WEGNER CPAS, LLP 419 N LEE ST ALEXANDRIA, VA 22314-2301

ASYLUMWORKS
2121 DECATUR PL. NW, NO. 4
WASHINGTON, DC 20008

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** PUBLIC DISCLOSURE COPY **

Form **990**

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

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

Open to Public

A I	For the	2020 calendar year, or tax year beginning $$ OCT $$ 1 , $$ $$ $$ 2 $$ 0 $$ 2 $$ and ending	<u> </u>	<u>. </u>
В	Check if applicable	C Name of organization	D Employer identif	ication number
	Address			
	Name change	-	81-32059	31
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 2121 DECATUR PL. NW Room/s		er 57-7980
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	861,559.
	Amendoreturn	WASHINGTON, DC 20008	H(a) Is this a group r	
	Applica tion pending	F Name and address of principal officer: OCAN TIODGES WO	for subordinate	—
		SAME AS C ABOVE	H(b) Are all subordinates	
		······································		a list. See instructions
		E: ► WWW.ASYLUMWORKS.ORG Organization: X Corporation Trust Association Other ► L	H(c) Group exemption	
		organization: X Corporation Trust Association Other ► L \ Summary	rear of formation: 2010[]	M State of legal domicile: DC
		Briefly describe the organization's mission or most significant activities: ASYLUMWC	RKS IS FOUNDE	D ON THE
Governance	' ;	BELIEF THAT ALL PERSONS FLEEING PERSECUTION	COME TO THE U	NTTED
nar	-	Check this box if the organization discontinued its operations or disposed of r		
Ş.		- · · · · · · · · · · · · · · · · · · ·	3	11
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)		11
es &		otal number of individuals employed in calendar year 2020 (Part V, line 2a)		11
Ϋ́È		otal number of volunteers (estimate if necessary)		11
Activities &	7a 1	otal unrelated business revenue from Part VIII, column (C), line 12	7a	0.
_	۱d	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
			Prior Year	Current Year
Revenue		Contributions and grants (Part VIII, line 1h)	548,788.	
		Program service revenue (Part VIII, line 2g)	2,857.	146,310.
		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	536.	
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	552,181.	· · · · · · · · · · · · · · · · · · ·
_		oral revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	12,005.
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	
ý	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	381,555.	619,699.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
xpe	b 1	otal fundraising expenses (Part IX, column (D), line 25) 143,300.		
Ú	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	189,046.	
	18 7	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	570,601.	
	19 F	Revenue less expenses. Subtract line 18 from line 12	-18,420.	49,982.
Net Assets or Fund Balances			Beginning of Current Year	End of Year
Sset	20]	otal assets (Part X, line 16)	171,321.	225,098.
let A	21 7	Total liabilities (Part X, line 26)	81,068. 90,253.	
	22 N art II	Net assets or fund balances. Subtract line 21 from line 20	70,233.	102,544.
		ties of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the best of m	nv knowledge and belief, it is
		, and complete. Declaration of preparer (other than officer) is based on all information of which prep		.,,
		N Orm	2/18/20	າວວ
Sig	n	Signature of officer	Date	
Hei		JOAN HODGES-WU, EXECUTIVE DIRECTOR Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Pai		GLENN MILLER, CPA	2/15/22 sit self-emplo	
	L-	Firm's name WEGNER CPAS, LLP		39-0974031
		Firm's address 419 N LEE ST	2 =	
		ALEXANDRIA, VA 22314-2301	Phone no. 70	3-519-0990
Ma	v the IR	S discuss this return with the preparer shown above? See instructions		X Yes No

Form	990 (2020) ASYLUMWORKS	81-3205931	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: THROUGH DIRECT SERVICES, EDUCATION, AND SUPPORT, ASYLUMASYLUM SEEKERS TO REBUILD THEIR LIVES WITH DIGNITY AND	WORKS EMPOWE	RS
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services' If "Yes," describe these changes on Schedule O.	?Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, a Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth revenue, if any, for each program service reported.	ners, the total expenses,	and
4a	Code: (Expenses \$ 294,815. Including grants of \$ 11,189.) (Reversed Revision Reversed Research	S AN ENTRY PO M IS TO HELP AND WELLNES NAGEMENT, A IG ENVIRONMEN	S.
4b	COMMUNITY ENGAGEMENT - OUR COMMUNITY PROGRAM IS DESIGNE OPPORTUNITIES FOR CLIENTS TO REBUILD THEIR SOCIAL SUPPORTUNITIES INCLUDE ONE-ON-ONE CLIENT AND VOLUNT GENERAL COMMUNITY GATHERINGS, AND SPECIFIC COMMUNITY SUMEMBERS OF THE LGBTQ COMMUNITY.	D TO CREATE PRT NETWORK.	
4c	(Code:)(Expenses \$ 90,268. including grants of \$ 200.) (Reverted Program of Services - Asylumworks has developed two cures of the Clients seeking employment. Our first program, path for 20-hour program designed for non-english speakers seeking employment. It is currently taught in english, spanish, French. Our second program, reach higher, is a 40-hour helps english-speaking professionals prepare for career	RICULA FOR WARD, IS A NG ENTRY-LEV AMHARIC, AN PROGRAM THAT	D
4d	Other program services (Describe on Schedule O.) (Expenses \$ 85,455 • including grants of \$ 0 •) (Revenue \$ Total program service expenses \$ 565,229 •	146,310.)	
<u>4e</u>	Total program service expenses 565, 229.	Γ	90 (2020)
		Form 9	-∪ (∠∪∠∪)

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Form 990 (2020) ASYLUMWORKS Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
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			l
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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,	١	Х	
	Part VI	11a	Λ	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11b		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
·	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	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
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	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			3,7
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
.0	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts 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	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			.,
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		\vdash
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	^-		X
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		

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Form 990 (2020)

ASYLUMWORKS

Part IV	Checklist	of Required	Schedules	(continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			l
	"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 conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			X
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
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	24		X
25.0		34 35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33d		
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	555		\vdash
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			\Box
	1 1 -		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 11			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		Х
b	If "Yes," enter the name of the foreign country ▶				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Actions are supported by the control of the second	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $$.		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	•			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•			3,7
	to file Form 8282?	1	7с		X
d		7d			37
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	•	8		
0	sponsoring organization have excess business holdings at any time during the year?		0		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?		9a		
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:		30		
а		10a			
		10b			
11	Section 501(c)(12) organizations. Enter:	100			
		11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
-	· · · · · · · · · · · · · · · · · · ·	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	•	12a		
		12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	•			
	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				
		13b			
С		13c			
14a			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule	e O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation or			
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				

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

	Check if Schedule O contains a response or note to any line in this Part VI						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			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other				
	officer, director, trustee, or key employee?			L	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	ne direc	ct supervision				
	of officers, directors, trustees, or key employees to a management company or other person?			L	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	as filed?	L	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		L	5		X
6	Did the organization have members or stockholders?			L	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or				
	more members of the governing body?			7	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or				
	persons other than the governing body?			7	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:				
а	The governing body?			8	8a	X	
b	Each committee with authority to act on behalf of the governing body?			8	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ached	at the				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	e Code.)				
				_		Yes	No
	Did the organization have local chapters, branches, or affiliates?			1	I0a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such c						
	and branches to ensure their operations are consistent with the organization's exempt purposes?				l0b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy befo	re filing the form	? 1	l1a		Х
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					37	
	Did the organization have a written conflict of interest policy? If "No," go to line 13				I2a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			1	l2b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					77	
	in Schedule O how this was done			—	I2c	X	
13	Did the organization have a written whistleblower policy?				13	X	
14	Did the organization have a written document retention and destruction policy?			<u>L</u>	14	X	
15	Did the process for determining compensation of the following persons include a review and approve		ndependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					37	
	The organization's CEO, Executive Director, or top management official				I5a	X	37
b	Other officers or key employees of the organization			1	l5b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange						v
	taxable entity during the year?			-1	l6a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation to evaluation to evaluation follows a written policy or procedure requiring the organization to evaluation to evaluat	-	-				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga						
800	exempt status with respect to such arrangements?			1	6b		
	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶DC	1.004	T (0 1: 504/	\ (O)		,	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	ına 990	J-i (Section 501(ပ)(၁)S	only	avaıl	ane
	for public inspection. Indicate how you made these available. Check all that apply.		shadula O				
40	Own website Another's website X Upon request Other (explain			والمستعد	c :	-:-!	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	onflict	or interest policy	, and 1	ıınar	icial	
200	statements available to the public during the tax year.	ales s	nd roopeds				
20	State the name, address, and telephone number of the person who possesses the organization's by $JOAN\ HODGES-WU-(202)\ 567-7980$	oks ar	iu records -				
	2121 DECATUR PLACE NW STE 4 WASHINGTON DC 200	1 Ω					

Form 990 (2020) ASYLUMWORKS 81-3205931 Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	more rson	than	th an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JOAN HODGES-WU EXECUTIVE DIRECTOR	60.00			х				83,600.	0.	0.
(2) CINDY HALLBERLIN	5.00			^		\vdash	-	03,000.	0.	0.
CHAIR	3.00	X		x				0.	0.	0.
(3) LINDSAY HARRIS	2.00	123				\vdash			<u> </u>	
VICE CHAIR		x		x				0.	0.	0.
(4) PABLO TERCERO ALVARADO	0.50									
TREASURER		Х		х				0.	0.	0.
(5) TIFFANY LUNG	1.00									
SECRETARY		Х		Х				0.	0.	0.
(6) OLIVIER PORIOT	0.50									
MEMBER		Х						0.	0.	0.
(7) TY COBB	0.50								_	
MEMBER		Х						0.	0.	0.
(8) FATIMA AHKTAR	0.50	١							0	•
MEMBER	1 00	Х				<u> </u>		0.	0.	0.
(9) ANAM RAHMAN	1.00	X						0.	0.	0
MEMBER (10) SUSAN KLAVENS HUTNER	0.50	^				\vdash	-	0.	0.	0.
(10) SUSAN KLAVENS HUTNER MEMBER	0.50	x						0.	0.	0.
(11) TRACEY D'ANGELO	1.00	125				\vdash	\vdash	0.	0.	0.
MEMBER	1.00	x						0.	0.	0.
(12) STEPHEN COX	3.00									
MEMBER		Х						0.	0.	0.
		-		_		\vdash				
		1								
						L				
										Form 990 (2020)

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Par	T VII Section A. Officers, Directors, Trus		ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)			•	C)			(D)	(E)			(F)	
	Name and title	Average				more	than		Reportable	Reportable			timate	
		hours per week					is bot or/trus		compensation from	compensation from related			nount o other	of
		(list any	ig						the	organization			oiriei pensa	tion
		hours for	Individual trustee or director				ted			(W-2/1099-MI			om the	
		related	stee o	trustee			bensa		(W-2/1099-MISC)				anizati	
		organizations below	ual tru	ional t		ployee	t com	١.					d relate Inizatio	
		line)	ndivid	Institutional trustee	Office r	Key employee	Highest compensated employee	orme				orga	ıı ıızatı	JI 13
			_	 -		×	1	<u> </u>						
			1											
			-											
			1											
			1											
			-											
			-											
	Subtotal				<u> </u>				83,600.		0.			0.
	Subtotal Total from continuation sheets to Part V								0.		0.			0.
	Total (add lines 1b and 1c)								83,600.		0.			0.
2	Total number of individuals (including but n								eceived more than \$100	,000 of reportab	le			
	compensation from the organization													0
											ſ		Yes	No
3	Did the organization list any former officer,	•	-	key (emp	loye	e, o	r hig	ghest compensated emp	oloyee on				37
	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the su	=		-					•	tne organization		4		Х
5	and related organizations greater than \$15 Did any person listed on line 1a receive or a									idual for services		4		
J	rendered to the organization? If "Yes," com	•				•	•		ica organization or marv	addi for scrvicco	'	5		Х
Sec	tion B. Independent Contractors	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-		,								
1	Complete this table for your five highest co	mpensated in	depe	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of cor	npens	ation f	rom	
	the organization. Report compensation for	the calendar y	ear	endi	ing v	vith	or w	/ithir	n the organization's tax	year.				
	(A)		3.7	~~	_				(B)			(C		_
	Name and business	address	N	INC	Ľ				Description of s	ervices	<u> </u>	omper	isation	1
								\dashv						
								\dashv						
											<u> </u>			
								\perp						
2	Total number of independent contractors (i		ot li	mite	d to	tho	se li: ∩	stec	a above) who received m	nore than				
	\$100,000 of compensation from the organi	zaliui 🚩										Form	990 (c	2020)

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Form 990 (2020) ASYLUMWORKS			81-3205	931 Page 9
Part VIII Statement of Revenue				
Check if Schedule O contains a response or note to any I	ine in this Part VIII			
	(A)	(B)	(C)	(D)
	Total revenue	Related or exempt	Unrelated	Revenue excluded
		function revenue	business revenue	from tax under
				continuo E10 E14

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
				luliction revenue	business revenue	sections 512 - 514
SS	1.	a Federated campaigns 1a 4,37	1			
Contributions, Gifts, Grants and Other Similar Amounts						
اع ق		b Membership dues 1b	_			
Ŧ,Ā		c Fundraising events 1c				
直	•	d Related organizations 1d				
ns,	•	e Government grants (contributions) 1e 184,04	6.			
호기	1	f All other contributions, gifts, grants, and				
를 를		similar amounts not included above 1f 521,58	2.			
다 이 이 다	(g Noncash contributions included in lines 1a-1f				
a Co		h Total. Add lines 1a-1f	709,999.			
		Business Cod				
o l	2 8		146,310.	146,310.		
Program Service Revenue			110,510.	110,010.		
je ne		b				
e u	•	<u> </u>				
Re	•	d				
ř_ 	•	e				
<u>-</u>	1	f All other program service revenue				
		g Total. Add lines 2a-2f	146,310.			
	3	Investment income (including dividends, interest, and				
		other similar amounts)	63.			63.
	4	Income from investment of tax-exempt bond proceeds	·			
	5	Royalties	•			
		(i) Real (ii) Personal				
	6 a	a Gross rents 6a				
		b Less: rental expenses 6b				
		c Rental income or (loss) 6c				
		d Net rental income or (loss)				
		`				
	/ 3		_			
		assets other than inventory 7a				
	ı	b Less: cost or other basis				
ŭ		and sales expenses 7b				
) ve	•	c Gain or (loss)				
Other Revenue	•	d Net gain or (loss)	•			
her	8 8	a Gross income from fundraising events (not				
ŏ		including \$ of				
		contributions reported on line 1c). See				
		Part IV, line 18				
		b Less: direct expenses 8b				
		c Net income or (loss) from fundraising events				
		a Gross income from gaming activities. See				
	9 8	· · · · · · · · · · · · · · · · · · ·				
		Part IV, line 19 9a	_			
		b Less: direct expenses 9b				
		c Net income or (loss) from gaming activities	•			
	10 a	a Gross sales of inventory, less returns				
		and allowances10a				
	ı	b Less: cost of goods sold 10b				
		c Net income or (loss) from sales of inventory	<u> </u>			
S		Business Cod	le			
e a	11 8	a				
ang	ı	b				
Miscellaneous Revenue	(c				
Ais.	(d All other revenue 900099	5,187.			5,187.
-		e Total. Add lines 11a-11d	5,187.			
	12	Total revenue. See instructions	861,559.	146,310.	0.	5,250.

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Part IX | Statement of Functional Expenses

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

Do	Check if Schedule O contains a response not include amounts reported on lines 6b,	(A)	(B)	(C)	_ (D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	10 005	10 005		
	individuals. See Part IV, line 22	12,005.	12,005.		
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,	00 227	64 562	14 000	10 065
	trustees, and key employees	99,327.	64,562.	14,900.	19,865
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	116 576	244 070	10 6/1	92 057
7	Other salaries and wages	446,576.	344,878.	19,641.	82,057
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	32,721.	24,542.	2,070.	£ 100
9	Other employee benefits	41,075.	30,807.	2,599.	6,109 7,669
10	Payroll taxes	41,075	30,007.	4,399.	7,009
11	Fees for services (nonemployees):				
	Management	35,475.	35,475.		
b	Legal	32,509.	33,473.	32,509.	
	Accounting	32,309.		32,309.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	16,754.	5,181.	11,323.	250
40		10,731.	3,101.	11,525.	250
12 13	Advertising and promotion	34,952.	7,418.	10,200.	17,334
13 14	Office expenses	10,698.	7,614.	606.	2,478
1 4 15	Information technology	10,030.	7,014.	000.	2,10
16	Royalties	39,653.	30,001.	2,461.	7,191
17	Occupancy	89.	44.	45.	,,,,,
17 18	Payments of travel or entertainment expenses	03.	11.	43.	
10	'				
19	for any federal, state, or local public officials Conferences, conventions, and meetings	1,803.	1,258.	545.	
19 20		= , 5 5 5 1	1,255.	313.	
20 21	Payments to affiliates				
2 i 22	Depreciation, depletion, and amortization	866.		866.	
22 23	Insurance	7,074.	1,444.	5,283.	347
23 24	Other expenses. Itemize expenses not covered	,,0,10	_,	3,2331	017
<u>~</u> 7	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	amount, not line 2-to expenses on ouncome o.)				
b					
C					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	811,577.	565,229.	103,048.	143,300
<u>26</u>	Joint costs. Complete this line only if the organization	,	,	,	.,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	- a a a a a a a a a a a a a a a a a a a				

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Part X Balance Sheet ASYLUMWORKS

Pa	rt X	Balance Sneet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			99,787.	1	108,453
	2	Savings and temporary cash investments Pledges and grants receivable, net			0.	2	30,626
	3				52,798.	3	31,959
	4	Accounts receivable, net			0.	4	48,063
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, su	ubstantial	contributor, or 35%			
		controlled entity or family member of any of these persons				5	
	6	Loans and other receivables from other disq					
		under section 4958(f)(1)), and persons descr	ribed in se	ection 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ë	9	Prepaid expenses and deferred charges			11,039.	9	0
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	4,330.			
	b				7,697.	10c	2,287
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, li	ne 11			12	
	13	Investments - program-related. See Part IV, I	ine 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		15	3,710		
	16	Total assets. Add lines 1 through 15 (must e			171,321.	16	225,098
	17	Accounts payable and accrued expenses			81,068.	17	32,757
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	ete Part I\	of Schedule D		21	
S	22	Loans and other payables to any current or	former off	icer, director,			
		trustee, key employee, creator or founder, su	ubstantial	contributor, or 35%			
Liabilities		controlled entity or family member of any of		22			
_	23	Secured mortgages and notes payable to ur	related tl	nird parties		23	
	24	Unsecured notes and loans payable to unrel	lated third	parties		24	
	25	Other liabilities (including federal income tax	, payable:	s to related third			
		parties, and other liabilities not included on l	ines 17-2	1). Complete Part X			
		of Schedule D	0.	25	89,397		
	26	Total liabilities. Add lines 17 through 25			81,068.	26	122,154
ιo.		Organizations that follow FASB ASC 958,	check he	re ▶ X			
Ö		and complete lines 27, 28, 32, and 33.					
ııaı	27	Net assets without donor restrictions			90,253.	27	102,944
ŏ	28	Net assets with donor restrictions		<u></u>		28	
<u> </u>		Organizations that do not follow FASB AS	C 958, cl	neck here 🕨 📖			
_		and complete lines 29 through 33.					
2	29	Capital stock or trust principal, or current fur	nds			29	
200	30	Paid-in or capital surplus, or land, building, o	r equipm	ent fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulate	d income	, or other funds		31	
Š	32	Total net assets or fund balances			90,253.	32	102,944
	33	Total liabilities and net assets/fund balances			171,321.	33	225,098

Form 990 (2020) ASYLUMWORKS 81-3205931 Page 12

Pai	rt XI Reconciliation of Net Assets				-
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			59.
2	Total expenses (must equal Part IX, column (A), line 25)	2			77.
3	Revenue less expenses. Subtract line 2 from line 1	3			82.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))			0,2	53.
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	-3	<u>7,2</u>	91.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	10	2,9	44.
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	d on a			
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e 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 Scl	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2020)

SCHEDULE A

(Form 990 or 990-EZ)

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 ASYLUMWORKS 81-3205931 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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

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

Section A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	15,246.	101,713.	380,061.	548,788.	709,999.	1755807.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	15,246.	101,713.	380,061.	548,788.	709,999.	1755807.	
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.						1755807.	
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
7	Amounts from line 4	15,246.	101,713.	380,061.	548,788.	709,999.	1755807.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources					63.	63.	
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	Total support. Add lines 7 through 10						1755870.	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	162,759.	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)		
_	organization, check this box and stop						<u>▶X</u>	
	ction C. Computation of Publ							
14	Public support percentage for 2020 (14	%	
15	Public support percentage from 2019					15	%	
16a	33 1/3% support test - 2020. If the c							
	stop here. The organization qualifies							
D	b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
47-	and stop here. The organization qualifies as a publicly supported organization							
17a	7a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization							
					· ·	_		
L	meets the facts-and-circumstances to	•	•	• • • •	•	17a, and line 15 is		
O	10% -facts-and-circumstances tes	_					10% Of	
	more, and if the organization meets the		·		•		▶□	
10	organization meets the facts-and-circ							
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

Schedule A (Form 990 or 990-EZ) 2020

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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
_	are not an unrelated trade or bus-						
	iness under section 513						
4							
•	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
/ 6	Amounts included on lines 1, 2, and						
,	3 received from disqualified persons 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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						<u> </u>
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
108	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
	check this box and stop here						<u></u> ▶□
<u>Se</u>	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2020 (ine 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2019					16	%
<u>Se</u>	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20	120 (line 10c, colur	mn (f), divided by li	ine 13, column (f))		17	%
18	Investment income percentage from	2019 Schedule A,	Part III, line 17			18	%
	a 33 1/3% support tests - 2020. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2019. If the						and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
За		
3b		
3с		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

He site organization accepted a gift or contribution from any of the following persons? a A parson who directly or indirectly controls, either alone or together with persons described in lines 11b and 11b blow, the governing body of a supported organization? b A family member of a person described in line 11a above? c A 35% controlled writery of a person described in line 11a above? A 35% controlled writery of a person described in line 11a above? A 35% controlled writery of a person described in line 11a above? Into 15 bly governing body, members of the governing body, efficient acting in thair official capacity, or membership of one or more supported organizations than the property of the governing body, efficient acting in thair official capacity, or membership of one or more supported organization who the governing body, efficient acting in thair official capacity, or membership of one or more supported organization who the during the tax year? I bid the governing body, membership of the governing body, efficient acting in their official capacity, or membership of one or more supported organization who the during the tax year? I bid the governing body, membership of the governing body, efficient acting in the complete organization of the organization of the supported organization organization organization organization orga	Par	t IV Supporting Organizations (continued)			
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a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			nstructio	\vdash	
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a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			20		
trustees of each of the supported organizations (ii) rest of two provide details in Part VI.			25		
h. Did the organization eversion a substantial degree of direction ever the policies, programs, and activities of each			sa		
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.			3h		

Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust or	n Nov. 20, 1970 (explain in	Part VI). See instructions.	
	All other Type III non-functionally integrated supporting organizations mus	st complet	e Sections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functional	ally integra	ted Type III supporting org	anization (see	
	instructions).				

Schedule A (Form 990 or 990-EZ) 2020

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Secti	on D - Distributions		•		Current Year	
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.		6			
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive	9			
	(provide details in Part VI). See instructions.	•		8		
9	Distributable amount for 2020 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	าร	(iii) Distributable Amount for 2020	
1	Distributable amount for 2020 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2020 (reason-					
	able cause required - explain in Part VI). See instructions.					
_3	Excess distributions carryover, if any, to 2020					
a	From 2015					
b	From 2016					
c	From 2017					
d	From 2018					
e	From 2019					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2020 distributable amount					
i_	Carryover from 2015 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2020 from Section D,					
	line 7:					
a	Applied to underdistributions of prior years					
b	Applied to 2020 distributable amount					
c	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2021. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2016					
b	Excess from 2017					
С	Excess from 2018					

Schedule A (Form 990 or 990-EZ) 2020

d Excess from 2019e Excess from 2020

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Dat IV Section A lines 1 2 3h 25 4h 45 5a 6 9 0h 0c 11a 11h and 11c Part IV Section B lines 1 and 2 Part IV Section C
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
	(See instructions.)
-	
-	
	
-	
•	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2020

Name of the organization

ASYLUMWORKS

Employer identification number

81-3205931

Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	Check if your organization is covered by the General Rule or a Special Rule . Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General Rule							
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Rules							
sections 509(a)(1) any one contributo	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.							
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year > \$							
but it must answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to he filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

81-3205931

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3	Nume, dual coo, and Emilia	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 4	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

ASYLUMWORKS

Employer identification number

81-3205931

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$ \$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$17,621.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	Name, audress, and ZiF + 4	\$ 14,205.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

ASYLUMWORKS

81-3205931

Part II	Noncash Property (see instructions). Use duplicate copies of Part II i	f additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	

Name of organization **Employer identification number** 81-3205931 **ASYLUMWORKS** Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ASYLUMWORKS

Employer identification number 81-3205931

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, line 6.					
		(a) Donor advised funds				
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised f	unds			
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No			
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	d only			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose con	ferring			
Pai	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 7.			
1	Purpose(s) of conservation easements held by the organization					
	Preservation of land for public use (for example, recrea		storically important land area			
	Protection of natural habitat	Preservation of a ce	ertified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of a				
	day of the tax year.		Held at the End of the Tax Year			
	Total number of conservation easements					
	Total acreage restricted by conservation easements		•			
	Number of conservation easements on a certified historic str		. 2c			
a	Number of conservation easements included in (c) acquired					
•	listed in the National Register		2d			
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	ganization during the tax			
4	year	agment is legated				
4 5	Number of states where property subject to conservation ea	<u> </u>				
3	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements i		Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,					
Ū	b	Thanding of violations, and emoreing conserv	ation casements during the year			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year			
-	▶ \$		caseee adming and year			
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4	4)(B)(i)			
	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conservati					
	balance sheet, and include, if applicable, the text of the footi	note to the organization's financial statements	that describes the			
	organization's accounting for conservation easements.	<u>-</u>				
Pai	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	r Similar Assets.			
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 95	58, 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	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 furthera	nce 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 tre	asures, or other similar assets for financial gai	in, provide			
	the following amounts required to be reported under FASB A					
	Revenue included on Form 990, Part VIII, line 1		·			
	Assets included in Form 990, Part X					
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2020			

	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures,	or Oth	er Sir	nilar Asse	ts (continu	ued)
3	Using the organization's acquisition, accession	on, and other record	ls, chec	k any of the	following tha	at make	signific	ant use of its		
	collection items (check all that apply):									
а	Public exhibition	d		Loan or exc	hange progr	am				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	n how th	ney further t	he organizat	ion's exe	empt pı	ırpose in Par	t XIII.	
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be ma								Yes	☐ No
Pai	t IV Escrow and Custodial Arrang								line 9, or	
	reported an amount on Form 990, Par			J				, ,	,	
1a	Is the organization an agent, trustee, custodia	an or other intermed	liarv for	contribution	ns or other as	ssets no	t includ	ed		
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a									
-	, ee, explain the arrangement in all viii.	aa. 00p.010 10 10							Amount	
c	Beginning balance						1	<u>. </u>	, unount	
	Additions during the year							d		
	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on Fo							<u> </u>	Yes	□ No
	If "Yes," explain the arrangement in Part XIII.						•			
	t V Endowment Funds. Complete if									
	Ziras William I arrasi complete ii	(a) Current year		rior year	(c) Two yea			ee years back	(a) Four	ears back
10	Beginning of year balance	(a) Ourrent year	(6) 1	noi yeai	(c) Two yea	13 DUON	(u) ····	oo yours buok	(e) rour	yours buok
_										
b	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment >9	6								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posses	ssion of the organiza	ation tha	at are held a	and administe	ered for	the org	anization	_	
	by:								\`	Yes No
	(i) Unrelated organizations 3a(i)									
	(ii) Related organizations 3a(ii)									
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	red on S	Schedule R?					3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment	funds.						
Pai	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990), Part I\	/, line 11a. S	See Form 990	0, Part X	(, line 10).		
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) A	Accumu	lated	(d) Book	value
			basis (investment) basis (other)		depreciation		ion			
1a	Land									
	Buildings									
	Leasehold improvements									
d	d Equipment 4,330. 2,043. 2,					,287.				
	Other									
	Add lines 1a through 1e (Column (d) must ed		X colur	nn (R) line 1	10c)				2	,287.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 ASYLUMWORKS		81	-3205931 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			1 - \$
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	5 000 D 1 11 11 11		
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(h) Dook volue
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	451		
Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.	e 15.)	>	
	F 000 D+ IV II	14 146 O Farm 000 Bart V Page 05	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes (2) PAYCHECK PROTECTION PROGR	AM TOAN		89,397.
	AM LOAN		03,337.
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			00 202
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.))	89,397.

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... Schedule D (Form 990) 2020

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Pai	rt XI Reconciliation of Revenue per Audited Financial	Statements With Reveni	ie per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV	V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	861,559.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		0
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1		3	861,559.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	I		
b	Other (Describe in Part XIII.)	•		0
С	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			861,559.
Pai	rt XII Reconciliation of Expenses per Audited Financial	•	ses per Return	•
	Complete if the organization answered "Yes" on Form 990, Part IV			811,577.
1	Total expenses and losses per audited financial statements		1	011,5//.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities			
b	Prior year adjustments			
C	Other losses			
d	Other (Describe in Part XIII.)	·	0-	0.
e	Add lines 2a through 2d			811,577.
3	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			011,577.
4	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
a b	Other (Describe in Part XIII.)			
C		•	4c	0.
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, lir			811,577.
_	rt XIII Supplemental Information.	10 10.		
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provice	de any additional information.		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

						Employer identification number	
ASYLUMWORKS Part I General Information on Grants and Assistance							81-3205931
1 Does the organization maintain re							
criteria used to award the grants	or assistance?						X Yes No
2 Describe in Part IV the organizati							
Part II Grants and Other Assista	-				anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
recipient that received mor		 	T .		(f) Method of		1 (1) 5
1 (a) Name and address of organiz or government	eation (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 50			he line 1 table				>

Schedule I (Form 990) 2020 ASYLUMWORKS 81-3205931 Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-(a) Type of grant or assistance (b) Number of (c) Amount of (f) Description of noncash assistance recipients cash grant cash assistance CLIENT ASSISTANCE 100 12,005 0. Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: ASYLUMWORKS STAFF REQUESTS FINANCIAL ASSISTANCE WHEN A CLIENT NEEDS HELP TO MEET A PREVIOUSLY IDENTIFIED GOAL WHEN OTHER ATTEMPTS TO MEET THE GOAL HAVE FAILED. THE STAFF PERSON GETS APPROVAL FROM THEIR SUPERVISOR TO ADD THE NEED TO OUR FINANCIAL ASSISTANCE SPREADSHEET. ASYLUMWORKS DOES NOT MONITOR THE FUNDS AFTER THEY ARE RECEIVED BY OUR CLIENTS.

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Inspection

Name of the organization

ASYLUMWORKS

Employer identification number 81-3205931

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: STATES WITH A WIDE RANGE OF VALUABLE SKILLS, ABILITIES, AND RESOURCES. THROUGH THE PROVISION OF WORKFORCE DEVELOPMENT SERVICES, ASYLUMWORKS SEEKS TO CONNECT ASYLUM SEEKERS TO THEIR NEW COMMUNITY AS A PATH TO PERSONAL EMPOWERMENT AND ECONOMIC PARTICIPATION.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

TRAINING AND TECHNICAL ASSISTANCE - LEVERAGING THE EXPERIENCE AND EXPERTISE OF OUR DIRECT SERVICES STAFF ASYLUMWORKS HAS DEVELOPED A UNIQUE, FEE-FOR-SERVICE TRAINING AND TECHNICAL ASSISTANCE PROGRAM TO HELP PARTNER ORGANIZATIONS INCREASE THE SKILL, CONFIDENCE, AND COMPETENCE OF STAFF AND VOLUNTEERS WORKING WITH IMMIGRANT CLIENTS. EXPENSES \$ 85,455. INCLUDING GRANTS OF \$ 0. REVENUE \$ 146,310.

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

THE PREPARED FORM 990 IS REVIEWED BY THE BOARD CHAIR AND TREASURER BEFORE THE RETURN IS FILED WITH THE IRS.

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

BOARD MEMBERS SIGN A PLEDGE FORM AT BEGINNING OF EACH FISCAL YEAR STATING THEIR RESPONSIBILITY TO DISCLOSE ANY CONFLICTS TO BOARD FOR REVIEW IF NECESSARY.

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS, LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020

Name of the organization ASYLUMWORKS	Employer identification number 81-3205931
WHO ARE CONSIDERING THE PROPOSED TRANSACTION OF THE ARRAN	GEMENT.
AFTER THE DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MA	TERIAL FACTS, AND
AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, THE INTE	RESTED PERSON
SHALL LEAVE THE BOARD MEETING WHILE ESTABLISHING A CONFLI	CT OF INTEREST IS
DISCUSSED AND VOTED UPON. THE REMAINING BOARD MEMBERS SHA	LL DECIDE IF A
CONFLICT OF INTEREST EXISTS.	
FORM 990, PART VI, SECTION B, LINE 15A:	
EACH BOARD MEMBER COMPLETES AN ANNUAL EVALUATION OF THE E	XECUTIVE
DIRECTOR'S PERFORMANCE. A SMALLER COMPENSATION COMMITTEE	IS THEN CONVENED
TO DETERMINE THE EXECUTIVE DIRECTOR'S COMPENSATION BY USI	NG DATA ON
COMPENSATION PAID BY COMPARABLE ORGANIZATIONS FOR SIMILAR	SERVICES.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	UPON REQUEST.