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

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

Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

A For the 2021 calendar year, or tax year beginning 07/01/21, and ending 06/30/22

OMB No. 1545-0047 2021 Open to Public Inspection

| В          | Check if    | applicable:    | C Name of organiz    | zation            |  |                  |              |                      |                |              |  | D Employ         | er identif | ication number    | er             |
|------------|-------------|----------------|----------------------|-------------------|--|------------------|--------------|----------------------|----------------|--------------|--|------------------|------------|-------------------|----------------|
|            | Address     | change         |                      | $\Lambda \Lambda$ | CENTRAL                                  | MARKET           | TRUS         | ST                   |                |              |  |                  |            |                   |                |
| 一          | Name cl     | hange          | Doing business       |                   |  |                  |              |                      |                |              |  | 76-0             |            |                   |                |
| H          |             |                |                      |                   | D. box if mail is not de<br>EN STREET    |                  |              | )                    |                |              | Room/suite   | E Telepho        |            | -6890             |                |
| -          | Initial ret |                |                      |                   | ince, country, and ZIF                   |                  |              |                      |                |              |  | /1/-             | 733        | -0090             |                |
|            | terminate   |                | LANCAST              |                   | o, ssally, and 2                         | PA 1             |              |                      |                |              |  | - 0              |            | 400               | ,358           |
|            | Amende      | d return       | F Name and addre     |                   | cipal officer:                           | PAI              | 7603         |                      |                |              |  | <b>G</b> Gross r | eceipts\$  | 400               |                |
| 司          | Application | on pending     | JOSHUA               |                   |  |                  |              |                      |                |              | H(a) Is this a group return for subordinates Yes X N |                  |            |                   |                |
| _          |             |                |                      |                   | THE<br>N STREET                          |                  |              |                      |                |              | H(b) Are all sub                                     | ordinates i      | ncluded?   | Yes               | No             |
|            |             |                | LANCAS               | -                 | N SIKEEI                                 |                  | PA 1'        | 7603                 |                |              |  | ' attach a lis   |            | tructions         | Ш              |
| _          | T           |                | X 501(c)(3)          |                   | 504(-) (                                 | (insert no.)     |              |                      | F07            |              | ,  |                  |            |                   |                |
| <u>-</u>   |             | empt status:   |                      |                   | 501(c) ( )<br>ARKETLAN                   |                  |              | 4947(a)(1) or        | 527            |              | 11/-> 0  |                  |            |                   |                |
| <u>J</u>   | Website     |                |                      |                   |  |                  |              | <u>M</u>             |                | /            | H(c) Group exe                                       |                  |            |                   | , DA           |
|            |             | f organization |                      | Ir                | ust Association                          | Other            |              |                      |                | L Ye         | ar of formation: 2                                   | 006              | M Stat     | te of legal domic | cile: PA       |
|            | Part I      |                | mmary                |                   |  |                  |              |                      |                |              |  |                  |            |                   | -              |
| Ф          |             | -              | -                    |                   | n's mission or n                         | _                |              |                      |                |              |  |                  |            |                   |                |
| Governance |             |                |                      |                   | ED STEWARD                               |                  |              |                      |                |              |  |                  |            |                   |                |
| Ľ          |             | BOST           | NESSES, F            | (ELAT             | IONSHIPS,                                | AND C            | OMMON        | TTY IN               | AND AR         | OUNI         | J OUR PU   | выс              | MAKN       | ET.               |                |
| S/e        | _           |                |                      |                   |  |                  |              |                      |                |              |  |                  |            |                   |                |
|            | 2           |                |                      |                   | anization discont                        |                  |              |                      |                |              |  |                  |            |                   |                |
| త          | 3           | Number (       | of voting memb       | ers of            | the governing bo                         | ody (Part V      | /I, line 1a  | a)                   |                |              |  | 3                | 11         |                   | -              |
| Activities | 4           | Number (       | of independent       | voting            | members of the                           | governing        | body (F      | Part VI, line 1      | b)             |              |  | 4                | 11         |                   |                |
| Ę          |             |                |                      |                   | ployed in calend                         |                  | 21 (Part     | V, line 2a)          |                |              |  |                  | 3          |                   |                |
| Ac         |             |                |                      |                   | timate if necess                         |                  |              |                      |                |              |  | 6                | 43         |                   |                |
|            |             |                |                      |                   | ue from Part VII                         |                  |              |                      |                |              |  |                  |            |                   | 0              |
|            | b           | Net unrel      | ated business        | taxable           | income from Fo                           | orm 990-T,       | Part I, I    | ine 11               |                | <sub>.</sub> |  |                  |            | 0 ( )/            | 0              |
|            |             | 0              |                      | (D 1              | VIII - P 41-1                            |                  |              |                      |                | $\vdash$     | Prior Yea  | <u>s</u> ,767    | +          | Current Year      |                |
| ne         | 8           | Contribut      | ions and grants      | s (Part           | VIII, line 1h)                           |                  |              |                      |                |              |  |                  | _          |                   | 288            |
| Revenue    |             |                | service revenu       |                   |  |                  |              |                      |                |              | 363  | ,949             | 1          | 399,              | , 163          |
| Re         | 10          | Investme       | nt income (Par       | t VIII, c         | olumn (A), lines                         | 3, 4, and        | /d)          |                      |                | .  -         |  |                  | -          | 10                | 001            |
|            |             |                |                      |                   | nn (A), lines 5, 6                       |                  |              |                      |                |              | F 0.0  | 7,577            | 1          |                   | 801            |
|            |             |                |                      |                   | ough 11 (must e                          |                  |              | ımn (A), line        | 12)            | -            | 580  | ,293             | -          | 461,              | 8/2            |
|            |             |                |                      |                   | id (Part IX, colui                       |                  |              |                      |                | .  -         |  |                  | -          |                   |                |
|            |             |                |                      |                   | s (Part IX, colum                        |                  |              |                      |                | .  -         | 1.40   |                  | -          | 1 50              | <u> </u>       |
| es         | 15          |                |                      |                   | employee benefi                          |                  |              |                      |                | .  -         | 142  | 2,773            | -          | 152,              | ,567           |
| Expenses   | 16a         | Professio      | nal fundraising      | fees (F           | Part IX, column<br>ırt IX, column (D     | (A), line 11     | 1e)          |                      |                | .  -         |  |                  | _          |                   | 0              |
| Š          | b           | Total fun      | draising expens      | ses (Pa           | rt IX, column (D                         | ), line 25)      |              | 3,2                  | 253            | .            |  |                  |            |                   |                |
| ш          | 1 17        | Other exp      | penses (Part IX      | Colun             | nn (A), lines 11a                        | –11d, 11f-       | -24e)        |                      |                | .  _         |  | ,617             |            | 263,              |                |
|            |             |                |                      |                   | 17 (must equal F                         |                  |              |                      |                | .  _         |  | ,390             |            | 416,              |                |
| - 6 d      | 19          | Revenue        | less expenses        | . Subtra          | act line 18 from                         | line 12          |              |                      |                | .   .        |  | ,903             |            |                   | ,313           |
| St.        |             | T.4.1          | ata (Dant V. Pa      | 40)               |  |                  |              |                      |                | <u> </u> -   | Beginning of Cur                                     |                  | +          | End of Year       |                |
| Net Assets | 20          |                | ets (Part X, line    |                   |  |                  |              |                      |                | ·  -         |  | 1,199            |            | 996,              |                |
| <u>#</u> E | 21          |                | ilities (Part X, I   | ,                 |  |                  |              |                      |                | .  -         |  | 339              | -          |                   | , 679<br>173   |
|            |             |                |                      |                   | ubtract line 21 f                        | rom line 20      | )            |                      |                | .            | 906  | <u>,860</u>      |            | 952,              | ,1/3           |
| _          | Part II     |                | gnature Blo          |                   |  |                  |              |                      |                |              |  |                  |            |                   | <del></del>    |
|            |             |                |                      |                   | nave examined thi<br>preparer (other tha |                  |              |                      |                |              |  |                  | of my kr   | nowledge and      | d belief, it i |
|            | ue, coi     | T k            | omplete. Declara     | ation of          | preparer (other the                      | ari onicei) is   | baseu o      | iii ali lilioiiilati | OII OI WIIICII | prepa        | ici ilas aliy kii                                    | T T              |            |                   |                |
| 0:         |             | =              | ignature of officer  |                   |  |                  |              |                      |                |              |  | Date             |            |                   |                |
| Sig        |             |                | -                    |                   |  |                  |              |                      | mp=:           |              |  | Dati             | 3          |                   |                |
| He         | re          | <del>-</del>   |                      | LYT               | LE                                       |                  |              |                      | TRE            | ASU          | RER  |                  |            |                   |                |
|            |             |                | ype or print name ar | iu iitie          |  | D                | i ·          |                      |                |              | I 5  | -                |            | DTIN              |                |
| Do:        | d           | 1 "            | preparer's name      |                   |  | '                | s signature  |                      |                |              | Date   | Chec             | ш          | PTIN              |                |
| Pai        |             | LAURA          | A. BENDER,           |                   |  |                  |              | NDER, CPA            |                |              |  |                  | mployed    | P012073           |                |
|            | parer       | Firm's na      |                      | ERTZ              |  | <u>&amp; CO.</u> | <u>, LL:</u> | Ρ                    |                |              | F  | irm's EIN ▶      | 23         | 3-1709            | 427            |
| US         | e Only      |                |                      |                   | AST KING                                 |                  | COC          |                      |                |              |  |                  | 74-        | , 202             | 0767           |
|            |             | Firm's ad      |                      |                   | ASTER, P                                 |                  | 602          |                      |                |              | Р  | hone no.         | 717        | 7-393-            |                |
| Ma         | v the I     | RS discu       | ss this return w     | /ith the          | preparer shown                           | above? S         | ee instru    | ictions              |                |              |  |                  |            | X Yes             | l No           |

Form 990 (2021) CENTRAL MARKET TRUST
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,"  |        | 100 | 110         |
| •        |  | 4      | х   |             |
| 2        | complete Schedule A  | 2      |     | Х           |
| 2        | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  |        |     | Λ           |
| 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      |     | Х           |
| 4        | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)  |        |     | ٦,          |
|          | 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      |     | Х           |
| 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   |        |     |             |
|          | 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, Part VI   | 11a    | Х   |             |
| b        | Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more  |        |     |             |
|          | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   | 11b    |     | Х           |
| С        | 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    |     | х           |
| 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    |     | Х           |
| 15       | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or  | - 1.00 |     |             |
|          | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15     |     | х           |
| 16       | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other   |        |     |             |
|          | assistance to an far faraign individuals? If "Vae" assentets Cahadula F. David III and IV  | 16     |     | х           |
| 17       | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on   |        |     |             |
| ••       | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions  | 17     |     | х           |
| 18       | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on  |        |     | <del></del> |
|          | Dest VIII Francis Assembly 0.00 If III/Co. II computed a Coloradada C. Dest III  | 18     |     | х           |
| 19       | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?   |        |     |             |
|          | If "Yes," complete Schedule G, Part III  | 19     |     | х           |
| 20a      | Did the constitution of the state of the sta | 20a    |     | X           |
| 20a<br>b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20b    |     | -22         |
| 21       | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or  | 200    |     |             |
| - '      | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21     |     | х           |
|          | germanical germanical on the transfer and the transfer an |        | 990 | (0004)      |

| Part IV | Checklist | of | Required | Schedules | (cont | inued) |
|---------|-----------|----|----------|-----------|-------|--------|
|---------|-----------|----|----------|-----------|-------|--------|

|             |   |          | Yes | No       |
|-------------|---|----------|-----|----------|
| 22          | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on   |          | 103 |          |
|             | 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        |
| 2/12        | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than   | 23       |     |          |
| <b>24</b> a | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b   |          |     |          |
| V           | through 24d and complete Schedule K. If "No," go to line 25a  | 24a      |     | х        |
| b           | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b      |     |          |
|             | Did the organization maintain an escrow account other than a refunding escrow at any time during the year   |          |     |          |
|             | to defease any tax-exempt bonds?  | 24c      |     |          |
| d           | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d      |     |          |
| 25a         | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit  |          |     |          |
|             | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   | 25a      |     | X        |
| b           | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior  |          |     |          |
|             | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  |          |     |          |
|             | If "Yes," complete Schedule L, Part I   | 25b      |     | X        |
| 26          | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current   |          |     |          |
|             | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II                    | 26       |     | х        |
| 27          | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key   | 20       |     |          |
| 21          | 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      |     | X        |
| b           | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV   | 28b      |     | Х        |
| С           | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If  |          |     |          |
|             | "Yes," complete Schedule L, Part IV   | 28c      |     | X        |
| 29          | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  | 29       |     | X        |
| 30          | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified  | 30       |     | v        |
| 31          | conservation contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | 31       |     | X        |
| 32          | Did the organization riguidate, terminate, or dissolve and cease operations: if "res, complete scriedate", ran r  | 31       |     | 22       |
| -           | complete Schedule N, Part II  | 32       |     | х        |
| 33          | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations  | <u> </u> |     |          |
|             | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   | 33       |     | X        |
| 34          | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,  |          |     |          |
|             | or IV, and Part V, line 1   | 34       |     | X        |
| 35a         | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a      |     | X        |
| b           | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a   |          |     |          |
|             | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | 35b      |     |          |
| 36          | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable  |          |     | .,       |
| 27          | related organization? If "Yes," complete Schedule R, Part V, line 2   | 36       |     | X        |
| 37          | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37       |     | х        |
| 38          | and that is treated as a partnership for federal income tax purposes? <i>It "Yes," complete Schedule R, Part VI</i>   | 31       |     |          |
| 50          | 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.   | 38       | х   |          |
| Pa          | art V Statements Regarding Other IRS Filings and Tax Compliance   | , 55     |     |          |
|             | Check if Schedule O contains a response or note to any line in this Part V  |          |     |          |
|             | , , ,   |          | Yes | No       |
| 1a          | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 2   |          |     |          |
| b           | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0  |          |     |          |
| С           | Did the organization comply with backup withholding rules for reportable payments to vendors and  |          |     |          |
|             | reportable gaming (gambling) winnings to prize winners?   | 1c       | Х   | <u> </u> |
| DAA         |   | Forn     | 990 | (2021)   |

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|-----|--|------------|-----------|-----------|-----|-------|
|     | art V Statements Regarding Other IRS Filings and Tax Compliance (col   | ntinu<br>T | ea)<br>   |           | Yes | No    |
| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  | _          |           |           |     |       |
|     | Statements, filed for the calendar year ending with or within the year covered by this return  | _2a        | 3         |           | ١   |       |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax  |            |           | 2b        | X   |       |
| _   | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instruc  | ctions.    |           |           |     | 37    |
| 3a  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  |            |           |           |     | X     |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Sche  |            |           | 3b        |     |       |
| 4a  | At any time during the calendar year, did the organization have an interest in, or a signature or or   |            | -         | 4.5       |     |       |
|     | a financial account in a foreign country (such as a bank account, securities account, or other fina  | inciai     | account)? | 4a        |     | X     |
| D   | If "Yes," enter the name of the foreign country  |            |           |           |     |       |
| F 2 | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Finance.  |            |           | 50        |     | v     |
| 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year.  |            |           |           |     | X     |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tra  |            |           | 5b<br>5c  |     |       |
| C   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  |            |           |           | -   |       |
| 6a  | Does the organization have annual gross receipts that are normally greater than \$100,000, and organization policitions that were not tay deductible as charitable contributions?  | iia trie   | ,         | 60        |     | х     |
| h   | organization solicit any contributions that were not tax deductible as charitable contributions?   |            |           | <u>6a</u> |     |       |
| b   | If "Yes," did the organization include with every solicitation an express statement that such contri   | DULION     | 5 01      | e b       |     |       |
| 7   | gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  |            |           | 6b        |     |       |
|     | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly  | for a      | oods      |           |     |       |
| а   | and services provided to the payor?  | ioi ge     | ous       | 7a        |     | х     |
| b   | If "Vee," did the experience notify the depart of the value of the goods or conjugate provided?  |            |           | 7b        |     | 72    |
| C   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which  |            |           |           |     |       |
| C   | manufact to St. Fam. 00000   | it was     | •         | 7c        |     | Х     |
| d   | If "Vee" indicate the number of Ferme 2002 filed during the year   | 7d         | 1         |           |     | 1     |
| e   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal bene   |            | ntract?   | 7e        |     | х     |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit of  |            |           | 7f        |     | X     |
| g   | If the organization received a contribution of qualified intellectual property, did the organization file  |            |           |           |     | X     |
| h   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization   |            |           |           |     | X     |
| 8   | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maint   |            |           |           |     |       |
| •   | sponsoring organization have excess business holdings at any time during the year?   | uniou      | by 1110   | 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 |  | 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 | Did the organization receive any payments for indoor tanning services during the tax year?   |            |           | 14a       |     | X     |
| b   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Sch   | edule      | 0         | 14b       |     |       |
| 15  | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in rem  | nunera     | ation or  |           |     |       |
|     | excess parachute payment(s) during the year?   |            |           | 15        |     | X     |
|     | If "Yes," see instructions and file Form 4720, Schedule N.   |            |           |           |     |       |
| 16  | Is the organization an educational institution subject to the section 4968 excise tax on net investr   | ment i     | ncome?    | 16        |     | X     |
|     | If "Yes," complete Form 4720, Schedule O.  |            |           |           |     |       |
| 17  | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage  |            |           |           |     |       |
|     | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  |            |           | 17        |     |       |
|     | If "Yes" complete Form 6069  |            |           | 1         | 1   |       |

| Pa         | rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, a                                 |       |          |          |
|------------|---|-------|----------|----------|
|            | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O                              |       | instr    |          |
| 500        | Check if Schedule O contains a response or note to any line in this Part VI   |       |          | X        |
| Sec        | tion A. Governing Body and Management   |       | Yes      | No       |
| 1a         | Enter the number of voting members of the governing body at the end of the tax year   1a   11                                       |       | 163      | 140      |
| Iu         | If there are material differences in voting rights among members of the governing body, or  |       |          |          |
|            | if the governing body delegated broad authority to an executive committee or similar  |       |          |          |
|            | committee, explain on Schedule O.   |       |          |          |
| h          | Enter the number of voting members included on line 1a, above, who are independent  1b 11   |       |          |          |
| 2          | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with                      |       |          |          |
|            | any other officer director trustee or key employee?   | 2     |          | X        |
| 3          | Did the organization delegate control over management duties customarily performed by or under the direct                           |       |          |          |
| •          | supervision of officers, directors, trustees, or key employees to a management company or other person?                             | 3     |          | X        |
| 4          | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                    | 4     |          | X        |
| 5          | Did the organization become aware during the year of a significant diversion of the organization's assets?                          | 5     |          | X        |
| 6          | Did the erganization have members or steekholders?  | 6     |          | X        |
| 7a         | Did the organization have members of stockholders, or other persons who had the power to elect or appoint                           |       |          |          |
|            | one or more members of the governing body?  | 7a    |          | X        |
| b          | Are any governance decisions of the organization reserved to (or subject to approval by) members,                                   |       |          |          |
|            | stockholders, or persons other than the governing body?   | 7b    |          | X        |
| 8          | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the follow       |       |          |          |
| а          | The governing body?   | 8a    | х        |          |
| b          | Each committee with authority to act on behalf of the governing body?   | 8b    | X        |          |
| 9          | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at                    |       |          |          |
|            | the organization's mailing address? If "Yes," provide the names and addresses on Schedule O   | 9     |          | X        |
| Sec        | tion B. Policies (This Section B requests information about policies not required by the Internal Revenu                            | ie Co | ode.)    |          |
|            |   |       | Yes      | No       |
| 10a        | Did the organization have local chapters, branches, or affiliates?  | 10a   |          | X        |
| b          | If "Yes," did the organization have written policies and procedures governing the activities of such chapters,                      |       |          |          |
|            | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?                         | 10b   |          |          |
| 11a        | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?         | 11a   | Х        |          |
| b          | Describe on Schedule O the process, if any, used by the organization to review this Form 990.                                       |       |          |          |
| 12a        | Did the organization have a written conflict of interest policy? If "No," go to line 13   | 12a   | Х        |          |
| b          | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b   | Х        |          |
| С          | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"                           |       |          |          |
|            | describe on Schedule O how this was done  | 12c   | Х        |          |
| 13         | Did the organization have a written whistleblower policy?   | 13    |          | X        |
| 14         | Did the organization have a written document retention and destruction policy?  | 14    |          | X        |
| 15         | Did the process for determining compensation of the following persons include a review and approval by                              |       |          |          |
|            | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                       |       |          |          |
| а          | The organization's CEO, Executive Director, or top management official  | 15a   | Х        |          |
| 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.  |       |          |          |
| 16a        | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement                      |       |          |          |
|            | with a taxable entity during the year?  | 16a   |          | <u> </u> |
| 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   |          |          |
| <u>Sec</u> | tion C. Disclosure  |       |          |          |
| 17         | List the states with which a copy of this Form 990 is required to be filed ▶ PA   |       |          |          |
| 18         | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)        |       |          |          |
|            | (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.                            |       |          |          |
|            | Own website Another's website V Upon request Other (explain on Schedule O)  |       |          |          |
| 19         | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and     |       |          |          |
|            | financial statements available to the public during the tax year.   |       |          |          |
| 20         | State the name, address, and telephone number of the person who possesses the organization's books and records                      |       |          |          |
|            | SHUA LYTLE 8 NORTH QUEEN ST., SUITE 7E  |       |          |          |
| T.7        | NCASTER PA 17603 717-   | -731  | <u> </u> | สตก      |

|          |               |              |            |    |         |     |            |         |             |            | 3   |
|----------|---------------|--------------|------------|----|---------|-----|------------|---------|-------------|------------|-----|
| Part VII | Compensation  | of Officers, | Directors, | Tr | ustees, | Key | Employees, | Highest | Compensated | Employees, | and |
|          | Independent ( |              |            |    |         | -   |            |         | -           |            |     |

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Position (A) (B) (D) (E) (F) (do not check more than one Reportable Name and title Average Reportable Estimated amount box, unless person is both an compensation hours compensation of other officer and a director/trustee) from the from related per week compensation (list any organization (W-2/ organizations (W-2/ from the Former nstitutional 1099-MISC/ 1099-MISC/ organization and hours for employee related 1099-NEC) 1099-NEC) related organizations compensate organizations below trustee dotted line) (1) MARY GOSS 40.00 TRUSTEE 0.00 X 0 74,457 0 (2) AMANDA BAKAY 1.00 0 TRUSTEE 0.00 X 0 0 (3) TARRAH BARRIER 1.00 TRUSTEE X 0 0 0 0.00 (4) BENJAMIN BARR 1.00 TRUSTEE 0.00 X 0 0 0 (5) PHILLIP CARAMENICO 5.00 SECRETARY X 0 0.00 X 0 0 (6) CRAIG DZURKO 1.00 TRUSTEE 0.00 X 0 0 0 (7) JOCELYN ENGLE 1.00 TRUSTEE 0.00 X 0 0 0 (8) MICHAEL J. KREIDER 1.00 TRUSTEE 0.00 X 0 0 0 (9) JOSH LYTLE 5.00 TREASURER 0.00 X X 0 0 0 (10) BRUCE MARTIN 5.00 CHATR 0.00 X X 0 0 0 (11) MATT METZLER 1.00 TRUSTEE 0.00 X 0 0 0

Page 8

| Pail V      | II Occion A. Omcor  | 5, Directors, 11                                       | ust     | 000,       | itcy                   |      | pic                                      | ,000       | , and riighest compens   | Tatou Employees (continu  | 100)     |  |                   |          |
|-------------|---|--|---------|------------|------------------------|------|--|------------|--|---|----------|--|-------------------|----------|
|             | (A)<br>Name and title   | (B) Average hours per week (list any hours for related | bo      | k, unle    | Pos<br>check<br>ess pe | rson | than dis both or/trust employee employee | an<br>tee) | (D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | or       | (F) imated a of othe compens from the ganization | er<br>ation<br>ne |          |
|             | FLILE   | organizations<br>below<br>dotted line)                 | trustee | al trustee |                        | oyee | ompensati                                |            |  |   |          |  |                   |          |
| (12)        | JENNIFER POW  | ELL<br>1.00  |         |            |                        |      | ed.                                      |            |  |   |          |  |                   |          |
| TRUST       | EE  | 0.00   | X       |            |                        |      |  |            | 0  | 0   |          |  |                   | 0        |
|             |   |  |         |            |                        |      |  |            |  |   |          |  |                   |          |
|             |   |  |         |            |                        |      |  |            |  |   |          |  |                   |          |
|             |   |  |         |            |                        |      |  |            |  |   |          |  |                   |          |
|             |   |  |         |            |                        |      |  |            |  |   |          |  |                   |          |
|             |   |  |         |            |                        |      |  |            |  |   |          |  |                   |          |
|             |   |  |         |            |                        |      |  |            |  |   |          |  |                   |          |
|             |   |  |         |            |                        |      |  |            |  |   |          |  |                   |          |
|             |   |  |         |            |                        |      |  |            |  |   |          |  |                   |          |
|             | btotal  |  |         |            |                        |      |  |            | 74,457   |   |          |  |                   |          |
|             | tal from continuation she<br>tal (add lines 1b and 1c)        | eets to Part VII                                       | -       |            |                        |      |  |            | 74,457   |   |          |  |                   |          |
| <b>2</b> To | tal number of individuals (in portable compensation from      | ncluding but no  | t lim   | ited       |                        |      |  | d ak       |  | than \$100,000 of   |          |  |                   |          |
|             |   | _  |         |            | truct                  | 00   | kov                                      | omn        | lovos, or highest compon   | natod   |          |  | Yes               | No       |
| em          | the organization list any finployee on line 1a? If "Yes       | ," complete Sch  | edu     | le J       | for s                  | uch  | indiv                                    | ⁄idua      | al   |   |          | 3  |                   | x        |
|             | r any individual listed on lii<br>ganization and related orga |  |         |            |                        |      |  |            |  |   |          |  |                   |          |
|             | <i>lividual</i><br>d any person listed on line                | 1a receive or a  |         |            |                        |      |  |            |  | on or individual  |          | 4  |                   | <u>X</u> |
| for         | services rendered to the                                      | organization? If                                       |         |            |                        |      |  |            |  |   |          | 5  |                   | <u>X</u> |
|             | B. Independent Contraction mplete this table for your         |  | nper    | sate       | d in                   | depe | ende                                     | nt co      | ontractors that received m   | ore than \$100,000 of   |          |  |                   |          |
| COI         | mpensation from the organ                                     | nization. Report                                       | com     | pens       | satio                  | n fo | r the                                    | cal        | endar year ending with or  | within the organization's   | tax year |  | (C)               |          |
|             | Name and  | (A)<br>d business address                              |         |            |                        |      |  |            | Descrip  | (B)<br>tion of services   |          | Coi  | (C)<br>npensatio  | on       |
|             |   |  |         |            |                        |      |  |            |  |   |          |  |                   |          |
|             |   |  |         |            |                        |      |  |            |  |   |          |  |                   |          |
|             |   |  |         |            |                        |      |  |            |  |   |          |  |                   |          |
|             |   |  |         |            |                        |      |  |            |  |   |          |  |                   |          |
|             |   |  |         |            |                        |      |  | _          |  |   |          |  |                   |          |
|             |   |  |         |            |                        |      |  |            |  |   |          |  |                   |          |
|             | tal number of independent<br>beived more than \$100,000       |  |         |            |                        |      |  |            |  | •   |          |  |                   |          |
| DAA         | eiveu more man prou,000                                       | on compensau   | UII I   | IUIII      | u ie                   | orga | ıııı∠d                                   | uUII       | <u> </u>   | 0   |          | Form   | 990               | (2021)   |

| Pa   | rt v                             | Check if Schedule O  |              | ponse or no   | te to any line in    | this Part VIII                         |                                      |  |
|--|----------------------------------|--|--------------|---------------|----------------------|--|--------------------------------------|--|
|  |                                  | . 1  | JA           |               | (A)<br>Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business revenue | (D) Revenue excluded from tax under sections 512-514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a<br>b<br>c<br>d<br>e<br>f<br>g | Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f  Total. Add lines 1a-1f   | 1g \$        | 42,288        | 42,288               |  |                                      |  |
|  |                                  |  |              | Business Code |                      |  |                                      |  |
| 8  | 2a                               | RENT FOR STANDS  |              |               | 391,802              | 391,802                                |                                      |  |
| e g  | b                                | ATM FEES, & MISC   |              |               | 7,981                | 7,981                                  |                                      |  |
| Sugar  | С                                |  |              |               |                      |  |                                      |  |
| Revis  | d                                |  |              |               |                      |  |                                      |  |
| Program Service<br>Revenue                             | е                                |  |              |               |                      |  |                                      |  |
|  | f                                | All other program service revenu   |              |               |                      |  |                                      |  |
| _  |                                  | Total. Add lines 2a–2f   |              |               | 399,783              |  |                                      |  |
|  | 3                                | Investment income (including div   |              |               |                      |  |                                      |  |
|  |                                  | other similar amounts)   |              |               |                      |  |                                      |  |
|  | 4                                | Income from investment of tax-e.   |              |               |                      |  |                                      |  |
|  | 5                                | Royalties  |              |               |                      |  |                                      |  |
|  | ٥-                               | (i) R  | eai (ii      | ) Personal    |                      |  |                                      |  |
|  | ba                               | Gross rents 6a Less: rental expenses 6b  |              |               |                      |  |                                      |  |
|  | D                                |  |              |               |                      |  |                                      |  |
|  | d                                | Rental inc. or (loss) 6c Net rental income or (loss)   |              |               |                      |  |                                      |  |
|  |                                  | Gross amount from (i) Section (ii) Section (ii) Section (ii) Section (iii) Section (ii | ırities      | (ii) Other    |                      |  |                                      |  |
|  |                                  | sales of assets  | artics       | (ii) Other    |                      |  |                                      |  |
| ē  | h                                | other than inventory Less: cost or other   |              |               |                      |  |                                      |  |
| enr  | D                                | basis and sales exps. 7b   |              | o             |                      |  |                                      |  |
| Ş  | c                                | Gain or (loss) 7c  |              |               |                      |  |                                      |  |
| Other Revenue  |                                  | Net gain or (loss)   | I            | •             | 0                    | 0                                      |                                      |  |
| the l  |                                  | Gross income from fundraising events   |              |               |                      | -                                      |                                      |  |
| ٥  | ou                               | (not including \$  |              |               |                      |  |                                      |  |
|  |                                  | of contributions reported on line  |              |               |                      |  |                                      |  |
|  |                                  | 1c). See Part IV, line 18  | 8a           |               |                      |  |                                      |  |
|  | b                                | Less: direct expenses  | 8b           |               |                      |  |                                      |  |
|  |                                  | Net income or (loss) from fundra   | ising events |               |                      |  |                                      |  |
|  |                                  | Gross income from gaming   |              |               |                      |  |                                      |  |
|  |                                  | activities. See Part IV, line 19   | 9a           |               |                      |  |                                      |  |
|  | b                                | Less: direct expenses  | 9b           |               |                      |  |                                      |  |
|  |                                  | Net income or (loss) from gamin  | g activities |               |                      |  |                                      |  |
|  | 10a                              | Gross sales of inventory, less   |              |               |                      |  |                                      |  |
|  |                                  | returns and allowances   | 10a          | 38,287        |                      |  |                                      |  |
|  |                                  | Less: cost of goods sold   | 10b          | 18,486        |                      |  |                                      |  |
|  | С                                | Net income or (loss) from sales  | of inventory |               | 19,801               |  |                                      | 19,801   |
| S  |                                  |  |              | Business Code |                      |  |                                      |  |
| e e  | 11a                              | •  |              |               |                      |  |                                      |  |
| llan   | b                                |  |              |               |                      |  |                                      |  |
| Miscellaneous<br>Revenue                               | С                                | •  |              | .             |                      |  |                                      |  |
| Ξ̈́  |                                  | All other revenue  |              |               |                      |  |                                      |  |
|  |                                  | Total. Add lines 11a–11d   |              |               | 465 575              | 222 - 22                               |                                      | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,              |
|  | 12                               | Total revenue See instructions   |              | <b>▶</b>      | 461.872              | 399.783                                | 0                                    | 19.801   |

# Form 990 (2021) CENTRAL MARKET TRUST Part IX Statement of Functional Expenses

| Sect     | ion 501(c)(3) and 501(c)(4) organizations must<br>Check if Schedule O contains a res        |                       |                          | complete column (A).            | П                                     |
|----------|---|-----------------------|--------------------------|---------------------------------|---------------------------------------|
|          | not include amounts reported on lines 6b, 7   |                       | (B)                      | (C)                             | (D)                                   |
|          | 9b, and 10b of Part VIII.   | b, (A) Total expenses | Program service expenses | Management and general expenses | <b>(D)</b><br>Fundraising<br>expenses |
| 1        | Grants and other assistance to domestic organizations                                       |                       | 5.ps.1555                | goriorai experiess              | одранись                              |
| •        | and domestic governments. See Part IV, line 21  |                       |                          |                                 |                                       |
| 2        | Grants and other assistance to domestic   |                       |                          |                                 |                                       |
|          | individuals. See Part IV, line 22   |                       |                          |                                 |                                       |
| 3        | Grants and other assistance to foreign  |                       |                          |                                 |                                       |
| •        | organizations, foreign governments, and   |                       |                          |                                 |                                       |
|          | foreign individuals. See Part IV, lines 15 and 16   |                       |                          |                                 |                                       |
| 4        | Benefits paid to or for members   |                       |                          |                                 |                                       |
| 5        | Compensation of current officers, directors,  |                       |                          |                                 |                                       |
|          | trustees, and key employees   | 74,457                | 63,289                   | 11,168                          |                                       |
| 6        | Compensation not included above to disqualified   |                       |                          |                                 |                                       |
|          | persons (as defined under section 4958(f)(1)) and   |                       |                          |                                 |                                       |
|          | persons described in section 4958(c)(3)(B)  | 66 470                |                          | 0.054                           |                                       |
| 7        | Other salaries and wages  | 66,472                | 56,501                   | 9,971                           |                                       |
| 8        | Pension plan accruals and contributions (include  |                       |                          |                                 |                                       |
|          | section 401(k) and 403(b) employer contributions)   |                       |                          |                                 |                                       |
| 9        | Other employee benefits   | 11,638                | 9,892                    | 1 746                           |                                       |
| 10       | Payroll taxes   | 11,636                | 9,692                    | 1,746                           |                                       |
| 11       | Fees for services (nonemployees):   |                       |                          |                                 |                                       |
| a<br>b   | ManagementLegal   |                       |                          |                                 |                                       |
| C        |   | 7,375                 |                          | 7,375                           |                                       |
| d        | Accounting Lobbying   | 7,373                 |                          | 7,373                           |                                       |
| e        | Professional fundraising services. See Part IV, line  | 7                     |                          |                                 |                                       |
| f        |   |                       |                          |                                 |                                       |
| g        | Other. (If line 11g amount exceeds 10% of line 25, column                                   |                       |                          |                                 |                                       |
| ·        | (A) amount, list line 11g expenses on Schedule O.)  | 14,098                | 14,098                   |                                 |                                       |
| 12       | Advertising and promotion   | 6,530                 | 3,265                    | 3,265                           |                                       |
| 13       | Office expenses   | 25,390                | 18,649                   | 6,741                           |                                       |
| 14       | Information technology  | 1,138                 | 1,138                    |                                 |                                       |
| 15       | Royalties   |                       |                          |                                 |                                       |
| 16       | Occupancy   | 75,682                | 62,755                   | 12,927                          |                                       |
| 17       | Travel  |                       |                          |                                 |                                       |
| 18       | Payments of travel or entertainment expense   | S                     |                          |                                 |                                       |
|          | for any federal, state, or local public officials   |                       |                          |                                 |                                       |
|          | Conferences, conventions, and meetings  |                       |                          |                                 |                                       |
| 20<br>21 | Interest Payments to affiliates   |                       |                          |                                 |                                       |
| 22       | Payments to affiliates  Depreciation, depletion, and amortization                           | 5,020                 | 3,765                    | 1,255                           |                                       |
| 23       | Insurance   | 5,788                 | 4,207                    | 1,581                           |                                       |
| 24       | Other expenses. Itemize expenses not covered  | 37.00                 | 1/207                    | 1,301                           |                                       |
|          | above (List miscellaneous expenses on line 24e. If  |                       |                          |                                 |                                       |
|          | line 24e amount exceeds 10% of line 25, column  |                       |                          |                                 |                                       |
|          | (A) amount, list line 24e expenses on Schedule O.)  |                       |                          |                                 |                                       |
| а        | REPAIRS & MAINTENANCE   | 110,102               | 110,102                  |                                 |                                       |
| b        | MISCELLANEOUS   | 4,089                 | 4,089                    |                                 |                                       |
| С        | SECURITY  | 3,002                 | 3,002                    |                                 |                                       |
| d        | BANK CHARGES  | 1,938                 |                          | 97                              | 1,841                                 |
| е        | All other expenses  | 3,840                 |                          | 2,428                           | 1,412                                 |
| 25       | Total functional expenses. Add lines 1 through 24e  | 416,559               | 354,752                  | 58,554                          | 3,253                                 |
| 26       | Joint costs. Complete this line only if the organization reported in column (B) joint costs |                       |                          |                                 |                                       |
|          | from a combined educational campaign and  |                       |                          |                                 |                                       |
|          | fundraising solicitation. Check here if   |                       |                          |                                 |                                       |
|          | following SOP 98-2 (ASC 958-720)  |                       |                          |                                 |                                       |

| P                          | art 2    | Representation States of the Schedule O contains a response or not   | e to any line | in this Dart V |                                 |         |                            |
|----------------------------|----------|--|---------------|----------------|---------------------------------|---------|----------------------------|
|                            |          | Check if Schedule O Contains a response of not   | e wany iine   | THE UNS FAIL A | <b>(A)</b><br>Beginning of year |         | ( <b>B</b> ) End of year   |
|                            | 1        | Cash—non-interest-bearing  |               |                |                                 | 1       |                            |
|                            | 2        |  |               |                | 914,225                         | 2       | 933,908                    |
|                            | 3        | Pledges and grants receivable, net   |               |                |                                 | 3       |                            |
|                            | 4        | Accounts receivable, net   |               |                | 2,797                           | 4       | 12,101                     |
|                            | 5        | Loans and other receivables from any current or form   |               |                |                                 |         |                            |
| 1                          |          | trustee, key employee, creator or founder, substantial   |               |                |                                 |         |                            |
|                            | _        | controlled entity or family member of any of these per   |               |                |                                 | 5       |                            |
|                            | 6        | Loans and other receivables from other disqualified p  | •             |                |                                 |         |                            |
| ets                        |          | under section 4958(f)(1)), and persons described in s  |               |                |                                 | 6       |                            |
| Assets                     | 7        | Notes and loans receivable, net  |               |                |                                 | 7       |                            |
| ⋖                          | 8        | Inventories for sale or use  |               |                | 15,660                          | 8       | 17,474                     |
|                            | 9        | Prepaid expenses and deferred charges  | .p p          |                | 11,358                          | 9       | 7,819                      |
|                            | 10a      | Land, buildings, and equipment: cost or other  |               |                |                                 |         |                            |
|                            |          | basis. Complete Part VI of Schedule D  | 10a           | 87,268         |                                 |         |                            |
|                            | b        | Less: accumulated depreciation   | 10b           | 61,993         | 22,884                          | 10c     | 25,275                     |
|                            | 11       | Investments—publicly traded securities   |               |                |                                 | 11      |                            |
|                            | 12       | Investments—other securities. See Part IV, line 11   |               |                |                                 | 12      |                            |
|                            | 13       | Investments—program-related. See Part IV, line 11 _  |               |                |                                 | 13      |                            |
|                            | l .      | Intangible assets  |               |                | 0.7.7                           | 14      |                            |
|                            |          | Other assets. See Part IV, line 11   | 275           | 15             | 275                             |         |                            |
| _                          | 16       | Total assets. Add lines 1 through 15 (must equal line  |               | 967,199        | 16                              | 996,852 |                            |
|                            | 17       | Accounts payable and accrued expenses  |               | 18,904         | 17                              | 41,857  |                            |
|                            | 18       | Grants payable   | 44 405        | 18             | 0.000                           |         |                            |
|                            | 19       | Deferred revenue   |               |                | 41,435                          | 19      | 2,822                      |
|                            | 20       | Tax-exempt bond liabilities  |               | <u>.</u>       |                                 | 20      |                            |
|                            | 21       | Escrow or custodial account liability. Complete Part IV  |               |                |                                 | 21      |                            |
| Liabilities                | 22       | Loans and other payables to any current or former of   |               |                |                                 |         |                            |
| oilit                      |          | trustee, key employee, creator or founder, substantial   |               |                |                                 |         |                            |
| Lia                        |          | controlled entity or family member of any of these per   | sons          |                |                                 | 22      |                            |
| _                          | l .      | Secured mortgages and notes payable to unrelated the   |               |                |                                 | 23      |                            |
|                            | 24       | Unsecured notes and loans payable to unrelated third   |               |                |                                 | 24      |                            |
|                            | 25       | Other liabilities (including federal income tax, payable   |               |                |                                 |         |                            |
|                            |          | parties, and other liabilities not included on lines 17-2 of Schedule D                                      | , .           |                |                                 | 25      |                            |
|                            | 26       |  |               |                | 60,339                          | 25      | 44,679                     |
| _                          | 26       | Total liabilities. Add lines 17 through 25   | ~~~ <b>V</b>  |                | 60,339                          | 26      | 44,019                     |
| Ses                        |          | Organizations that follow FASB ASC 958, check h  | ere 🔼         |                |                                 |         |                            |
| ano                        | 27       | and complete lines 27, 28, 32, and 33.  Net assets without donor restrictions                                |               |                | 510,319                         | 27      | 563,734                    |
| Bal                        | 27<br>28 | N1.4 4 20  |               |                | 396,541                         | 28      | 388,439                    |
| pu                         | 20       | Organizations that do not follow FASB ASC 958, or  | hock horo     | ,              | 390,341                         | 20      | 300,439                    |
| Ī                          |          | and complete lines 29 through 33.  | HECK HEIE J   | □              |                                 |         |                            |
| Net Assets or Fund Balance | 29       |  |               |                |                                 | 29      |                            |
| əts                        |          | Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipm |               |                |                                 | 30      |                            |
| SS                         | 30<br>31 | Retained earnings, endowment, accumulated income,  |               |                |                                 | 31      |                            |
| χA                         | 32       |  |               |                | 906,860                         | 32      | 952,173                    |
| ž                          | 33       | Total liabilities and net assets/fund balances   |               |                | 967,199                         | 33      | 996,852                    |
| _                          | JJ       | TOTAL HADIIILES AND HEL ASSETS/IUND DAIANCES   |               |                | JU1, 199                        | 55      | 990,832<br>Form 990 (2021) |

Form **990** (2021)

|    | William Parket I Hoof  |    |      | ı uç  | JC 12       |
|----|--|----|------|-------|-------------|
| Pa | art XI Reconciliation of Net Assets  |    |      |       |             |
|    | Check if Schedule O contains a response or note to any line in this Part XI                                      |    |      |       | <u>.</u>    |
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  |      | 51,8  |             |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  |      | 6,5   |             |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  |      |       | 313         |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                        | 4  | 90   | 6,8   | <u> 360</u> |
| 5  | Net unrealized gains (losses) on investments   | 5  |      |       |             |
| 6  | Donated services and use of facilities   | 6  |      |       |             |
| 7  | Investment expenses  | 7  |      |       |             |
| 8  | Prior period adjustments   | 8  |      |       |             |
| 9  | Other changes in net assets or fund balances (explain on Schedule O)   | 9  |      |       |             |
| 10 |  |    |      |       |             |
|    | 32, column (B))  | 10 | 95   | 2,1   | L73         |
| Pa | art XII Financial Statements and Reporting   |    |      |       |             |
|    | Check if Schedule O contains a response or note to any line in this Part XII                                     |    |      |       |             |
|    | •  |    |      | Yes   | No          |
| 1  | Accounting method used to prepare the Form 990: Cash X Accrual Other   |    |      |       |             |
|    | If the organization changed its method of accounting from a prior year or checked "Other," explain on            |    |      |       |             |
|    | Schedule O.  |    |      |       |             |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?                  |    | 2a   |       | х           |
|    | 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   |    |      |       |             |
| h  | Were the organization's financial statements audited by an independent accountant?                               |    | 2b   | х     |             |
| ~  | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a          |    |      |       |             |
|    | separate basis, consolidated basis, or both:   |    |      |       |             |
|    | X Separate basis Consolidated basis Both consolidated and separate basis   |    |      |       |             |
| _  | : If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of |    |      |       |             |
| ·  | the audit, review, or compilation of its financial statements and selection of an independent accountant?        |    | 2c   | х     |             |
|    | If the organization changed either its oversight process or selection process during the tax year, explain on    |    | 20   |       |             |
|    | Schedule O.  |    |      |       |             |
| 32 | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the  |    |      |       |             |
| Ja | Single Audit Act and OMB Circular A-133?   |    | 3a   |       | х           |
| h  | of "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the     |    | Ja   |       |             |
| D  | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits          |    | 3b   |       |             |
| _  | required addit or addits, explain why on schedule of and describe any steps taken to dridergo such addits        |    |      | 990   | (2021)      |
|    |  |    | rorn | 1 330 | (2021)      |

# SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

# Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization MARKET TRUST CENTRAL 76-0822944 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations g Provide the following information about the supported organization(s) (i) Name of supported (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) (A) (B) (C) (D) (E)

**Total** 

|          | (Complete only if you che<br>Part III. If the organization  |                     |                       |                       |                     |                   |        | ualify under    |
|----------|---|---------------------|-----------------------|-----------------------|---------------------|-------------------|--------|-----------------|
| Sac      | tion A. Public Support  | II lalis to qua     | illy diluci the t     | ests listed beit      | ow, piease coi      | ripiete i ai      |        |                 |
|          | dar year (or fiscal year beginning in)  | (a) 2017            | <b>(b)</b> 2018       | (c) 2019              | (d) 2020            | <b>(e)</b> 2021   |        | (f) Total       |
| 1        | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  |                     | (2) 20:0              | (6) 20:0              | (4) 2020            | (0) 202           |        | (i) Fotal       |
| 2        | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   | •                   |                       |                       |                     |                   |        |                 |
| 3        | The value of services or facilities furnished by a governmental unit to the organization without charge   |                     |                       |                       |                     |                   |        |                 |
| 4        | Total. Add lines 1 through 3  |                     |                       |                       |                     |                   |        |                 |
| 5        | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |                     |                       |                       |                     |                   |        |                 |
| 6        | Public support. Subtract line 5 from line 4.  |                     |                       |                       |                     |                   |        |                 |
|          | tion B. Total Support   |                     |                       |                       |                     | 1                 |        |                 |
| Calen    | dar year (or fiscal year beginning in)  | (a) 2017            | <b>(b)</b> 2018       | (c) 2019              | (d) 2020            | <b>(e)</b> 2021   |        | (f) Total       |
| 7        | Amounts from line 4   |                     |                       |                       |                     |                   |        |                 |
| 8        | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources   |                     |                       |                       |                     |                   |        |                 |
| 9        | Net income from unrelated business activities, whether or not the business is regularly carried on  |                     |                       |                       |                     |                   |        |                 |
| 10       | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)   |                     |                       |                       |                     |                   |        |                 |
| 11       | <b>Total support.</b> Add lines 7 through 10  |                     |                       |                       |                     |                   |        |                 |
| 12       | Gross receipts from related activities, etc.  | c. (see instruction | ns)                   |                       |                     | L                 | 12     |                 |
| 13       | First 5 years. If the Form 990 is for the   | · ·                 | st, second, third, fo | ourth, or fifth tax y | ear as a section    | 501(c)(3)         |        | . $\Box$        |
| <u></u>  | organization, check this box and stop he  |                     |                       |                       |                     |                   |        | ▶               |
|          | tion C. Computation of Public   |                     |                       | I (5)                 |                     |                   | 44     | 0/              |
| 14<br>15 | Public support percentage for 2021 (line  | 6, column (1) alv   | line 14               | iumn (t))             |                     |                   | 14     | <u>%</u><br>%   |
| 16a      | Public support percentage from 2020 Sci<br>33 1/3% support test—2021. If the orga   | niculie A, Fait II, | check the hov on I    | ine 13 and line 1     |                     | L<br>ore check th |        | 70              |
| 100      | box and <b>stop here</b> . The organization qu  |                     |                       |                       |                     |                   |        | ▶ □             |
| b        | 33 1/3% support test—2020. If the orga  |                     |                       |                       |                     |                   |        | т               |
|          | this box and <b>stop here.</b> The organization   |                     |                       |                       |                     |                   |        | ▶ □             |
| 17a      | 10%-facts-and-circumstances test—2  |                     |                       |                       |                     |                   |        |                 |
|          | 10% or more, and if the organization me   | -                   |                       |                       |                     |                   |        |                 |
|          | Part VI how the organization meets the  | facts-and-circums   | stances test. The     | organization qualif   | ies as a publicly   | supported         |        |                 |
| b        | organization 10%-facts-and-circumstances test—2   |                     |                       |                       | 3, 16a, 16b, or 17  | 7a, and line      |        | ▶ □             |
|          | 15 is 10% or more, and if the organization Part VI how the organization meets the   |                     |                       |                       | •                   | •                 |        |                 |
| 18       | organization  Private foundation. If the organization of  | did not check a b   | ox on line 13, 16a    | , 16b, 17a, or 17b    | o, check this box a | and see           |        | ▶ □             |
|          | instructions  |                     |                       |                       |                     |                   |        | ▶ 🗌             |
|          |   |                     |                       |                       |                     | Sche              | dule A | (Form 990) 2021 |

## 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.)

|             | ii tile organization falls t   | y quality direct     | tric tests liste    | a below, picas                          | c complete i e     | ait ii. <i>)</i>   |             |
|-------------|--|----------------------|---------------------|---|--------------------|--------------------|-------------|
|             | tion A. Public Support   |                      |                     |   |                    |                    |             |
| Caler       | ndar year (or fiscal year beginning in)  | (a) 2017             | <b>(b)</b> 2018     | (c) 2019                                | (d) 2020           | (e) 2021           | (f) Total   |
| 1           | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   | 441,530              | 286,719             | 120,006                                 | 186,767            | 42,288             | 1,077,310   |
| 2           | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 408,406              | 427,486             | 353,367                                 | 396,941            | 430,089            | 2,016,289   |
| 3           | Gross receipts from activities that are not an unrelated trade or business under section 513   |                      |                     |   |                    |                    |             |
| 4           | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |                      |                     |   |                    |                    |             |
| 5           | The value of services or facilities furnished by a governmental unit to the organization without charge  |                      |                     |   |                    |                    |             |
| 6           | Total. Add lines 1 through 5   | 849,936              | 714,205             | 473,373                                 | 583,708            | 472,377            | 3,093,599   |
| 7a          | Amounts included on lines 1, 2, and 3 received from disqualified persons   |                      |                     |   |                    |                    |             |
| b           | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |                      |                     |   |                    |                    |             |
| С           | Add lines 7a and 7b  |                      |                     |   |                    |                    |             |
| 8           | <b>Public support.</b> (Subtract line 7c from line 6.)   |                      |                     |   |                    |                    | 3,093,599   |
| Sec         | tion B. Total Support  |                      |                     |   |                    |                    | 3,093,399   |
|             | ndar year (or fiscal year beginning in)  | (a) 2017             | <b>(b)</b> 2018     | (c) 2019                                | (d) 2020           | (e) 2021           | (f) Total   |
| 9           | Amounts from line 6  | 849,936              | 714,205             | 473,373                                 | 583,708            | 472,377            | 3,093,599   |
| 10a         | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .  |                      | ,                   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                    | , -                | -,,         |
| b           | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  |                      |                     |   |                    |                    |             |
| С           | Add lines 10a and 10b  |                      |                     |   |                    |                    |             |
| 11          | Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  |                      |                     |   |                    |                    |             |
| 12          | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  | 15,333               | 13,221              | 9,588                                   | 7,051              | 7,981              | 53,174      |
| 13          | Total support. (Add lines 9, 10c, 11,  | 137333               | 13/221              | 3,300                                   | 7,031              | 7,7501             | 33/171      |
|             | and 12.)   | 865,269              | 727,426             | 482,961                                 | 590,759            | 480,358            | 3,146,773   |
| 14          | First 5 years. If the Form 990 is for the  | organization's first | , second, third, fo | urth, or fifth tax ye                   | ar as a section 50 | 01(c)(3)           |             |
|             | organization, check this box and stop he   |                      |                     |   |                    |                    | ▶ ∟         |
| Sec         | tion C. Computation of Public  |                      |                     |   |                    |                    |             |
| 15          | Public support percentage for 2021 (line   | 8, column (f), divid | ded by line 13, co  | lumn (f))                               |                    | 15                 | 98.31 %     |
| 16<br>Soc   | Public support percentage from 2020 Sc   | hedule A, Part III,  | line 15             |   |                    | 16                 | 98.30 %     |
|             | tion D. Computation of Investm   |                      |                     | 12 column (f\)                          |                    | 17                 | %           |
| 17<br>18 Ir | Investment income percentage for 2021 prestment income percentage from 2020  | Schedule A Part II   |                     |   |                    | 40                 | <del></del> |
|             | 33 1/3% support tests—2021. If the org   |                      |                     | line 14. and line 1                     | 5 is more than 33  | <u> </u>           | 70          |
| . <b></b> u | 17 is not more than 33 1/3%, check this  |                      |                     |   |                    |                    | ▶ X         |
| b           | 33 1/3% support tests—2020. If the org   | ganization did not o | check a box on lir  | ie 14 or line 19a, a                    | and line 16 is mor | e than 33 1/3%, ar | nd          |
|             | line 18 is not more than 33 1/3%, check  |                      | _                   |   |                    | -                  |             |
| 20          | <b>Private foundation.</b> If the organization of  | did not check a box  | x on line 14, 19a,  | or 19b, check this                      | box and see inst   | tructions          | 🕨 📗         |

### Part IV **Supporting Organizations**

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

## Section A. All Supporting Organizations

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

| 1  |       |        | Yes     | No       |
|--|-------|--------|---------|----------|
| 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c                  |       |        |         |          |
| 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c                  |       | 1      |         |          |
| 3a  3b  3c  4a  4b  4c  5a  5b  5c  6  7  8  9a  9b  9c  10a |       |        |         |          |
| 3a  3b  3c  4a  4b  4c  5a  5b  5c  6  7  8  9a  9b  9c  10a |       |        |         |          |
| 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c                       |       | 2      |         |          |
| 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c                       |       | 3a     |         |          |
| 3c   |       |        |         |          |
| 3c   |       | 26     |         |          |
| 4a   |       | 30     |         |          |
| 4b  4c  5a  5b  5c  6  7  8  9a  9b  9c  10a                 |       | 3с     |         |          |
| 4b  4c  5a  5b  5c  6  7  8  9a  9b  9c  10a                 |       |        |         |          |
| 5a 5b 5c 6 7 8 9a 9b 9c                                      |       | 4a     |         |          |
| 5a 5b 5c 6 7 8 9a 9b 9c                                      |       |        |         |          |
| 5a 5b 5c 6 7 8 9a 9b 9c                                      |       | 4b     |         |          |
| 5a 5b 5c 6 7 8 9a 9b 9c                                      |       |        |         |          |
| 5a 5b 5c 6 7 8 9a 9b 9c                                      |       |        |         |          |
| 5b 5c 6 7 8 9a 9b 9c   |       | 4c     |         |          |
| 5b 5c 6 7 8 9a 9b 9c   |       |        |         |          |
| 5b 5c 6 7 8 9a 9b 9c   |       |        |         |          |
| 5b 5c 6 7 8 9a 9b 9c   |       |        |         |          |
| 5c 6 7 8 9a 9b 9c 10a  |       | 5a     |         |          |
| 5c 6 7 8 9a 9b 9c 10a  |       | - Eh   |         |          |
| 6 7 8 9a 9b 9c 10a   |       |        |         |          |
| 7<br>8<br>9a<br>9b<br>9c                                     |       |        |         |          |
| 7<br>8<br>9a<br>9b<br>9c                                     |       |        |         |          |
| 7<br>8<br>9a<br>9b<br>9c                                     |       | 6      |         |          |
| 9a<br>9b<br>9c   |       |        |         |          |
| 9a<br>9b<br>9c   |       |        |         |          |
| 9a<br>9b<br>9c   |       | 7      |         |          |
| 9a<br>9b<br>9c   |       | 8      |         |          |
| 9b<br>9c<br>10a  |       |        |         |          |
| 9b<br>9c<br>10a  |       | 92     |         |          |
| 9c<br>10a  |       | Ju     |         |          |
| 10a  |       | 9b     |         |          |
| 10a  |       | 90     |         |          |
|  |       | 30     |         |          |
|  |       |        |         |          |
| 10b   Schedule A (Form 990) 2021                             |       | 10a    |         |          |
| Schedule A (Form 990) 2021                                   |       | 10b    |         |          |
|  | Sched | lule A | (Form 9 | 90) 2021 |

Page 5

| Par      | Supporting Organizations (continued)   |         |          |    |  |
|----------|--|---------|----------|----|--|
|          |  |         | Yes      | No |  |
| 11       | Has the organization accepted a gift or contribution from any of the following persons?  |         |          |    |  |
| а        | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and   | 11a     |          |    |  |
| h        | 11c below, the governing body of a supported organization?  b A family member of a person described on line 11a above?   |         |          |    |  |
|          | A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c,</i>  | 11b     |          |    |  |
| C        | provide detail in Part VI.   | 11c     |          |    |  |
| Sect     | ion B. Type I Supporting Organizations   |         |          |    |  |
| V        |  |         | 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 <b>Part VI</b> how the supported organization(s)   |         |          |    |  |
|          | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported   | y       |          |    |  |
|          | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the   |         |          |    |  |
|          | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.   | 1       |          |    |  |
| 2        | Did the organization operate for the benefit of any supported organization other than the supported  |         |          |    |  |
|          | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part  |         |          |    |  |
|          | VI how providing such benefit carried out the purposes of the supported organization(s) that operated,   |         |          |    |  |
|          | supervised, or controlled the supporting organization.   | 2       |          |    |  |
| Sect     | ion C. Type II Supporting Organizations  |         |          |    |  |
|          |  |         | Yes      | No |  |
| 1        | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors   |         |          |    |  |
|          | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control  |         |          |    |  |
|          | or management of the supporting organization was vested in the same persons that controlled or managed   |         |          |    |  |
| 04       | the supported organization(s).   | 1       |          |    |  |
| Sect     | ion D. All Type III Supporting Organizations   |         | 3.6      |    |  |
|          |  |         | Yes      | No |  |
| 1        | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the   |         |          |    |  |
|          | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the |         |          |    |  |
|          | organization's governing documents in effect on the date of notification, to the extent not previously provided?   | 1       |          |    |  |
| 2        | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported   |         |          |    |  |
| -        | organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how</i>  |         |          |    |  |
|          | 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       |          |    |  |
| Sect     | ion E. Type III Functionally Integrated Supporting Organizations   |         |          |    |  |
| 1        | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct  | ions).  |          |    |  |
| а        | The organization satisfied the Activities Test. Complete line 2 below.   |         |          |    |  |
| b        | The organization is the parent of each of its supported organizations. Complete line 3 below.  |         |          |    |  |
| С        | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see   | instruc | ctions). |    |  |
| 2        | Activities Test. Answer lines 2a and 2b below.   |         | Yes      | No |  |
| а        | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of   |         |          |    |  |
|          | the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>  |         |          |    |  |
|          | 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  | 2-      |          |    |  |
| <b>L</b> | that these activities constituted substantially all of its activities.   | 2a      |          |    |  |
| b        | Did the activities described on line 2a, above, constitute activities that, but for the organization's   |         |          |    |  |
|          | involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would                |         |          |    |  |
|          | have engaged in these activities but for the organization's involvement.   | 2b      |          |    |  |
| 3        | Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>  | 20      |          |    |  |
| 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 <b>Part VI.</b>  | 3a      |          |    |  |
| 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.  | 3b      |          |    |  |

CENTRAL MARKET TRUST

| Schedule A (Form 990) 2021 CENTRAL MARKET TRUST  |          | 76-0822                                  | 944 Page                    |
|--|----------|--|-----------------------------|
| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting (                         | Organi   | izations                                 |                             |
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust or | Nov. 2   | 20, 1970 ( <i>explain in <b>Part</b></i> | VI). See                    |
| instructions. All other Type III non-functionally integrated supporting organizations      | must co  | omplete Sections A throu                 | igh E.                      |
| Section A – Adjusted Net Income  |          | (A) Prior Year                           | (B) Current Year (optional) |
| 1 Net short-term capital gain  | 1        |  | (                           |
| 2 Recoveries of prior-year distributions   | 2        |  |                             |
| 3 Other gross income (see instructions)  | 3        |  |                             |
| 4 Add lines 1 through 3.   | 4        |  |                             |
| 5 Depreciation and depletion   | 5        |  |                             |
| 6 Portion of operating expenses paid or incurred for production or collection              |          |  |                             |
| of gross income or for management, conservation, or maintenance of                         |          |  |                             |
| property held for production of income (see instructions)                                  | 6        |  |                             |
| 7 Other expenses (see instructions)  | 7        |  |                             |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)                             | 8        |  |                             |
| Section B – Minimum Asset Amount   |          | (A) Prior Year                           | (B) Current Year (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see                            |          |  |                             |
| instructions for short tax year or assets held for part of year):                          |          |  |                             |
| a Average monthly value of securities  | 1a       |  |                             |
| <b>b</b> Average monthly cash balances   | 1b       |  |                             |
| c Fair market value of other non-exempt-use assets   | 1c       |  |                             |
| d Total (add lines 1a, 1b, and 1c)   | 1d       |  |                             |
| e Discount claimed for blockage or other factors   |          |  |                             |
| (explain in detail in <b>Part VI</b> ):  |          |  |                             |
| 2 Acquisition indebtedness applicable to non-exempt-use assets                             | 2        |  |                             |
| 3 Subtract line 2 from line 1d.  | 3        |  |                             |
| 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,              |          |  |                             |
| see instructions).   | 4        |  |                             |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3)                         | 5        |  |                             |
| 6 Multiply line 5 by 0.035.  | 6        |  |                             |
| 7 Recoveries of prior-year distributions   | 7        |  |                             |
| 8 Minimum Asset Amount (add line 7 to line 6)  | 8        |  |                             |
| Section C - Distributable Amount   |          |  | Current Year                |
| 1 Adjusted net income for prior year (from Section A, line 8, column A)                    | 1        |  |                             |
| 2 Enter 0.85 of line 1.  | 2        |  |                             |
| 3 Minimum asset amount for prior year (from Section B, line 8, column A)                   | 3        |  |                             |
| 4 Enter greater of line 2 or line 3.   | 4        |  |                             |
| 5 Income tax imposed in prior year   | 5        |  |                             |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to                     |          |  |                             |
| emergency temporary reduction (see instructions).  | 6        |  |                             |
| 7 Check here if the current year is the organization's first as a non-functionally integra | ated Typ | pe III supporting organiza               | ation                       |
| (see instructions).  | ,        |  |                             |

Schedule A (Form 990) 2021

| Par                | t V Type III Non-Functionally Integrated 509(a)(3)  | Supporting Organ            | izations (continued)       |                        |  |  |
|--------------------|---|-----------------------------|----------------------------|------------------------|--|--|
| Secti              | section D – Distributions   |                             |                            |                        |  |  |
| 1                  | Amounts paid to supported organizations to accomplish exempt purposes   |                             |                            |                        |  |  |
| 2                  | 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity |                             |                            |                        |  |  |
| 3                  | Administrative expenses paid to accomplish exempt purposes of su  | pported organizations       |                            |                        |  |  |
| 4                  | Amounts paid to acquire exempt-use assets   |                             |                            |                        |  |  |
| 5                  | Qualified set-aside amounts (prior IRS approval required—provide of   | details in <b>Part VI</b> ) |                            |                        |  |  |
| 6                  | Other distributions (describe in Part VI). See instructions.  |                             |                            |                        |  |  |
| 7                  | Total annual distributions. Add lines 1 through 6.  |                             |                            |                        |  |  |
| 8                  | Distributions to attentive supported organizations to which the organ   | nization is responsive      |                            |                        |  |  |
|                    | (provide details in Part VI). See instructions.   |                             |                            |                        |  |  |
| 9                  | Distributable amount for 2021 from Section C, line 6  |                             |                            |                        |  |  |
| 10                 | Line 8 amount divided by line 9 amount  |                             |                            |                        |  |  |
| Socti              | ion E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions | (ii)<br>Underdistributions | (iii)<br>Distributable |  |  |
| 0000               | on a biomistation valouations (see mistrations)   | EXCOCC BIOLINGATIONS        | Pre-2021                   | Amount for 2021        |  |  |
| 1                  | Distributable amount for 2021 from Section C, line 6  |                             | 1.0 2021                   | . unount for EVET      |  |  |
| 2                  | Underdistributions, if any, for years prior to 2021   |                             |                            |                        |  |  |
|                    | (reasonable cause required-explain in Part VI). See   |                             |                            |                        |  |  |
|                    | instructions.  3 Excess distributions carryover, if any, to 2021  |                             |                            |                        |  |  |
| F 2010             |   |                             |                            |                        |  |  |
| <b>a</b> From 2016 |   |                             |                            |                        |  |  |
|                    | From 2018   |                             |                            |                        |  |  |
|                    | From 2019   |                             |                            |                        |  |  |
|                    | From 2020   |                             |                            |                        |  |  |
|                    | Total of lines 3a through 3e  |                             |                            |                        |  |  |
|                    | Applied to underdistributions of prior years  |                             |                            |                        |  |  |
|                    | Applied to 2021 distributable amount  |                             |                            |                        |  |  |
|                    | Carryover from 2016 not applied (see instructions)  |                             |                            |                        |  |  |
|                    | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |                             |                            |                        |  |  |
| 4                  | Distributions for 2021 from   |                             |                            |                        |  |  |
|                    | Section D, line 7: \$   |                             |                            |                        |  |  |
| а                  | Applied to underdistributions of prior years  |                             |                            |                        |  |  |
|                    | Applied to 2021 distributable amount  |                             |                            |                        |  |  |
|                    | Remainder. Subtract lines 4a and 4b from line 4.  |                             |                            |                        |  |  |
| 5                  | Remaining underdistributions for years prior to 2021, if  |                             |                            |                        |  |  |
|                    | any. Subtract lines 3g and 4a from line 2. For result   |                             |                            |                        |  |  |
|                    | greater than zero, explain in Part VI. See instructions.  |                             |                            |                        |  |  |
| 6                  | Remaining underdistributions for 2021 Subtract lines 3h   |                             |                            |                        |  |  |
|                    | and 4b from line 1. For result greater than zero, explain in  |                             |                            |                        |  |  |
|                    | Part VI. See instructions.  |                             |                            |                        |  |  |
| 7                  | Excess distributions carryover to 2022. Add lines 3j  |                             |                            |                        |  |  |
|                    | and 4c.   |                             |                            |                        |  |  |
| 8                  | Breakdown of line 7:  |                             |                            |                        |  |  |
| а                  | Excess from 2017  |                             |                            |                        |  |  |
| b                  | Excess from 2018  |                             |                            |                        |  |  |
| С                  | Excess from 2019  |                             |                            |                        |  |  |
|                    | Excess from 2020  |                             |                            |                        |  |  |
| _                  | Evenes from 2021  |                             |                            |                        |  |  |

Schedule A (Form 990) 2021

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

OMB No. 1545-0047 Open to Public Inspection

Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number Name of the organization CENTRAL MARKET TRUST 76-0822944 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education | Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year **>**\$ ..... Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X.

| Sched        | ule D (Form 990) 2021 <b>CENTRAL</b>  |                        |                         |                       | 76-0822            |             |          |                 | Page Z     |
|--------------|---|------------------------|-------------------------|-----------------------|--------------------|-------------|----------|-----------------|------------|
| Par          | - <u>J</u>  |                        |                         |                       |                    |             |          | is (cc          | ontinued)  |
| <b>3</b> (   | Using the organization's acquisition, accercollection items (check all that apply): | ession, and other reco | ords, check any of the  | ne following th       | at make signif     | icant use   | of its   |                 |            |
| а            | Public exhibition   | d $\square$            | Loan or exchange        | orogram               |                    |             |          |                 |            |
| b            | Scholarly research  | е 🗌                    | Other                   |                       |                    |             |          |                 |            |
| С            | Preservation for future generations   |                        |                         |                       |                    |             |          |                 |            |
| <b>4</b> F   | Provide a description of the organization   | s collections and exp  | lain how they furthe    | r the organiza        | tion's exempt      | purpose i   | n Part   |                 |            |
| )            | XIII.   |                        |                         |                       |                    |             |          |                 |            |
| 5            | During the year, did the organization soli  | cit or receive donatio | ns of art, historical t | reasures, or o        | ther similar       |             | _        |                 |            |
| V a          | assets to be sold to raise funds rather th  | an to be maintained    | as part of the organi   | zation's collec       | tion?              |             |          | Yes             | s No       |
| Par          | t IV Escrow and Custodial   | Arrangements.          |                         |                       |                    |             |          |                 |            |
|              | Complete if the organizat   | ion answered "Ye       | es" on Form 990         | ), Part IV, li        | ne 9, or rep       | orted a     | n amour  | nt on           | Form       |
|              | 990, Part X, line 21.   |                        |                         |                       |                    |             |          |                 |            |
| 1a           | s the organization an agent, trustee, cus   | todian or other intern | nediary for contributi  | ons or other a        | ssets not          |             |          |                 |            |
| i            | ncluded on Form 990, Part X?  |                        |                         |                       |                    |             | Г        | Yes             | s No       |
|              | f "Yes," explain the arrangement in Part  |                        |                         |                       |                    |             |          |                 |            |
|              |   |                        |                         |                       |                    |             | Α        | mount           |            |
| c E          | Beginning balance   |                        |                         |                       |                    | 1c          |          |                 |            |
| d A          | Additions during the year   |                        |                         |                       |                    |             |          |                 |            |
|              | Distributions during the year   |                        |                         |                       |                    |             |          |                 |            |
|              | Ending balance  |                        |                         |                       |                    |             |          |                 |            |
| <b>2</b> a [ | Did the organization include an amount o  | n Form 990, Part X,    | line 21, for escrow of  | or custodial ac       | count liability?   |             |          | Yes             | s No       |
|              | f "Yes," explain the arrangement in Part  |                        |                         |                       |                    |             |          | <b>-</b>        | . П        |
|              | t V Endowment Funds.  |                        |                         |                       |                    |             |          |                 |            |
|              | Complete if the organizat   | ion answered "Ye       | es" on Form 990         | ), Part IV, li        | ne 10.             |             |          |                 |            |
|              |   | (a) Current year       | (b) Prior year          | (c) Two yea           | ars back (d)       | Three years | s back   | (e) Four        | years back |
| 1a E         | Beginning of year balance   |                        |                         |                       |                    |             |          |                 |            |
|              | Contributions   |                        |                         |                       |                    |             |          |                 |            |
|              | Net investment earnings, gains, and   |                        |                         |                       |                    |             |          |                 |            |
| le           | osses   |                        |                         |                       |                    |             |          |                 |            |
| d (          | Grants or scholarships  |                        |                         |                       |                    |             |          |                 |            |
|              | Other expenditures for facilities and   |                        |                         |                       |                    |             |          |                 |            |
|              | programs  |                        |                         |                       |                    |             |          |                 |            |
|              | Administrative expenses   |                        |                         |                       |                    |             |          |                 |            |
| g E          | End of year balance   |                        |                         |                       |                    |             |          |                 |            |
|              | Provide the estimated percentage of the   | current year end bala  | ance (line 1g, columi   | n (a)) held as:       |                    |             |          |                 |            |
| a E          | Board designated or quasi-endowment ▶   | <b>%</b>               | , 0.                    | . ,,                  |                    |             |          |                 |            |
| b F          | Permanent endowment ▶  %  |                        |                         |                       |                    |             |          |                 |            |
|              | Term endowment ▶ %  |                        |                         |                       |                    |             |          |                 |            |
| 1            | The percentages on lines 2a, 2b, and 2c   | should equal 100%.     |                         |                       |                    |             |          |                 |            |
|              | Are there endowment funds not in the po   |                        | nization that are held  | d and adminis         | tered for the      |             |          |                 |            |
|              | organization by:  | · ·                    |                         |                       |                    |             |          | ٦               | Yes No     |
|              | i) Unrelated organizations  |                        |                         |                       |                    |             | ſ        | 3a(i)           |            |
| (            | "::\ Dalatad arganizations  |                        |                         |                       |                    |             | 14       | 3a(ii)          |            |
|              | f "Yes" on line 3a(ii), are the related orga  |                        |                         |                       |                    |             |          | 3b              |            |
|              | Describe in Part XIII the intended uses o   |                        |                         |                       |                    |             |          |                 |            |
| Par          | t VI Land, Buildings, and E   | quipment.              |                         |                       |                    |             |          |                 |            |
|              | Complete if the organizat   |                        | es" on Form 990         | <u>, Part I</u> V, li | <u>ne 11a.</u> See | e Form      | 990, Pa  | <u>rt X</u> , I | line 10.   |
|              | Description of property   | (a) Cost or other      |                         | r other basis         | (c) Accum          |             |          | d) Book v       |            |
|              |   | (investment)           | (0                      | ther)                 | deprecia           | tion        | <u> </u> |                 |            |
| 1a L         | _and  |                        |                         |                       |                    |             |          |                 |            |
|              | Buildings   |                        |                         |                       |                    |             |          |                 |            |
| c L          | _easehold improvements  |                        |                         |                       |                    |             |          |                 |            |
|              | Equipment   |                        |                         | 87,268                | 6                  | 1,993       | 3        | 2               | 5,275      |
|              | Other   |                        |                         |                       |                    |             |          |                 |            |
| Total.       | Add lines 1a through 1e. (Column (d) m  |                        | Part X, column (B),     | line 10c.)            |                    |             | <b>•</b> | 2               | 5,275      |

| Part VII        | Investments - Other Securities.                               |                              | " 441 0 = 0                  |                      |
|-----------------|---|------------------------------|------------------------------|----------------------|
|                 | Complete if the organization answered "Yes" of                | 1                            |                              |                      |
|                 | (a) Description of security or category                       | (b) Book value               | (c) Method o                 |                      |
|                 | (including name of security)                                  |                              | Cost or end-of-ye            | ar market value      |
| (1) Financial   |   |                              |                              |                      |
|                 | eld equity interests  |                              |                              |                      |
| (3) Other       |   |                              |                              |                      |
| (A)             |   |                              |                              |                      |
| (B)             |   |                              |                              |                      |
| (C)             |   |                              |                              |                      |
| (D)             |   |                              |                              |                      |
| (E)             |   |                              |                              |                      |
| (F)<br>(G)      |   |                              |                              |                      |
|                 |   |                              |                              |                      |
| Total (Colum    | nn (b) must equal Form 990, Part X, col. (B) line 12.)        |                              |                              |                      |
| Part VIII       | Investments – Program Related.                                |                              |                              |                      |
| i ait viii      | Complete if the organization answered "Yes" of                | n Form 990 Part IV           | line 11c See Form 9          | 90 Part X line 13    |
|                 | (a) Description of investment                                 | (b) Book value               | (c) Method o                 |                      |
|                 | (a) Bessipaen et integralien                                  | (a) Book Talas               | Cost or end-of-ye            |                      |
| (1)             |   |                              |                              |                      |
| (2)             |   |                              |                              |                      |
| (3)             |   |                              |                              |                      |
| (4)             |   |                              |                              |                      |
| (5)             |   |                              |                              |                      |
| (6)             |   |                              |                              |                      |
| (7)             |   |                              |                              |                      |
| (8)             |   |                              |                              |                      |
| (9)             |   |                              |                              |                      |
|                 | nn (b) must equal Form 990, Part X, col. (B) line 13.)        |                              |                              |                      |
| Part IX         | Other Assets.   |                              |                              |                      |
|                 | Complete if the organization answered "Yes" of                | n Form 990, Part IV,         | line 11d. See Form 9         | 90, Part X, line 15. |
|                 | (a) Description   |                              |                              | (b) Book value       |
| (1)             |   |                              |                              |                      |
| (2)             |   |                              |                              |                      |
| (3)             |   |                              |                              |                      |
| (4)             |   |                              |                              |                      |
| (5)             |   |                              |                              |                      |
| (6)             |   |                              |                              |                      |
| (7)             |   |                              |                              |                      |
| (8)             |   |                              |                              |                      |
| (9)             |   |                              |                              |                      |
|                 | nn (b) must equal Form 990, Part X, col. (B) line 15.)        |                              | <u></u>                      |                      |
| Part X          | Other Liabilities.  |                              |                              |                      |
|                 | Complete if the organization answered "Yes" cline 25.         | n Form 990, Part IV,         | line 11e or 11f. See         | Form 990, Part X,    |
| 1.              | (a) Description of liability                                  |                              |                              | (b) Book value       |
| (1) Federal     | income taxes  |                              |                              |                      |
| (2)             |   |                              |                              |                      |
| (3)             |   |                              |                              |                      |
| (4)             |   |                              |                              |                      |
| (5)             |   |                              |                              |                      |
| (6)             |   |                              |                              |                      |
| (7)             |   |                              |                              |                      |
| (8)             |   |                              |                              |                      |
| (9)             |   |                              |                              |                      |
| Total. (Colum   | nn (b) must equal Form 990, Part X, col. (B) line 25.)        |                              | <b>.</b>                     |                      |
| 2 Liability for | uncertain tax positions. In Part XIII provide the text of the | footnote to the organization | n's financial statements tha | it 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.

DAA

| Da  | rt XI Reconciliation of Revenue per Audited Financial S                             | tatomonte Wit      | h Rovenue ner     | Poturn    |                  |
|-----|---|--------------------|-------------------|-----------|------------------|
| 1 4 | Complete if the organization answered "Yes" on Form                                 |                    |                   | Retuin    | •                |
| 1   | Total revenue, gains, and other support per audited financial statements            |                    |                   | 1         | 486,172          |
|     | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                 |                    |                   |           | 100/111          |
|     | Net unrealized gains (losses) on investments  | 2a                 |                   |           |                  |
| b   | Donated services and use of facilities  | 2b                 | 24,300            |           |                  |
| С   | Recoveries of prior year grants Other (Nestribe in Part XIII )                      | 2c                 | ,                 |           |                  |
| d   | Other (Describe in Part XIII.)  | 2d                 |                   |           |                  |
| е   | Add lines 2a through 2d   |                    |                   | 2e        | 24,300           |
| 3   | Subtract line 2e from line 1  |                    |                   | 3         | 461,872          |
| 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                 |                   |           |                  |
|     | Other (Describe in Part XIII.)  |                    |                   |           |                  |
| С   | Add lines 4a and 4b   |                    |                   | 4c        |                  |
|     | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12       | 2.)                |                   | 5         | 461,872          |
| Pa  | rt XII Reconciliation of Expenses per Audited Financial                             |                    |                   | er Retu   | rn.              |
|     | Complete if the organization answered "Yes" on Form                                 |                    |                   |           |                  |
| 1   | Total expenses and losses per audited financial statements                          |                    |                   | 1         | 440,859          |
|     | Amounts included on line 1 but not on Form 990, Part IX, line 25:                   |                    |                   |           |                  |
| а   | Donated services and use of facilities  | 2a                 | 24,300            |           |                  |
| b   | Prior year adjustments  | 2b                 |                   |           |                  |
| С   | Other losses  | 2c                 |                   |           |                  |
| d   | Other (Describe in Part XIII.)  | 2d                 |                   |           |                  |
| е   | Add lines 2a through 2d   |                    |                   | 2e        | 24,300           |
| 3   | Subtract line 2e from line 1  |                    |                   | 3         | 416,559          |
| 4   | 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.)  | 4b                 |                   |           |                  |
|     | Add lines 4a and 4b   |                    |                   | 4c        | 416 550          |
|     | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line         | (8.)               |                   | 5         | 416,559          |
|     | rt XIII Supplemental Information.   | 4 5 4 8 4 1 4      | 101 5 ()/ "       | 4.5.4.    | Р.               |
|     | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and |                    |                   | 4; Part X | , line           |
|     | art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to  | provide any additi | onal information. |           |                  |
|     | ART X - FIN 48 FOOTNOTE   |                    |                   |           |                  |
| mı  | TE MDIICM HAC EVALUAMED THE MAY ETITMES   | EOD WRE (          |                   | ZEADC     | EOD              |
|     | HE TRUST HAS EVALUATED ITS TAX FILINGS  | FOR THE            | OPEN TAX          | LEARS     | FOR              |
| TTT | NCERTAIN TAX POSITIONS. TAX RETURNS AR  | F ODEN FOI         | D EVAMINAT        | י זר∩די   | מעית עני         |
| U   | CERTAIN TAX POSTITIONS. TAX RETURNS AR  | E OPEN FOI         | C EVWNTINY        | TON I     | OT THE           |
| т   | NTERNAL REVENUE SERVICE FOR THREE YEAR:   | S FROM THE         | ביית אור ביוור ב  | · OF '    | סמסוושם שטי      |
|     | NIERNAL REVENUE SERVICE FOR THREE TEAR  | 5 FROM IM          | P DOE DATE        | OF        | THE RETURNS.     |
| ъī  | ETURNS FILED WITH THE STATE OF PENNSYL  | WANTA ARE          | SIIB.TECT T       | ro ex     | AMTNATTON FOR    |
|     | STORMS FILED WITH THE STATE OF FEMASIL  | VANIA AND          | SODDECT .         |           | AMILIANI TON FOR |
| 7   | AN UNLIMITED NUMBER OF YEARS.   |                    |                   |           |                  |
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| Schedule D                              | (Form 990) 2021 | CENTRAL MAR        | KET TRUST | 76-  | 0822944 | Page <b>5</b> |
|---|-----------------|--------------------|-----------|------|---------|---------------|
| Part XIII                               | Supplement      | al Information (co | ontinued) |      |         |               |
|   |                 | <b>4</b>           |           |      |         |               |
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### SCHEDULE O (Form 990)

## Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 2021

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

CENTRAL MARKET TRUST 76-0822944

| FORM 990 - ORGANIZATION'S MISSION  |
|--|
| THE ORGANIZATION PERFORMS THE DAILY MANAGEMENT OF THE LANCASTER CENTRAL  |
| MARKET IN A MANNER THAT FACILITATES THE ECONOMIC HEALTH OF STANDHOLDERS'   |
| BUSINESSES WHILE REMAINING CONSISTENT WITH TRADITIONAL MARKET AND HISTORIC   |
| PRESERVATION STANDARDS. IN ADDITION, IT PROTECTS AND OPERATES THE CENTRAL  |
| MARKET AS A HISTORICALLY VIABLE FARMERS' MARKET; PRESERVES THE UNIQUE 1886   |
| BUILDING AS THE CENTERPIECE OF A HISTORIC URBAN COMMUNITY; AND CONTRIBUTES   |
| TO SUSTAINING THE CONTINUING LEGACY AND HERITAGE OF THE CITY OF LANCASTER.   |
| FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 TREASURER AND BOARD REVIEW FORM 990 PRIOR TO FILING. |
| FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY  |
| THE ORGANIZATION MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF   |
| INTEREST POLICY THROUGH DISCUSSIONS AT BOARD MEETINGS.   |
| FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL  |
| IN SETTING THE SALARIES FOR THE MANAGER OF MARKET OPERATIONS AND MANAGER   |
| OF MARKET COMMUNICATIONS, THE TRUST CONSIDERS COMPARABLE DATA FOR OTHER  |
| SIMILAR MANAGEMENT POSITIONS.  |
| FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  |
| INFORMATION IS MADE AVAILABLE IN WRITING UPON REQUEST.   |
|  |