* *	PUBLIC	DISCLOSURE	COPY	* *
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Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

Form

der section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundatior 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.



Α	For th	e 2022 calendar year, or tax year beginning $ { m JUL}1,2022$ and $$	ending J	UN 30, 2023					
B	Check if applicab								
	Addre	PROSPECTUS ASSOCIATES INC.							
	Name			23-20236	12				
	Initial return		E Telephone number	r					
	Final return	840 WILLIAM LANE	610-372-	4637					
	termii ated	¹⁻ City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	18,925,374.				
	Amen return	READING, PA 19004-1551		H(a) Is this a group re	eturn				
	Applie tion			for subordinates	? Yes 🔀 No				
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No				
1	Tax-ex	empt status: 🚺 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o	or 527	lf "No," attach a	list. See instructions				
_	Vebsi			H(c) Group exemption					
		f organization: 🚺 Corporation Trust Association Other	L Year (of formation: 1977 N	A State of legal domicile: PA				
Pa	art I	Summary							
Ð	1	Briefly describe the organization's mission or most significant activities:							
anc		PARTICIPATION, COMMUNITY LIVING, EMPLOYMEN							
Activities & Governance	2	Check this box if the organization discontinued its operations or dispose	ed of more						
Š	3				18				
ن مە	4	Number of independent voting members of the governing body (Part VI, line 1b)		18					
ies	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			<u>329</u> 30				
ţ	6	Total number of volunteers (estimate if necessary)			0.				
Act	/ a	Total unrelated business revenue from Part VIII, column (C), line 12			0.				
		Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	Prior Year	Current Year				
	8	Contributions and grants (Part VIII, line 1h)		5,026,318.	1,347,399.				
ant	9	Program service revenue (Part VIII, line 2g)		17,464,544.	17,437,209.				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		77,744.	108,865.				
å	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		14,647.	9,185.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		22,583,253.	18,902,658.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		13,875,423.	14,352,800.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
Del	. ь	Total fundraising expenses (Part IX, column (D), line 25) 127, 13	37.						
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,775,011.	3,887,657.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		17,650,434.	18,240,457.				
	19	Revenue less expenses. Subtract line 18 from line 12		4,932,819.	662,201.				
OL	3			ginning of Current Year	End of Year				
Assets	20	Total assets (Part X, line 16)		18,973,994.	19,624,227.				
tAs	21	Total liabilities (Part X, line 26)		4,108,178.	4,042,343.				
ERe	22	Net assets or fund balances. Subtract line 21 from line 20		14,865,816.	15,581,884.				
Pa	art 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	Signature of officer				Date			
-	NIKKI ROMAN-CRUZ, CFO							
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature		Date	(Check	PTIN	
Paid	MARYBETH C. OLREE, CPA	MARYBETH C.	OLREE,	C 03/06	/24	r self-employed	P016498	53
Preparer	Firm's name HERBEIN + COMPANY	, INC.			Firm's E	EIN 23-	2415973	
Use Only	Firm's address 2763 CENTURY BOUL	EVARD						
	READING, PA 19610				Phone I	no. (610) 378-1	175
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions					X Yes	No
232001 12-1	3-22 LHA For Paperwork Reduction Act Notic	ce, see the separate in	structions.				Form 990) (2022)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Par		23-2023612	Page
	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	PROSPECTUS BERCO ENRICHES THE LIVES OF PEOPLE WITH DISABI		
	THEIR FAMILIES BY PROVIDING INNOVATIVE COMMUNITY PARTICIP		
	COMMUNITY LIVING, EMPLOYMENT OPPORTUNITIES, AND FAMILY SU	PPORT	
	SERVICES.		
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	XNC
	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? \dots	X 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 m	• •	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	the total expenses, a	nd
	revenue, if any, for each program service reported.	14.005	1.0.0
4a	(Code:) (Expenses \$ 12,027,801. including grants of \$) (Revenue		
	COMMUNITY LIVING SERVICES PROVIDE AN ARRAY OF SERVICES FO		
	DISABILITIES THAT PROMOTE INDIVIDUAL CHOICE AND OPPORTUNI		
	IN RESIDENTIAL SETTINGS THROUGHOUT BERKS COUNTY. THERE AR		M
	PARTICIPANTS RESIDING IN OUR COMMUNITY HOMES AND 12 PARTI	CIPANTS IN	
	LIFE SHARING.		
4b	(Code:) (Expenses \$ 3,029,698. including grants of \$) (Revenue	\$ 2,946,	928.
	PROSPECTUS BERCO DAY SERVICES PROVIDES A RANGE OF EMPLOYM		
	VOCATIONAL, AND TRAINING SERVICES FOR ADULTS WITH DISABIL		
	EMPLOYMENT SERVICES INCLUDE COMMUNITY-INTEGRATED EMPLOYME		
		LABORATE WI	тн
	THE OFFICE OF VOCATIONAL REHABILITATION (OVR) TO EXPAND T		
	OFFERINGS, INCLUDING INITIATIVES LIKE WORK EXPERIENCE FOR		XA)
	AND TICKET TO WORK. THEIR VOCATIONAL SERVICES FACILITY CO		/
	PROVIDE TRAINING TO HELP INDIVIDUALS ACHIEVE THEIR EMPLOY		
	WHILE ADULT TRAINING SERVICES FOCUS ON ENRICHMENT THROUGH		
	ACTIVITIES AND COMMUNITY PARTICIPATION.	MEANINGFUE	
	ACTIVITIES AND COMMONTH FARITCIPATION.		
	(Code:) (Expenses \$169,373. including grants of \$) (Revenue		
4 -	(Code:) (Expenses \$ 169,373 • including grants of \$) (Revenue	263	101
4c			101.
4c	FAMILY SUPPORT SERVICES PROVIDES INDIVIDUALIZED SERVICES	TO PEOPLE	
4c	FAMILY SUPPORT SERVICES PROVIDES INDIVIDUALIZED SERVICES WITH DISABILITIES AND THEIR FAMILIES. CURRENTLY AUTHORIZE	TO PEOPLE D TO PROVID	E
4c	FAMILY SUPPORT SERVICES PROVIDES INDIVIDUALIZED SERVICES WITH DISABILITIES AND THEIR FAMILIES. CURRENTLY AUTHORIZE HABILITATION SUPPORTS, COMPANIONSHIP SERVICES AND HOST RE	TO PEOPLE D TO PROVID	E
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4d 4e	FAMILY SUPPORT SERVICES PROVIDES INDIVIDUALIZED SERVICES WITH DISABILITIES AND THEIR FAMILIES. CURRENTLY AUTHORIZE HABILITATION SUPPORTS, COMPANIONSHIP SERVICES AND HOST RE 22 INDIVIDUALS.	TO PEOPLE D TO PROVID SPITE TO OV	E

Form	990	(2022)

Form 990 (2022) PROSPECTUS ASSOCIATES INC.
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	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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	3		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	4		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	5		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	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		77	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	110	х	
h	Part VI	11a	<u>_</u>	
U	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11b		x
c	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> 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	11c		х
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	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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	14b		<u> </u>
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	4-		v
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	16		х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	10		<u></u>
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? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
.5	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<u> </u>
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	21		Х
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa				
_	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 25			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Form	990 (2022) PROSPECTUS ASSOCIATES INC.		23-2023	612	P	age 5
Par						0
					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	329			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ıs?	•	2b	Х	
				3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a			4a		х
b	If "Yes," enter the name of the foreign country					
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	coun	ts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
Ua				6a		х
h				Ua		- 23
D	If "Yes," did the organization include with every solicitation an express statement that such contribution were not tax deductible?		gins	6h		
-				6b		
7	Organizations that may receive deductible contributions under section 170(c).		un vide data the mercen	-		х
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a		
				7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			_		v
_	to file Form 8282?		i	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	-			37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		•••••	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	e			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		-		
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
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.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
				14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incor	ne?	16		х
	If "Yes," complete Form 4720, Schedule O.					_
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	ivitio				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
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Form 990 (2022)

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 Form 990 (2022)
 PROSPECTUS ASSOCIATES INC.
 23-2023612
 Page

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

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

1a Enter the number of voting members of the governing body at the end of the tax year 1a 18 1b 1b 1b 1b 1c 1c 1c 1c 1c 1c 1c 1c 1c 1c 1c 1c 1c 1c 1c 1c 1c 1c 1c 1c 1c 1c 1c 1c 1c 1c 1c 1c		ten / a doverning body and management				Yes	No
If there are matrixed differences in volting rights among members of the governing body, or if the governing body. Image: The second	10	Enter the number of voting members of the governing body at the end of the tax year	110	18	2	Tes	
bidd designed bread authority to an executive committee or similar committe, explan on Schedule 0. 1 2 bidd any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other pesor? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, director, trustee, or key employees to a government since the prior Form 990 was filed? 2 5 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members or stockholders? 5 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members or the organization reserved to (or subject to approval by members, stockholders, or persons other than the governing body? 8 8 Did the organization nearement by the variation reserved to (or subject to approval by members, stockholders, or persons other than the governing body? 8 9 Is the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 10 the organization have members, stockholders, or affiliate? 10 10 10 the organization baw end the organization reserved to the store store during the neares on affoliate diverses on Schedulo O 10 20 bi	Ia				4		
b Enter the number of volume members included on line 1a, abox, who are independent 1b 18 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 employees and a management duties customatily performed by or under the direct supervision of officer, director, trustee, or key employees to its governing documents since the prior Form 900 was filed? 2 1 4 10 5 Did the organization base and avand during the year of a significant diversion of the organization's assets? 6 1 5 Did the organization have members or stochholders? 6 1 2 2 6 Did the organization have members, stochholders? 7 2 2 2 6 Did the organization have members, stochholders? 7 2 2 2 7 Did the organization attruting back? 7 2 2 2 8 Did the organization attruting convert the antilizer of the powering back? 7 2 2 8 Did the organization attruting convert the antilizer of the powering back? 7 2 2 9 Is the any officer, director, trustee, or every method set on the antilizer organization is sempt purposes? 7 2							
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a The organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization 15b h"Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 15b Sa Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a 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? ection C. Disclosure 7 7 M M M					14	X	
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b Other officers or key employees of the organization 15b X if "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 15b X 6a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a 2 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? 16b 16a 2 ection C. Disclosure 7 List the states with which a copy of this Form 990 is required to be filed PA PA 8 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. IX Image: Comparise of the participation on Schedule O) 9 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. Image: Comparise of the person who possesses the organization's books and records THE ORGANIZATION - 610-372-4637 840 WILLIAM LANE, READING, PA 19604-1551 2006 12-13-22 Form 990 (20 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 6a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? ection C. Disclosure 7 List the states with which a copy of this Form 990 is required to be filed PA 8 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. IX Own website IX Another's website IX Upon request O Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 0 State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - 610-372-4637 840 WILLIAM LANE, READING, PA 19604-1551							
6a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a	b	, , , , , , , , , , , , , , , , , , , ,			15b	X	
taxable entity during the year? 16a 1 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 16a 1 exempt status with respect to such arrangements? 16b 1 1 exempt status with respect to such arrangements? 16b 1 7 List the states with which a copy of this Form 990 is required to be filed PA 8 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Schedule O) 9 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. 0 0 State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - 610-372-4637 2006 12-13-22 Form 990 (20 2006 12-13-22 7	_						
 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? cection C. Disclosure 7 List the states with which a copy of this Form 990 is required to be filed PA 8 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Schedule O) 9 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. 0 State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - 610-372-4637 840 WILLIAM LANE, READING, PA 19604-1551 	ба						v
in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		, , , ,			<u>16a</u>		X
exempt status with respect to such arrangements? 16b ection C. Disclosure PA 7 List the states with which a copy of this Form 990 is required to be filed	b			-			
 Form 990 (2000) PA PA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Image: 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. Image: Own website image: Section 610 - 372 - 4637 State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - 610 - 372 - 4637 Image: Section 12-13-22 					101		
 7 List the states with which a copy of this Form 990 is required to be filed <u>PA</u> 8 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (<i>explain on Schedule O</i>) 9 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. 0 State the name, address, and telephone number of the person who possesses the organization's books and records <u>THE ORGANIZATION - 610-372-4637</u> 840 WILLIAM LANE, READING, PA 19604-1551 	00				160		
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for public inspection. Indicate how you made these available. Check all that apply.			nd 00	T (as at is a E01 (a) (2)		ovoilo	bla
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 9 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. 0 State the name, address, and telephone number of the person who possesses the organization's books and records <u>THE ORGANIZATION - 610-372-4637</u> <u>840 WILLIAM LANE, READING, PA 19604-1551</u> Form 990 (20 <u>7</u> 				abadula ()			
statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records <u>THE ORGANIZATION - 610-372-4637</u> <u>840 WILLIAM LANE, READING, PA 19604-1551</u> Form 990 (20)	a			,	d finan	rial	
State the name, address, and telephone number of the person who possesses the organization's books and records <u>THE</u> ORGANIZATION - 610-372-4637 840 WILLIAM LANE, READING, PA 19604-1551 Form 990 (20 7	5		5 millet	or interest policy, all		ordi	
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Part VII	Compensation of Officers,	Directors, Trustees,	, Key Employees,	Highest Compensated
	Employees, and Independe	ent Contractors		

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	not ch		ition more		one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son is	s both	n an	compensation	compensation	amount of
	week			uau		1/1/1/1/1/1		from	from related	other
	(list any hours for	direct				-		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	ee or i	stee			nsated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	al tru		oyee	om pe		1099-NEC)	,	and related
	below	ndividual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	ner			organizations
	line)	lndi	Inst	Officer	Key	Emp	Former			
(1) JODY WAGNER	50.00									
CEO				Х				147,969.	0.	26,102.
(2) JONATHAN COLON-COLON	40.00									
<u>COO</u>				Х				129,025.	0.	36,866.
(3) NIKKI ROMAN-CRUZ	40.00									
CFO				Х				123,034.	0.	37,207.
(4) MARIE REMY	48.00									
RESIDENTIAL DIRECT SUPPORT PROF.						х		114,220.	0.	19,279.
(5) KRISTY VIGO	40.00									
COMMUNITY SERVICES ADMINISTRATOR						X		104,199.	0.	20,900.
(6) DANIEL E. WIEKRYKAS	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(7) JONATHAN C. BECKER	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(8) MICHAEL BILLERA-SMITH	1.00									
TREASURER		Х		Х				0.	0.	0.
(9) SUSAN KOLB	1.00									
SECRETARY THRU DEC 2022		Х		Х				0.	0.	0.
(10) NICHOLAS THOMAS	1.00									
SECRETARY AS OF JAN 2023		Х		Х				0.	0.	0.
(11) MARK CHAKNOS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) DR. AMANDA CIPOLLA	1.00									•
BOARD MEMBER	1	Х						0.	0.	0.
(13) MICHEL DETURK	1.00								•	•
BOARD MEMBER	1 00	Х						0.	0.	0.
(14) DALE G. DERR	1.00								0	0
BOARD MEMBER	1 00	Х						0.	0.	0.
(15) ERIC J. FABRIZIO, ESQ.	1.00								•	•
BOARD MEMBER	1 00	Х						0.	0.	0.
(16) JOHN HUNTER	1.00								•	<u>^</u>
BOARD MEMBER	1 00	X						0.	0.	0.
(17) JOELLE R. LAUCHNER, DO	1.00								•	~
BOARD MEMBER		Х						0.	0.	0.
232007 12-13-22										Form 990 (2022)

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Form 990 (2022) PROSPECTU	JS ASSOC	'IA	TE	S	IN	C.			23-202	3612	Page 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	Hig	ghest	t C	ompensated Employee	s (continued)		
(A) Name and title	(B) Average hours per week	Average hours per week Position (do not check more than one box, unless person is both an officer and a director/trustee) Reportable compensation from							(E) Reportable compensation from related	an	(F) timated nount of other
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	fr org and	pensation om the anization d related anizations
(18) JENNIFER MATTEN BOARD MEMBER	1.00	x						0.	0	•	0.
(19) C. ROBERT RICE, JR, ESQ., CPA BOARD MEMBER	1.00	x						0.	0	•	0.
(20) COURTNEY L TULL, MHS BOARD MEMBER	1.00	x						0.	0		0.
(21) THOMAS J. WENTZEL BOARD MEMBER	1.00	x						0.	0		0.
										-	
1b Subtotal	• • • • • • • • • • • • • • • • • • • •							618,447.	0		0,354.
c Total from continuation sheets to Part VII Total (add lines 1b and 1c)								0.618,447.	0		<u>0.</u> 0,354.
2 Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove)) who	o re	eceived more than \$100,	000 of reportable		5
3 Did the organization list any former officer,	director, truste	ee, k	key e	mple	oyee	e, or	hig	hest compensated empl	oyee on		Yes No
line 1a? If "Yes," complete Schedule J for set 4 For any individual listed on line 1a, is the su										3	X
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	dule	J f	or such individual		4	X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com										5	x
Section B. Independent Contractors		<u>, , , , , , , , , , , , , , , , , , , </u>	JI SU	υnμ	00/30						
1 Complete this table for your five highest con the organization. Report compensation for t	•	•							· ·	ation fro	om
(A) Name and business	address	NC	ONE]				(B) Description of s	ervices	(C Compe	
• Tatalanan diadarah ing											
2 Total number of independent contractors (ir \$100,000 of compensation from the organiz		ot lin	nited	to t	hos: 0		ed	above) who received mo	pre than		
										Form	990 (2022)

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						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue exclud from tax unde sections 512 - 5
1 a	Federated campaigns		1a						
b	Membership dues		1b						
1 a b c d e f g h	Fundraising events		1c		40,985.				
d	B Related organizations		1d						
е	e Government grants (cont	ributi	ons) 1e		466,122.				
f	All other contributions, gifts	, grant	ts, and						
	similar amounts not include	d abov	/e 1f		840,292.				
, g	Noncash contributions included in	n lines 1	1a-1f 1g \$		4,727.				
h	Total. Add lines 1a-1f					1,347,399.			
					Business Code				
2 a	PA DEPARTMENT OF HU	JMAN	SERVICES		624100	16,245,565.	16245565.		
2 a b c d e					624100	656,355.	656,355.		
c	SERVICE ACCESS & MANAGE			624100	390,416.	390,416.			
d	WORKSHOP CONTRACTS				624100	100,733.	100,733.		
е	VOCATIONAL REHAB			624100	22,244.	22,244.			
f	All other program service	All other program service revenue			624100	21,896.	21,896.		
g	g Total. Add lines 2a-2f					17,437,209.			
3 Investment income (including dividends, interest, and					st, and				
	other similar amounts)					84,538.			84,5
4	Income from investment	of tax	-exempt bo	nd p	roceeds				
5	Royalties								
			(i) Real		(ii) Personal				
6 a	Gross rents	6a							
b		6b							
c	Rental income or (loss)	6c							
	Net rental income or (los								
7 a	Gross amount from sales of		(i) Securiti		(ii) Other				
	assets other than inventory	7a	19,7	87.	4,540.				
b	• Less: cost or other basis								
	and sales expenses			0.	0.				
	Gain or (loss)	-			4,540.				
d	Net gain or (loss)			· · · · · · ·		24,327.			24,32
8 a	Gross income from fundrais	ing ev	ents (not						
	including \$								
	contributions reported or				20.656				
	Part IV, line 18			<u>8a</u>	30,656.				
	Less: direct expenses			8b	22,716.	7.040			7.0
	Net income or (loss) from					7,940.			7,94
9 a	Gross income from gami								
.	Part IV, line 19			9a					
	Less: direct expenses			9b	L				
	Net income or (loss) from			, <u></u>					
		Gross sales of inventory, less returns							
		and allowances 10a Less: cost of goods sold 10b							
	Net income or (loss) from	sales	s of inventor	у	Business Code				
44 -	OTHER INCOME				900099	1,245.			1,24
						±,24J.			±,2'
					+				
					├				
°	All other revenue					1,245.			
	Total. Add lines 11a-11d					18,902,658.	17427000	0.	118,05
12	Total revenue. See instruct	IUNS				10,302,030.	17437209.	۰ ^ب ا	I TTO,

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Form 990 (2022) PROSPECTUS ASSOCIATES INC. Part VIII Statement of Revenue

PROSPECTUS ASSOCIATES INC. Part IX Statement of Functional Expenses

Do I	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			F0 0 000	
	trustees, and key employees	500,203.		500,203.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	10 100 001	0 001 064	1 1 4 2 0 6 5	
7	Other salaries and wages	10,422,094.	9,231,064.	1,143,965.	47,065
8	Pension plan accruals and contributions (include	071 067		22 1 5 7	
_	section 401(k) and 403(b) employer contributions)	271,367.	237,491.	33,157.	<u>719</u> 6,213
9	Other employee benefits	2,358,024. 801,112.	2,051,745.	300,066. 113,742.	<u> </u>
D	Payroll taxes	801,112.	683,600.	113,742.	3,770
1	Fees for services (nonemployees):				
a	Management	10,261.		10 261	
b	Legal	128,810.		<u> 10,261.</u> 128,810.	
C	Accounting	120,010.		128,810.	
	Lobbying				
e	Professional fundraising services. See Part IV, line 17	6,206.		6,206.	
f	Investment management fees	0,200.		0,200.	
g	Other. (If line 11g amount exceeds 10% of line 25,	83,333.		83,333.	
~	column (A), amount, list line 11g expenses on Sch O.)	03,333.		03,333.	
2	Advertising and promotion	127,127.	64,650.	54,806.	7 67
3	Office expenses	229,640.	53,502.	166,222.	7,672
4	Information technology	225,040.	55,502.	100,222.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
5 6	Royalties	547,618.	503,095.	44,523.	
0 7	Occupancy Travel	11,487.	10,960.	363.	164
	Payments of travel or entertainment expenses	11,407.	10,500.	505.	104
8	for any federal, state, or local public officials				
9					
9 0	· · · · · · · · · · · · · · · · · · ·	80,718.	36,277.	44,441.	
1	Payments to affiliates	0077100	5072770		
2	Depreciation, depletion, and amortization	527,400.	501,237.	26,163.	
3		155,916.	61,760.	94,156.	
3 4	Other expenses. Itemize expenses not covered	20079201	01//001	51/1001	
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	CONTRACTED PERSONNEL AN	821,716.	821,641.		7
b	REPAIRS & MAINTENANCE	820,691.	764,442.	56,243.	
с	OTHER OPERATING EXPENSE	133,606.	19,226.	65,472.	48,90
d	FOOD & CLOTHING	88,994.	85,613.	1,310.	2,07
	All other expenses	114,134.	100,569.	13,006.	55
5	Total functional expenses. Add lines 1 through 24e	18,240,457.	15,226,872.	2,886,448.	127,13
;	Joint costs. Complete this line only if the organization	-	-	-	•
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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PROSPECTUS	ASSOCIATES	INC
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1 4	נא	Dalance Sheet						
		Check if Schedule O contains a response or note	e to any	line in this Part X				
					(A) Beginning of year		(B) End of year	
	1				4,031,569.	1	2,798,103.	
I	2	Savings and temporary cash investments			508,362.	2	3,322,688.	
	3	Pledges and grants receivable, net				3		
	4	Accounts receivable, net			5,977,253.	4	4,638,549.	
	5	Loans and other receivables from any current or	former	officer, director,				
ſ		trustee, key employee, creator or founder, substa	antial co	ontributor, or 35%				
		controlled entity or family member of any of these	e perso	ns		5		
ſ	6	Loans and other receivables from other disqualifi	ied pers	sons (as defined				
		under section 4958(f)(1)), and persons described	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)					
ţ	7	Notes and loans receivable, net				7		
Assets	8	Inventories for sale or use				8		
Ä	9	Prepaid expenses and deferred charges			98,322.	9	59,124.	
ſ	10a	Land, buildings, and equipment: cost or other						
ſ		basis. Complete Part VI of Schedule D		13,689,528.				
ſ	b	Less: accumulated depreciation	10b	6,663,943.	7,437,863.	10c	7,025,585.	
ſ	11	Investments - publicly traded securities	652,373.	11	1,289,046.			
	12	Investments - other securities. See Part IV, line 1		12				
	13	Investments - program-related. See Part IV, line 1	I 1			13		
	14	Intangible assets				14		
ſ	15	Other assets. See Part IV, line 11			268,252.	15	491,132.	
	16	Total assets. Add lines 1 through 15 (must equa			18,973,994.	16	19,624,227.	
	17	Accounts payable and accrued expenses			1,515,732.	17	1,625,426.	
ſ	18	Grants payable		18				
ſ	19	Deferred revenue	34,100.	19	40,090.			
ſ	20	Tax-exempt bond liabilities				20		
ſ	21	Escrow or custodial account liability. Complete P	Part IV c	of Schedule D		21		
ŝ	22	Loans and other payables to any current or forme	er office	er, director,				
Liabilities		trustee, key employee, creator or founder, substa	antial co	ontributor, or 35%				
iabi		controlled entity or family member of any of these	e perso	ns		22		
-	23	Secured mortgages and notes payable to unrelat	ted third	d parties	2,358,669.	23	1,955,100.	
ſ	24	Unsecured notes and loans payable to unrelated	l third p	arties		24		
ſ	25	Other liabilities (including federal income tax, pay	ables t	o related third				
		parties, and other liabilities not included on lines	17-24).	Complete Part X	100 688		404 505	
		of Schedule D			199,677.	25	421,727.	
	26	<u> </u>			4,108,178.	26	4,042,343.	
6		Organizations that follow FASB ASC 958, chec	ck here	X				
če:		and complete lines 27, 28, 32, and 33.			14 001 010			
alan	27	Net assets without donor restrictions			14,781,010.	27	15,563,875. 18,009.	
B	28				84,806.	28	18,009.	
ŭ n		Organizations that do not follow FASB ASC 95	58, che	ck here				
г		and complete lines 29 through 33.						
ts l	29					29		
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or equ				30		
ťΑ	31	Retained earnings, endowment, accumulated inc			14 065 016	31		
Ne	32	Total net assets or fund balances			<u>14,865,816.</u> 18,973,994.	32	<u>15,581,884</u> . 19,624,227.	
	33	Total liabilities and net assets/fund balances				33		

Form 990 (2022) Part X Balance Sheet

Form	1990 (2022) PROSPECTUS ASSOCIATES INC.	23-	-20236	12	Page 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				🗌
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>,658.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			,457.
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>,201.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14,		<u>,816.</u>
5	Net unrealized gains (losses) on investments	5		53	<u>,867.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	15,	581	,884.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				`	res No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?			2b	x
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule C).		
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?		-	3a	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	

Form **990** (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public Inspection

Name of the organization

Nam	me of the organization Employer identification num									
Der				OCIATES INC.					3-2023612	
Par	τι	Reason for Public Charity Status. (All organizations must complete this part.) See instructions.								
The c	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	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								
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for		lege or university owned	l or operate	ed by a go	overnmental ur	hit describe	ed in	
		section 170(b)(1)(A)(iv). (C								
6		A federal, state, or local gov	•				.,			
7		An organization that norma	-	ntial part of its support fi	rom a gove	ernmental	unit or from th	e general p	oublic described in	
		section 170(b)(1)(A)(vi). (C								
8		A community trust describe								
9		An agricultural research org	-			-		-	-	
		or university or a non-land-g	grant college of agric			lame, city	, and state of	the college		
10	X	university: An organization that norma	Ilv receives (1) more	than 33 1/3% of its supr	ort from o	ontribution	s membereb	in fees and	d aross receipts from	
10		activities related to its exem								
		income and unrelated busir		-					-	
		See section 509(a)(2). (Con		(1000 00011011 0111 1009 110		eee aequi				
11		An organization organized a		velv to test for public sa	fetv. See	section 50)9(a)(4).			
12		An organization organized a						rry out the	purposes of one or	
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section	509(a)(2).	See section &	509(a)(3). (Check the box on	
		lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.		
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), ty	pically by	giving	
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	ipporting	
		organization. You must o	complete Part IV, Se	ections A and B.						
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization	n(s), by hav	ving	
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manaç	ge the supp	ported	
		organization(s). You mus	t complete Part IV,	Sections A and C.						
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functional	ly integrate	d with,	
		its supported organization								
d		Type III non-functionally	• •					Ŭ,		
		that is not functionally int			•		-	an attentiv	/eness	
		requirement (see instructi	,	•						
е		Check this box if the orga					Type I, Type I	I, Type III		
	F int a	functionally integrated, or		hally integrated supporting	ng organiz	ation.				
T		er the number of supported or vide the following informatior	•	d arganization(a)						
<u> </u>		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other	
	-	organization		(described on lines 1-10 above (see instructions))	in your governi Yes	No	support (see in	structions)	support (see instructions)	
				above (see instructions))						
Tota										

Schedule	A	(Form	990	2022
JULIEUUIE	~ '		330	1 2022

Part II

PROSPECTUS ASSOCIATES INC.

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				_		
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge				-	-	
4	Total. Add lines 1 through 3						
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)						
	Public support. Subtract line 5 from line 4. ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2019	(a) 2020	(d) 2021	(a) 2022	(f) Total
	Amounts from line 4	(a) 2018	(b) 2019	(c) 2020	(u) 2021	(e) 2022	
	Gross income from interest,						
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
5	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons)			12	
	First 5 years. If the Form 990 is for th	•	,			501(c)(3)	
	organization, check this box and stop						
Se	ction C. Computation of Publi	ic Support Per	rcentage				
14	Public support percentage for 2022 (I	ine 6, column (f), c	divided by line 11,	column (f))		14	%
	Public support percentage from 2021					15	%
16 a	33 1/3% support test - 2022. If the o	organization did ne	ot check the box c	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	x and
	stop here. The organization qualifies		•				
k	33 1/3% support test - 2021. If the o	organization did ne	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	6 or more, check th	nis box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	t VI how the organi	zation
_	meets the facts-and-circumstances te	-					
k	0 10% -facts-and-circumstances test		-				10% or
	more, and if the organization meets the						
40	organization meets the facts-and-circl		•		• • • •		
18	Private foundation. If the organization	in did not check a	box on line 13, 16	oa, 100, 17a, or 17	D, CHECK THIS DOX		s (Form 990) 2022
						Schedule A	11 UIII 33UI 2022

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

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

Section A. Public Support Calendar year (or fiscal year beginning in) <u>(a)</u> 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 159,540 4,461,876 5,026,318, 1,347,399 11,107,654. 112,521 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 19,859,475 20,229,897 14,587,312. 17,464,544. 17,445,149 89,586,377. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organ-4 ization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 19,971,996 20,389,437 19,049,188, 22,490,862, 18,792,548, 100,694,031. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and Ο. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 0. c Add lines 7a and 7b 0. 100,694,031. Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 9 Amounts from line 6 19,971,996 20,389,437 19,049,188 22,490,862 18,792,548 100,694,031. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 104,325 27,033 22,246 11,528. 15,766, 180,898. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 27,033 22,246 11,528 15,766. 104,325 180,898. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital 3,287 526 1,245 5,058. assets (Explain in Part VI.) 100,879,987. 19,999,029. 20,411,683. 19,064,003. 22,507,154. 18,898,118. **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 99.82 % 15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 99.90 16 Public support percentage from 2021 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .18 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 % 17 .10 18 Investment income percentage from 2021 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2022. 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 X 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 - 2021. 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 Schedule A (Form 990) 2022 232023 12-09-22

16

12340306 757874 48206.001

PROSPECTUS ASSOCIATES INC.

1

2

3a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

232024 12-09-22

Schedule A (Form 990) 2022

17

0) 2022	PROSPECTUS	ASSOCIATES	INC.

Pa	rt IV Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization? 11a		
b	A family member of a person described on line 11a above? 11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI. 11c		
Sec	tion 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? 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. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how service and heaptit activities of the supported organization (b) that operated		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
Sec	supervised, or controlled the supporting organization. 2		L
		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	165	
-	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		

Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 C	heck the box next to the metho	d that the organization used	to satisfy the Integral Part	Test during the year	(see instructions).
------------	--------------------------------	------------------------------	------------------------------	----------------------	---------------------

] The organization satisfied the Activities Test. Complete line 2 below. а

b		The organization	is the parent of	f each of its supported	organizations.	Complete line 3 below.
---	--	------------------	------------------	-------------------------	----------------	------------------------

С		The organization s	supported a governi	mental entity.	Describe in Pa	rt VI how y	ou supported a	governmental entity	(see instruction <u>s).</u>
---	--	--------------------	---------------------	----------------	----------------	-------------	----------------	---------------------	-----------------------------

2 Activities Test. Answer lines 2a and 2b below.

the supported organization(s).

- 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? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 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? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 232025 12-09-22

3b Schedule A (Form 990) 2022

2a

2b

3a

No

Yes

Schedule A (Form 99

2022.05060 PROSPECTUS ASSOCIATES INC 48206.01

18

Schedule A	(Form 990) 2022
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Schedule A (Form 990) 2022 PROSPECTUS ASSOCIATES INC. 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 qualifyin			Part VI). See instructions.
Sect	All other Type III non-functionally integrated supporting organizations must	t complete :	(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):			
<u>a</u>	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		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2022

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23-2023612 Page 7

_	dule A (Form 990) 2022 PROSPECTUS AS			2	3-2023612	Page 7
Par	t V Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	nizations (continu	ied)	[
Sect	on D - Distributions				Current Ye	ar
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp					
	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
_7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount	[1	10		
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributab Amount for 2	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
a	From 2017					
b	From 2018					
C	From 2019					
d	From 2020					
e	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
<u>a</u>	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2018					
b	Excess from 2019					
с	Excess from 2020					
d	Excess from 2021					
е	Excess from 2022					

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	PROSPI	ECTUS	ASSOCIATES	INC.	23-2023612 Page 8
Part VI	Supplemental I Part IV, Section A, I line 1; Part IV, Secti Section D, lines 5, 6	Information. P ines 1, 2, 3b, 3c, 4 on D, lines 2 and 3 5, and 8; and Part V	rovide the b, 4c, 5a, 3; Part IV, \$ /, Section	explanations require 6, 9a, 9b, 9c, 11a, 11 Section E, lines 1c, 2 E, lines 2, 5, and 6. <i>A</i>	d by Part II, line b, and 11c; Pai a, 2b, 3a, and 3 Nso complete th	10; Part II, line 17a or 17b; Part III, line 12; t IV, Section B, lines 1 and 2; Part IV, Section C, b; Part V, line 1; Part V, Section B, line 1e; Part V, his part for any additional information.
	(See instructions.)					
232028 12-09-2	2			21		Schedule A (Form 990) 202

223451 11-15-22

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

PROSPECTUS ASSOCIATES INC.

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

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Name of organization

PROSPE	CTUS	ASSOCIATES	INC.
Part I	Contr	ibutors (see instruct	tions). Lise dunlicate co

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		- \$\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		- \$\$11,844	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>4</u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		- \$\$554,641.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		- \$\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Employer identification number

23-2023612

23 2022.05060 PROSPECTUS ASSOCIATES INC 48206.01

223452 11-15-22

12360306 757874 48206.001

Page 2

Name of organization

Employer identification number

ROSPECTUS	ASSOCIATES INC.	22	3-2023612
art I Contr	ibutors (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		\$19,642.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

223452 11-15-22

12360306 757874 48206.001

Schedule	В	(Form	990)	(2022)
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Name of organization

Page 3

Employer identification number

23-2023612

PROSPECTUS ASSOCIATES INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	\$(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

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Name of organization PROSPECTUS ASSOCIATES INC. Part III Provide registry registry, charitable, etc., contributions to organizations described in section 001(c)(7), (8), or (10) that that longe has 130.000 for the transformer (100 more), (100 or feat transformer, (100 more), (100 mor	Schedule I	B (Form 990) (2022)			Page 4
Part III Exclusively religious, charitable, etc., contributions to expanded in action 50 (c)(7)(6), or (10) that beam or han \$1.000 for the year transfermed part in, due to build exclusively explore, contributions described in action 50 (c)(7)(6), or (10) that beam or han \$1.000 for the year transfermed part in, due to build exclusively explore, contribution of a transfermed part in, due to build exclusively explore, contribution of a transfermed part in, due to build exclusively exclusive exclusions of exclusi	Name of o	rganization			Employer identification number
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ceptemp brill, risk the total of exclusion, region, canatable, the cambiators of \$1000 of fields for the year, lifter the into arcs). \$		Exclusively religious, charitable, etc., contribution	ons to organizations described in se	ction 501(c)(7), (8), or (10) the	t total more than \$1,000 for the year
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(a) No. from Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. from Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held	from	(b) Purpose of gift	(c) Use of gift	(d) Desci	iption of how gift is held
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Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee	-		(e) Transfer of gif	I	
(a) No. from Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held				•	
Part I		Transferee's name, address, ar	nd ZIP + 4	Relationship of tran	sferor to transferee
Part I					
Part I					
Part I					
Part I	(a) No.	(h) Durrage of sift			intion of how with in hold
	Part I	(b) Purpose of gift	(c) Use of gift	(d) Desci	iption of now gift is neid
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee			(e) Transfer of gif	t '	
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
	ŀ	Transferee's name, address, ar	nd ZIP + 4	Relationship of tran	sferor to transferee
			[

Schedule B (Form 990) (2022)

12360306 757874 48206.001

50	HEDULE D	Supplementa	I Financial Statements		OMB No. 1545-0047
	n 990)	Complete if the organ	ization answered "Yes" on Form 990,		2022
•			11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. tach to Form 990.		Open to Public
	tment of the Treasury Il Revenue Service		for instructions and the latest information.		Inspection
Nam	e of the organization	on		Emplo	yer identification number
		PROSPECTUS ASSOCIAT			23-2023612
Pa			Funds or Other Similar Funds or A	Accounts	 Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, line			
		_	(a) Donor advised funds	(b) Funds	and other accounts
1		nd of year			
2		f contributions to (during year)			
3		f grants from (during year)			
4		end of year			
5	-		riting that the assets held in donor advised fu		
			xclusive legal control?		Yes 📃 No
6	0	0	visors in writing that grant funds can be used	,	
			donor advisor, or for any other purpose confe	0	
Pa	impermissible priva	ate benefit?	anization answered "Yes" on Form 990, Part I		Yes No
				v, line 7.	
1		ervation easements held by the organization		torioally im	portant land area
		of land for public use (for example, recreati f natural habitat	on or education) Preservation of a his	•	•
		of open space		rimed histo	ne structure
2			ed conservation contribution in the form of a	onservatio	n easement on the last
-	day of the tax year	.			eld at the End of the Tax Year
а	5			2a	
b					
c	•		cture included in (a)		
d		vation easements included in (c) acquired af			
		., .		2d	
3	Number of conserv		ased, extinguished, or terminated by the orga	nization du	ring the tax
	year				·
4	Number of states v	where property subject to conservation ease	ement is located		
5	Does the organizat	tion have a written policy regarding the perio	odic monitoring, inspection, handling of		
	violations, and enf	orcement of the conservation easements it h	nolds?		Yes 📃 No
6	Staff and voluntee	r hours devoted to monitoring, inspecting, h	andling of violations, and enforcing conserva	tion easem	ents during the year
7	Amount of expens	es incurred in monitoring, inspecting, handli	ng of violations, and enforcing conservation e	easements	during the year
8	Does each conserv	 vation easement reported on line 2(d) above	satisfy the requirements of section 170(h)(4)(B)(i)	
-	and section 170(h)				Yes No
9			n easements in its revenue and expense state		
		-	ote to the organization's financial statements		bes the
		ounting for 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.
1a If the	ergenization elected as permitted under EASE ASC 059, not to report in its revenue statement and helppos short works

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2022
b	Assets included in Form 990, Part X	\$
а	Revenue included on Form 990, Part VIII, line 1	\$
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provid	e
	(ii) Assets included in Form 990, Part X	\$
		φ

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Par	t III Organizations Maintaining C	ollections of Art,	, Historical Tre	asures, or Othe	er Simila	r Assets	(contin	nued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that make	significant	use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's exe	empt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	art, historical treas				_		-
	to be sold to raise funds rather than to be ma			lection?			Yes		No
Par	t IV Escrow and Custodial Arrang		te if the organizatio	n answered "Yes" o	n Form 990), Part IV,	ine 9, or		
	reported an amount on Form 990, Par								
1 a	Is the organization an agent, trustee, custodi		•				٦		1
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	owing table:				Amoun	+	
	5 · · · · ·						Amoun	L	
	Beginning balance								
	Additions during the year								
-	Distributions during the year								
f 29	Ending balance Did the organization include an amount on Fo				···		Yes		No
	If "Yes," explain the arrangement in Part XIII.						_]
Par									<u>.</u>
		(a) Current year	(b) Prior year	(c) Two years back		years back	(e) Fou	r years	back
1a	Beginning of year balance	652,373.	737,916.	541,308.		27,075.		256,	122.
b	Contributions	548,714.	40,642.	3,250.		3,620.		252,	500.
с	Net investment earnings, gains, and losses	94,165.	-119,479.	198,945.		19,057.		21,	657.
d	Grants or scholarships		· · · · ·						
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses	6,206.	6,706.	5,587.		4,824.		З,	204.
g	End of year balance	1,289,046.	652,373.	737,916.	ш.)	541,308.		527,	075.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	100	_%						
b	Permanent endowment	%							
с	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organizat	ion that are held ar	d administered for t	he				
	organization by:							Yes	No
	(i) Unrelated organizations						3a(i)		<u>X</u>
	(ii) Related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza						3b		
4 Da	Describe in Part XIII the intended uses of thet VILand, Buildings, and Equipm		ment funds.						
Fai	Complete if the organization answered		Part IV line 11a S	oo Eorm 000 Bart V	lino 10				
	Description of property	(a) Cost or otl basis (investm	• • •		Accumulate epreciation		(d) Boo	k value	3
4-	Land	`	· ·	0,453.	opicolation		61	0,4	53
	Land				214,8	58	<u>6,13</u>		
	Buildings		10,33	<u>+,+50• 4,</u>	<u>41</u> ,0		0,10	0,50	
	Leasehold improvements		1 3 2	2,733. 1,	236,8	36.	Q	5,89	97
	Equipment Other				212,2			2,93	
	Other						7,02		
TULA	n Add mies ra through re. (Column (a) MUST e	<u>qual Forni 990, Part X</u>	<u>, column (B), line T(</u>	<i>JC.J</i>		<u> </u>	. , 0 2	<u> </u>	

Schedule D (Form 990) 2022

232052 09-01-22

chedule D (Form 990) 2022 PROSPECTUS ASSOCIATES IN(

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. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	

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. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
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)	PROGRAM PARTICIPANT FUNDS	237,161.
(3)	OPERATING LEASE LIABILITIES	94,573.
(4)	FINANCE LEASE LIABILITIES	89,993.
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	421,727.

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 ... X

Schedule D (Form 990) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 PROSPECTUS ASSOCIATES INC.			23-	2023612 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With F	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ι.			
1	Total revenue, gains, and other support per audited financial statements			1	18,984,857.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	53,867.		
b	Donated services and use of facilities	. 2b	11,822.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	22,716.		
е	Add lines 2a through 2d			2e	88,405.
3	Subtract line 2e from line 1			3	18,896,452.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	6,206.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	6,206.
	Tabel services Add Bases O and Astronomy and the services of t			5	18,902,658.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				
	t XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per R		
	TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	Expenses per R	letur	n.
	t XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per R		
Pa	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With	Expenses per R	letur	n.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	ents With	Expenses per R	letur	n.
Pa 1 2	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With 	Expenses per R	letur	n.
Pa 1 2 a	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ents With 	Expenses per R	letur	n.
Pa 1 2 a b	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	ents With 	Expenses per R	letur	n. 18,268,789.
Pa 1 2 a b c	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	ents With 	Expenses per R 11,822. 22,716.	letur	n. 18,268,789. 34,538.
Pa 1 2 a b c d	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	ents With 	Expenses per R 11,822. 22,716.	1	n. 18,268,789.
Pa 1 2 a b c d e	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	ents With 	Expenses per R 11,822. 22,716.	letur 1 2e	n. 18,268,789. 34,538.
Pa 1 2 b c d 3	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	ents With 2a 2b 2b 2c 2d	Expenses per R 11,822. 22,716.	letur 1 2e	n. 18,268,789. 34,538.
Pa 1 2 3 4	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	ents With	Expenses per R 11,822. 22,716.	letur 1 2e	n. <u>18,268,789</u> . <u>34,538</u> . <u>18,234,251</u> .
Pa 1 2 3 4	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	ents With 2a 2b 2c 2c 2d 4a 4b	Expenses per R 11,822. 22,716. 6,206.	letur 1 2e	n. <u>18,268,789</u> . <u>34,538</u> . <u>18,234,251</u> . 6,206.
Pa 1 2 a b c d e 3 4 a b c 5	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	ents With 2a 2b 2c 2c 2d 4a 4a	Expenses per R 11,822. 22,716. 6,206.	1 2e 3	n. <u>18,268,789</u> . <u>34,538</u> . <u>18,234,251</u> .

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 V, LINE 4:

THE	AGENCY'S	S	ENDOWMENT	CONSISTS	OF	Α	BOARD	RESTRICTED	ENDOWMENT	FUND	WITH
-----	----------	---	-----------	----------	----	---	-------	------------	-----------	------	------

THE INCOME EXPENDABLE FOR THE PROGRAMS OF THE AGENCY IN ACCORDANCE WITH

THE AGENCY'S POLICY.

PART X, LINE 2:

IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, THE AGENCY

ACCOUNTS FOR UNCERTAIN TAX POSITIONS, IF ANY, AS REQUIRED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES

232054 09-01-22

22,716.

Schedule D (Form 990) 2022 Part XIII Supplemental Inf	PROSPECTUS ASSOCIATES INC.	23-2023612 Page 5
PART XII, LINE 2D	- OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPE	INSES	22,716.

Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE G	Suppleme	ntal Information Regardi	ing Fund	Iraisi	ng or Gaming A	ctivities	; c	OMB No. 1545-0047
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							2022
Department of the Treasury		Attach to Form 9						Open to Public
Internal Revenue Service		o www.irs.gov/Form990 for ins	structions	and th	ne latest information	1		Inspection
Name of the organization		TUS ASSOCIATES II	NC.				oloyeride -2023	ntification number 612
Part I Fundrais		Complete if the organization an		es" or	n Form 990, Part IV, I			
required to	complete this part	t.						
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list b If "Yes," list the 1000 	tions email solicitations tations dicitations on have a written o red in Form 990, Pa highest paid indiv	f Soli g Spe or oral agreement with any indivic art VII) or entity in connection wit viduals or entities (fundraisers) pu	icitation of icitation of ecial fundra dual (incluc th professi	non-g gover aising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	·	Yes	
compensated at le	east \$5,000 by the	organization.			I			r
(i) Name and addres or entity (fund		(ii) Activity	fùnd have c or cor	Did raiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amo to (or reta funda listed ir	ained by) aiser	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total								
	ich the organizatio	n is registered or licensed to soli	icit contrib	utions	or has been notified	it is exem	pt from re	gistration

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

Schedule G (Form 990) 2022

232081 10-27-22

Schedule G (Form 990) 2022 PROSPECTUS ASSOCIATES INC.

23-2023612 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		(a) Event #1 GOLF TOURNAMENT	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
1	1 Gross receipts	71,641.			71,641
2	2 Less: Contributions	40,985.			40,985
3	3 Gross income (line 1 minus line 2)				30,656
4	4 Cash prizes	2,870.			2,870
	5 Noncash prizes				
6	6 Rent/facility costs	10,870.			10,870
e 7	7 Food and beverages				8,976
8	8 Entertainment9 Other direct expenses				
-	10 Direct expense summary. Add lines 4 throu				22,716
- T	11 Net income summary. Subtract line 10 fror	•			7,940
_	\$15,000 on Form 990-EZ, line 6a.	1		1	
	\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
	\$15,000 on Form 990-EZ, line 6a.			(c) Other gaming	
				(c) Other gaming	
	1 Gross revenue			(c) Other gaming	
2	1 Gross revenue 2 Cash prizes			(c) Other gaming	
1	Gross revenue Cash prizes Noncash prizes Rent/facility costs			(c) Other gaming	
1 2 2 3 4 5	 Gross revenue Cash prizes Noncash prizes Rent/facility costs 				col. (a) through col. (a
1 2 3 4 5	1 Gross revenue		bingo/progressive bingo	Yes%	col. (a) through col. (a)
1 2 3 4 5 6	1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor		bingo/progressive bingo	☐ Yes% ☐ No	col. (a) through col. (c
1 2 3 4 5 6 7 8	1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through the summary. Subtract lines 8 Net gaming income summary. Subtract lines		bingo/progressive bingo	☐ Yes%	col. (a) through col. (c
1 2 3 4 5 6 7 8	 Gross revenue		bingo/progressive bingo	Yes% Yo	col. (a) through col. (c
1 2 3 4 5 6 7 8	1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 throw 8 Net gaming income summary. Subtract line Enter the state(s) in which the organization cor		bingo/progressive bingo	Yes% Yo	col. (a) through col. (a)

232082 10-27-22

Schedule G (Form 990) 2022

Schedule G (I	⁻ orm 990) 2022	PROSPECTUS	ASSOCIATES	INC.	23-2023612 Page 3
11 Does the	e organization conduct g	aming activities with no	nmembers?		YesNo
				partnership or other entity formed	
to admir	ister charitable gaming?				Yes No
	the percentage of gamin				
a The orga	anization's facility				13a %
b An outsi	de facility				13b %
14 Enter the	e name and address of th	ne person who prepares	the organization's ga	ming/special events books and reco	ords:
Name					
Address					
15a Does the	e organization have a cor	ntract with a third party	from whom the organi	zation receives gaming revenue?	Yes No
				•	
	enter the amount of gan			\$ and the a	mount
	g revenue retained by th				
c If "Yes,"	enter name and address	s of the third party:			
N					
Name					
A al alua a a					
Address					
16 Coming	monogor information.				
16 Gaming	manager information:				
Namo					
Name					
Gaming	manager compensation	\$			
Garning	manager compensation	Ψ			
Descript	ion of services provided				
Decempt					
	virector/officer	Employee	Independe	ent contractor	
17 Mandato	ory distributions:				
a Is the or	ganization required unde	r state law to make cha	ritable distributions fro	om the gaming proceeds to	
retain th	e state gaming license?				Yes No
b Enter the	e amount of distributions	required under state la	w to be distributed to	other exempt organizations or spen	t in the
	tion's own exempt activi		\$		
				by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,
	15b, 15c, 16, and 17b, a	s applicable. Also provi	de any additional infor	mation. See instructions.	
232083 10-27-22					Schedule G (Form 990) 2022
			34		

Schedule G		
B · IN /	•	

Part IV	Supplemental Information	n (continued)		
				Schedule G (Form 990)

SCHEDULE J	Compensation Information	1	OMB No. 1545-0047				
(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Department of the Treasury Attach to Form 990.			20	2022			
			ZU	JZZ			
			Open to Public				
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe				
Name of the organization		Employer i			nber		
	PROSPECTUS ASSOCIATES INC.	23-2	02361	2			
Part I Question	s Regarding Compensation						
1. Observations		000		Yes	No		
	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,					
	line 1a. Complete Part III to provide any relevant information regarding these items.						
First-class or c							
Tax indemnification and gross-up payments Image: Health or social club dues or initiation fees Discretionary spending account Image: Personal services (such as maid, chauffeur, chef)							
		ii, cheij					
b If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or						
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain						
	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		1b				
•	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
3 Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization's	5					
	ector. Check all that apply. Do not check any boxes for methods used by a related organizati						
	ation of the CEO/Executive Director, but explain in Part III.						
X Compensatior	n committee Written employment contract						
	compensation consultant Compensation survey or study						
Form 990 of o	ther organizations X Approval by the board or compensation of	ommittee					
4 During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
organization or a re	lated organization:						
a Receive a severance	e payment or change-of-control payment?		4a				
	eive payment from a supplemental nonqualified retirement plan?		4b				
c Participate in or receive payment from an equity-based compensation arrangement?					X		
c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
O-1							
	(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	лт					
contingent on the r			Ea		x		
	ation?						
	ation? or 5b, describe in Part III.		50				
	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n					
contingent on the r		11					
-			6a		x		
	ation?						
	or 6b, describe in Part III.						
	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	5					
-	nes 5 and 6? If "Yes," describe in Part III		7		x		
	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the						
-			8		X		
	id the organization also follow the rebuttable presumption procedure described in	ensation ensation ensation enstion enstide ens					
	n 53.4958-6(c)?		9				
	eduction Act Notice, see the Instructions for Form 990.			n 990)	2022		

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Schedule J (Form 990) 2022

23-2023612

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			other deferred	(D) Nontaxable benefits	(E) Total of column (B)(i)-(D)	in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) JODY WAGNER	(i)	147,969.	0.	0.	6,628.	19,474.	174,071.	0.	
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) JONATHAN COLON-COLON	(i)	129,025.	0.	0.	2,418.	34,448.	165,891.	0.	
coo	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) NIKKI ROMAN-CRUZ	(i)	123,034.	0.	0.	2,759.	34,448.	160,241.	0.	
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii) (i)								
	(i)								
	(ii) (ii)								
	(i) (ii)								
	(i)								
	(i) (ii)								

Schedule J (Form 990) 2022

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



PROSPECTUS ASSOCIATES INC.

Employer identification number 23-2023612

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

FAMILY SUPPORT SERVICES THAT ENRICH THE LIVES OF PEOPLE WITH

DISABILITIES AND THEIR FAMILIES.

WE WILL FULFILL OUR MISSION BY ENGAGING AND SUPPORTING A TALENTED AND

COMPASSIONATE WORKFORCE; BEING INCLUSIVE; AND LIVING THE GUIDING

PRINCIPLES OF ACCOUNTABILITY, COMMUNICATION, AND TRUST EVERY DAY.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

PROSPECTUS BERCO EXPANDED THE EMPLOYMENT SERVICES TO INCLUDE WEXA, WORK

EXPERIENCE FOR ADULTS, AND TICKET TO WORK. BOTH SERVICES OFFER MORE

OPPORTUNITIES FOR ADULTS TO GAIN REAL ON-THE-JOB-TRAINING AT LOCAL

BUSINESSES TO ENHANCE THEIR EMPLOYABILITY FOR GAINFUL EMPLOYMENT.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

VOCATIONAL SERVICES OFFER A VARIETY OF TRAINING AND EMPLOYMENT OPTIONS

AND EMPLOYS APPROXIMATELY 51 WORKERS WITH DISABILITIES AND PROVIDES

BUSINESSES THROUGHOUT THE COUNTRY WITH PACKAGING AND SUBASSEMBLY

SERVICES. PRODUCTION WORKERS ALSO GO OUT IN WORK TEAMS TO PROVIDE

SERVICES AT VARIOUS BUSINESSES.

ADULT TRAINING SERVICES PROVIDE SOCIAL AND RECREATIONAL ACTIVITIES FOR

ADULTS WITH DISABILITIES FROM 9 A.M. TO 3:30 P.M. MONDAY THROUGH

FRIDAY. ACTIVITIES INCLUDE COMMUNITY PARTICIPATION AND SUPPORT,

VOLUNTEER EXPERIENCES, COMMUNICATION, AND MOBILITY TRAINING, ALONG WITH

OCCUPATIONAL THERAPIES. ONE OF OUR COMPONENTS IS DESIGNED FOR

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990) 202223221110-28-22

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AMERICAN SIGN LANGUAGE INSTRUCTOR WHO COMES IN TWICE A WEEK TO TEACH

ASL TO PARTICIPANTS AND EMPLOYEES. THERE ARE 86 INDIVIDUALS IN ADULT

TRAINING SERVICES.

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

THE BOARD OF DIRECTORS REVIEWS THE FORM 990 PRIOR TO FILING.

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

ALL VOLUNTEERS AND KEY EMPLOYEES SHALL DISCLOSE ALL FACTS MATERIAL TO A POSSIBLE CONFLICT OF INTEREST. A PERSON WHO HAS A CONFLICT OF INTEREST SHALL NOT PARTICIPATE IN OR BE PERMITTED TO HEAR THE BOARD'S OR COMMITTEE'S DISCUSSION OF THE MATTER EXCEPT TO DISCLOSE MATERIAL FACTS AND TO RESPOND TO QUESTIONS. THE PERSON HAVING THE CONFLICT OF INTEREST MAY NOT VOTE ON THE CONTRACT OR TRANSACTION AND SHALL NOT BE PRESENT IN THE MEETING ROOM WHEN THE VOTE IS TAKEN. SUCH PERSON'S INELIGIBILITY TO VOTE SHALL BE REFLECTED IN THE MINUTES OF THE MEETING. THE CONFLICT-OF-INTEREST POLICY AND DEFINITIONS ARE REVIEWED ANNUALLY WITH ALL VOLUNTEERS.

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

THE EXECUTIVE COMMITTEE MEETS WITH THE EXECUTIVE DIRECTOR ANNUALLY TO REVIEW JOB PERFORMANCE AND RECOMMEND ANY COMPENSATION CHANGE. OTHER EMPLOYEE COMPENSATION CHANGES OCCUR WHEN APPROPRIATE BASED ON FUNDING AND IS REVIEWED BY THE FINANCE AND PERSONNEL COMMITTEES. RECOMMENDATIONS ARE PRESENTED TO THE BOARD OF DIRECTORS FOR APPROVAL.

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FORM 990, PART VI, SECTION C, LINE 18:

FILINGS ARE AVAILABLE UPON REQUEST.

232212 10-28-22

Schedule O (Form 990) 2022

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

DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE PROCESS DID NOT CHANGE FROM THE PRIOR YEAR.

Schedule O (Form 990) 2022

232212 10-28-22

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instruct	ctions.		Taxpayer identification number (TIN)			
print	PROSPECTUS ASSOCIATES INC.				23-2023612		
File by the due date fo filing your return. See	for Number, street, and room or suite no. If a P.O. box, see instructions.						
instructions	City, town or post office, state, and ZIP code. For a for READING, PA 19604-1551	oreign addi	ress, see instructions.				
Enter the	e Return Code for the return that this application is for (file	e a separat	te application for each return)				
Applicat	tion	Return	Application			Return	
ls For	ls For		Is For			Code	
Form 99	0 or Form 990-EZ	01	Form 1041-A	08			
Form 4720 (individual)			Form 4720 (other than individual)			09	
Form 99	0-PF	04	Form 5227			10	
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 99	0-T (trust other than above)	06	Form 8870			12	
Form 99	0-T (corporation) THE ORGANIZATIO	07					
 If the If this box 1 Irath the 	hone No. ▶ 610-372-4637 organization does not have an office or place of business is for a Group Return, enter the organization's four digit (Group Exe and atta MAX anization's , an	mption Number (GEN) I ch a list with the names and TINs of <u>X 15, 2024</u> , to file return for: d ending <u>JUN 30, 2023</u>	f this is fo all memb	r the whole gr ers the extens npt organizatio	ion is for.	
	this application is for Forms 990-PF, 990-T, 4720, or 6069 y nonrefundable credits. See instructions.	, enter the	tentative tax, less	3a	\$	0.	
	this application is for Forms 990-PF, 990-T, 4720, or 6069						
	timated tax payments made. Include any prior year overpa			3b	\$	0.	
	alance due. Subtract line 3b from line 3a. Include your pa	•				0	
	ing EFTPS (Electronic Federal Tax Payment System). See			30	\$	0.	
Caution instruction	: If you are going to make an electronic funds withdrawal ons.	(direct deb	Dit) with this form 8868, see form 84	153-1 E and	a ⊢orm 8879-1	tor payment	
LHA I	For Privacy Act and Paperwork Reduction Act Notice.	see instru	ictions.		Form 88	368 (Rev. 1-2022)	

223841 04-01-22

Mail to: Pennsylvania Department of State Bureau of Corporations and Charitable Organizations 207 North Office Building Harrisburg, PA 17120 See <u>www.dos.pa.gov/charities f</u> or more information	Charitable Organization Registration Statement BCO-10 (rev. 2/2022) Fee: See instructions
Certificate number: 15910 (N/A if initial registration) Fiscal year ended: 06/30/2023 MM DD YYYY	If this is a voluntary registration, check and complete the applicable box(es). For a registration to be voluntary, at least one of the following must apply: Organization is exempt from registration because
FEIN: 23-2023612	Organization does not solicit contributions in Pennsylvania
1. Legal name of organization: PROSPECTUS ASSO	DCIATES INC.
Check if name change and give previous name All other names used to solicit contributions:	
PROSPECTUS BERCO	
 3. Contact person: <u>JODY WAGNER</u> 4. Principal address of organization: 	Contact's E-mail: JWAGNER@PROSPECTUSBERCO.OR Mailing address: (if different than principal address):
840 WILLIAM LANE	
READING	<u> </u>
PA 19604-1551	<u> </u>
County: BERKS	Phone number: 610-372-4637
800 number:	Fax number: 610-372-8644
Email (if different than Contact's email):	
Website: WWW.PROSPECTUSBERCO.ORG	
5. Type of organization (e.g. non-profit corporation, unincor NON-PROFIT ORGANIZATION	rporated association, etc.):
Where established: READING, PA	Date established:* 04/01/1977
*Initial registrants must submit copies of organizational docume constitution or other organizational instrument and by-laws.	ents such as charter, articles of incorporation,

Page	1	of	6
i ago		U.	0

6. Name and addresses of all offices, chapters, branches, auxiliaries, affiliates or other subordinate units located in Pennsylvania, which share in the contributions or other revenue raised in the Commonwealth: (Attach a separate sheet if necessary)

N/	'A
_	
/	
file sec	ort form registration applicability - Specified types of charitable organizations described in §162.7(a) of the Act may a short form registration, which permits the organization to register without filing a financial report. Check the ction that describes the organization. If the organization does not meet any of the criteria below for short form gistration, check "Not Applicable":
	§162.7(a)(1) - Persons or organizations which solicit contributions for the relief of a specific individual, when
	all of the contributions collected are turned over to the named beneficiary for his/her use without any deductions and provided that all contributions collected shall be held in trust
	§162.7(a)(2) - Organizations which only solicit within the membership of the organization by other members of
	the organization. The term "membership" shall not include those persons who are granted a membership solely upon making a contribution as the result of solicitation. "Member" means a person having membership in a
	nonprofit corporation, or other organization, in accordance with the provisions of its articles of incorporation,
	bylaws or other instruments creating its form and organization and having bona fide rights and privileges in the organization such as the right to vote, to elect officers and directors, to hold office or position as ordinarily conferred on members of such organizations.
	§162.7(a)(3) - Organizations which receive gross contributions of no more than \$25,000 per fiscal year whose fundraising activities are carried on only by volunteers, members, officers or permanent employees and only permanent employees are compensated for those fundraising activities
	§162.7(a)(4) - Veterans organizations chartered under Federal law, organizations of volunteer firemen, ambulance associations, rescue squad associations and their auxiliaries or affiliates, which are not exempt from registration, did not receive gross contributions in excess of \$100,000 and did not use a professional solicitor.
X	Not Applicable
a fi <u>mu</u>	aritable organizations which check boxes §162.7(a)(1) - §162.7(a)(4) are not required to file inancial report with this registration. If <u>"Not Applicable" is checked, the charitable organization</u> ist submit financial reports which are audited, reviewed, compiled or internally prepared. See tructions.
	Items 8 and 9 are required to be completed by initial registrants only
Da	te organization first solicited contributions from Pennsylvania residents:
Otl	MM DD YYYY
\$2	organization solicited Pennsylvania residents and received gross* contributions totaling more than 5,000 in any given fiscal year, provide the date the organization first received contributions totaling more an \$25,000.
Otl	MM DD YYYY
01	*Includes contributions received both within and outside Pennsylvania before any deductions or expenses.

10.	PROSPECTUS ASSOCIATES INC. Has the organization been granted IRS tax-exempt status? X Yes
	A. If "Yes," under which IRS code section: <u>501(C)(3)</u> and attach a copy of the IRS exemption letter if not previously submitted.
	B. Has the organization's tax-exempt status ever been denied, revoked or modified? Yes X No (If "Yes," attach a copy of the denial, revocation or modification and subsequent reinstatement, if any, and if not previously submitte
11.	Was the organization required to file any type of IRS 990 return, including 990, 990EZ, 990PF or 990N and applicable schedules, for its most recently completed fiscal year? X Yes No (If "Yes," attach a copy of the most recently filed 990, 990EZ, 990PF or 990N and include all schedules. DO NOT INCLUDE SCHEDULE B UNLESS YOU FILE 990 PF.
	If "No," attach an explanation of why the organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return or an organization that files a 990N, 990EZ or 990PF, must file a Pennsylvania public disclosure form (BCO-23).)
12.	Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.):
	DIRECT MAIL, INTERNET, TELEPHONE, IN-PERSON
13.	A clear description of the specific programs for which contributions are used or will be used, and a statement describing whether such programs are planned or in existence.
	CONTRIBUTIONS ARE USED FOR UNMET NEEDS OF INDIVIDUALS WITH MENTAL OR PHYSICAL DISABILITIES. CONTRIBUTIONS ARE ALSO USED FOR BUILDING ENHANCEMENTS AT COMMUNITY HOMES AND AT ADULT TRAINING AND VOCATIONAL PROGRAMS.
14.	Is the organization registered to solicit contributions in any other state or municipality? Yes X No (If "Yes," list all states and municipalities. Attach a separate sheet if necessary.)
	Yes X No (If "Yes," list all states and municipalities. Attach a separate sheet if necessary.) Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check
	Yes X No (If "Yes," list all states and municipalities. Attach a separate sheet if necessary.) Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check
15.	Yes X No (If "Yes," list all states and municipalities. Attach a separate sheet if necessary.) Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check "Yes" if the organizations only uses or intend to only use a professional fundraising counsel.) X Yes No If "Yes," give the date the person or entity started or will start soliciting contributions from Pennsylvania residents: 12/15/2008
15.	Yes X No (If "Yes," list all states and municipalities. Attach a separate sheet if necessary.) Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check "Yes" if the organizations only uses or intend to only use a professional fundraising counsel.) X Yes No If "Yes," give the date the person or entity started or will start soliciting contributions from Pennsylvania residents: $12/15/2008$ No Names, addresses, and telephone numbers of all professional solicitors the organization uses or intends to use to solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all

06.01

17. Names, addresses, and telephone numbers of all professional fundraising counsel the organization uses or intends to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents: (Attach a separate sheet if necessary)

	Names, addresses, and telephone numbers of any commercial coventurers under contract with the organization: (Attach a separate sheet if necessary)
	N/A
	If the registering charity is a parent organization located in Pennsylvania, does the organization elect to file a combined registration covering all of its Pennsylvania affiliates? (See note "Affiliate and Parent Organization") Yes No X Not Applicable
	If "Yes," give all names and certificate numbers of the affiliate organizations: (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)
	Is the registering charity a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on the registering charity's behalf? (See note "Affiliate and Parent Organization")
	on the registering charity's behalf? (See note "Affiliate and Parent Organization") Yes No X Not Applicable If "Yes," provide the name and, if available, certificate number of the parent organization.
E	on the registering charity's behalf? (See note "Affiliate and Parent Organization") Yes No X Not Applicable If "Yes," provide the name and, if available, certificate number of the parent organization. (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return
E	on the registering charity's behalf? (See note "Affiliate and Parent Organization") Yes No X Not Applicable If "Yes," provide the name and, if available, certificate number of the parent organization. (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.) Legal name of parent organization Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers. (Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)
C	on the registering charity's behalf? (See note "Affiliate and Parent Organization") Yes No X Not Applicable If "Yes," provide the name and, if available, certificate number of the parent organization. (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group retur and file a public disclosure form (BCO-23) for each affiliate.) Legal name of parent organization Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers.
C	on the registering charity's behalf? (See note "Affiliate and Parent Organization") Yes No X Not Applicable If "Yes," provide the name and, if available, certificate number of the parent organization. (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group retur and file a public disclosure form (BCO-23) for each affiliate.) Legal name of parent organization Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers. (Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)

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275811 04-01-22

Form BCO-10 (rev. 2/2022)

A. Are in charge of solicitation activities:

BOARD OF DIRECTORS

840 WILLIAM LANE READING, PA 19604

B. Have final responsibility for the custody of contributions:

BOARD OF DIRECTORS

840 WILLIAM LANE READING, PA 19604

C. Have final responsibility for final distribution of contributions:

BOARD OF DIRECTORS

840 WILLIAM LANE READING, PA 19604

D. Are responsible for custody of financial records:

BOARD OF DIRECTORS

840 WILLIAM LANE READING, PA 19604

23. Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to:

Α.	Any other officer, director, trustee, or employee?		Yes	Х	No
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- B. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? ** Yes X No
- C. Any officers, agents or employees of any supplier or vendor providing goods or services? **

Yes X No

**(this includes any officer, director, trustee, or employee of the charitable organization who is also an officer, director, trustee, employee or owner of a professional fundraising counsel, professional solicitor, supplier or vendor)

If "Yes" is checked to any of the above, attach a list of related individuals including names, business, and residence addresses of related parties.

- 24. Has the organization or any of its present officers, directors, executive personnel or trustees ever:
 - A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or currently has such proceedings pending in this or any other jurisdiction? Yes X No
 - B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency?
 - C. Entered into any legally enforceable agreement (such as a consent agreement, an assurance of voluntary compliance or discontinuance or any similar agreement) with any district attorney, Office of Attorney General, or other local or state governmental agency? Yes X No

(If "Yes" is checked in response to any of the above, attach a written explanation, including the reasons for actions, and copies of all relevant documents.)

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2022.05060 PROSPECTUS ASSOCIATES INC 48206.01

Certification - This registration statement must be signed by two different officers of the organization, one of whom shall be the chief fiscal officer or the equivalent.

I certify that the information provided in this registration, including all statements and attached documentation, is true and correct to the best of my knowledge, information and belief. I understand that the falsification of any statement or documentation made is subject to the penalties of 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities) and 10 P.S. §162.17 (relating to administrative enforcement and penalties).

Signature of Chief Fiscal Officer	Date	
Type or print name and title of Chief Fiscal Officer	_	
Signature of Other Authorized Officer	 Date	
Type or print name and title of Other Authorized Officer	_	

Checklist for registration:					
X Completed r	egistration statement properly signed and dated.				
	e IRS 990/990EZ/990PF/990N Return and required schedules, ated by an authorized officer				
Public Disclo	sure Form BCO-23 (if required)				
X Applicable F	nancial Statements (audited, reviewed, compiled or internally prepared)				
X Registration	fee and any late filing fees				
Initial Registr	ants Only: IRS determination letter, articles of incorporation or charter and				
See Instructions fo	more information on completing this form and attachments.				

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FORM BCO-10	ALL PROFESSIONAL SOI	ICITORS	STATEMENT 1
NAME AND ADDRESS			PHONE NUMBER
CONTRACT BEGIN DATE	CONTRACT END DATE	SOLICIT DATE	

FORM BCO-10	PROFESSIONAL FUNDRA	AISING COUNSELS	STATEMENT 2
NAME AND ADDRESS			PHONE NUMBER
CONTRACT BEGIN DATE	CONTRACT END DATE	SERVICE DATE	

FORM BCO-10	OFFICERS,	DIRECTORS,	TRUSTEES	AND	EXECUTIVES	STATEMENT	3
NAME AND ADDRESS				TITI	ΞE		
JODY WAGNER 840 WILLIAM LANE READING, PA 1960	4-1551			CEO			
NAME AND ADDRESS				TITI	ΞE		
JONATHAN COLON-CO 840 WILLIAM LANE READING, PA 1960				C00			
NAME AND ADDRESS				TITI	E		
NIKKI ROMAN-CRUZ 840 WILLIAM LANE READING, PA 1960	4-1551			CFO			

NAME AND ADDRESS

DANIEL E. WIEKRYKAS 840 WILLIAM LANE READING, PA 19604-1551

NAME AND ADDRESS

JONATHAN C. BECKER 840 WILLIAM LANE READING, PA 19604-1551

NAME AND ADDRESS

MICHAEL BILLERA-SMITH 840 WILLIAM LANE READING, PA 19604-1551

NAME AND ADDRESS

SUSAN KOLB 840 WILLIAM LANE READING, PA 19604-1551

NAME AND ADDRESS

NICHOLAS THOMAS 840 WILLIAM LANE READING, PA 19604-1551

NAME AND ADDRESS

MARK CHAKNOS 840 WILLIAM LANE READING, PA 19604-1551

NAME AND ADDRESS

DR. AMANDA CIPOLLA 840 WILLIAM LANE READING, PA 19604-1551

NAME AND ADDRESS

MICHEL DETURK 840 WILLIAM LANE READING, PA 19604-1551

NAME AND ADDRESS

DALE G. DERR 840 WILLIAM LANE READING, PA 19604-1551

NAME AND ADDRESS

ERIC J. FABRIZIO, ESQ. 840 WILLIAM LANE READING, PA 19604-1551

TITLE

PRESIDENT

TITLE

VICE PRESIDENT

TITLE

TREASURER

TITLE ______ SECRETARY THRU DEC 2022

TITLE

SECRETARY AS OF JAN 2023

TITLE

BOARD MEMBER

TITLE

BOARD MEMBER

TITLE

BOARD MEMBER

TITLE

BOARD MEMBER

TITLE

BOARD MEMBER

PROSPECTUS ASSOCIATES INC.		
NAME AND ADDRESS	TITLE	
JOHN HUNTER 840 WILLIAM LANE READING, PA 19604-1551	BOARD	MEMBER
NAME AND ADDRESS	TITLE	
JOELLE R. LAUCHNER, DO 840 WILLIAM LANE READING, PA 19604-1551	BOARD	MEMBER
NAME AND ADDRESS	TITLE	
JENNIFER MATTEN 840 WILLIAM LANE READING, PA 19604-1551	BOARD	MEMBER
NAME AND ADDRESS	TITLE	
C. ROBERT RICE, JR, ESQ., CPA 840 WILLIAM LANE READING, PA 19604-1551	BOARD	MEMBER
NAME AND ADDRESS	TITLE	
COURTNEY L TULL, MHS 840 WILLIAM LANE READING, PA 19604-1551	BOARD	MEMBER
NAME AND ADDRESS	TITLE	
THOMAS J. WENTZEL 840 WILLIAM LANE READING, PA 19604-1551	BOARD	MEMBER