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

> ASYLUMWORKS INC. 1718 CONNECTICUT AVE NW, 300 WASHINGTON, DC 20009

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Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print ASYLUMWORKS INC. 81-3205931 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 1718 CONNECTICUT AVE NW, 300 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. WASHINGTON, DC 20009 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 12 Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) BRANDON K. ANGELL The books are in the care of ▶ 14 BAY ST. BLDG B -EASTON, MD 21601 Telephone No. ► 410-822-6950 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box \blacktriangleright . If it is for part of the group, check this box \blacktriangleright and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until AUGUST 15, 2024 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year or ightharpoonup X tax year beginning OCT 1, 2022 $_$, and ending $_$ SEP $\,$ 30 , $\,$ 2023 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions For Privacy Act and Paperwork Reduction Act Notice, see instructions.

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Form 8868 (Rev. 1-2022)

PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. 2023 A For the 2022 calendar year, or tax year beginning OCT 2022 and ending SEP Check if applicable: C Name of organization D Employer identification number Address change ASYLUMWORKS INC. Name change 81-3205931 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 1718 CONNECTICUT AVE NW (202) 567-7980 300 1,662,018. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return WASHINGTON, DC 20009 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: JOAN HODGES-WU for subordinates? Yes X No SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: \mathbf{X} 501(c)(3) $\mathbf{\Box}$ 501(c) (527 (insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.ASYLUMWORKS.ORG H(c) Group exemption number **K** Form of organization: **X** Corporation Association Other L Year of formation: 2016 M State of legal domicile: DC Trust Part I Summary Briefly describe the organization's mission or most significant activities: ASYLUMWORKS IS FOUNDED ON THE **Activities & Governance** BELIEF THAT ALL PERSONS FLEEING PERSECUTION COME TO THE UNITED 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 15 3 Number of voting members of the governing body (Part VI, line 1a) 3 15 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h Prior Year **Current Year** 957,424. 1,434,623. Contributions and grants (Part VIII, line 1h) 8 231,312. 137,625. Program service revenue (Part VIII, line 2g) 0. 9.672. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 11 1,188,736. 1,581,920. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 22,259. 125,235.Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,041,386. 762,316. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 282,658. 393,811. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,067,233. 1,560,432. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 121,503. 21,488. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 293,717. 587,730. Total assets (Part X, line 16) 69,270. 341,800. 21 Total liabilities (Part X, line 26) 三年 224,447. 245,930 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign JOAN HODGES-WU, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature

May the IRS discuss this return with the preparer shown above? See instructions LHA For Paperwork Reduction Act Notice, see the separate instructions.

ALEXANDRIA, VA 22314-2301

GLENN MILLER, CPA

Firm's address 419 N LEE ST

WEGNER CPAS LLP

Firm's name

Paid

Preparer

Use Only

Form 990 (2022)

P00086726

X Yes

08/13/24

self-employed

Firm's EIN 39-0974031

Phone no. (703) 519-0990

GLENN MILLER, CPA

| Га | otatement of Frogram Service Accomplishments |
|----------------|--|
| | Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Briefly describe the organization's mission: |
| | OUR MISSION IS TO EMPOWER ASYLUM SEEKERS AND OTHER UNDERSERVED |
| | NEWCOMERS TO REBUILD THEIR LIVES SAFELY AND WITH DIGNITY. |
| | |
| | |
| 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. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No |
| | If "Yes," describe these changes on Schedule O. |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
| | revenue, if any, for each program service reported. |
| 4a | (Code:) (Expenses \$ 853,935 • including grants of \$ 124,835 •) (Revenue \$ 0 •) |
| 4 a | SOCIAL SERVICES - UNFAMILIAR WITH THEIR NEW COMMUNITY AND INELIGIBLE |
| | FOR WORK AUTHORIZATION, MANY ASYLUM SEEKERS EXPERIENCE EXTREME POVERTY |
| | |
| | AND CONTINUED VICTIMIZATION DURING THE ASYLUM PROCESS. ASYLUMWORKS' |
| | SOCIAL SERVICE PROGRAM IS TASKED WITH SUPPORTING CLIENT SAFETY AND |
| | WELL-BEING BY ADDRESSING A RANGE OF NEEDS RELATING TO HEALTH, MENTAL |
| | HEALTH, PHYSICAL SURVIVAL, LEGAL STATUS, AND COMMUNITY FUNCTIONING. |
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| | |
| 4b | (Code:) (Expenses \$ 180,056 • _ including grants of \$ 0 • _) (Revenue \$) |
| 40 | COMMUNITY ENGAGEMENT - SOCIAL CONNECTION IS ESSENTIAL TO ONE'S |
| | |
| | PHYSICAL, MENTAL, EMOTIONAL, AND SPIRITUAL WELL-BEING. ASYLUMWORKS' |
| | COMMUNITY ENGAGEMENT PROGRAM FOSTERS OPPORTUNITIES FOR ASYLUM SEEKERS |
| | TO BUILD MEANINGFUL RELATIONSHIPS WITH LOCAL RESIDENTS AND EACH OTHER. |
| | THIS PROGRAM ALSO MANAGES ASYLUMWORKS' VOLUNTEER NETWORK AND SUPPORTS |
| | ITS CLIENT SPEAKERS' BUREAU. |
| | |
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| | |
| 4 - | (Code:) (Expenses \$ 140,802. including grants of \$ 400.) (Revenue \$) |
| 4c | |
| | EMPLOYMENT SERVICES - FOR MOST ASYLUM SEEKERS, ECONOMIC SURVIVAL IS KEY |
| | TO MAINTAINING HOPE AND PERSONAL DIGNITY. ASYLUMWORKS' EMPLOYMENT |
| | PROGRAM IS DESIGNED TO EQUIP CLIENTS WITH THE KNOWLEDGE, SKILLS, AND |
| | RESOURCES TO FIND SAFE, LEGAL, AND MEANINGFUL EMPLOYMENT IN THE UNITED |
| | STATES. |
| | |
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| 4d | Other program services (Describe on Schedule O.) |
| | (Expenses \$ 107,777. including grants of \$ 0.) (Revenue \$ 137,625.) |
| 4e | Total program service expenses 1,282,570. |
| | Form 990 (2022) |

| | <u> </u> | | Yes | No |
|-------------|---|----------|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | Х |
| 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> | | | |
| Ū | 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 | <u> </u> | | |
| Ū | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | | 9 | | х |
| 10 | If "Yes," complete Schedule D, Part IV | ا ا | | |
| 10 | | 10 | | x |
| 44 | or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, | 10 | | 25 |
| 11 | | | | |
| _ | as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| а | | 44. | х | |
| L | Part VI | 11a | -22 | |
| D | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | 441 | х | |
| _ | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | Λ | |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | Х |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | |
| a | 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 | | х | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | X | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | Х |
| 40 | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | ١ | v | |
| | Schedule D, Parts XI and XII | 12a | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | v |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | ,, |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 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 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | ., |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | Х |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | X |
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II | 21 | Х | |

| Part IV Checklist of Required Schedules Continued | | age 4 |
|--|----------|--|
| Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 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 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. 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 25b Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 26c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 27d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 28d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization end as an "on behalf of" issuer for bonds outstanding at any time during the year? 28d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 28d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? 28d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II 28d 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 founder, substantial contributor, or 35% controlled entity or founder, ubstantial contributor or employee thereof, a grant selection committee member, or to a 35% co | Vaa | No |
| Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 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 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. 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 25b Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 26c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 27d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 28d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization end as an "on behalf of" issuer for bonds outstanding at any time during the year? 28d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 28d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? 28d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II 28d 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 founder, substantial contributor, or 35% controlled entity or founder, ubstantial contributor or employee thereof, a grant selection committee member, or to a 35% co | Yes | No |
| 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 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 Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax exempt bonds? 24c 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 Is the organization ware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction ware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction ware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction ware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction ware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction ware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction ware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction ware that the enganization expected and that the transaction ware transaction ware transaction ware prior former officer, director, trustee, key employee, creator or founder, substantia | х | |
| and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 23 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 25s | | |
| Schedule J 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 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 24c 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 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 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 25b 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 Did the organization a party to a business transaction with one of the following parties (see the Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV 28 b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contrib | | |
| 24a bit 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 24a bit of the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b cit did not organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 25d 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 in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I 25b 25b 26b 26b 26b 26b 26b 27b 27b 27b 27b 27b 27b 27b 27b 27b 27 | | X |
| 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 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization with a disqualified person during the year? If "yes," complete Schedule L, Part I | \neg | |
| Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization antiatian an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I transaction 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-E2? If "Yes," complete Schedule L, Part I that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I I that the transaction 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 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 the part III that the organization a party to a business transaction with one of the following parties (see the Schedule L, Part III that the part III that III t | | |
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| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | Х | |
| contributions? If "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | | \vdash |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 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 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 36b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 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 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | - | X |
| Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 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 35a 36 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 37b 38b 39c 39c 39c 39c 39c 39c 39c 39 | - | 1 |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 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 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b | | x |
| sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 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 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b | - | 1 |
| 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 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b | | X |
| Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b | - | 1 |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b | | X |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | \dashv | X |
| within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | \dashv | <u> </u> |
| | | |
| 36 Section 50 (IC)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | - | |
| | | x |
| If "Yes," complete Schedule R, Part V, line 2 | - | <u> </u> |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | x |
| and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | \dashv | ^ |
| 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | v | |
| Note: All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance | Х | Ь |
| Check if Schoolule O contains a recognition or note to any line in this Bott V | | |
| Check if Schedule O contains a response or note to any line in this Part V | ···· | |
| 1 | Yes | No |
| 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 11 | | |
| b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | | |

(gambling) winnings to prize winners?

Form **990** (2022)

| Par | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | 7771 | | age • | | | | | | |
|------|--|------|-----|--|--|--|--|--|--|--|
| ı uı | Statements riegarding other mornings and rax compliance (continued) | | Vaa | Na | | | | | | |
| 22 | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | Yes | No | | | | | | |
| Za | filed for the calendar year ending with or within the year covered by this return 2a 14 | | | | | | | | | |
| h | b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | | | | | | | | |
| 3a | Did the consist in the consist of the constant | | | | | | | | | |
| | A MANAGEMENT OF THE COURT OF TH | | | | | | | | | |
| | It "Yes," has it filed a Form 990-1 for this year? If "No" to line 3b, provide an explanation on Schedule O | | | | | | | | | |
| ··u | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X | | | | | | |
| h | b If "Yes," enter the name of the foreign country | | | | | | | | | |
| - | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | | | | | | |
| 5a | | 5a | | х | | | | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | х | | | | | | |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | | | | | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | | | | | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | x | | | | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | | | | | | | |
| | were not tax deductible? | 6b | | | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | Х | | | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | | | | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | | | | | | | |
| | to file Form 8282? | 7c | | Х | | | | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | | | | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | Х | | | | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | Х | | | | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | | | | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | | | | | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | | | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | | | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | | | | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | | | | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | | | | | |
| а | Gross income from members or shareholders | - | | | | | | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | | | | | | | |
| | amounts due or received from them.) | | | | | | | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | | | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 4 | | | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | | | | | | | |
| _ | Note: See the instructions for additional information the organization must report on Schedule O. | | | | | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | | | | | |
| | organization is licensed to issue qualified health plans | - | | | | | | | | |
| | Enter the amount of reserves on hand | | | 37 | | | | | | |
| 14a | · · · · · · · · · · · · · · · · · · · | 14a | | X | | | | | | |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | | | | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | ₩. | | | | | | |
| | excess parachute payment(s) during the year? | 15 | | X | | | | | | |
| 10 | If "Yes," see the instructions and file Form 4720, Schedule N. | 16 | | X | | | | | | |
| 16 | | | | | | | | | | |
| 47 | If "Yes," complete Form 4720, Schedule O. | | | | | | | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 47 | | | | | | | | |
| | mai would result in the imposition of an excise tax under section 4951 4952 of 49537 | 1 17 | 1 | 1 | | | | | | |

Form **990** (2022)

If "Yes," complete Form 6069.

Page 6

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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 15 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 15 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website X Upon request ___ Other (explain on Schedule O) Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records BRANDON K. ANGELL - 410-822-6950

Form **990** (2022)

21601

BAY ST. BLDG B, EASTON, MD

Form 990 (2022) ASYLUMWORKS INC. 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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

| (A) | (B) | J. ga | | ((| C) | | iour | (D) | (E) | (F) |
|---------------------------|-------------------|--------------------------------|---------------------------|---------|--------------|---------------------------------|--------|-----------------|------------------------------|-----------------|
| Name and title | Average | (do | | Pos | | າ than ເ | one | Reportable | Reportable | Estimated |
| | hours per | | | | | s both or/trus | | compensation | compensation from related | amount of other |
| | week (list any | tor | | | | | | from the | organizations | compensation |
| | hours for | r direc | | | | pe: | | organization | (W-2/1099-MISC/ | from the |
| | related | stee o | rustee | | | ensat | | (W-2/1099-MISC/ | 1099-NEC) | organization |
| | organizations | al trus | onal t | | ployee | S comp | | 1099-NEC) | | and related |
| | below line) | Individual trustee or director | In stit utio nal tru stee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| (1) JOAN HODGES-WU | 60.00 | 드 | 드 | 6 | ž | 王亩 | 7. | | | |
| EXECUTIVE DIRECTOR | | 1 | | х | | | | 112,078. | 0. | 0. |
| (2) CINDY HALLBERLIN | 5.00 | | | | | | | , | - | |
| CHAIR | | Х | | х | | | | 0. | 0. | 0. |
| (3) STEPHEN COX | 2.00 | | | | | | | | | |
| VICE CHAIR | | Х | | Х | | | | 0. | 0. | 0. |
| (4) TIMOTHY ALUISE | 1.00 | | | | | | | | | |
| TREASURER | | Х | | Х | | | | 0. | 0. | 0. |
| (5) TIFFANY LUNG | 1.00 | | | | | | | | | |
| SECRETARY | | Х | | Х | | | | 0. | 0. | 0. |
| (6) HASSAN AHMAD | 1.00 | | | | | | | | | |
| MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (7) TAMEEM AL-TALABANI | 1.00 | | | | | | | | _ | _ |
| MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (8) TY COBB | 1.00 | l | | | | | | | | |
| MEMBER | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (9) TRACEY D'ANGELO | 1.00 | ļ | | | | | | | | |
| MEMBER | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (10) ROB FIFER | 1.00 | | | | | | | | | • |
| MEMBER | 1 00 | Х | _ | | | | | 0. | 0. | 0. |
| (11) SUSAN HUTNER KLAVENS | 1.00 | ., | | | | | | | | • |
| MEMBER | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (12) RICHARD KOFFMAN | 1.00 | 3,7 | | | | | | | | 0 |
| MEMBER | 1 00 | X | | | | | | 0. | 0. | 0. |
| (13) PASCAL MASUBA | 1.00 | v | | | | | | | 0. | 0 |
| MEMBER (14) SALLY MILLER | 1.00 | Х | | | | | | 0. | 0. | 0. |
| MEMBER | 1.00 | Х | | | | | | 0. | 0. | 0. |
| (15) LIANA MONTECINOS | 1.00 | Δ | | | | | | 0. | 0. | <u> </u> |
| MEMBER | 1.00 | Х | | | | | | 0. | 0. | 0. |
| (16) KEN SCOTT | 1.00 | 22 | | | | | | • | 0. | |
| MEMBER | 1.00 | х | | | | | | 0. | 0. | 0. |
| (17) ANAM RAHMAN | 2.00 | | | | | | | † | · · | • |
| MEMBER (THRU AUG) | | х | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | Form 990 (2022) |

232007 12-13-22 Form **990** (2022)

81-3205931 Page **8**

| c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation | Section A. Officers, Director | rs, Trustees, Key Em | ριογε | ees, | and | Hig | gnes | t Co | ompensated Employee | s (continued) | | | | |
|--|---|--|-----------------|-----------------------------|--------|---------------|---------------|----------|---------------------------|-------------------|--------|----------|---------|----------|
| Double per Week Pour land Pour lan | | I | | | | | | | | | | | | |
| Subtotal 112,078 0 0 0 0 0 0 0 0 0 | Name and title | 1 | | (do not check more than one | | | | | | • | | | | |
| Compensation Comp | | · · · · · · | | | | | | | · · | | | | | וכ |
| 1b Subtotal c Total from continuation sheets to Part VIII, Section A d Total (add lines it b and 1c) 2 Total number of individuals including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services 5 Did any person listed to fine 1a receive or accrue compensation from any unrelated organization or individual for services 5 Did any person listed to fine the organization from the organization from the organization. The organization for the calendar year ending with or within the organization or individual for services (A) None Description of services Compensation | | 1 ' | ector | | | | | | | | | | | tion |
| 1b Subtotal 1 Total from continuation sheets to Part VII, Section A 1 Total (add lines 1 to and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services 5 Did any person listed to highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending of the stable for your two the highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation for Services Compensation for the calendar year ending with or within the organization. | | | or dire | e e | | | ated | | | • | | | | |
| 1b Subtotal 1 Total from continuation sheets to Part VII, Section A 1 Total (add lines 1 to and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services 5 Did any person listed to highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending of the stable for your two the highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation for Services Compensation for the calendar year ending with or within the organization. | | | ustee | truste | | | suadı | | , | 1099-NEC) | | _ | | |
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| d Total (add lines 1b and 1c) | c Total from continuation sheets to | Part VII. Section A | | | | | | | | | | | | 0. |
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| the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE (B) Compensation Compensation | | s, complete scriedur | 3 | JI SU | CII | <i>JEIS</i> C | JII . | | | | | | | |
| (A) Name and business address NONE (B) Description of services (C) Compensation | 1 Complete this table for your five hig | hest compensated inc | deper | nder | nt co | ntra | actor | s th | nat received more than \$ | 100,000 of comp | pensaf | tion fro | m | |
| Name and business address NONE Description of services Compensation | the organization. Report compensation | tion for the calendar y | ear e | ndin | g wi | ith o | r wit | hin | the organization's tax y | ear. | | | | |
| | (A) (B) | | | | | | | | | | | (C |) | |
| 2. Total number of independent contractors (including but not limited to those listed above) who received more than | Name and b | usiness address | NC | ONE | : | | | 4 | Description of s | ervices | | omper | nsation | <u> </u> |
| 2. Total number of independent contractors (including but not limited to those listed above) who received more than | | | | | | | | | | | ı | | | |
| 2. Total number of independent contractors (including but not limited to those listed above) who received more than | | | | | | | | \dashv | | | | | | |
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| 2. Total number of independent contractors (including but not limited to those listed above) who received more than | | | | | | | | \top | | | | | | |
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| 2. Total number of independent contractors (including but not limited to those listed shows) who received more than | | | | | | | | T | | | | | | |
| 2. Total number of independent contractors (including but not limited to those listed above) who received more than | | | | | | | | | | | | | | |
| 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization | | | ot lim | nited | l to t | _ | | ted | above) who received mo | ore than | | | | |

Form **990** (2022)

Form 990 (2022) ASYLUMW
Part VIII Statement of Revenue

| | | Check if Schedule O con | itains a i | response (| or note to any lin | e in this Part VIII | | | |
|--|------------|---|------------|-----------------|--------------------|---------------------|-------------------|------------------|--------------------------------------|
| | | | | | | (A) | (B) | (C) | (D) |
| | | | | | | Total revenue | Related or exempt | Unrelated | Revenue excluded |
| | | | | | | | function revenue | business revenue | from tax under sections 512 - 514 |
| 10 10 | 1 2 | Federated campaigns | | 1a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | | | 1b | | | | | |
| يَّ وَ | | Membership dues | | 1c | | | | | |
| Ţŝ, | | Fundraising events | | 1d | | | | | |
| ij gi | | Related organizations | | | 606,040. | | | | |
| ns, Sim | | Government grants (contribu | - | 1e | 000,040. | | | | |
| er (| Ť | All other contributions, gifts, gra | | | 000 500 | | | | |
| 튭됨 | | similar amounts not included abo | | 1f | 828,583. | | | | |
| d d | - | Noncash contributions included in lines | s 1a-1f | 1g \$ | 25,299. | 4 404 600 | | | |
| <u>0 g</u> | h | Total. Add lines 1a-1f | | | I | 1,434,623. | | | |
| | | | | | Business Code | | | | |
| 9 | 2 a | TRAINING AND TECHNICAL | ASSIS | STANCE | 624230 | 137,625. | 137,625. | | |
| e <u>Š</u> | b | | | | | | | | |
| S T | С | | | | | | | | |
| eve eve | d | | | | | | | | |
| Program Service Revenue | е | | | | | | | | |
| <u> </u> | f | All other program service rev | enue | | | | | | |
| | g | Total. Add lines 2a-2f | | | | 137,625. | | | |
| | 3 | Investment income (including | | | | | | | |
| | | | | | | 9,517. | | | 9,517. |
| | 4 | Income from investment of ta | | | | | | | |
| | 5 | Royalties | | - | | | | | |
| | _ | | (i) | Real | (ii) Personal | | | | |
| | 6 a | Gross rents 6 | a 🖳 | | . , | | | | |
| | | Less: rental expenses 6 | | | | | | | |
| | | Rental income or (loss) | | | | | | | |
| | | Net rental income or (loss) | _ | | | | | | |
| | | Gross amount from sales of | | ecurities | (ii) Other | | | | |
| | <i>i</i> a | | · · · | 80,253. | (ii) Other | | | | |
| | | assets other than inventory | a | 00,233. | | | | | |
| | D | Less: cost or other basis | . | 00 000 | | | | | |
| ם ש | | and sales expenses | | 80,098. 155. | | | | | |
| her Revenue | | Gain or (loss)7 | | | | 155 | | | 155 |
| æ | | Net gain or (loss) | | | I | 155. | | | 155. |
| j. | 8 a | Gross income from fundraising e | events (n | ot | | | | | |
| Ö | | including \$ | | . | | | | | |
| | | contributions reported on line | • | | | | | | |
| | | Part IV, line 18 | | | | | | | |
| | b | Less: direct expenses | | 8b | | | | | |
| | С | Net income or (loss) from fun | draising | events_ | | | | | |
| | 9 a | Gross income from gaming a | ctivities | . See | | | | | |
| | | Part IV, line 19 | | 9a | | | | | |
| | b | Less: direct expenses | | 9b | | | | | |
| | С | Net income or (loss) from gar | ming act | tivities | | | | | |
| 1 | 10 a | Gross sales of inventory, less | s returns | s | | | | | |
| | | and allowances | | 10a | | | | | |
| | b | Less: cost of goods sold | | | | | | | |
| | | Net income or (loss) from sale | | | | | | | |
| | | <u> </u> | | | Business Code | | | | |
| snc 1 | 11 a | | | | | | | | |
| Due | b | | | | | | | | |
| Miscellaneous Revenue | c | | | | | | | | |
| <u>išc</u> Re | | All other revenue | | | | | | | |
| Σ | | Total. Add lines 11a-11d | | | | | | | |
| | | Total revenue. See instructions | | | | 1,581,920. | 137,625. | 0. | 9,672. |

Form 990 (2022) ASYLUMWORKS INC. Part IX Statement of Functional Expenses

| Cooti | on F01(a)(2) and F01(a)(4) argonizations must so make | lata all aglumana. All atha | u overenizatione must con | anlata askuman (A) | | | | | | |
|-------|---|-----------------------------|-----------------------------|---------------------------------|----------------------|--|--|--|--|--|
| Secti | Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX | | | | | | | | | |
| _ | Check if Schedule O contains a response or note to any line in this Part IX (A) (B) (C) (D) | | | | | | | | | |
| | not include amounts reported on lines 6b, 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 | 92,377. | 92,377. | | | | | | | |
| 2 | Grants and other assistance to domestic | | | | | | | | | |
| | individuals. See Part IV, line 22 | 32,858. | 32,858. | | | | | | | |
| 3 | Grants and other assistance to foreign | | | | | | | | | |
| | organizations, foreign governments, and foreign | | | | | | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | | | | | | |
| 4 | Benefits paid to or for members | | | | | | | | | |
| 5 | Compensation of current officers, directors, | | | | | | | | | |
| | trustees, and key employees | 123,969. | 55,786. | 37,191. | 30,992. | | | | | |
| 6 | Compensation not included above to disqualified | | | | | | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | | | | | | |
| | persons described in section 4958(c)(3)(B) | | | | | | | | | |
| 7 | Other salaries and wages | 777,303. | 711,343. | 41,400. | 24,560. | | | | | |
| 8 | Pension plan accruals and contributions (include | | | | <u> </u> | | | | | |
| | section 401(k) and 403(b) employer contributions) | | | | | | | | | |
| 9 | Other employee benefits | 62,337. | 53,059. | 5,436. | 3,842. | | | | | |
| 10 | Payroll taxes | 77,777. | 66,201. | 6,782. | 4,794. | | | | | |
| 11 | Fees for services (nonemployees): | , | , | , | • | | | | | |
| | Management | | | | | | | | | |
| | Legal | 61,800. | 61,800. | | | | | | | |
| | Accounting | 44,276. | , | 44,276. | | | | | | |
| | Lobbying | , - | | , - | | | | | | |
| | Professional fundraising services. See Part IV, line 17 | | | | | | | | | |
| | Investment management fees | | | | | | | | | |
| | Other. (If line 11g amount exceeds 10% of line 25, | | | | | | | | | |
| 9 | column (A), amount, list line 11g expenses on Sch 0.) | 91,136. | 71,015. | 12,383. | 7,738. | | | | | |
| 12 | Advertising and promotion | 32,2000 | 7270201 | 22,0001 | 7,7755 | | | | | |
| 13 | Office expenses | 35,705. | 14,243. | 15,715. | 5,747. | | | | | |
| 14 | Information technology | 26,318. | 16,931. | 5,106. | 4,281. | | | | | |
| | I | 20,310. | 10,331. | 3,100. | 1,201. | | | | | |
| 15 | Royalties | 91,876. | 75,686. | 10,904. | 5,286. | | | | | |
| 16 | Occupancy | 2,807. | 1,042. | 1,765. | 3,200. | | | | | |
| 17 | Travel | 2,007. | 1,042. | 1,703. | | | | | | |
| 18 | Payments of travel or entertainment expenses | | | | | | | | | |
| 40 | for any federal, state, or local public officials | 30,468. | 23,119. | 6,172. | 1,177. | | | | | |
| 19 | Conferences, conventions, and meetings | 30,400. | 43,113. | 0,1/4• | 1,11. | | | | | |
| 20 | Interest | | | | | | | | | |
| 21 | Payments to affiliates | 799. | | 799. | | | | | | |
| 22 | Depreciation, depletion, and amortization | 8,626. | 7,110. | 1,025. | 491. | | | | | |
| 23 | Insurance | 0,040. | /,110. | 1,043. | 491. | | | | | |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) | | | | | | | | | |
| а | | | | | | | | | | |
| b | | | | | | | | | | |
| С | | | | | | | | | | |
| d | | | | | | | | | | |
| | All other expenses | | | | | | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 1,560,432. | 1,282,570. | 188,954. | 88,908. | | | | | |
| 26 | Joint costs. Complete this line only if the organization | - | - | | - | | | | | |
| • | reported in column (B) joint costs from a combined | | | | | | | | | |
| | educational campaign and fundraising solicitation. | | | | | | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | | | | | | |
| | | | | · · | 000 | | | | | |

| Pai | rt X | Balance Sheet | | | | |
|-----------------------------|------|--|---------|---------------------------------|-------|---------------------------|
| | | Check if Schedule O contains a response or note to any line in this Pa | art X | | | |
| | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | 143,620. | 1 | 89,755 |
| | 2 | Savings and temporary cash investments | | 51,896. | 2 | 152,120 |
| | 3 | Pledges and grants receivable, net | | 17,832. | 3 | 96,006 |
| | 4 | Accounts receivable, net | | 14,500. | 4 | 12,000 |
| | 5 | Loans and other receivables from any current or former officer, direct | | | | |
| | | trustee, key employee, creator or founder, substantial contributor, or | 35% | | | |
| | | controlled entity or family member of any of these persons | | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defin | | | | |
| | | under section 4958(f)(1)), and persons described in section 4958(c)(3) | (B) L | | 6 | |
| ß | 7 | Notes and loans receivable, net | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | 8 | |
| Ą | 9 | Prepaid expenses and deferred charges | | 0. | 9 | 9,142 |
| | 10a | Land, buildings, and equipment: cost or other | | | | |
| | | basis. Complete Part VI of Schedule D 10a | 4,330. | | | |
| | b | Less: accumulated depreciation | 3,708. | 1,421. | 10c | 622 |
| | 11 | Investments - publicly traded securities | | 0. | 11 | 29,942 |
| | 12 | Investments - other securities. See Part IV, line 11 | | 0. | 12 | 34,541 |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | | |
| | 14 | Intangible assets | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 64,448. | 15 | 163,602 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | | 293,717. | 16 | 587,730 |
| | 17 | Accounts payable and accrued expenses | | 49,412. | 17 | 184,872 |
| | 18 | Grants payable | | 18 | | |
| | 19 | Deferred revenue | 19,858. | 19 | 7,775 | |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | | 21 | |
| S | 22 | Loans and other payables to any current or former officer, director, | | | | |
| ij | | trustee, key employee, creator or founder, substantial contributor, or | 35% | | | |
| Liabilities | | controlled entity or family member of any of these persons | | | 22 | |
| ⊐ | 23 | Secured mortgages and notes payable to unrelated third parties | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third | t l | | | |
| | | parties, and other liabilities not included on lines 17-24). Complete Pa | ırt X | _ | | |
| | | of Schedule D | | | 25 | 149,153 |
| | 26 | Total liabilities. Add lines 17 through 25 | | 69,270. | 26 | 341,800 |
| | | Organizations that follow FASB ASC 958, check here | | | | |
| ces | | and complete lines 27, 28, 32, and 33. | | | | |
| an | 27 | Net assets without donor restrictions | | 224,447. | 27 | 245,930 |
| Ва | 28 | Net assets with donor restrictions | <u></u> | | 28 | |
| pur | | Organizations that do not follow FASB ASC 958, check here | | | | |
| Ę | | and complete lines 29 through 33. | | | | |
| S O | 29 | Capital stock or trust principal, or current funds | | | 29 | |
| set | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | | 30 | |
| Net Assets or Fund Balances | 31 | Retained earnings, endowment, accumulated income, or other funds | | | 31 | |
| Š | 32 | Total net assets or fund balances | | 224,447. | 32 | 245,930 |
| | 33 | Total liabilities and net assets/fund balances | | 293,717. | 33 | 587,730 |

| 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 | <u>1,58</u> | 1,9 | <u>20.</u> | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,56 | 0,4 | <u>32.</u> | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | $\frac{1,4}{4,4}$ | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | | | | | | |
| 5 | Net unrealized gains (losses) on investments | 5 | | | <u>-5.</u> | | |
| 6 | Donated services and use of facilities | 6 | | | | | |
| 7 | Investment expenses | 7 | | | | | |
| 8 | Prior period adjustments | 8 | | | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 0. | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | | | |
| | column (B)) | 10 | 24 | 5,9 | 30. | | |
| Pa | rt XII Financial Statements and Reporting | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | | |
| | | | | Yes | No | | |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | | | | | |
| 2a | 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | | | | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | 1 | | |
| | separate basis, consolidated basis, or both: | | | | 1 | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | X | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | | | |
| | consolidated basis, or both: | | | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | | | |
| С | c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, | | | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | | | | | | |
| За | 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | | | | | |
| b | b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit | | | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | | | |
| | | | Form | 990 | (2022) | | |

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022
Open to Public

Inspection

Employer identification number

ASYLUMWORKS INC. 81-3205931 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

| (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 | tion |
|---|------|
| fails to qualify under the tests listed below, please complete Part III.) | |

| Calendar year (or fiscal year beginning in) 1 Giffs, grants, contributions, and membership fees received. (Do not include any 'unneusity grants.') 380,061. 548,788. 709,999. 957,424. 1434623. 4030895. 380,061. 548,788. 709,999. 957,424. 1434623. 4030895. 3 The value of services or facilities furnished by a governmental unit to the organization without charge furnished by a governmental unit to the organization without charge and person of the than a governmental unit or publicly supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 7 Amounts from line 4. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from interest, dividends, payments received on securities loans, rents, royalties, and income from interest, and income from interest, and income from interest, dividends, payments received on securities loans, rents, royalties, and income from incomes 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 Comparization or loss from the sale of capital assets (Explain in Part VI). 12 Conserved propagation or loss from the sale of capital assets (Explain in Part VI). 13 First 5 years. If the Form 900 is for the organization of include gain or loss from the sale of capital assets (Explain in Part VI). 14 Public support percentage from 2021 Schedule A, Part II, line 14 15 Public support percentage from 2021 Schedule A, Part II, line 14 15 Public support percentage from 2021 Schedule A, Part II, line 14 16 30 31/3% support test - 2022. If the organization of inclock da box on line 13, ride, or 16b, and line 14 is 10% or more, and if the organization meets the facts and circumstances test, these this box and stop here. Explain in Part VI bow the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI bow the | Sec | Section A. Public Support | | | | | | | | | |
|--|------|---|---------------------|---------------------|---------------------|---------------------|--------------------|-----------|--|--|--|
| 1 Giffs, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf 4 Total. Add lines 1 through 3 380,061. 548,788. 709,999. 957,424. 1434623. 4030895. 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) 5 Public support. Services the show inv 4 Section B. Total Support Celledar year (or fiscal year beginning in) 7 Amounts from line 4 380,061. 548,788. 709,999. 957,424. 1434623. 4030895. 8 Gross income from interest, dividends, payments received on securities loans, rents, roystiles, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 Constructions or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 Constructions (Constructions) 12 S31, 596. Section C. Computation of Public Support Percentage Section C. Computation of Public Support Percentage 17 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14 99, 40 99. 99. 99. 99. 99. 99. 99. 99. 99. 99 | Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total | | | |
| Include any 'unusual grants') 2 Tax reverues levied for the organization's benefit and either paid to core expended on its behalf 3 reverues levied for the organization's benefit and either paid to core expended on its behalf 3 reverues levied for facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The potion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support, Solves time 5 ton first Section B. Total Support Callendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividendes, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from reidad exclutives, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section SOT(c)(3) 16 a 33 1/3% support test - 2022. If the organization did not check the box on line 13, end line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the facts and circumstances test. 2021. If the organization did not check a box on line 13, end line 15 is 53 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts and- | 1 | Gifts, grants, contributions, and | | | | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total, Add lines I through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Setract live 5 ton live 1 that exceeds 2% of the amount shown on line 11, column (f) 7 Amounts from line 4 | | membership fees received. (Do not | | | | | | | | | |
| 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 | | include any "unusual grants.") | 380,061. | 548,788. | 709,999. | 957,424. | 1434623. | 4030895. | | | |
| or expended on its behalf 3. The value of services or facilities turnished by a governmental unit to the organization without charge turnished by a governmental unit to the organization without charge and the properties of 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) | 2 | Tax revenues levied for the organ- | | | | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Sucresci line 3 to mine 4 8 Gross income from initerest, dividends, payments received on securities loans, entire, royalties, and income from initerest, dividends, payments received on securities loans, ents, royalties, and income from unrelated business activities, whether or not the business is regularly carried on 0 Other income. Do not include gain or loss from the sale of capital assests (Explain in Part VI.) 11 Total support. Add lines? Through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501c(x) organization, check this box and stop here 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 15 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 16 33 1/3% support test -2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization collection to the Ke box on line 13, 16a, or 17a, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization collection to hook on line 13, 16a, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization collection to hook on line 13, 16a, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumst | | ization's benefit and either paid to | | | | | | | | | |
| tunished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 | | or expended on its behalf | | | | | | | | | |
| tunished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 | 3 | The value of services or facilities | | | | | | | | | |
| 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subsect line 5 from line 4. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and 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 Capital assets (Explain in Part VI). 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization of Public Support Percentage 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 15 Ja 33 1/3% support text - 2022. If the organization of the check a box on line 13, rad, or 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts and-circumstances test, check this box and line 15 is 10% or more, and if the organization meets the facts and-circumstances test, check this box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts and-circumstances test, check this box on din tot the Normal more. | | | | | | | | | | | |
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| b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the | | - | | | - | • | VI how the organiz | ation | | | |
| more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the | | | - | • | | - | | | | | |
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| organization mosts the feets and circumstances test. The organization coeffice as a publish comparted executation | | | | | | - | | | | | |
| organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | | | | | | | | | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | 18 | Private foundation. If the organization | n did not check a l | box on line 13, 16a | a, 16b, 17a, or 17b | , check this box ar | | | | | |

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 | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 78 | A Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| ŀ | 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.) | | | | | | <u> </u> |
| | ction B. Total Support | | T | T | Т | T | |
| | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| | Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| k | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| | Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | 1 | | <u> </u> |
| 14 | First 5 years. If the Form 990 is for the | • | | • | • | | |
| 0- | check this box and stop here | | | | | | |
| | ction C. Computation of Publi | | | | | Т Т | |
| | Public support percentage for 2022 (I | | • | | | 15 | <u>%</u> |
| <u>16</u> | Public support percentage from 2021 | | | | | 16 | % |
| | ction D. Computation of Inves | | | 10 1 /** | | 147 | |
| | Investment income percentage for 20 | | | | | 17 | <u>%</u> |
| 18 | , , | | | | | 18 | <u>%</u> |
| 198 | a 33 1/3% support tests - 2022. If the | | | | | | |
| | more than 33 1/3%, check this box ar | | | | | | |
| r. | 33 1/3% support tests - 2021. If the line 18 is not more than 33 1/3%, che | | | | | | |
| 20 | Private foundation If the organization | | | | | | |

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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| Га | Supporting Organizations (continued) | | | |
|----------|---|-----------|-----|-----|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| | A family member of a person described on line 11a above? | 11b | | |
| С | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | 110 | | |
| Sec | detail in Part VI. tion B. Type I Supporting Organizations | 11c | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or | | | 110 |
| | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, | | | |
| | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | | | |
| | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| <u> </u> | supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | 1 | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | 1 | | |
| Sec | the supported organization(s). tion D. All Type III Supporting Organizations | - | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | 3 | | |
| Sec | supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins | struction | s). | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in 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 | 0- | | |
| L | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, | | | |
| | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in | | | |
| | these activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | _,, | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| _ | trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

| Pai | t V Type III Non-Functionally Integrated 509(a)(3) Support | ing Organ | izations | |
|------|--|----------------|-----------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualify | ing trust on I | Nov. 20, 1970 (explain in | Part VI). See instructions. |
| | All other Type III non-functionally integrated supporting organizations mu | | · | |
| 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): | | | |
| a | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| c | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| 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-function | ally integrate | ed Type III supporting orga | nization (see |

Schedule A (Form 990) 2022

instructions).

Schedule A (Form 990) 2022

d Excess from 2021 e Excess from 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2022

Employer identification number

81-3205931 ASYLUMWORKS INC. Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

ASYLUMWORKS INC.

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 |
| 1 | | \$ 222,535. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$ <u>139,000.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$ 33,698. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | | \$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | | \$ 200,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | | \$ <u>250,000</u> . | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

Schedule B (Form 990) (2022)

Name of organization

Employer identification number 81 - 3205931

| ASYLUM | WORKS INC. |
|--------|---|
| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed |

| | o o monta de la composición de | | |
|------------|--|----------------------------|--|
| (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 | | \$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 9 | | \$ <u>210,807.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Schedule B (Form 990) (2022) Page **3**

Name of organization Employer identification number

ASYLUMWORKS INC.

81-3205931

| (b) Description of noncash property given (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) | (d) Date received (d) Date received |
|---|--|--|
| | (c) FMV (or estimate) | 1 |
| | FMV (or estimate) | 1 |
| | | |
| | \$ | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | \$ | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | \$ | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | \$ | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | |
| | (b) Description of noncash property given (b) Description of noncash property given | Description of noncash property given (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) |

Schedule B (Form 990) (2022) Page **4**

Name of organization **Employer identification number** ASYLUMWORKS INC. 81-3205931 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 (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 (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 (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 (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

223454 11-15-22

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 Inspection

Name of the organization

ASYLUMWORKS INC.

Employer identification number 81-3205931

| Total number at end of year Capture Capt | Pai | t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line | | r Si | milar Funds | or Ac | coun | ts. Complete if the |
|---|-----|--|-------------------------|--------|--------------------|----------|---------------|---------------------------------|
| 2 Aggregate value of contributions to (during year) 4 Aggregate value at and of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advisor further organization inform all donors and donor advisors in writing that the assets held in donor advisor further organization inform all grantess, donors, and donor advisors in writing that grant funds can be used only for charatable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yea" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization or education) Preservation of a historically important land area Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of open space 2 Complete lines 2 a through 2 dif the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 3 Total number of conservation easements 4 Teld at the End of the Tax Year 5 Total acreage restricted by conservation easements 5 Total acreage restricted by conservation easements 6 Number of conservation easements included in (a) Qualified after July 25.2006, and not on a historic structure included in (a) Lagrant Preservation during the tax year 9 Number of conservation easements included in (a) acquired after July 25.2006, and not on a historic structure included in (b) acquired after July 25.2006, and not on a historic structure line description and preservation easements the preservation easement included in (a) Preservation easements in Conservation easements in Conserv | | | | visec | I funds | (| b) Fun | ds and other accounts |
| 2 Aggregate value of contributions to (during year) 4 Aggregate value at and of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advisor further organization inform all donors and donor advisors in writing that the assets held in donor advisor further organization inform all grantess, donors, and donor advisors in writing that grant funds can be used only for charatable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yea" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization or education) Preservation of a historically important land area Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of open space 2 Complete lines 2 a through 2 dif the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 3 Total number of conservation easements 4 Teld at the End of the Tax Year 5 Total acreage restricted by conservation easements 5 Total acreage restricted by conservation easements 6 Number of conservation easements included in (a) Qualified after July 25.2006, and not on a historic structure included in (a) Lagrant Preservation during the tax year 9 Number of conservation easements included in (a) acquired after July 25.2006, and not on a historic structure included in (b) acquired after July 25.2006, and not on a historic structure line description and preservation easements the preservation easement included in (a) Preservation easements in Conservation easements in Conserv | 1 | Total number at end of year | | | | | | |
| 3 Aggregate value of grants from (during year) 4 Aggregate value at and of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization in property, subject to the organization's exclusive legal control? Or Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part III Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of part and part and preservation of part and preservation of an entire and for public use (for example, recreation or education) Preservation of a conservation easement on the last Preservation of an entire and part and preservation of a conservation easement on the last Preservation of a conservation easement on the last Preservation of a conservation easement on the last Preservation of conservation easements Preservation Prese | | | | | | | | |
| 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 funds are the organization inform all graritiess, donors, and donor advisors in writing that grant funds can be used only for charatable purposes and not for the benefit of the donor or donor advisors in writing that grant funds can be used only for charatable purposes and not for the the neft of the donor or donor advisors or or any other purpose conferring impermissable private benefit? Part II Conservation I Essements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education). Preservation of a land that the protection of particular helds and protection of particular helds at the first preservation of a centiled historic structure. Preservation of open space 2 Complete line 2a through 2 dif the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 1 Total number of conservation easements. 2 Total number of conservation easements. 3 Total number of conservation easements on a certified historic structure included in (a). 4 Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure insert included in (a). 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements in located. 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easement aduring the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easement and balance sheet works of art, historical treasures, or other similar assets held for public exhibiti | | | | | | | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's properly, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purposely of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of natural habitat Preservation of natural habitat Preservation of natural habitat Preservation of natural habitat Preservation of conservation easements and a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 2 Complete lines 2 at through 2 dif the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 3 Total number of conservation easements. 5 Total number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register 4 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 4 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements the holds? 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcening conservation easements during the year or violations, and enforcening and enforcening easements and balance sheet works | 4 | | | | | | | |
| are the organization's property, subject to the organization's exclusive legal control? | 5 | | vriting that the assets | s hel | d in donor advise | ed fund | ls | |
| 6 Did the organization inform all grantees, denors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part III Conservation Easements held by the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year | | - | ~ | | | | | Yes No |
| for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). | 6 | | | | | | | |
| Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(6) of conservation easements held by the organization (check all that apply). Preservation of an Instructure Preservation of an Instructure Preservation of a historically important land area Preservation of open space Preservation of open space Preservation of open space Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. A Total number of conservation easements Preservation of a certified historic structure included in (a) Preservation of conservation easements Preservation of conservation easements Preservation of conservation easements Preservation of conservation easements Preservation Prese | | | | | | | | |
| Purpose(s) of conservation easements held by the organization (check all that apply). | | | | | | | | |
| Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Protection of natural habitat Protection of natural habitat Protection of natural habitat Preservation of open space Complete lines 2 a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements Difference of the protection of the last of the Tax Year of the last of the last of the Tax Year of the last of the last of the Tax Year of the last of the last of the Tax Year of the last of the last of the Tax Year of the last of | Par | t II Conservation Easements. Complete if the org | ganization answered | "Yes | " on Form 990, F | Part IV, | line 7. | |
| Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 3 Total number of conservation easements 2a Held at the End of the Tax Year 2b Total number of conservation easements 2b Total acreage restricted by conservation easements 2b Complete in the National Register 2b Complete in the Organization answered Yes' on Form 990, Part IV, line 8. 1a If the organization selected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: b If the organization received or held works of art, historical treasures, or other similar assets held for public exhibition, e | 1 | Purpose(s) of conservation easements held by the organization | on (check all that app | ly). | | | | |
| Preservation of open space | | Preservation of land for public use (for example, recreat | tion or education) | | Preservation of | a histo | rically | important land area |
| 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 8 Total number of conservation easements 9 Total acreage restricted by conservation easements 10 Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure lincluded in (a) 11 Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register 12 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 12 Number of states where property subject to conservation easement is located 13 Number of states where property subject to conservation easement is located 14 Number of states where property subject to conservation easements it holds? 15 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 15 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) 16 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) 17 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year organization's accounting for conservation easements. 18 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) 18 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) 19 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet works of art, historical freasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part X | | Protection of natural habitat | | | Preservation of | a certi | fied his | storic structure |
| a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Poes each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts required to be reported u | | Preservation of open space | | | | | | |
| a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located bose the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASE ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASE ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, educatio | 2 | | ied conservation con | tribu | tion in the form o | of a cor | nserva | |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2022

| Sche Par | t III Organizations Maintaining C | ollections of Ar | t. Histor | rical Tre | asures. or | Othe | r Simila | r Assets | (contin | <u>- Pa</u> | age ∠ |
|--------------------|--|------------------------|----------------|--------------|-----------------|------------|------------|-------------|-------------------|-------------|-------|
| 3 | · | | | | | | | | (CONUIN | <u>uea)</u> | |
| 3 | Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): | | | | | | | | | | |
| а | | | | | | | | | | | |
| b | | | | | | | | | | | |
| c | Preservation for future generations | • | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explain | n how they | / further th | ne organization | n's exer | mpt purpo | se in Part | XIII | | |
| 5 | During the year, did the organization solicit o | • | • | | - | | | oc iiii ait | 7.III. | | |
| • | to be sold to raise funds rather than to be ma | | | | • | | | | Yes | | No |
| Par | t IV Escrow and Custodial Arran | | | | | | | | | | |
| | reported an amount on Form 990, Par | | | Ü | | | | , , | , | | |
| | Is the organization an agent, trustee, custodi | an or other intermed | iary for co | ntribution | s or other asse | ets not | included | | | | |
| | on Form 990, Part X? | | | | | | | | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII | | | | | | | | | | |
| | | | | | | | | | Amount | : | |
| С | Beginning balance | | | | | | . 1c | | | | |
| d | Additions during the year | | | | | | . 1d | | | | |
| | Distributions during the year | | | | | | | | | | |
| f | Ending balance | | | | | | . 1f | | | | |
| 2a | Did the organization include an amount on Fo | orm 990, Part X, line | 21, for es | crow or cu | ustodial accou | ınt liabil | ity? | | Yes | | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | | | | | |
| Par | t V Endowment Funds. Complete i | | swered "\ | es" on Fo | | | | | T | | |
| | | (a) Current year | (b) Pri | or year | (c) Two years | s back | (d) Three | years back | (e) Four | years | back |
| 1a | Beginning of year balance | | | | | | | | | | |
| b | Contributions | | | | | | | | | | |
| С | Net investment earnings, gains, and losses | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | | |
| | and programs | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | |
| 2 | Provide the estimated percentage of the curr | • | e (line 1g, | column (a) |)) held as: | | | | | | |
| а | Board designated or quasi-endowment | | _% | | | | | | | | |
| b | Permanent endowment | | | | | | | | | | |
| С | | % | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c short | • | | | | | | | | | |
| за | Are there endowment funds not in the posses | ssion of the organiza | ation that a | are held ar | nd administere | ed for tr | ne | | Г | Yes | No |
| | organization by: | | | | | | | | 0-(2) | 163 | NO |
| | (i) Unrelated organizations | | | | | | | | 3a(i) | - | |
| L | (ii) Related organizations | tions listed as requir | | | | | | | 3a(ii) | - | |
| b | | | | | | | | | 3b | | |
| Par | Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm | | wment iur | ius. | | | | | | | |
| | Complete if the organization answered | |). Part IV. I | ine 11a. S | See Form 990. | Part X | line 10. | | | | |
| | Description of property | (a) Cost or o | | | or other | | ccumulat | ed l | (d) Bool | | |
| | bescription of property | basis (investr | | | (other) | | preciation | | (u) Door | value | C |
| 12 | Land | ` | | | . , | | | | | | |
| | Buildings | | + | | | | | | | | |
| | Leasehold improvements | | - | | | | | | | | |
| | Equipment | | | | 4,330. | | 3,7 | 08. | | 6 | 22. |
| | Other | | - | | -, | | <u> </u> | | | | |
| | . Add lines 1a through 1e. (Column (d) must e | | X column | (R) line 1 | Oc.) | | | | | 6: | 22. |

Schedule D (Form 990) 2022

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

| Schedule D (Form 990) 2022 ASYLUMWORKS | INC. | 81-3 | 205931 Page 3 |
|--|--|---|-------------------|
| Part VII Investments - Other Securities. | | | <u> </u> |
| Complete if the organization answered "Yes" of | | | voor market value |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-y | ear market value |
| (1) Financial derivatives | | | |
| (2) Closely held equity interests (3) Other | | | |
| (A) MONEY MARKET FUNDS | 34,541. | END-OF-YEAR MARKET VA | ALUE |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | 24 544 | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | 34,541. | | |
| Part VIII Investments - Program Related. Complete if the organization answered "Yes" of | on Form 000 Port IV line 1 | 1a Can Form 000 Dort V line 12 | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-y | |
| | (b) book value | (c) Wethod of Valuation. Cost of end-or-y | ear 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. | E 000 B 1 W 11 4 | 4 L O . E | |
| Complete if the organization answered "Yes" (| Dn Form 990, Part IV, line 1 Description | 1d. See Form 990, Part X, line 15. | (b) Book value |
| (1) SECURITY DEPOSIT | Description | | 14,448. |
| (2) DONATED GIFT CARDS | | | 14,979. |
| (3) OPERATING LEASE RIGHT-OF-U | ISE ASSET | | 134,175. |
| (4) | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. | 15.) | | 163,602. |
| Complete if the organization answered "Yes" of | on Form 990, Part IV, line 1 | 1e or 11f. See Form 990, Part X, line 25. | |
| 1. (a) Description of liability | | | (b) Book value |
| (1) Federal income taxes | | | |
| (2) OPERATING LEASE LIABILITY | | | 149 153. |

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2022

149,153.

(3) (4) (5) (6) (7) (8)

| Par | t XI | Reconciliation of Revenue per Audited Financial S | Statements With Revenue | oer Return. | |
|-----|--------|---|-------------------------------------|-------------------|---------------------|
| | | Complete if the organization answered "Yes" on Form 990, Part IV | /, line 12a. | | |
| 1 | Total | revenue, gains, and other support per audited financial statements | | 1 | 1,581,915. |
| 2 | Amou | nts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| а | Net u | nrealized gains (losses) on investments | 2a | -5 . | |
| b | Donat | ed services and use of facilities | 2b | | |
| С | Recov | veries of prior year grants | 2c | | |
| d | Other | (Describe in Part XIII.) | 2d | | |
| е | | nes 2a through 2d | | | -5. |
| 3 | | act line 2e from line 1 | | 3 | 1,581,920. |
| 4 | | nts included on Form 990, Part VIII, line 12, but not on line 1: | 1 1 | | |
| а | | ment expenses not included on Form 990, Part VIII, line 7b | | | |
| b | Other | (Describe in Part XIII.) | 4b | | |
| С | | nes 4a and 4b | | | 0. |
| 5 | Total | revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line | 12.) | 5 | 1,581,920. |
| Par | τ ΑΙΙ | Reconciliation of Expenses per Audited Financial | | s per Retur | n. |
| | | Complete if the organization answered "Yes" on Form 990, Part IV | /, line 12a. | | 1 560 420 |
| 1 | | | | 1 | 1,560,432. |
| 2 | | nts included on line 1 but not on Form 990, Part IX, line 25: | 1 - 1 | | |
| a | | ted services and use of facilities | | | |
| b | | year adjustments | | | |
| С | | losses | | | |
| d | | (Describe in Part XIII.) | | | 0 |
| | | nes 2a through 2d | | | 1,560,432. |
| 3 | | act line 2e from line 1 | | 3 | 1,300,432. |
| 4 | | ints included on Form 990, Part IX, line 25, but not on line 1: | 45 | | |
| | | ment expenses not included on Form 990, Part VIII, line 7b | | | |
| | | (Describe in Part XIII.) nes 4a and 4b | | | 0. |
| 5 | | | | | 1,560,432. |
| | † XIII | expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. | le [8.) | 5 | 1,300,432. |
| | | descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a | nd 4: Part IV lines 1h and 2h: Part | V line 4: Part | X line 2: Part XI |
| | | 4b; and Part XII, lines 2d and 4b. Also complete this part to provid | | v, iiiic +, i ait | A, III Z, I alt Ai, |
| | Lu unc | in is, and it arryin, into 24 and 18.7 not complete the part to provid | o any additional information. | | |
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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.

2022
Open to Public

Inspection

Name of the organization **Employer identification number** 81-3205931 ASYLUMWORKS INC. Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) IMAM E ASR ISLAMIC SEMINARY INC. 5501 CHEROKEE AVE, STE 101 ALEXANDRIA, VA 22312 54-2022985 501(C)(3) 0 GENERAL ASSISTANCE 53,750, WILLIAM WENDT CENTER FOR LOSS AND HEALING - 4201 CONNECTICUT AVE NW STE 300 - WASHINGTON, DC 20008 52-1095105 501(C)(3) 0. 38,627. GENERAL ASSISTANCE Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---|----------------------------|--------------------------|---------------------------------------|--|---------------------------------------|
| | | | | | |
| CLIENT ASSISTANCE | 69 | 22 050 | 0. | | |
| CHIENT ASSISTANCE | 09 | 32,858. | 0. | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |
| Part IV Supplemental Information. Provide the information | n required in Part I, line | e 2; Part III, column | (b); and any other ac | Iditional information. | |
| PART I, LINE 2: | | | | | |
| ASYLUMWORKS STAFF REQUESTS FINAN | CIAL ASSIST | ANCE WHEN | A CLIENT N | EEDS HELP TO | |
| MEET A PREVIOUSLY IDENTIFIED GOA | L WHEN OTHE | R ATTEMPTS | S TO MEET T | HE GOAL HAVE | |
| | | | | | |
| FAILED. THE STAFF PERSON GETS AP | | | | | |
| NEED TO OUR FINANCIAL ASSISTANCE | SPREADSHEE | T. ASYLUMV | VORKS DOES | NOT MONITOR | |
| THE FUNDS AFTER THEY ARE RECEIVE | D BY OUR CL | IENTS. | | | |
| | | | | | |

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Employer identification number

| | | ASYLUMWORKS | INC. | | | | 8 | 31-320 | 5931 | |
|-----|---|------------------------------------|-------------------------------|---|--|---------|---------|--|--------|----------|
| Par | rt I Types | of Property | | | | • | | | | |
| | | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1 | g r | | (d) d of determ ontribution | • | ts |
| 1 | Art - Works of | art | | | | | | | | |
| 2 | | treasures | | | | | | | | |
| 3 | | l interests | | | | | | | | |
| 4 | | blications | | | | | | | | |
| 5 | | nousehold goods | | | | | | | | |
| 6 | | r vehicles | | | | | | | | |
| 7 | | nes | | | | | | | | |
| 8 | | perty | | | | | | | | |
| 9 | | blicly traded | X | 1 | 25,299 | . QUC | TED M | IARKET | PRI | CES |
| 10 | | osely held stock | | | | | | | | |
| 11 | | rtnership, LLC, or | | | | | | | | |
| | trust interests | | | | | | | | | |
| 12 | Securities - Mi | scellaneous | | | | | | | | |
| 13 | | ervation contribution - | | | | | | | | |
| | Historic struct | ures | | | | | | | | |
| 14 | Qualified cons | ervation contribution - Other | | | | | | | | |
| 15 | Real estate - R | lesidential | | | | | | | | |
| 16 | Real estate - C | commercial | | | | | | | | |
| 17 | |)ther | | | | | | | | |
| 18 | | | | | | | | | | |
| 19 | | <i>y</i> | | | | | | | | |
| 20 | | dical supplies | | | | | | | | |
| 21 | | | | | | | | | | |
| 22 | Historical artifa | acts | | | | | | | | |
| 23 | Scientific spec | cimens | | | | | | | | |
| 24 | | artifacts | | | | | | | | |
| 25 | |) | | | | | | | | |
| 26 | Other (|) | | | | | | | | |
| 27 | Other (|) | | | | | | | | |
| 28 | Other (|) | | | | | | | | |
| 29 | Number of For | ms 8283 received by the organi | ization durinç | g the tax year for c | ontributions | | | | | |
| | for which the o | organization completed Form 82 | 283, Part V, D | onee Acknowledg | ement 29 | | | | 0 | |
| | | | | | | | | | Yes | No |
| 30a | During the year | ır, did the organization receive b | y contributio | n any property rep | orted in Part I, lines 1 thro | ugh 28, | that it | | | |
| | must hold for a | at least 3 years from the date of | the initial co | ntribution, and wh | ch isn't required to be use | d for | | | | |
| | exempt purpos | ses for the entire holding period | ? | | | | | 30 | а | <u> </u> |
| b | b If "Yes," describe the arrangement in Part II. | | | | | | | | | |
| 31 | Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | | | | | | | | | |
| 32a | 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash | | | | | | | | | |
| | contributions? | | | | | | | 32 | а | X |
| b | If "Yes," descr | | | | | | | | | |
| 33 | If the organiza | tion didn't report an amount in o | column (c) fo | r a type of property | for which column (a) is ch | ecked, | | | | |
| | describe in Pa | rt II. | | | | | | | | |
| LHA | For Paperw | ork Reduction Act Notice, see | the Instruc | tions for Form 990 |). | | Sche | dule M (Fo | rm 990 |) 2022 |

Schedule M (Form 990) 2022

232142 09-09-22 Schedule M (Form 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

ASYLUMWORKS INC.

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. PART III, LINE 4D, OTHER PROGRAM SERVICES: TRAINING AND TECHNICAL ASSISTANCE - LEVERAGING THE EXPERIENCE AND EXPERTISE OF 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 \$ 107,777. INCLUDING GRANTS OF \$ 0. REVENUE \$ 137,625. 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) 2022

232211 10-28-22

Schedule O (Form 990) 2022 Page 2

Name of the organization **Employer identification number** 81-3205931 ASYLUMWORKS INC. WHO ARE CONSIDERING THE PROPOSED TRANSACTION OF THE ARRANGEMENT. AFTER THE DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, THE INTERESTED PERSON SHALL LEAVE THE BOARD MEETING WHILE ESTABLISHING A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. FORM 990, PART VI, SECTION B, LINE 15A: EACH BOARD MEMBER COMPLETES AN ANNUAL EVALUATION OF THE EXECUTIVE DIRECTOR'S PERFORMANCE. A SMALLER COMPENSATION COMMITTEE IS THEN CONVENED TO DETERMINE THE EXECUTIVE DIRECTOR'S COMPENSATION BY USING 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.