

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

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

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

2024

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2024 calendar year, or tax year beginning 07/01/24, and ending 06/30/25

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

C Name of organization: ASSETS LANCASTER. Doing business as: 100 SOUTH QUEEN ST, SUITE 246. City or town, state or province, country, and ZIP or foreign postal code: LANCASTER PA 17603

D Employer identification number: 23-2827808. E Telephone number: 717-393-6089. G Gross receipts: 1,179,972

F Name and address of principal officer: ANDRES ZORILLA, 100 SOUTH QUEEN ST, SUITE 246, LANCASTER PA 17603

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

I Tax-exempt status: [X] 501(c)(3), [] 501(c) () (insert no.), [] 4947(a)(1) or [] 527

J Website: WWW.ASSETSPA.ORG

H(c) Group exemption number. L Year of formation: 1995. M State of legal domicile: PA

K Form of organization: [X] Corporation, [] Trust, [] Association, [] Other

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3-6 Number of members/volunteers... 7a-b Revenue/Expenses... 8-12 Revenue... 13-19 Expenses... 20-22 Net Assets or Fund Balances.

Part II Signature Block

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

Sign Here: Signature of officer: ANDRES ZORILLA, INTERIM EXEC. DIR. Date: _____

Paid Preparer Use Only: Preparer's name: THOMAS A. WOBBER, CPA. Preparer's signature: THOMAS A. WOBBER, CPA. Date: _____. Check [X] if self-employed. PTIN: P01276864. Firm's name: EMC CPAS LLC. Firm's EIN: 84-1739458. Firm's address: 36 E KING ST, LANCASTER, PA 17602. Phone no.: 717-393-0767

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [] No

Part III Statement of Program Service Accomplishments

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



1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

Yes No

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

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

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **1,202,707** including grants of \$ **155,350**) (Revenue \$ **26,937**)

ASSETS LANCASTER OFFERS MICROENTERPRISE DEVELOPMENT THROUGH TRAINING AND LENDING SERVICES FOR MICROENTERPRISES. ASSETS LANCASTER'S MICRO-LENDING IS DESIGNED TO PROVIDE SMALL AMOUNTS OF WORKING CAPITAL TO BUSINESS ENTREPRENEURS. THE LOANS WILL TYPICALLY RANGE BETWEEN \$10,000 AND \$20,000. THERE WERE 13 NEW LOANS WITH AN AVERAGE BALANCE OF \$10,769 FOR THE FISCAL YEAR ENDING 6/30/25.

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4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
N/A

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

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

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

4e Total program service expenses **1,202,707**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

1a	4
1b	0

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	18		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17			

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

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

ANDRES ZORILLA
LANCASTER

100 SOUTH QUEEN ST., SUITE 246
PA 17603

717-393-6089

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAIME ARROYO CEO	40.00 0.00			X				97,721	0	10,240
(2) ANDRES ZORILLA INTERIM EXEC. DIR.	40.00 0.00			X				66,671	0	15,213
(3) PETER BARBER CHAIR	2.00 0.00	X		X				0	0	0
(4) CHAMPAGNE DOMINGO DIRECTOR	2.00 0.00	X						0	0	0
(5) AMER AL FAYADH DIRECTOR	2.00 0.00	X						0	0	0
(6) JESSICA GEHMAN DIRECTOR	2.00 0.00	X						0	0	0
(7) KATHY GRANBOIS DIRECTOR	2.00 0.00	X						0	0	0
(8) LANCE GREENE VICE CHAIR	2.00 0.00	X		X				0	0	0
(9) KENT HARTZLER DIRECTOR	2.00 0.00	X						0	0	0
(10) BECCA HRUBOCHAK DIRECTOR	2.00 0.00	X						0	0	0
(11) TOM MALESIC DIRECTOR	2.00 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) JOSEPH MARTINEZ										
(12) DIRECTOR	2.00 0.00	X						0	0	
(13) YESSENIA RIOS										
(13) DIRECTOR	2.00 0.00	X						0	0	
(14) DENISE WAYMAN										
(14) SECRETARY	2.00 0.00	X		X				0	0	
(15)										
(16)										
(17)										
(18)										
(19)										
1b Subtotal							164,392		25,453	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							164,392		25,453	

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e		556,667			
	f All other contributions, gifts, grants, and similar amounts not included above	1f		594,407			
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			1,151,074			
Program Service Revenue	2a INTEREST INCOME		Business Code	18,907	18,907		
	b PROGRAM SERVICE REVENUE			8,030	8,030		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			26,937			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)						
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales exps.	7b					
	c Gain or (loss)	7c					
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	9a						
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							
Miscellaneous Revenue	11a MISCELLANEOUS INCOME		Business Code	1,961			1,961
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			1,961			
12 Total revenue. See instructions			1,179,972	26,937	0	1,961	

Part IX Statement of Functional Expenses

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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	155,350	155,350		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	164,392	115,075	32,878	16,439
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	714,981	500,486	142,997	71,498
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	23,748	16,623	4,750	2,375
9 Other employee benefits	145,512	101,559	29,302	14,651
10 Payroll taxes	78,192	54,735	15,638	7,819
11 Fees for services (nonemployees):				
a Management				
b Legal	525	367	105	53
c Accounting	17,675	12,373	3,535	1,767
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	45,134	31,594	9,027	4,513
12 Advertising and promotion				
13 Office expenses	36,410	36,236		174
14 Information technology				
15 Royalties				
16 Occupancy	110,784		110,784	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	6,633	6,633		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	48,630		48,630	
23 Insurance	8,684	6,079	1,737	868
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.)				
a PROGRAM EXPENSES	100,986	93,179		7,807
b BAD DEBT EXPENSE	42,951	42,951		
c REPAIRS AND MAINTENANCE	11,726	9,381		2,345
d TELEPHONE	10,413	7,289	2,083	1,041
e All other expenses	24,859	12,797	3,056	9,006
25 Total functional expenses. Add lines 1 through 24e	1,747,585	1,202,707	404,522	140,356
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	536,036	1	183,474
	2 Savings and temporary cash investments	387,073	2	247,886
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,995	4	500
	5 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	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	115,513	7	110,087
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	24,716	9	16,618
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 370,850		
	b Less: accumulated depreciation	10b 137,743	10c	233,107
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets	20,513	14	6,525
	15 Other assets. See Part IV, line 11	491,552	15	312,843
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,845,147	16	1,111,040	
Liabilities	17 Accounts payable and accrued expenses	7,560	17	20,859
	18 Grants payable		18	
	19 Deferred revenue	650,000	19	567,990
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	201,850	23	115,908
	24 Unsecured notes and loans payable to unrelated third parties	30,940	24	30,940
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	327,398	25	248,890
	26 Total liabilities. Add lines 17 through 25	1,217,748	26	984,587
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	7,364	27	55,839
	28 Net assets with donor restrictions	620,035	28	70,614
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	627,399	32	126,453
33 Total liabilities and net assets/fund balances	1,845,147	33	1,111,040	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,179,972
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,747,585
3	Revenue less expenses. Subtract line 2 from line 1	3	-567,613
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	627,399
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	66,667
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	126,453

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public
Inspection

Name of the organization

ASSETS LANCASTER

Employer identification number

23-2827808

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,479,473	1,435,725	937,431	1,309,044	1,151,074	6,312,747
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	1,479,473	1,435,725	937,431	1,309,044	1,151,074	6,312,747
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)						43,536
6 Public support. Subtract line 5 from line 4						6,269,211

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	1,479,473	1,435,725	937,431	1,309,044	1,151,074	6,312,747
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	16,643	80,166	88		1,961	98,858
11 Total support. Add lines 7 through 10						6,411,605

12 Gross receipts from related activities, etc. (see instructions) 12 **1,440,891**

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	97.78 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	98.11 %
16a 33 1/3% support test — 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test — 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test — 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test — 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 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; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Amount, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Amount, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18 %

- 19a 33 1/3% support tests — 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support tests — 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on 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

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (<i>see instructions</i>).			
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

- 7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

PART II, LINE 10 - OTHER INCOME DETAIL

MISCELLANEOUS INCOME \$ 98,858

Copy

Name of the organization

Employer identification number

ASSETS LANCASTER

23-2827808

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

ASSETS LANCASTER

Employer identification number

23-2827808

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LANCASTER COUNTY COMMUNITY FOUNDATIO 24 W KING ST STE 201 LANCASTER PA 17603	\$ 67,496	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	SANTANDER BANK N.A. 75 STATE STREET BOSTON MA 02109	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	US SMALL BUSINESS ADMINISTRATION 409 3RD ST. SW WASHINGTON DC 20416	\$ 110,982	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	HIGH FOUNDATION 1861 WILLIAM PENN WAY PO BOX 11087 LANCASTER PA 17605-1087	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	GOODVILLE MUTUAL INSURANCE GROUP PO BOX 489 NEW HOLLAND PA 17557	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	KEITH CAMPBELL FOUNDATION 4801 HAMPDEN LN APT 106 BETHESDA MD 20814	\$ 53,235	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

ASSETS LANCASTER

Employer identification number

23-2827808

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	PENNSYLVANIA CDFI NETWORKS 400 MARKET ST., STE 210 PHILADELPHIA PA 19106	\$ 94,375	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	DEPARTMENT OF TREASURY, CDFI FUND 799 9TH STREET, NW WASHINGTON DC 20001	\$ 214,967	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	EPHRATA NATIONAL BANK 31 E. MAIN ST EPHRATA PA 17522-2850	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	NORTHWEST BANK 100 LIBERTY STREET PO BOX 128 WARREN PA 16365-0128	\$ 28,750	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	PA DEPARTMENT OF COMMUNITY & ECONOMIC DEVELOPMENT 400 NORTH STATE ST HARRISBURG PA 17120	\$ 39,718	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	UNITED WAY OF LANCASTER COUNTY 1910 HARRINGTON DRIVE LANCASTER PA 17601	\$ 89,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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.

Open to Public
Inspection

Name of the organization

Employer identification number

ASSETS LANCASTER

23-2827808

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

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

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds and grant usage.

Part II Conservation Easements

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

Table with 3 columns: Question number, Description, Held at the End of the Tax Year. Includes questions 1-9 regarding conservation easements.

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

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

Table with 3 columns: Question number, Description, Amount. Includes questions 1a, 1b, 2, a, b regarding art and historical treasures.

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

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

Part IV Escrow and Custodial Arrangements

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

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

Part V Endowment Funds

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

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		265,295	63,111	202,184
d Equipment		39,708	25,117	14,591
e Other		65,847	49,515	16,332
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				233,107

Part VII Investments – Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments – Program Related

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1) OPERATING LEASE RIGHT-OF-USE ASSET	156,962
(2) LONG TERM NOTES RECEIVABLE	146,649
(3) SECURITY DEPOSIT	9,232
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	312,843

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITY	156,962
(3) COMPENSATED ABSENCES	46,996
(4) ACCRUED PAYROLL	44,932
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	248,890

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	1,183,147
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	3,175
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	3,175
3	Subtract line 2e from line 1	3	1,179,972
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,179,972

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

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

1	Total expenses and losses per audited financial statements	1	1,750,760
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	3,175
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	3,175
3	Subtract line 2e from line 1	3	1,747,585
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,747,585

Part XIII Supplemental Information

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

PART X - FIN 48 FOOTNOTE

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

Part XIII Supplemental Information *(continued)*

Copy

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

ASSETS LANCASTER

Employer identification number

23-2827808

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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

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

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

DAA

23-2827808

ASSETS LANCASTER

Schedule I (Form 990) (Rev. 12-2024)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 REIMAGINING OUR COMMUNITY	35	155,350			
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Copy

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

ASSETS LANCASTER

Employer identification number

23-2827808

FORM 990 - ORGANIZATION'S MISSION

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

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

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

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

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

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

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service

Attach to your tax return.

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

Name(s) shown on return

Identifying number 23-2827808

ASSETS LANCASTER

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

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

Table with 5 main rows for Part I. Line 1: 1,220,000; Line 3: 3,050,000; Line 13: 13.

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

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

Table with 3 rows for Part II. Line 16: 48,631.

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

Section A

Table with 2 rows for Part III. Line 17: 0.

Section B—Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) 12-year, (c) 30-year, (d) 40-year, (e) 12 yrs., (f) 30 yrs., (g) 40 yrs., (h) MM, (i) S/L.

Part IV Summary (See instructions.)

Table with 3 rows for Part IV. Line 22: 48,631; Line 23: 23.

For Paperwork Reduction Act Notice, see separate instructions.

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
67	Fireproof Filing Cabinet	5/05/15	1,249			1,249	5 MO S/L	1,249	0
71	20 Stacking Training Room Chairs	6/23/16	3,220			3,220	5 MO S/L	3,220	0
76	2 Cafe Tables	6/23/16	426			426	5 MO S/L	426	0
77	4 Cafe Stools	6/23/16	797			797	5 MO S/L	797	0
78	4 Lounge Chairs	6/23/16	2,936			2,936	5 MO S/L	2,936	0
79	4 Leg Stack Chair Set - Regatta (2)	6/23/16	443			443	5 MO S/L	443	0
80	4 Leg Stack Chair Set - Lime (3)	6/23/16	664			664	5 MO S/L	664	0
83	Presentation Cart Desk Lectern	6/23/16	124			124	5 MO S/L	124	0
84	3 Round Minis	6/23/16	587			587	5 MO S/L	587	0
85	24x72" Tables (6)	6/23/16	1,009			1,009	5 MO S/L	1,009	0
86	24Dx72" W Nesting V Left (6)	6/23/16	2,145			2,145	5 MO S/L	2,145	0
87	24Dx72 W V-Fixed (4)	6/23/16	672			672	5 MO S/L	672	0
89	24Dx48W Half Round Tables (2)	6/23/16	364			364	5 MO S/L	364	0
96	Apple Ipad Air for WBC Program	9/22/16	846			846	5 MO S/L	846	0
99	Viewsonic 24 Inch Monitor	9/19/17	560			560	5 MO S/L	560	0
101	2 X TCL 55" LED Roku Smart HDTV	9/29/17	1,000			1,000	5 MO S/L	1,000	0
107	Apple Retina MacBook 15"	3/29/19	1,112			1,112	5 MO S/L	1,112	0
115	Laptops	9/06/20	4,755			4,755	5 MO S/L	3,645	951
116	Laptops	10/30/20	4,583			4,583	5 MO S/L	3,361	917
117	Lenovo Thinkpads	4/30/21	1,781			1,781	5 MO S/L	1,128	356
118	3 ViewSonic Monitors	6/30/21	668			668	5 MO S/L	401	133
119	Hayes 60" Dining Table	12/07/21	779			779	5 MO S/L	402	156
120	Axel 89" Sofe, Saddle Leather, Nut	7/17/21	3,250			3,250	5 MO S/L	1,896	650
121	4 Viv Channeled Swivel Chair Poly Stonr W	8/03/21	2,446			2,446	5 MO S/L	1,427	489
122	Axel 60" Sofa, Saddle Leather, Nut	9/07/21	2,949			2,949	5 MO S/L	1,671	590
123	Furniture	5/02/22	25,797			25,797	5 MO S/L	11,179	5,159
124	72"x30" desk with heigh adjust base	11/05/21	1,879			1,879	5 MO S/L	1,002	376
125	4- Carlo Mid-Century Chair Velvet, Ink Blu	11/12/21	2,896			2,896	5 MO S/L	1,544	579
126	Installation of new furniture	12/03/21	4,760			4,760	5 MO S/L	2,459	952
127	42x24 work surface	2/18/22	595			595	5 MO S/L	278	119
128	Kitchen Appliances	12/10/21	3,000			3,000	7 MO S/L	1,107	429
129	Leasehold Improvements	12/10/21	262,785			262,785	15 MO S/L	45,257	17,519
130	Samsung 75" 4k LED Smart TV	12/16/21	1,960			1,960	7 MO S/L	700	280
131	2 Oel Labs 360-degree Camera, Mic, Speaki	12/16/21	3,012			3,012	7 MO S/L	1,076	430
132	Casement Large Sideboard Black	12/03/21	804			804	5 MO S/L	415	161
133	The Treasure Place Furniture	10/26/21	6,307			6,307	5 MO S/L	3,364	1,261
134	Dishwasher	6/27/23	2,510			2,510	15 MO S/L	167	168
135	Contract for laptops and software	11/14/22	25,200			25,200	3 MO Amort	14,000	8,400
136	Board Effect Software	3/30/23	16,763			16,763	3 MO Amort	7,450	5,588
137	Server	8/02/23	12,681			12,681	5 MO S/L	2,325	2,536
138	Remarkable Tablets (2)	4/24/24	1,302			1,302	5 MO S/L	43	261
139	Computer Equip for Visually Impaired	11/21/23	1,200			1,200	7 MO S/L	100	171
Total Other Depreciation			412,816			412,816		124,551	48,631
Total ACRS and Other Depreciation			412,816			412,816		124,551	48,631
Grand Totals			412,816			412,816		124,551	48,631
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			412,816			412,816		124,551	48,631

PA Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	PA Prior	PA Current	Federal Current	Difference Fed - PA
Other Depreciation:								
67	Fireproof Filing Cabinet	5/05/15	1,249	1,249	1,249	0	0	0
71	20 Stacking Training Room Chairs	6/23/16	3,220	3,220	3,220	0	0	0
76	2 Cafe Tables	6/23/16	426	426	426	0	0	0
77	4 Cafe Stools	6/23/16	797	797	797	0	0	0
78	4 Lounge Chairs	6/23/16	2,936	2,936	2,936	0	0	0
79	4 Leg Stack Chair Set - Regatta (2)	6/23/16	443	443	443	0	0	0
80	4 Leg Stack Chair Set - Lime (3)	6/23/16	664	664	664	0	0	0
83	Presentation Cart Desk Lectern	6/23/16	124	124	124	0	0	0
84	3 Round Minis	6/23/16	587	587	587	0	0	0
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	24Dx72 W V-Fixed (4)	6/23/16	672	672	672	0	0	0
89	24Dx48W Half Round Tables (2)	6/23/16	364	364	364	0	0	0
96	Apple Ipad Air for WBC Program	9/22/16	846	846	846	0	0	0
99	Viewsonic 24 Inch Monitor	9/19/17	560	560	560	0	0	0
101	2 X TCL 55" LED Roku Smart HDTV	9/29/17	1,000	1,000	1,000	0	0	0
107	Apple Retina MacBook 15"	3/29/19	1,112	1,112	1,112	0	0	0
115	Laptops	9/06/20	4,755	4,755	3,645	951	951	0
116	Laptops	10/30/20	4,583	4,583	3,361	917	917	0
117	Lenovo Thinkpads	4/30/21	1,781	1,781	1,128	356	356	0
118	3 ViewSonic Monitors	6/30/21	668	668	401	133	133	0
119	Hayes 60" Dining Table	12/07/21	779	779	402	156	156	0
120	Axel 89" Sofe, Saddle Leather, Nut	7/17/21	3,250	3,250	1,896	650	650	0
121	4 Viv Channeled Swivel Chair Poly Stonr W	8/03/21	2,446	2,446	1,427	489	489	0
122	Axel 60" Sofa, Saddle Leather, Nut	9/07/21	2,949	2,949	1,671	590	590	0
123	Furniture	5/02/22	25,797	25,797	11,179	5,159	5,159	0
124	72"x30" desk with heigh adjust base	11/05/21	1,879	1,879	1,002	376	376	0
125	4- Carlo Mid-Century Chair Velvet, Ink Blu	11/12/21	2,896	2,896	1,544	579	579	0
126	Installation of new furniture	12/03/21	4,760	4,760	2,459	952	952	0
127	42x24 work surface	2/18/22	595	595	278	119	119	0
128	Kitchen Appliances	12/10/21	3,000	3,000	1,107	429	429	0
129	Leasehold Improvements	12/10/21	262,785	262,785	45,257	17,519	17,519	0
130	Samsung 75" 4k LED Smart TV	12/16/21	1,960	1,960	700	280	280	0
131	2 Oel Labs 360-degree Camera, Mic, Speaki	12/16/21	3,012	3,012	1,076	430	430	0
132	Casement Large Sideboard Black	12/03/21	804	804	415	161	161	0
133	The Treasure Place Furniture	10/26/21	6,307	6,307	3,364	1,261	1,261	0
134	Dishwasher	6/27/23	0	0	0	0	168	168
135	Contract for laptops and software	11/14/22	25,200	25,200	14,000	8,400	8,400	0
136	Board Effect Software	3/30/23	16,763	16,763	7,450	5,588	5,588	0
137	Server	8/02/23	12,681	12,681	2,325	2,536	2,536	0
138	Remarkable Tablets (2)	4/24/24	1,302	1,302	43	261	261	0
139	Computer Equip for Visually Impaired	11/21/23	1,200	1,200	100	171	171	0
Total Other Depreciation			410,306	410,306	124,384	48,463	48,631	168
Total ACRS and Other Depreciation			410,306	410,306	124,384	48,463	48,631	168
Grand Totals			410,306	410,306	124,384	48,463	48,631	168
Less: Dispositions			0	0	0	0	0	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			410,306	410,306	124,384	48,463	48,631	168

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Other Depreciation:										
67	Fireproof Filing Cabinet	5/05/15	0				0	0	HY	0
71	20 Stacking Training Room Chairs	6/23/16	0				0	0	HY	0
76	2 Cafe Tables	6/23/16	0				0	0	HY	0
77	4 Cafe Stools	6/23/16	0				0	0	HY	0
78	4 Lounge Chairs	6/23/16	0				0	0	HY	0
79	4 Leg Stack Chair Set - Regatta (2)	6/23/16	0				0	0	HY	0
80	4 Leg Stack Chair Set - Lime (3)	6/23/16	0				0	0	HY	0
83	Presentation Cart Desk Lectern	6/23/16	0				0	0	HY	0
84	3 Round Minis	6/23/16	0				0	0	HY	0
85	24x72" Tables (6)	6/23/16	0				0	0	HY	0
86	24Dx72" W Nesting V Left (6)	6/23/16	0				0	0	HY	0
87	24Dx72 W V-Fixed (4)	6/23/16	0				0	0	HY	0
89	24Dx48W Half Round Tables (2)	6/23/16	0				0	0	HY	0
96	Apple Ipad Air for WBC Program	9/22/16	0				0	0	HY	0
99	Viewsonic 24 Inch Monitor	9/19/17	0				0	0	HY	0
101	2 X TCL 55' LED Roku Smart HDTV	9/29/17	0				0	0	HY	0
107	Apple Retina MacBook 15"	3/29/19	0				0	0	HY	0
115	Laptops	9/06/20	0				0	0	HY	0
116	Laptops	10/30/20	0				0	0	HY	0
117	Lenovo Thinkpads	4/30/21	0				0	0	HY	0
118	3 ViewSonic Monitors	6/30/21	0				0	0	HY	0
119	Hayes 60" Dining Table	12/07/21	0				0	0	HY	0
120	Axel 89" Sofe, Saddle Leather, Nut	7/17/21	0				0	0	HY	0
121	4 Viv Channeled Swivel Chair Poly Stonr W	8/03/21	0				0	0	HY	0
122	Axel 60" Sofa, Saddle Leather, Nut	9/07/21	0				0	0	HY	0
123	Furniture	5/02/22	0				0	0	HY	0
124	72"x30" desk with heigh adjust base	11/05/21	0				0	0	HY	0
125	4- Carlo Mid-Century Chair Velvet, Ink Blu	11/12/21	0				0	0	HY	0
126	Installation of new furniture	12/03/21	0				0	0	HY	0
127	42x24 work surface	2/18/22	0				0	0	HY	0
128	Kitchen Appliances	12/10/21	0				0	0	HY	0
129	Leasehold Improvements	12/10/21	0				0	0	HY	0
130	Samsung 75" 4k LED Smart TV	12/16/21	0				0	0	HY	0
131	2 Oel Labs 360-degree Camera, Mic, Speaki	12/16/21	0				0	0	HY	0
132	Casement Large Sideboard Black	12/03/21	0				0	0	HY	0
133	The Treasure Place Furniture	10/26/21	0				0	0	HY	0
134	Dishwasher	6/27/23	0				0	0	HY	0
137	Server	8/02/23	0				0	0	HY	0
138	Remarkable Tablets (2)	4/24/24	0				0	0	HY	0
139	Computer Equip for Visually Impaired	11/21/23	0				0	0	HY	0
Total Other Depreciation			0				0			0
Total ACRS and Other Depreciation			0				0			0
Grand Totals			0				0			0
Less: Dispositions and Transfers			0				0			0
Net Grand Totals			0				0			0

Copy

Depreciation Adjustment Report

All Business Activities

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

Copy

Future Depreciation Report FYE: 6/30/26

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
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	4 Leg Stack Chair Set - Regatta (2)	6/23/16	443	0	0
80	4 Leg Stack Chair Set - Lime (3)	6/23/16	664	0	0
83	Presentation Cart Desk Lectern	6/23/16	124	0	0
84	3 Round Minis	6/23/16	587	0	0
85	24x72" Tables (6)	6/23/16	1,009	0	0
86	24Dx72" W Nesting V Left (6)	6/23/16	2,145	0	0
87	24Dx72 W V-Fixed (4)	6/23/16	672	0	0
89	24Dx48W Half Round Tables (2)	6/23/16	364	0	0
96	Apple Ipad Air for WBC Program	9/22/16	846	0	0
99	Viewsonic 24 Inch Monitor	9/19/17	560	0	0
101	2 X TCL 55' LED Roku Smart HDTV	9/29/17	1,000	0	0
107	Apple Retina MacBook 15"	3/29/19	1,112	0	0
115	Laptops	9/06/20	4,755	159	0
116	Laptops	10/30/20	4,583	305	0
117	Lenovo Thinkpads	4/30/21	1,781	297	0
118	3 ViewSonic Monitors	6/30/21	668	134	0
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	489	0
122	Axel 60" Sofa, Saddle Leather, Nut	9/07/21	2,949	590	0
123	Furniture	5/02/22	25,797	5,160	0
124	72"x30" desk with heigh adjust base	11/05/21	1,879	376	0
125	4- Carlo Mid-Century Chair Velvet, Ink Blue	11/12/21	2,896	580	0
126	Installation of new furniture	12/03/21	4,760	952	0
127	42x24 work surface	2/18/22	595	119	0
128	Kitchen Appliances	12/10/21	3,000	428	0
129	Leasehold Improvements	12/10/21	262,785	17,519	0
130	Samsung 75" 4k LED Smart TV	12/16/21	1,960	280	0
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	1,262	0
134	Dishwasher	6/27/23	2,510	167	0
135	Contract for laptops and software	11/14/22	25,200	2,800	0
136	Board Effect Software	3/30/23	16,763	3,725	0
137	Server	8/02/23	12,681	2,536	0
138	Remarkable Tablets (2)	4/24/24	1,302	260	0
139	Computer Equip for Visually Impaired	11/21/23	1,200	172	0
Total Other Depreciation			<u>412,816</u>	<u>39,707</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>412,816</u>	<u>39,707</u>	<u>0</u>
Grand Totals			<u>412,816</u>	<u>39,707</u>	<u>0</u>

PA Future Depreciation Report FYE: 6/30/26
Form 990, Page 1

Asset	Description	Date In Service	Cost	PA
Other Depreciation:				
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
96	Apple Ipad Air for WBC Program	9/22/16	846	0
99	Viewsonic 24 Inch Monitor	9/19/17	560	0
101	2 X TCL 55" LED Roku Smart HDTV	9/29/17	1,000	0
107	Apple Retina MacBook 15"	3/29/19	1,112	0
115	Laptops	9/06/20	4,755	159
116	Laptops	10/30/20	4,583	305
117	Lenovo Thinkpads	4/30/21	1,781	297
118	3 ViewSonic Monitors	6/30/21	668	134
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	489
122	Axel 60" Sofa, Saddle Leather, Nut	9/07/21	2,949	590
123	Furniture	5/02/22	25,797	5,160
124	72"x30" desk with heigh adjust base	11/05/21	1,879	376
125	4- Carlo Mid-Century Chair Velvet, Ink Blue	11/12/21	2,896	580
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	428
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	1,262
134	Dishwasher	6/27/23	0	0
135	Contract for laptops and software	11/14/22	25,200	2,800
136	Board Effect Software	3/30/23	16,763	3,725
137	Server	8/02/23	12,681	2,536
138	Remarkable Tablets (2)	4/24/24	1,302	260
139	Computer Equip for Visually Impaired	11/21/23	1,200	172
Total Other Depreciation			410,306	39,540
Total ACRS and Other Depreciation			410,306	39,540
Grand Totals			410,306	39,540

For calendar year 2024, or tax year beginning **07/01/24**, ending **06/30/25**

Name

Taxpayer Identification Number

ASSETS LANCASTER

23-2827808

		2023	2024	Differences	
Revenue	1. Contributions, gifts, grants	1. 664,197	594,407	-69,790	
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3. 644,847	556,667	-88,180	
	4. Program service revenue	4. 46,200	26,937	-19,263	
	5. Investment income	5.			
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.			
	8. Net income or (loss) from fundraising events	8.			
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.		1,961	1,961
	12. Total revenue. Add lines 1 through 11	12.	1,355,244	1,179,972	-175,272
Expenses	13. Grants and similar amounts paid	13. 75,000	155,350	80,350	
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15. 93,460	164,392	70,932	
	16. Salaries, other compensation, and employee benefits	16. 913,874	962,433	48,559	
	17. Professional fundraising fees	17.			
	18. Other professional fees	18. 23,973	63,334	39,361	
	19. Occupancy, rent, utilities, and maintenance	19. 110,784	110,784		
	20. Depreciation and Depletion	20. 49,551	48,630	-921	
	21. Other expenses	21. 207,642	242,662	35,020	
	22. Total expenses. Add lines 13 through 21	22.	1,474,284	1,747,585	273,301
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	-119,040	-567,613	-448,573
Other Information	24. Total exempt revenue	24. 1,355,244	1,179,972	-175,272	
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26. 46,200	28,898	-17,302	
	27. Total assets	27. 1,845,147	1,111,040	-734,107	
	28. Total liabilities	28. 1,217,748	984,587	-233,161	
	29. Retained earnings	29. 627,399	126,453	-500,946	
	30. Number of voting members of governing body	30. 13	13		
31. Number of independent voting members of governing body	31. 12	12			
32. Number of employees	32. 18	18			
33. Number of volunteers	33. 23	60			

Name

ASSETS LANCASTER

Employer Identification Number
23-2827808

	2020	2021	2022	2023	2024	2025
Contributions, gifts, grants	1,479,473	1,435,725	937,431	1,309,044	1,151,074	
Membership dues						
Program service revenue	1,284,463	47,750	35,541	46,200	26,937	
Capital gain or loss		-49,911				
Investment income						
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue	16,643	80,166	88		1,961	
Total revenue	2,780,579	1,513,730	973,060	1,355,244	1,179,972	
Grants and similar amounts paid			25,650	75,000	155,350	
Benefits paid to or for members						
Compensation of officers, etc.	80,583		43,375	93,460	164,392	
Other compensation	1,063,195	912,689	999,400	913,874	962,433	
Professional fees	45,432	27,818	15,788	23,973	63,334	
Occupancy costs	5,290	67,448	110,784	110,784	110,784	
Depreciation and depletion	26,381	34,892	40,562	49,551	48,630	
Other expenses	1,098,055	368,215	178,135	207,642	242,662	
Total expenses	2,318,936	1,411,062	1,413,694	1,474,284	1,747,585	
Excess or (Deficit)	461,643	102,668	-440,634	-119,040	-567,613	
Total exempt revenue	2,780,579	1,513,730	973,060	1,355,244	1,179,972	
Total unrelated revenue						
Total excludable revenue	1,301,106	78,005	35,629	46,200	28,898	
Total Assets	1,755,070	1,401,857	1,576,743	1,845,147	1,111,040	
Total Liabilities	670,665	214,784	830,304	1,217,748	984,587	
Net Fund Balances	1,084,405	1,187,073	746,439	627,399	126,453	

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
OTHER FEES	\$ 45,134	\$ 31,594	\$ 9,027	\$ 4,513
TOTAL	\$ 45,134	\$ 31,594	\$ 9,027	\$ 4,513

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
REGISTRATION/MEMBERSHIP	\$ 9,562	\$ 6,694	\$ 1,912	\$ 956
MISCELLANEOUS	7,478			7,478
ADMINISTRATION EXPENSES	5,719	4,003	1,144	572
CONSULTING FEES	2,100	2,100		
TOTAL	\$ 24,859	\$ 12,797	\$ 3,056	\$ 9,006

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Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
GOVERNMENT GRANTS OR CONTRIBUTIONS	\$ 556,667
OTHER	594,407
TOTAL	<u>\$ 1,151,074</u>

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Schedule A, Part II, Line 5 - Excess Gifts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
BB&T/ TRUIST	\$ 65,053	\$
CHIP CARGAS	10,000	
COMMUNITY ACTION PARTNERSHIP	30,000	
EPHRATA NATIONAL BANK	35,000	
EVERENCE FEDERAL CREDIT UNION	10,000	
EVERENCE FOUNDATION	13,865	
FERREE FOUNDATION	10,000	
GOODVILLE MUTUAL INS. GROUP	160,000	31,768
KEITH CAMPBELL FOUNDATION	78,235	
LIZ MARTIN AND ANGELA HARISH	10,000	
M & T BANK	10,000	
MARTIN INSURANCE AGENCY	30,500	
MASTER'S ADVISORS INC	5,000	
MCCANCE FOUNDATION	17,500	
PENNSYLVANIA CDFI NETWORKS	90,469	
PRYOR & ARLENE NEUBER TRUST	15,000	
RICHARD AND SUSAN STAMM	20,000	
S DALE HIGH FAMILY FOUNDATION	90,000	
SANTANDER	140,000	11,768
TCW COMPUTER SYSTEMS, INC	14,500	
THE PNC FINANCIAL SERVICES GROUP	5,000	
THE STEINMAN FOUNDATION	15,000	
WELLS FARGO FOUNDATION	10,000	
NORTHWEST BANK	28,750	
TOTAL	\$ <u>913,872</u>	\$ <u>43,536</u>

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