou	nts, check	here	▶ 📗		
	Section B-	-Assets Placed in Ser	vice During 2021	Tax Year U	sing th	e General	Depreciation	Systen	n
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depre (business/investme only-see instruction	ent use	Recovery period	(e) Conve	ntion (f) Me	thod	(g) Depreciation deduction
19a	3-year property								
b	5-year property								
С	7-year property								
d	10-year property								
е	15-year property								
f	20-year property								
g	25-year property			2	5 yrs.		S/	L,	
h	Residential rental			27	.5 yrs.	MM	S/	L	
	property			27	.5 yrs.	MM	S/	L	
ī	Nonresidential real			39	9 yrs.	MM	S/	L	
	property					MM	S/	L	
	Section C—	Assets Placed in Servi	ice During 2021 7	ax Year Usi	ng the	Alternative	e Depreciation	Syste	m
20a	Class life						S/	L	
b	12-year			1:	2 yrs.		S/	L	
	30-year				0 yrs.	MM	S/	L	
d	40-year				0 yrs.	MM	S/	L.	
-	rt IV Summary (See i	nstructions.)							
21	Listed property. Enter amount f							21	
22	Total. Add amounts from line 1		ines 19 and 20 in	column (g), a	and line	21. Enter	************		
	here and on the appropriate line	es of your return. Partne	rships and S corp	orations—se			*********	22	34,895
23	For assets shown above and pl								
	portion of the basis attributable	to section 263A costs .			23				

Federal Asset Report Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	<u>Per</u>	Conv Meth	Prior	Current
	Depreciation: Telephone System Sold/Scrapped: 6/30/22	6/09/04	5,502		5,502	7	MO S/L	5,502	0
67 68	Fireproof Filing Cabinet (3)Think Pad Laptops	5/05/15 2/10/15	1,249 2,825		1,249 2,825		MO S/L MO S/L	1,249 2,825	0 0
69	Sold/Scrapped: 6/30/22 Refrigerator	8/24/15	523		523	5	MO S/L	523	0
70	Sold/Scrapped: 6/30/22 Think Pad X-250	12/31/15	922		922	5	MO S/L	922	0
71 72	Sold/Scrapped: 6/30/22 20 Stacking Training Room Chairs 26" Cylinder Table	6/23/16 6/23/16	3,220 255		3,220 255		MO S/L MO S/L	3,220 255	0
73	Sold/Scrapped: 6/30/22 2 Table Accessories	6/23/16	267		267	5	MO S/L	267	0
74	Sold/Scrapped: 6/30/22 18" Personal Table Sold/Scrapped: 6/30/22	6/23/16	225		225	5	MO S/L	225	0
75	30" Square Table (2) Sold/Scrapped: 6/30/22	6/23/16	241		241	5	MO S/L	241	0
	2 Cafe Tables 4 Cafe Stools 4 Lounge Chairs 4 Leg Stack Chair Set - Regatta (2) 4 Leg Stack Chair Set - Lime (3) Presentation Cart Shelf	6/23/16 6/23/16 6/23/16 6/23/16 6/23/16	426 797 2,936 443 664 108		426 797 2,936 443 664 108	5 5 5	MO S/L MO S/L MO S/L MO S/L MO S/L MO S/L	426 797 2,936 443 664 108	0 0 0 0 0
82	Sold/Scrapped: 6/30/22 Presentation Cart	6/23/16	328		328	5	MO S/L	328	0
83 84 85 86 87 88	Sold/Scrapped: 6/30/22 Presentation Cart Desk Lectern 3 Round Minis 24x72" Tables (6) 24Dx72" W Nesting V Left (6) 24Dx72 W V-Fixed (4) 18-24D Fixed V Leg Casters (4) Sold/Scrapped: 6/30/22	6/23/16 6/23/16 6/23/16 6/23/16 6/23/16 6/23/16	124 587 1,009 2,145 672 960	ру	124 587 1,009 2,145 672 960	5 5	MO S/L MO S/L MO S/L MO S/L MO S/L MO S/L	124 587 1,009 2,145 672 960	0 0 0 0 0
89 90	24Dx48W Half Round Tables (2) 24-30D Fixed V Casters	6/23/16 6/23/16	364 423		364 423		MO S/L MO S/L	364 423	0
91	Sold/Scrapped: 6/30/22 Furniture for training room & lobby - WBC Sold/Scrapped: 6/30/22	9/28/16	2,670		2,670	5	MO S/L	2,536	134
92	Office furniture from Jet Sold/Scrapped: 6/30/22	5/18/17	2,733		2,733	5	MO S/L	2,232	501
93	Staff Furniture - Houzz Sold/Scrapped: 6/30/22	5/19/17	1,222		1,222	5	MO S/L	998	224
94	12 Corner Tables & 12 Sit to Stand Tables Sold/Scrapped: 6/30/22	6/01/17	7,668		7,668	5	MO S/L	6,262	1,406
95 96	Computer Equipment & Setup TCW Apple Ipad Air for WBC Program	9/01/16 9/22/16	6,385 846		6,385 846		MO S/L MO S/L	6,172 804	213 42
97	New Phone System and installation - TCW Sold/Scrapped: 6/30/22	4/28/17	2,877		2,877		MO S/L	1,713	411
98	Lenovo Computers, Software & Install TC Sold/Scrapped: 6/30/22	4/28/17	5,695		5,695		MO S/L	4,746	949
100 101	Viewsonic 24 Inch Monitor Lenova Think Center Desktop Computer 2 X TCL 55' LED Roku Smart HDTV 2 Desks (IKEA)	9/19/17 9/29/17 9/29/17 6/06/18	560 750 1,000 1,120		560 750 1,000 1,120	5 5	MO S/L MO S/L MO S/L MO S/L	420 563 750 494	112 150 200 160
103	TCW Laptop Sold/Scrapped: 6/30/22	7/31/17	1,229		1,229	5	MO S/L	963	102
104	Sold/Scrapped: 11/19/21 TCW - New Computer	2/24/18	989		989	5	MO S/L	659	83
105	Sold/Scrapped: 11/22/21 Phone System	5/12/18	1,861		1,861	7	MO S/L	842	266
106	Sold/Scrapped: 6/30/22 Lenova Thinkpad i5	4/07/18	989		989	5	MO S/L	643	82
107 108	Sold/Scrapped: 11/19/21 Apple Retina MacBook 15" Apple MacBook Air 13" Sold/Scrapped: 11/19/21	3/29/19 10/15/18	1,112 849		1,112 849		MO S/L MO S/L	500 467	223 71
109 110 111	Apple Laptops Lenova Thinkpad, Doc, Adapter 2016 Tesla Model X	12/05/19 6/30/20 1/12/21	1,365 1,709 60,244		1,365 1,709 60,244	5	MO S/L MO S/L MO S/L	432 342 6,024	273 342 5,021

Federal Asset Report Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
	Sold/Scrapped: 11/19/21	*	***************************************		3		N	
112	2017 Tesla Model X	1/12/21	64,077		64,077	5 MO S/L	6,408	5,340
	Sold/Scrapped: 11/19/21	W	3.5					
113	Charging Stations	12/04/20	1,385		1,385	5 MO S/L	162	115
	Sold/Scrapped: 11/19/21	7/20/20	2 102		2 102	5 A 60 O/I	505	(20
114	Laptops	7/30/20	3,193		3,193	5 MO S/L	585	639
115	Laptops	9/06/20	4,755		4,755	5 MO S/L	792	951
116	Laptops	10/30/20	4,583		4,583	5 MO S/L	611	917
	Lenovo Thinkpads	4/30/21	1,781		1,781	5 MO S/L 5 MO S/L	59 0	357
118	3 ViewSonic Monitors	6/30/21	668		668 779	5 MO S/L 5 MO S/L	0	134 91
119	Hayes 60" Dining Table	12/07/21 7/17/21	779 3,250		3,250	5 MO S/L	0	596
120 121	Axel 89" Sofe, Saddle Leather, Nut		2,446		2,446	5 MO S/L	0	448
121	4 Viv Channeled Swivel Chair Poly Stonr V	9/07/21	2,949		2,949	5 MO S/L	0	491
123	Axel 60" Sofa, Saddle Leather, Nut Furniture	5/02/22	25,797		25,797	5 MO S/L	ő	860
123	72"x30" desk with heigh adjust base	11/05/21	1,879		1.879	5 MO S/L	ŏ	251
125	4- Carlo Mid-Century Chair Velvet, Ink Blu		2,896		2,896	5 MO S/L	0	386
126	Installation of new furniture	12/03/21	4,760		4,760	5 MO S/L	ŏ	555
127	42x24 work surface	2/18/22	595		595	5 MO S/L	ŏ	40
128	Kitchen Appliances	12/10/21	3,000		3,000	7 MO S/L	ŏ	250
129	Leasehold Improvements	12/10/21	262,785		262,785	15 MO S/L	Ö	10,219
130	Samsung 75" 4k LED Smart TV	12/16/21	1,960		1,960	7 MO S/L	0	140
131	2 Oel Labs 360-degree Camera, Mic, Speak		3,012		3,012	7 MO S/L	0	215
132	Casement Large Sideboard Black	12/03/21	804		804	5 MO S/L	0	94
133	The Treasure Place Furniture	10/26/21	6,307		6,307	5 MO S/L	0	841
	Total Other Denuesiation		534,749	!	534,749		74,394	34,895
	Total Other Depreciation		334,749	3	334,749			34,693
	Total ACRS and Other Deprec	ciation	534,749		534,749		74,394	34,895
	Grand Totals Less: Dispositions and Transfe Less: Start-up/Org Expense Net Grand Totals	rs	534,749 168,187 0 366,562	by	534,749 168,187 0 366,562		74,394 47,728 0 26,666	34,895 14,865 0 20,030
				3				

PA Asset Report Form 990, Page 1

Asset	Description	Date I <u>n Service</u>	e Cost	Basis for Depr	PA Prior	PA Current	Federal Current	Difference Fed - PA
0.11	National Market							
	Depreciation: Telephone System	6/09/04	5,502	5,502	5,502	0	0	0
	Sold/Scrapped: 6/30/22	E 10 E 11 E				0	0	0
67 68	Fireproof Filing Cabinet (3)Think Pad Laptops	5/05/15 2/10/15	1,249 2,825	1,249 2,825	1,249 2,825	0	0	0
CO	Sold/Scrapped: 6/30/22	0/04/15		500	500	0	0	Ö
69	Refrigerator Sold/Scrapped: 6/30/22	8/24/15	523	523	523	0	0	U
70	Think Pad X-250	12/31/15	922	922	922	0	0	0
71	Sold/Scrapped: 6/30/22 20 Stacking Training Room Chairs	6/23/16	3,220	3,220	3,220	0	0	0
72	26" Cylinder Table	6/23/16	255	255	255	0	0	0
73	Sold/Scrapped: 6/30/22 2 Table Accessories	6/23/16	267	267	267	0	0	0
74	Sold/Scrapped: 6/30/22 18" Personal Table	6/23/16	225	225	225	0	0	0
/4	Sold/Scrapped: 6/30/22	0/23/10				3		
75	30" Square Table (2) Sold/Scrapped: 6/30/22	6/23/16	241	241	241	0	0	0
76	2 Cafe Tables	6/23/16	426	426	426	0	0	0
77 78	4 Cafe Stools 4 Lounge Chairs	6/23/16 6/23/16	797 2,936	797 2,936	797 2,936	0	0	0
79	4 Leg Stack Chair Set - Regatta (2)	6/23/16	443	443	443	0	ő	ő
80	4 Leg Stack Chair Set - Lime (3)	6/23/16	664	664	664	0	0	0
81	Presentation Cart Shelf Sold/Scrapped: 6/30/22	6/23/16	108	108	108	0	0	0
82	Presentation Cart	6/23/16	328	328	328	0	0	0
83	Sold/Scrapped: 6/30/22 Presentation Cart Desk Lectern	6/23/16	124_	124	_ 124	0	0	0
84	3 Round Minis	6/23/16	587	587	587	ŏ	ő	ő
85	24x72" Tables (6)	6/23/16	1,009	1,009	1,009	0	0	0
86	24Dx72" W Nesting V Left (6)	6/23/16	2,145	2,145	2,145	0	0	0
87 88	24Dx72 W V-Fixed (4) 18-24D Fixed V Leg Casters (4)	6/23/16 6/23/16	672 960	672° 960	672 960	0	0	0
00	Sold/Scrapped: 6/30/22	0/23/10	200	200	200	Ů.	U	9.
89	24Dx48W Half Round Tables (2)	6/23/16	364	364	364	0	0	0
90	24-30D Fixed V Casters Sold/Scrapped: 6/30/22	6/23/16	423	423	423	0	U	O.
91	Furniture for training room & lobby - WBC Sold/Scrapped: 6/30/22	9/28/16	2,670	2,670	2,536	134	134	0
92	Office furniture from Jet	5/18/17	2,733	2,733	2,232	501	501	0
93	Sold/Scrapped: 6/30/22 Staff Furniture - Houzz	5/19/17	1,222	1,222	998	224	224	0
	Sold/Scrapped: 6/30/22							200
94	12 Corner Tables & 12 Sit to Stand Tables Sold/Scrapped: 6/30/22	6/01/17	7,668	7,668	6,262	1,406	1,406	0
95	Computer Equipment & Setup TCW	9/01/16	6,385	6,385	6,172	213	213	0
96	Apple Ipad Air for WBC Program	9/22/16	846	846	804	42	42	0
97	New Phone System and installation - TCW Sold/Scrapped: 6/30/22	4/28/17	2,877	2,877	1,713	411	411	0
98	Lenovo Computers, Software & Install TO	4/28/17	5,695	5,695	4,746	949	949	0
99	Sold/Scrapped: 6/30/22 Viewsonic 24 Inch Monitor	9/19/17	560	560	420	112	112	0
100	Lenova Think Center Desktop Computer	9/29/17	750	750	563	150	150	0
101	2 X TCL 55' LED Roku Smart HDTV	9/29/17	1,000	1,000	750	200	200	0
102	2 Desks (IKEA)	6/06/18	1,120	1,120	494	160	160	0
103	Sold/Scrapped: 6/30/22 TCW Laptop	7/31/17	1,229	1,229	963	102	102	0
104	Sold/Scrapped: 11/19/21 TCW - New Computer	2/24/18	989	989	659	83	83	0
104	Sold/Scrapped: 11/22/21	2/24/10	909					O.
105	Phone System Sold/Scrapped: 6/30/22	5/12/18	1,861	1,861	842	266	266	0
106	Lenova Thinkpad i5	4/07/18	989	989	643	82	82	0
107	Sold/Scrapped: 11/19/21 Apple Retina MacBook 15"	3/29/19	1,112	1,112	500	223	223	0
108	Apple MacBook Air 13"	10/15/18	849	849	467	71	71	ő
100	Sold/Scrapped: 11/19/21	12/05/19	1,365	1,365	432	273	273	0
109 110	Apple Laptops Lenova Thinkpad, Doc, Adapter	6/30/20	1,709	1,709	342	342	342	0
111	2016 Tesla Model X	1/12/21	60,244	60,244	6,024	5,021	5,021	Ö

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
	Sold/Scrapped: 11/19/21							
112	2017 Tesla Model X	1/12/21	64,077	64,077	6,408	5,340	5,340	0
	Sold/Scrapped: 11/19/21							
113	Charging Stations	12/04/20	1,385	1,385	162	115	115	0
	Sold/Scrapped: 11/19/21							
114	Laptops	7/30/20	3,193	3,193	585	639	639	0
115	Laptops	9/06/20	4,755	4,755	792	951	951	0
116	Laptops	10/30/20	4,583	4,583	611	917	917	0
117	Lenovo Thinkpads	4/30/21	1,781	1,781	59	357	357	0
118	3 ViewSonic Monitors	6/30/21	668	668	0	134	134	0
119	Hayes 60" Dining Table	12/07/21	779	779	0	91	91	0
120	Axel 89" Sofe, Saddle Leather, Nut	7/17/21	3,250	3,250	0	596	596	0
	4 Viv Channeled Swivel Chair Poly Stonr V		2,446	2,446	0	448	448	0
122	Axel 60" Sofa, Saddle Leather, Nut	9/07/21	2,949	2,949	0	491	491	0
77.00.70	Furniture	5/02/22	25,797	25,797	0	860	860	0
124	72"x30" desk with heigh adjust base	11/05/21	1,879	1,879	0	251	251	0
	4- Carlo Mid-Century Chair Velvet, Ink Blu	11/12/21	2,896	2,896	0	386	386	0
	Installation of new furniture	12/03/21	4,760	4,760	0	555	555	0
127	42x24 work surface	2/18/22	595	595	0	40	40	0
128	Kitchen Appliances	12/10/21	3,000	3,000	0	250	250	0
129	Leasehold Improvements	12/10/21	262,785	262,785	0	10,219	10,219	0
130	Samsung 75" 4k LED Smart TV	12/16/21	1,960	1,960	0	140	140	0
	2 Oel Labs 360-degree Camera, Mic, Speak		3,012	3,012	0	215	215	0
	Casement Large Sideboard Black	12/03/21	804	804	0	94	94	0
133	The Treasure Place Furniture	10/26/21	6,307	6,307	0	841	841	0
	Total Other Depreciation		534,749	534,749	74,394	34,895	34,895	0
	Total ACRS and Other Deprec	iation	534,749	534,749	74,394	34,895	34,895	0
				MIM	7			
	Grand Totals		534,749	534,749	74,394	34,895	34,895	0
	Less: Dispositions		168,187	168,187	47,728	14,865	14,865	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		366,562	366,562	26,666	20,030	20,030	0

AMT Asset Report Form 990, Page 1

Asset	Description	Date I <u>n Service</u>	Bus Sec Cost % 179Bon	Basis us for Depr	PerConv Meth	Prior	Current
Othou	Depreciation:						
16	Telephone System	6/09/04	0	0	0 HY	0	0
67 68	Sold/Scrapped: 6/30/22 Fireproof Filing Cabinet (3)Think Pad Laptops	5/05/15 2/10/15	0	0	0 HY 0 HY	0	0 0
69	Sold/Scrapped: 6/30/22 Refrigerator Sold/Scrapped: 6/30/22	8/24/15	0	0	0 HY	0	0
70	Think Pad X-250	12/31/15	0	0	0 HY	0	0
71 72	Sold/Scrapped: 6/30/22 20 Stacking Training Room Chairs 26" Cylinder Table	6/23/16 6/23/16	0	0	0 HY 0 HY	0 0	0 0
73	Sold/Scrapped: 6/30/22 2 Table Accessories	6/23/16	0	0	0 HY	0	0
74	Sold/Scrapped: 6/30/22 18" Personal Table	6/23/16	Ö	0	0 HY	0	0
75	Sold/Scrapped: 6/30/22 30" Square Table (2) Sold/Scrapped: 6/30/22	6/23/16	0	0	0 HY	0	0
76	2 Cafe Tables	6/23/16	0	0	0 HY	0	0
77 78	4 Cafe Stools 4 Lounge Chairs	6/23/16 6/23/16	0 0	0	0 HY 0 HY	0	0
	4 Leg Stack Chair Set - Regatta (2) 4 Leg Stack Chair Set - Lime (3)	6/23/16 6/23/16	0	0	0 HY 0 HY	0	0
81	Presentation Cart Shelf	6/23/16	0	0	0 HY	0	0
82	Sold/Scrapped: 6/30/22 Presentation Cart Sold/Scrapped: 6/30/22	6/23/16	0	0	0 НҮ	0	0
83	Presentation Cart Desk Lectern	6/23/16	0 10 11	0	0 HY	0	0
	3 Round Minis 24x72" Tables (6)	6/23/16 6/23/16		0	0 HY 0 HY	0	0
86	24Dx72" W Nesting V Left (6)	6/23/16		0	0 HY	Ō	0
87 88	24Dx72 W V-Fixed (4) 18-24D Fixed V Leg Casters (4)	6/23/16 6/23/16	0	0	0 HY 0 HY	0	0
89	Sold/Scrapped: 6/30/22 24Dx48W Half Round Tables (2)	6/23/16	0	0	0 HY	0	0
90	24-30D Fixed V Casters Sold/Scrapped: 6/30/22	6/23/16	ŏ	ŏ	0 HY	ő	ő
91	Furniture for training room & lobby - WBC Sold/Scrapped: 6/30/22	9/28/16	0	0	0 HY	0	0
92	Office furniture from Jet	5/18/17	0	0	0 HY	0	0
93	Sold/Scrapped: 6/30/22 Staff Furniture - Houzz	5/19/17	0	0	0 HY	0	0
94	Sold/Scrapped: 6/30/22 12 Corner Tables & 12 Sit to Stand Tables Sold/Scrapped: 6/30/22	6/01/17	0	0	0 HY	0	0
95	Computer Equipment & Setup TCW	9/01/16	0	0	0 HY	0	0
	Apple Ipad Air for WBC Program New Phone System and installation - TCW	9/22/16 4/28/17	0	0	0 HY 0 HY	0	0
	Sold/Scrapped: 6/30/22 Lenovo Computers, Software & Install TC		0	0	0 HY	0	0
99	Sold/Scrapped: 6/30/22 Viewsonic 24 Inch Monitor	9/19/17	0	0	0 HY	0	0
	Lenova Think Center Desktop Computer	9/19/17	0	0	0 HY	0	0
101	2 X TCL 55' LED Roku Smart HDTV	9/29/17	0	0	0 HY	0	0
	2 Desks (IKEA) Sold/Scrapped: 6/30/22 TCW Laptop	6/06/18 7/31/17	0	0	0 HY 0 HY	0	0
	Sold/Scrapped: 11/19/21			Ď.			
	TCW - New Computer Sold/Scrapped: 11/22/21	2/24/18	0	0	0 HY	0	0
105	Phone System Sold/Scrapped: 6/30/22	5/12/18	0	0	0 HY	0	0
106	Lenova Thinkpad i5 Sold/Scrapped: 11/19/21	4/07/18	0	0	0 HY	0	0
	Apple Retina MacBook 15" Apple MacBook Air 13"	3/29/19 10/15/18	0	0	0 HY 0 HY	0	0
109	Sold/Scrapped: 11/19/21 Apple Laptops	12/05/19	0	0	0 HY	0	0
110	Lenova Thinkpad, Doc, Adapter 2016 Tesla Model X	6/30/20 1/12/21	o o	0	0 HY 0 HY	0	0 0
111	2010 Testa Miodel A	1/12/21	V		0 111	Ü	

AMT Asset Report Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior (Current
73301		III OCIVIOC			_ тог ворг	T OI COITY WOUT		<u>sunone</u>
112	Sold/Scrapped: 11/19/21 2017 Tesla Model X Sold/Scrapped: 11/19/21	1/12/21	0		0	0 HY	0	0
113	Charging Stations Sold/Scrapped: 11/19/21	12/04/20	0		0	0 HY	0	0
114		7/30/20	0		0	0 HY	0	0
	Laptops	9/06/20	ŏ		0	0 HY	ŏ	ŏI
	Laptops	10/30/20	0		Ŏ	0 HY	Ů	ŏ
117	Laptops Lenovo Thinkpads	4/30/21	Ŏ		0	0 HY	Õ	ñ
	3 ViewSonic Monitors	6/30/21	0		0	0 HY	ň	ő
	Hayes 60" Dining Table	12/07/21	0		0	0 HY	0	ñ
		7/17/21	0		0	0 HY	0	ŏ
120	Axel 89" Sofe, Saddle Leather, Nut		0		0	0 HY	0	ŏ
	4 Viv Channeled Swivel Chair Poly Stonr V	9/07/21	0		0	0 HY	Ŏ	ő
	Axel 60" Sofa, Saddle Leather, Nut Furniture	5/02/22	0		0	0 HY	ň	ŏ
	72"x30" desk with heigh adjust base	11/05/21	0		0	0 HY	Ŏ	ŏ
124	4- Carlo Mid-Century Chair Velvet, Ink Blu		0		0	0 HY	Ŏ	ő
123	Installation of new furniture	12/03/21	0		0	0 HY	0	ŏ
70.000	42x24 work surface	2/18/22	0		0	0 HY	0	ŏ
127		12/10/21	Ŏ		0	0 HY	0	ŏ
128	Kitchen Appliances	12/10/21	0		0	0 HY	0	ŏ
129	Leasehold Improvements	12/16/21	0		0	0 HY	0	ŏ
130	Samsung 75" 4k LED Smart TV		0		0	0 HY	Ŏ	ŏ I
131	2 Oel Labs 360-degree Camera, Mic, Speak	12/10/21	0		0	0 HY	0	ŏ
132	Casement Large Sideboard Black	10/26/21	0		0	0 HY	0	ŏ
133	The Treasure Place Furniture	10/20/21				0 111		
	Total Other Depreciation		0		0			0
	Total ACRS and Other Deprec	iation	0		0		0	0
	Grand Totals Less: Dispositions and Transfer Net Grand Totals	rs		ру	000000000000000000000000000000000000000		0 0	0 0

-*7808	Depreciation All Busi	Adjustment ness Activities		
Form Unit Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
	There are no assets that meet the crite	eria of this report		
		opy		

Future Depreciation Report FYE: 6/30/23 Form 990, Page 1

		Date In			
Asset	Description	Service	Cost	Tax	AMT
Other D	epreciation:				
67	Fireproof Filing Cabinet	5/05/15	1,249	0	0
71	20 Stacking Training Room Chairs	6/23/16	3,220	0	0
76	2 Cafe Tables	6/23/16	426	0	0
77	4 Cafe Stools	6/23/16	797	0	0
78	4 Lounge Chairs	6/23/16	2,936	0	0
79 80	4 Leg Stack Chair Set - Regatta (2)	6/23/16 6/23/16	443 664	0	0
83	4 Leg Stack Chair Set - Lime (3) Presentation Cart Desk Lectern	6/23/16	124	ő	0
84	3 Round Minis	6/23/16	587	ő	0
85	24x72" Tables (6)	6/23/16	1,009	ŏ	ŏ
86	24Dx72" W Nesting V Left (6)	6/23/16	2,145	ŏ	Ö
87	24Dx72 W V-Fixed (4)	6/23/16	672	0	0
89	24Dx48W Half Round Tables (2)	6/23/16	364	0	0
95	Computer Equipment & Setup TCW	9/01/16	6,385	0	0
96	Apple Ipad Air for WBC Program	9/22/16	846	0	0
99	Viewsonic 24 Inch Monitor	9/19/17	560	28	0
100	Lenova Think Center Desktop Computer	9/29/17	750	37	0
101	2 X TCL 55' LED Roku Smart HDTV	9/29/17	1,000	50	0
107	Apple Retina MacBook 15"	3/29/19	1,112	222	0 0
109	Apple Laptops	12/05/19	1,365 1,709	273 341	0
110	Lenova Thinkpad, Doc, Adapter	6/30/20 7/30/20	3,193	638	0
114 115	Laptops Laptops	9/06/20	4,755	951	0
116	Laptops	10/30/20	4,583	916	0
117	Lenovo Thinkpads	4/30/21	1,781	356	ŏ
118	3 ViewSonic Monitors	6/30/21	668	133	Ŏ
119	Hayes 60" Dining Table	12/07/21	779	156	0
120	Axel 89" Sofe, Saddle Leather, Nut	7/17/21	/3,250	650	0
121	4 Viv Channeled Swivel Chair Poly Stonr White	8/03/21	2,446	490	0
122	Axel 60" Sofa, Saddle Leather, Nut	9/07/21	2,949	590	0
123	Furniture	5/02/22	25,797	5,159	0
124	72"x30" desk with heigh adjust base	11/05/21	1,879	375	0
125	4- Carlo Mid-Century Chair Velvet, Ink Blue	11/12/21	2,896	579 952	0
126 127	Installation of new furniture 42x24 work surface	12/03/21 2/18/22	4,760 595	119	0
128	Kitchen Appliances	12/10/21	3,000	429	0
129	Leasehold Improvements	12/10/21	262,785	17,519	ŏ
130	Samsung 75" 4k LED Smart TV	12/16/21	1,960	280	Ŏ
131	2 Oel Labs 360-degree Camera, Mic, Speaker	12/16/21	3,012	430	0
132	Casement Large Sideboard Black	12/03/21	804	161	0
133	The Treasure Place Furniture	10/26/21	6,307	1,261	0
	Total Other Depreciation		366,562	33,095	0
	Total ACRS and Other Depreciation		366,562	33,095	0
	Grand Totals		366,562	33,095	0
	SQUECHOLING TO INDIGNA SQUENOM				

PA Future Depreciation Report FYE: 6/30/23 Form 990, Page 1

		Date In		
Asset	Description	Service	Cost	PA
		-		
Other D	epreciation:			
67	Fireproof Filing Cabinet	5/05/15	1,249	0
71	20 Stacking Training Room Chairs	6/23/16	3,220	0
76	2 Cafe Tables	6/23/16	426	0
77	4 Cafe Stools	6/23/16	797	0
78	4 Lounge Chairs	6/23/16	2,936	0
79	4 Leg Stack Chair Set - Regatta (2)	6/23/16	443	0
80	4 Leg Stack Chair Set - Lime (3)	6/23/16	664	0
83	Presentation Cart Desk Lectern	6/23/16	124	0
84	3 Round Minis	6/23/16	587	0
85	24x72" Tables (6)	6/23/16	1,009	0
86	24Dx72" W Nesting V Left (6)	6/23/16	2,145	0
87	24Dx72 W V-Fixed (4)	6/23/16	672	0
89	24Dx48W Half Round Tables (2)	6/23/16	364	0
95	Computer Equipment & Setup TCW	9/01/16	6,385	0
96	Apple Ipad Air for WBC Program	9/22/16	846	0
99	Viewsonic 24 Inch Monitor	9/19/17	560	28
100	Lenova Think Center Desktop Computer	9/29/17	750	37
101	2 X TCL 55' LED Roku Smart HDTV	9/29/17	1,000	50
107	Apple Retina MacBook 15"	3/29/19	1,112	222
109	Apple Laptops	12/05/19	1,365	273
110	Lenova Thinkpad, Doc, Adapter	6/30/20	1,709	341
114	Laptops	7/30/20	3,193	638
115	Laptops	9/06/20	4,755	951
116	Laptops	10/30/20	4,583	916
117	Lenovo Thinkpads	4/30/21	1,781	356
118	3 ViewSonic Monitors	6/30/21	668	133
119	Hayes 60" Dining Table	12/07/21	779	156
120	Axel 89" Sofe, Saddle Leather, Nut	7/17/21	3,250	650
121	4 Viv Channeled Swivel Chair Poly Stonr White	8/03/21	2,446	490
122	Axel 60" Sofa, Saddle Leather, Nut	9/07/21	2,949	590
123	Furniture	5/02/22	25,797	5,159
124	72"x30" desk with heigh adjust base	11/05/21	1,879	375
125	4- Carlo Mid-Century Chair Velvet, Ink Blue	11/12/21	2,896	579
126	Installation of new furniture	12/03/21	4,760	952
127	42x24 work surface	2/18/22	595	119
128	Kitchen Appliances	12/10/21	3,000	429
129	Leasehold Improvements	12/10/21	262,785	17,519
130	Samsung 75" 4k LED Smart TV	12/16/21	1,960	280
131	2 Oel Labs 360-degree Camera, Mic, Speaker	12/16/21	3,012	430
132	Casement Large Sideboard Black	12/03/21	804	161
133	The Treasure Place Furniture	10/26/21	6,307	1,261
	Total Other Depreciation		366,562	33,095
	Total ACRS and Other Depreciation		366,562	33,095
	rotal recito and other Depreciation			00,000
	Grand Totals		366,562	33,095

Federal Statements	11g - Other Fees for Service (Non-employee)	al Program Management & Fund 1,577 \$ 1,104 \$ 315 \$ 158 1,577 \$ 1,104 \$ 315 \$ 158	Line 24e - All Other Expenses	Program Management & Fund Service Service General Service General Service Gissay 1,827 5,876 5
-7808 Fede	Form 990, Part IX, Line 11g	Description Expenses OTHER FEES TOTAL \$ 1,5	Form 990, Part IX,	

Schedule A, Part II, Line 1(e)

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GOVERNMENT GRANTS OR CONTRIBUTIONS OTHER

TOTAL

632,876 802,849 1,435,725 Amount s



Federal Statements

Schedule A, Part II, Line 5 - Excess Gifts

Donor Name	Total		Excess
BB&T	\$ 140,000 5,000		15,553
CHAD HURST CHIP CARGAS	20,000		
COMMUNITY SERVICES GROUP	5,000		
EVERENCE FEDERAL CREDIT UNION	10,000		
EVERENCE FOUNDATION	43,615		
FERREE FOUNDATION	20,000		
FIDELITY CHARITABLE	7,500		
FULTON BANK	10,000		
GARY NEFF	37,500		
GOODVILLE MUTUAL INS. GROUP	10,000		
GRAYBILL PROCESSING	10,000		
JAMES CLARK	13,500		
JULIE PEACHEY	5,500		
LIZ MARTIN AND ANGELA HARISH	30,000		
LORNA STOLTZFUS & GARY LUKE	5,000		
M & T BANK	20,000		
MASTER'S ADVISORS INC	5,000		
MCCANCE FOUNDATION	22,500		
NATALIE PETERSEN	32,000		
PAUL AND JOANNE OPPENHEIMER	5,000		
PRYOR & ARLENE NEUBER TRUST	30,000		
RICK OPPENHEIMER	40,545		
RODGERS & ASSOCIATES	165,000		40,553
S DALE HIGH FAMILY FOUNDATION	155,000		30,553
SANTANDER	113,000		
THE PNC FINANCIAL SERVICES GROUP	47,500		
THE STEINMAN FOUNDATION	40,000		
THE WYOMISSING FOUNDATION, INC	22,000		
UNITED SERVICES FOUNDATION, INC	5,000		
WELLS FARGO FOUNDATION	54,000		
MARTIN INSURANCE AGENCY	30,500		
EPHRATA NATIONAL BANK	5,000		
TCW COMPUTER SYSTEMS, INC	14,500	_	
TOTAL	\$ 1,179,160	\$_	86,659