#### Form **990**

**Return of Organization Exempt From Income Tax** 

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

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

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Inspection For the 2017 calendar year, or tax year beginning 7/01 , 2017, and ending , 2018 Check if applicable: D Employer identification number X Address change ASYLUM ACCESS 20-3642040 555 12TH STREET - 5TH FLOOR Name change E Telephone number DUPLICATE OAKLAND, CA 94607 Initial return 510-891-8700 Final return/terminated Amended return G Gross receipts \$ F Name and address of principal officer: Application pending H(a) Is this a group return for subordinates? MICHAEL SAPOZNIKOW Yes H(b) Are all subordinates included?
If 'No,' attach a list. (see instructions) SAME AS C ABOVE Tax-exempt status X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527 Website: ► WWW.ASYLUMACCESS.ORG H(c) Group exemption number ▶ Form of organization: X Corporation Association Other > L Year of formation: 2005 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: ASYLUM ACCESS'S MISSION IS TO MAKE HUMAN RIGHTS A REALITY FOR REFUGEES. Activities & Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)..... Number of independent voting members of the governing body (Part VI, line 1b)..... 4 8 Total number of individuals employed in calendar year 2017 (Part V, line 2a)..... 5 17 Total number of volunteers (estimate if necessary)..... 6 7a Total unrelated business revenue from Part VIII, column (C), line 12..... **Current Year** Contributions and grants (Part VIII, line 1h). 3,567,927 2,518,397. Revenue Program service revenue (Part VIII, line 2g)..... Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 71 119. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 3,759. 6,755. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 3,571,757. 2,525,271. Grants and similar amounts paid (Part IX, column (A), lines 1-3). 13 500 912. Benefits paid to or for members (Part IX, column (A), line 4) ..... Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)..... 2,594,874 2,134,916. 16a Professional fundraising fees (Part IX, column (A), line 11e)..... b Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 1,211,844. 829,977. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)..... 3,807,218. 2,965,805. Revenue less expenses. Subtract line 18 from line 12..... -235,461. -440,534.Beginning of Current Year **End of Year** Total assets (Part X, line 16)..... 1,545,881. 778,607. 21 Total liabilities (Part X, line 26)..... 451,337. 124,597. Net assets or fund balances. Subtract line 21 from line 20..... 1,094,544 654,010. 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. Tax Return Prepared By Signature of officer Sign REGALIA & ASSOCIATES Here Certified Public Accountants EMILY ARNOLD-FERNÁNDEZ EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature PMAY 09 DOUGLAS W. REGALIA **Paid** DOUGLAS W. REGALIA self-employed P00186389 Preparer ► REGALIA & ASSOCIATES, CPAS Firm's name Use Only 103 TOWN & COUNTRY DR., STE. Firm's EIN ► 68-0260103 DANVILLE, CA 94526 (925) 314-0390 Yes

(Expenses

4e Total program service expenses

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

355,638. including grants of

2,184,195

SEE SCHEDULE O

36.)(Revenue \$

## Form 990 (2017) ASYLUM ACCESS Part IV Checklist of Required Schedules

			Yes	No
	1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	x	
	2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X	
	3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		x
	4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II		X	
	5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 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
;	B Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
;	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,	10		Х
	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a		Х
	<b>b</b> Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i>	11 b		X
	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		X
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	X	
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	Х	
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII.	12a	Х	<del></del>
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
i	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	16		<u></u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,	18		<u> </u>
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,'	19		<u></u>
$\Delta \Lambda \Lambda$		- 1		

### Part IV Checklist of Required Schedules (continued)

			Yes	No
20	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	. 20a		X
	<b>b</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
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
	<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	<b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II.	26		Х
27		27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
1	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
(	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Χ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		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	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		X
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O.	38	X	
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# Form 990 (2017) ASYLUM ACCESS Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V....

1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	6	Ye	s No
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	尙		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		lc X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a	17	10 2	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2 Ы Х	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3 a	X
<b>b</b> If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O		3 b	1
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4	la X	
b If 'Yes,' enter the name of the foreign country: ► SEE SCHEDULE O			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5	a	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5	b	X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5	С	<del>                                     </del>
6 a 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?	6	а	x
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		ь	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7		X
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	. 7		+
c Did the organization sell, exchange or otherwise dispose of tangible personal property for which it was required to file	<u> </u>	<u> </u>	-
Form 8282?	7	С	X
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<sub>7</sub>	ام	Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	-		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	. 7		
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?	655		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	a	2	
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9	<del></del>	ļ
0 Section 501(c)(7) organizations. Enter:		7	
a Initiation fees and capital contributions included on Part VIII, line 12			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10 b</b>	$\dashv$		
1 Section 501(c)(12) organizations. Enter:			
a 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.)			
2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	. 12 a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
3 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		02/03/03/03/05
<b>Note.</b> 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			
c Enter the amount of reserves on hand	7		
a Did the organization receive any payments for indoor tanning services during the tax year?	14a	- ALCO WINGS (1994)	X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b	<del>                                     </del>	

Form 990 (2017) ASYLUM ACCESS 20-3642040 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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI..... Section A. Governing Body and Management No Yes 1 a 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 in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent . . . . 8 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?..... 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? ...... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... Х Did the organization become aware during the year of a significant diversion of the organization's assets? ...... 5 Х 6 Did the organization have members or stockholders?.... 6 X 7 a 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 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Х 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... X 8a **b** Each committee with authority to act on behalf of the governing body?..... X 8 b 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 in Schedule O..... Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... X 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?.... 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... 11 a Χ **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13..... X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done ... SEE .SCHEDULE . O X 12c 13 Did the organization have a written whistleblower policy?.... X 13 14 Did the organization have a written document retention and destruction policy?..... 14 Χ 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official. SEE. SCHEDULE.O...... X 15 a Х 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... 16a X b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?... Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ CA NY Section 6104 requires an organization to make its Forms 1023 (or 1024 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 Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19

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the public during the tax year.

SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records:

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#### Form 990 (2017) ASYLUM ACCESS

### 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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(C)
Position (do not check more than one box, unless person is both an officer and a director/trustee)
Position (do not check more than one box, unless person is both an officer and a director/trustee)
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Position (do not check more than

				compensation from	compensation from	amount of other				
	per week (list any hours for related organiza- tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MICHAEL SAPOZNIKOW	5									
CHAIR	0	X		X				0.	0.	0.
(2) MICHAEL TESHIMA	5									
SECRETARY	0	X		Х				0.	0.	0.
(3) KRISTA MADDOX	5	]								
TREASURER	0	X		Х				0.	0.	0.
(4) SUSAN SIMONE	5									
DIRECTOR	0	X						0.	0.	0.
(5) LINDSAY TOCZYLOWSKI	5								~	
DIRECTOR	0	X						0.	0.	0.
(6) BAHRAM SEYEDIN-NOOR	5							,		
DIRECTOR	0	x						0.	0.	0.
(7) RACHEL GORDON	5									-
DIRECTOR	0	х		l				0.	0.	0.
(8) STEVEN SOLINSKY	5									
DIRECTOR	0	х						0.	0.	0.
(9) EMILY ARNOLD-FERNÁNDEZ	50									
EXEC DIRECTOR	0			x		Ī		96,192.	0.1	4,772.
(10) DIANA ESSEX-LETTIERI	45						$\neg$			
DEPUTY DIRECTOR	0 1			х				85,000.	0.	0.
(11)				$\neg$						
(12)							7			
					l					
(13)										
	1	-				-				
(14)	***************************************		$\top$	$\top$			$\top$			

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Part VII Section A. Officers, Directors, Trustees, Key Employee							and	d Highest Con	pensated E	mplo	yees (continued)	
	(B)				C)							
(A) Name and title	Average hours per	I box	, unle	ess pe	erson	than is bot or/trus	h an	(D) Reportable	<b>(E)</b> Reportable		(F) Estimated	
	week (list any	<u> </u>	11					compensation from the organization (W-2/1099-MISC)	compensation for related organizat (W-2/1099-MIS	ions	amount of other compensation from the	
	hours for related	or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	me	(W-2/1033-WII3C)	(44-27 1035-WIIS	0)	organization and related	
	organiza - tions	ctor to	a	•	old Volg	ee com	_				organizations	
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	line)		8			ated				}		
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(21)												
(22)												
(23)			1	7			$\dashv$			_		
(24)												
(25)			$\dashv$		-		1					
								-				
1 b Sub-total							<b>-</b>	181,192.		0.	4,772.	
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)							_	0. 181,192.		0.	0.	
2 Total number of individuals (including but not limited	to those lis	sted a	bove	e) w	ho re	eceiv	ed n	more than \$100,000	of reportable of	ompens	4,772. ation	
from the organization   0										•		
2 5:11											Yes No	
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such	or, or trus <i>individua</i>	tee, I <i>I</i>	кеу ( 	emp	oloye 	e, o	r hiç	ghest compensate	d employee		3 X	
4 For any individual listed on line 1a, is the sum of the organization and related organizations greater	eportable	com	pen	sati								
5 Did any person listed on line 1a receive or accrue	compens	ation	fror	ກລເ	 ny u	 nrela	ited	organization or ir	ndividual		4 X	
for services rendered to the organization? If 'Yes, Section B. Independent Contractors	complete	Sch	eau	ie J	tor	sucn	per	rson			5 X	
1 Complete this table for your five highest compensation from the organization. Report compensation.	ated indep	ende	ent c	ont	racto	ors th	nat i	received more tha	n \$100,000 of	ıear		
(A) Name and business addre			oriac		,	. 101119	T	(B)	arrization's tax y	cai.	(C)	
Name and business addre	:SS 							Description of	services	Con	npènsation	
			***************************************			*************************	+					
		<del></del>					+				*****	
							土					
2 Total number of independent contractors (including to		١ - ١ ام	la			1	$\prod$					
2 Total number of independent contractors (including bur \$100,000 of compensation from the organization ▶	i not limite	a to t	nose	e lisi	ted a	above	e) wł	no received more th	nan			
DAA	_ U								į.			

#### Part VIII Statement of Revenue

		Check if Schedule O contains a re	sponse or note to a	ny line in this Part	VIII		<u></u>		
				Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
st.	<u>s</u> 1	la Federated campaigns 1	а						
irar	on on		b						
S.	<b>[</b>	c Fundraising events	С						
Ħ.	2	d Related organizations 1	d						
S.		e Government grants (contributions) 1	e 619,292.						
Contributions, Gifts, Grants	0	f All other contributions, gifts, grants, and similar amounts not included above 1							
₩.	5	g Noncash contributions included in lines 1a-1f:		1					
S	8	h Total. Add lines 1a-1f	·	2,518,397					
			Business Code	-/					
Program Service Revenue	2	b c d e f All other program service revenue							
ᄗ		g Total. Add lines 2a-2f		•					
	3 4 5	other similar amounts)	ot bond proceeds				119.		
		(i) Real	(ii) Personal						
	6	a Gross rents		1					
		b Less: rental expenses							
		c Rental income or (loss)							
		d Net rental income or (loss)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
		a Gross amount from sales of (i) Securities	(ii) Other						
		assets other than inventory  b Less: cost or other basis							
	Ι.	and sales expenses		1966		100			
		c Gain or (loss)			•	100	9-1-1		
		d Net gain or (loss)							
enne	1	a Gross income from fundraising events (not including. \$of contributions reported on line 1c).							
æ		See Part IV, line 18							
5	L	Less: direct expenses							
Other Reven		Net income or (loss) from fundraising							
0		Gross income from gaming activities							
	h	See Part IV, line 19							
		: Net income or (loss) from gaming acti							
			VILLES						
		Gross sales of inventory, less returns and allowances							
		Net income or (loss) from sales of inve							
ŀ		Miscellaneous Revenue	Business Code						
ŀ	11 a	OTHER INCOME	Susmess Code	C 77 F F	C 11.1				
	b			6,755.	6,755.		***************************************		
	С								
	d	All other revenue			4				
		Total. Add lines 11a-11d		<i>C</i> 755					
h	2	Total revenue. See instructions	<b>&gt;</b>	6,755. 2,525,271.	C 755				
				4,343,4/1.	6,755.	0.1	119.		

#### Part IX Statement of Functional Expenses

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

-	Check if Schedule O contains a response or note to any line in this Part IX.										
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21										
2	Grants and other assistance to domestic individuals. See Part IV, line 22										
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	912.	912.								
4 5	Benefits paid to or for members	1.67 1.05	110 000	17 504	00 701						
6		167,125.	119,890.	17,504.	29,731.						
7	Other salaries and wages	1,647,100.	1,199,900.	0. 251,011.	0.						
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,647,100.	1,199,900.	251,011.	196,189.						
9	Other employee benefits	157,169.	112,423.	24,658.	20,088.						
10	Payroll taxes	163,522.	121,304.	25,423.	16,795.						
11											
	a Management										
	<b>b</b> Legal	28,663.	34,018.	-5,504.	149.						
	c Accounting	34,632.		34,025.	607.						
	Lobbying										
	Professional fundraising services. See Part IV, line 17										
	Investment management fees										
Ç	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)	139,188.	103,541.	29,795.	5,852.						
12	Advertising and promotion	125.	26.	3.	96.						
13	Office expenses	153,093.	99,402.	45,636.	8,055.						
14	Information technology	10,410.	8,693.	804.	913.						
15	Royalties										
16	Occupancy	229,048.	180,681.	31,376.	16,991.						
17	Travel	139,110.	123,241.	8,436.	7,433.						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials										
19 20	Conferences, conventions, and meetings	52,585.	50,540.	1,436.	609.						
21	Payments to affiliates.										
22	Depreciation, depletion, and amortization	3,605.	2,209.	654.	740						
	Insurance	22,721.	13,929.	4,119.	742.						
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)		13,323.	4,119.	4,673.						
а	.CORPORATE FEES	11,509.	9,693.	1,463.	353.						
	DUES, LICENSES, SERVICES FEES	5,083.	3,676.	668.							
С	BOOK SUBSCRIPTIONS	117.	117.		739.						
d	GRANTS PAID	88.		67.	21.						
	All other expenses										
25	Total functional expenses. Add lines 1 through 24e	2,965,805.	2,184,195.	471,574.	310,036.						
	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)										
BAA		TEEA0110L 08/0	8/17		Form 990 (2017)						

Part X **Balance Sheet** (A) (B) End of year Beginning of year Cash - non-interest-bearing..... 400,526 136,557. 1 Savings and temporary cash investments..... 2 61,981 64,967. 3 Pledges and grants receivable, net..... 1,015,863. 559,954. Accounts receivable, net 2,986 4 1,643. Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L..... 6 Notes and loans receivable, net ...... 7 Inventories for sale or use..... 8 Prepaid expenses and deferred charges..... 9 33,372 8,458 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D..... 10a 10b **b** Less: accumulated depreciation..... 10 c 16,685 11 12 Investments – other securities. See Part IV, line 11...... 12 13 Investments - program-related. See Part IV, line 11..... 13 14 Intangible assets ..... 14 15 Other assets. See Part IV, line 11..... 14.468 15 7,028 Total assets. Add lines 1 through 15 (must equal line 34).... 16 16 1,545,881 778,607. Accounts payable and accrued expenses..... 17 17 74,911 49,806 18 18 19 Deferred revenue..... 281,166 19 20,991 20 Tax-exempt bond liabilities..... 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D..... 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 24 Unsecured notes and loans payable to unrelated third parties..... 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 95,260 25 53,800. Total liabilities. Add lines 17 through 25..... 26 26 451,337 124,597 Organizations that follow SFAS 117 (ASC 958), check here > X and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets.... 27 238,002 171,921. Temporarily restricted net assets..... 28 856,542 482,089. Permanently restricted net assets..... 29 Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34. Capital stock or trust principal, or current funds..... 30 Paid-in or capital surplus, or land, building, or equipment fund..... 31

> 778,607. Form 990 (2017)

654,010.

32

33

34

1,094,544.

1,545,881

33

34

Retained earnings, endowment, accumulated income, or other funds.....

Total net assets or fund balances.....

Total liabilities and net assets/fund balances.....

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI.				[		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2.5	25.	271.		
2	Total expenses (must equal Part IX, column (A), line 25)	2			805.		
3	Revenue less expenses. Subtract line 2 from line 1	3			534.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			544.		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6	****				
7	Investment expenses	7		***********************	***************************************		
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		***************************************				
	column (B))	10	6	54,0	010.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				[		
	P			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 in Schedule O.						
2 a	a Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Х		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both:  Separate basis  Both consolidated and separate basis	d on a					
b	Were the organization's financial statements audited by an independent accountant?		. 2b	Х	ĺ		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separal basis, consolidated basis, or both:	e					
	X Separate basis Consolidated basis Both consolidated and separate basis						
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?		. 2c	х	i		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.						
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		. 3a	х			
b	of Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit	t					
D.4.5	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			X			
BAA			Form	990 (	2017)		

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name	of the organization			Employer identifi	cation number					
AS:	YLUM ACCESS					20-364204				
141741751757	t I Reason for Public Ch						ctions.			
The	organization is not a private foul		•	•	-	,				
1	A church, convention of church	ches, or association of	churches described in se	ction 170	(b)(1)(A)	)(i).				
2	A school described in section		-							
3	A hospital or a cooperative	hospital service orga	nization described in se	ection 1	70(b)(1)(	A)(iii).				
4	A medical research organiz	ration operated in con	junction with a hospital	describ	ed in se	ction 170(b)(1)(A)(iii).	Enter the hospital's			
	name, city, and state:									
5	An organization operated for section 170(b)(1)(A)(iv).	or the benefit of a coll Complete Part II.)	ege or university owner	d or ope	rated by	a governmental unit de	escribed in			
6	A federal, state, or local go	vernment or governm	ental unit described in	section	170(b)(1	IXAXv).				
7	X An organization that normally in section 170(b)(1)(A)(vi).	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)								
8	A community trust describe	d in section 170(b)(1)	(A)(vi). (Complete Part	11.)						
9	An agricultural research organ			-	conjunct	ion with a land-grant coll	ene			
J	or university or a non-land-grauniversity:	ant college of agricultur	re (see instructions). Ente	er the na	me, city,	and state of the college	or			
10	investment income and unre	An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)								
11	An organization organized a			fety. See	sectio	n 509(a)(4).				
12	An organization organized a or more publicly supported lines 12a through 12d that or	and operated exclusive organizations describe	ely for the benefit of, to	perform	the fun	ictions of, or to carry or	ut the purposes of one a)(3). Check the box in			
а		tion operated, supervise equiarly appoint or elec	ed, or controlled by its su	pnorted (	organizat	tion(s) typically by giving	g the supported ion. <b>You mus</b> t			
b	Type II. A supporting organi management of the supporting must complete Part IV, Sec	organization vested in	controlled in connection the same persons that o	with its	support manage	ted organization(s), by the supported organizat	having control or tion(s). <b>You</b>			
С	Type III functionally integrated organization(s) (see instruct	I. A supporting organiza	tion operated in connection	n with, a	nd functi	onally integrated with, its	supported			
d	Type III non-functionally inter	grated. A supporting ord	anization operated in co	nnection	with its	supported organization(s	) that is not			
	functionally integrated. The instructions). You must com	organization generally i <b>plete Part IV, Sectior</b>	/ must satisty a distribu	ition req	uiremen	t and an attentiveness	requirement (see			
е	Check this box if the organiz integrated, or Type III non-fu	zation received a writt unctionally integrated	en determination from supporting organization	the IRS	that it is	a Type I, Type II, Type				
f	Enter the number of supported	organizations								
	Provide the following information	n about the supported	d organization(s).							
(	<ol> <li>Name of supported organization</li> </ol>	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organiza in your c	s the tion listed loverning nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
				Yes	No					
(A)										
(B)										
(C)		***************************************								
(D)			***************************************							
(E)					l					
Total										

20-3642040

Page 2

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

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

Section A. Public Support											
Ca be	lendar year (or fiscal year ginning in) ►	<b>(a)</b> 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	( <b>d)</b> 2016	<b>(e)</b> 2017	(f) Total				
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	1,778,003.	1,894,843.	2,870,945.	3,623,422.	2,518,397.	12,685,610.				
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.				
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.				
<b>4</b> 5	Total. Add lines 1 through 3 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)	1,778,003.	1,894,843.	2,870,945.	3,623,422.	2,518,397.	1,717,009.				
6	Public support. Subtract line 5 from line 4				10.23						
Sec	Section B. Total Support										
	endar year (or fiscal year inning in) ►	<b>(a)</b> 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	<b>(e)</b> 2017	(f) Total				
7	Amounts from line 4	1,778,003.	1,894,843.	2,870,945.	3,623,422.	2,518,397.	12,685,610.				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	1,505.	2,807.	372.	71.	119.	4,874.				
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.				
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI	750.	11,545.	6,631.	3,759.	11,613.	34,298.				
11	Total support. Add lines 7 through 10						12,724,782.				
12	Gross receipts from related activity	ties, etc. (see ins	tructions)				0.				
13	First five years. If the Form 990 is forganization, check this box and	or the organization stop here	's first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)	▶∏				
Sec	tion C. Computation of Pub	lic Support Pa	ercentage								
14 15	Public support percentage for 201 Public support percentage from 2	7 (line 6, column 016 Schedule A, I	(f) divided by line Part II, line 14	e 11, column (f)).			86.20 % 87.25 %				
16a	33-1/3% support test—2017. If the and stop here. The organization of	e organization did qualifies as a publ	I not check the bo	x on line 13, and	line 14 is 33-1/39	% or more, check	thic hav				
b	<b>33-1/3% support test—2016.</b> If the and <b>stop here.</b> The organization of	organization did	not check a box of	on line 13 or 16a	and line 15 is 33	.1/3% or more, ch	اتتا محمد this have				
17a	10%-facts-and-circumstances tes or more, and if the organization m the organization meets the 'facts-a	t—2017. If the org leets the 'facts-an and-circumstance	panization did not id-circumstances' s' test. The organ	check a box on li test, check this b ization qualifies a	ne 13, 16a, or 16l ox and <b>stop here</b> is a publicly suppo	o, and line 14 is 1 • Explain in Part orted organization	0% VI how				
	10%-facts-and-circumstances tes or more, and if the organization morganization meets the 'facts-and-	circumstances' te	id-circumstances' st. The organizati	test, check this b on qualifies as a	ox and stop here publicly supported	.Explain in Part \ d organization	VI how the				
18	Private foundation. If the organiza	ition did not checl	k a box on line 13	, 16a, 16b, 17a, d	or 17b, check this	box and see instr	ructions ►				

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) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(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	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
ł	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						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support				<del>*************************************</del>		
Color		4 3 0010			1		
Calei	dar year (or fiscal year beginning in) 🟲	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
9	Amounts from line 6	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
9	Amounts from line 6	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
9 10a b	Amounts from line 6	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 10a b	Amounts from line 6	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 10a b c 11	Amounts from line 6	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
9 10a b c 11	Amounts from line 6						(f) Total
9 10a b c 11 12	Amounts from line 6	s for the organiza	tion's first, secon	d third fourth or	fifth tay year as	costing 501(a)(2)	
9 10a b c 11 12 13 14 Sect	Amounts from line 6	s for the organiza stop here	tion's first, secon	d, third, fourth, or	fifth tax year as a	a section 501(c)(3)	
9 10a b c 11 12 13 14 Sect	Amounts from line 6	s for the organiza stop here Dlic Support Po	tion's first, secon	d, third, fourth, or	fifth tax year as a	a section 501(c)(3)	
9 10a b c 11 12 13 14 Sect 15 16	Amounts from line 6	s for the organiza stop here Dlic Support P 17 (line 8, column 2016 Schedule A,	tion's first, secon ercentage (f) divided by line	d, third, fourth, or	fifth tax year as a	a section 501(c)(3)	
9 10a b c 11 12 13 14 Sect 15 16 Sect	Amounts from line 6	s for the organiza stop here	tion's first, secon ercentage (f) divided by lin Part III, line 15	d, third, fourth, or e 13, column (f)).	fifth tax year as a	n section 501(c)(3)	· · · · · · · · · · · · · · · · · · ·
9 10abb c c 11 12 13 14 Sect 15 16 Sect 17	Amounts from line 6	s for the organiza stop here Dlic Support Po 17 (line 8, column 2016 Schedule A, estment Incon r 2017 (line 10c,	tion's first, secon ercentage (f) divided by line Part III, line 15 ne Percentage column (f) divided	d, third, fourth, or e 13, column (f)).	fifth tax year as a	a section 501(c)(3)	· · · · · · · · · · · · · · · · · · ·
9 10a b c 11 12 13 14 Sect 15 16 Sect 17 18	Amounts from line 6	s for the organiza stop here Dlic Support Port (line 8, column 2016 Schedule A, estment Incon or 2017 (line 10c, com 2016 Schedule	tion's first, secon ercentage (f) divided by lin Part III, line 15 ne Percentage column (f) divided e A, Part III, line	d, third, fourth, or e 13, column (f)).	fifth tax year as a	a section 501(c)(3)	
9 10a b c 11 12 13 14 Sect 15 16 Sect 17 18 19a	Amounts from line 6	s for the organiza stop here	tion's first, secon ercentage (f) divided by lin Part III, line 15 ne Percentage column (f) divided e A, Part III, line d not check the b here. The organi	d, third, fourth, or e 13, column (f)).  d by line 13, column 17	fifth tax year as a	15 16 17 18 nan 33-1/3%, and I rted organization	
9 10abb c c 11 12 13 14 Sect 17 18 19a b	Amounts from line 6	s for the organiza stop here Dic Support Polic Support Polic Schedule A, estment Incomer 2017 (line 10c, om 2016 Schedule organization dithis box and stop the organization dicheck this box and check this box and che	tion's first, secon ercentage (f) divided by line Part III, line 15 ne Percentage column (f) divided e A, Part III, line d not check the be here. The organi d not check a box and stop here. The	d, third, fourth, or e 13, column (f)). d by line 13, colur 17 ox on line 14, and zation qualifies as	fifth tax year as a	a section 501(c)(3)	% % % % % % % % % % % % % % % % % % %

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#### Part IV | Supporting Organizations

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

### S

	ection A. All Supporting Organizations		Yes	No
•	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3	Ba Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
	<b>b</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 <b>Part VI</b> when and how the organization made the determination.	3b		
	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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4	la Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
	<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
	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 <b>Part VI</b> 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.	4c		
5	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) 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).	5a		
	<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
1	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
92	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 <b>Part VI</b> .	9a		
ŧ	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b> .	9b		
C	: Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.	9c		
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 10b below.	10a		

10b

P	art IV Supporting Organizations (continued)			
1.	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
•	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		<u> </u>
	b A family member of a person described in (a) above?	11b		ļ
Se	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		<u></u>
36	Cuon B. Type i Supporting Organizations		Vaa	Na
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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	Yes	No
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Se	ction C. Type II Supporting Organizations	<del></del>		
		SHEARING GOOD O	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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Sec	ction 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).			
	The organization satisfied the Activities Test. Complete line 2 below.			
Ł	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	nstructio	ons).	
2	Activities Test. Answer (a) and (b) below.	Г	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 that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) 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? <i>Provide details in Part VI.</i>	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 <b>Part VI</b> the role played by the organization in this regard.	3b		

	art V   Type III Non-Functionally Integrated 509(a)(3) Supporting Orga			
	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	it on No ns mus	ov. 20, 1970 (explain in st complete Sections A	Part VI). <b>See</b> through E.
Se	ction A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		· · · · · · · · · · · · · · · · · · ·
:	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		
Se	ction B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
	a Average monthly value of securities	1a		
	<b>b</b> Average monthly cash balances	1b		
	c Fair market value of other non-exempt-use assets	1c	**************************************	
	d Total (add lines 1a, 1b, and 1c)	1d		
	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
_ 2	Acquisition indebtedness applicable to non-exempt-use assets	2		WAY COME OF THE PERSON OF THE
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6		
	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		**************************************
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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		
	Income tax imposed in prior year	5		4
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integ (see instructions).	rated T	ype III supporting organ	nization
BAA		····	Schodule A (For	000 000 FT 001

Schedule A (Form 990 or 990-EZ) 2017

	edule A (Form 990 or 990-EZ) 2017 ASYLUM ACCESS		20-36	42040 Page <b>7</b>
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) S	Supporting Organiza	tions (continued)	
Se	ction D — Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt p	urposes		
2	Amounts paid to perform activity that directly furthers exempt purpose in excess of income from activity	s of supported organization	S,	
3	Administrative expenses paid to accomplish exempt purposes of	supported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.		144 1-44 1-444 1-444 1-444 1-444 1-444 1-444 1-444 1-444 1-444 1-444 1-444 1-444 1-444 1-444 1-444 1-444 1-444	
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization <b>Part VI</b> ). See instructions.	ation is responsive (provide	details	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sec	ction E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required — explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			6.9
	From 2013			
	From 2014			
	From 2015			
•	From 2016			
	f Total of lines 3a through e			
Ç	Applied to underdistributions of prior years			
ł	Applied to 2017 distributable amount			
	i Carryover from 2012 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: \$	77746		
а	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		4	
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
	Excess from 2014			
С	Excess from 2015			

e Excess from 2017..... BAA

d Excess from 2016 . . . . .

Schedule A (Form 990 or 990-EZ) 2017

20-3642040

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

#### PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE		2017	2016	2015	2014	2013
OTHER INCOME	TAL \$	11,613. 11,613.	\$ 3,759. \$ 3,759.	\$ 6,631. \$ 6,631.	\$ 11,545. \$ 11,545.	\$ 750. \$ 750.

#### SCHEDULE C (Form 990 or 990-EZ)

#### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations exempt From mediate rax onder section 301(c) and section 327

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to at www.irs.gov/Form990 for instructions and the latest information

If the organization answered 'Yes,' on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered 'Yes,' on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

 Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization Employer identification number ASYLUM ACCESS 20-3642040 Part I-A | Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of 'political campaign activities') Political campaign activity expenditures (see instructions)..... Volunteer hours for political campaign activities (see instructions)..... Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 ..... 0. 2 Enter the amount of any excise tax incurred by organization managers under section 4955...... 0. 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?..... No No b If 'Yes,' describe in Part IV. Part I-C | Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities..... Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... Did the filing organization file Form 1120-POL for this year?.... Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (c) EIN (d) Amount paid from filing organization's funds. If none, enter-0-. (b) Address (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. (1) (2)(3) (4) (5) (6)

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

Schedule C (Form 990 or 990-EZ) 2017

Part II-A Complete if section 501	the organizatior (h)).	is exempt under sec	ction 501(c)(3) and	filed Form 5768 (el	ection under
	<del>````</del>	s to an affiliated group (and	list in Part IV each affilia	ted group member's name	·
<b></b>		share of excess lobbying		<b>3 ,</b>	•
F		ked box A and 'limited cor	•		
(The term		ing Expenditures ns amounts paid or incurr	ed.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expendit		-	1		****
	•	egislative body (direct lobb)		9,797.	·····
c Total lobbying expendit	ures (add lines 1a ai	nd 1b)	·	9,797.	0.
d Other exempt purpose	expenditures			2,956,008.	······································
e Total exempt purpose e	expenditures (add lin	es 1c and 1d)		2,965,805.	0.
f Lobbying nontaxable ar both columns	mount. Enter the amo	ount from the following tab	le in	298,290.	
If the amount on line 1e, col		The lobbying nontaxable a			
Not over \$500,000		20% of the amount on line 1e.			
Over \$500,000 but not over \$1	,000,000	\$100,000 plus 15% of the excess	over \$500,000.		
Over \$1,000,000 but not over \$	\$1,500,000	\$175,000 plus 10% of the excess	over \$1,000,000.		
Over \$1,500,000 but not over \$	\$17,000,000	\$225,000 plus 5% of the excess o	ver \$1,500,000.		
Over \$17,000,000		\$1,000,000.			
		f line 1f)		74,573.	0.
		enter -0		0.	0.
i Subtract line 1f from lin	e 1c. If zero or less,	enter -0		0.	0.
j If there is an amount othe section 4911 tax for this	er than zero on either l s year?	ine 1h or line 1i, did the orga	anization file Form 4720	reporting	··· Yes No
(Som	e organizations that	Year Averaging Period U made a section 501(h) ele bw. See the separate instr	ction do not have to co		¢
	Lobby	ing Expenditures During	1-Year Averaging Perio	d	
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	( <b>d)</b> 2017	(e) Total
2 a Lobbying nontaxable amount	223,382	240,070	204 122	200 200	1 064 074
		. 249,079.	294,123.	298,290.	1,064,874.
<b>b</b> Lobbying ceiling					
amount (150% of line 2a, column (e))				4.00	1.597.311.
c Total lobbying					1,397,311.
expenditures			7,356.	9,797.	17,153.
d Grassroots nontaxable					17,133.
amount	55,846	. 62,270.	73,531.	74,573.	266,220.
e Grassroots ceiling				-/	
amount (150% of line					
2d, column (e))					399,330.
f Grassroots lobbying expenditures					
BAA				Cahadul- C/E	0.
rrs ·				Scheaule C (Form	990 or 990-EZ) 2017

## Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a	3)	(b)
For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			T
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		G124710.034017-0340	
<b>b</b> If 'Yes,' enter the amount of any tax incurred under section 4912			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			***************************************
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	A 1410/2 (149/20)	cara Napawasii 1870	
Part III.A Complete if the augministics is execut under costing 501(a)(A) costing 501	-\/E\		

### Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	•		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		

# Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Part III-A, line 3, is answered 'Yes.'

ı	Dues, assessments and similar amounts from members		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
	a Current year	2 a	
	<b>b</b> Carryover from last year		)
	c Total	2 c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

#### Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

#### 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

2017

Open to Public Inspection

Name of the organization Employer identification numbe ASYLUM ACCESS 20-3642040 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... 2 Aggregate value of contributions to (during year) . . . . . Aggregate value of grants from (during year) . . . . . . . . Aggregate value at end of year ..... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?... Yes No 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?.... Yes No **Conservation Easements.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements..... 2a b Total acreage restricted by conservation easements..... 2 b d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register.... 2 d 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?.... 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 **>**\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: Revenue included on Form 990, Part VIII, line 1..... (ii) Assets included in Form 990, Part X..... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1..... b Assets included in Form 990, Part X.....▶\$

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c Preservation for future generations  4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b If 'Yes,' explain the arrangement in Part XIII and complete the following table:  c Beginning balance.  d Additions during the year.  e Distributions during the year.  f Ending balance.  1 f							
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c Preservation for future generations  4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes  Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part line 9, or reported an amount on Form 990, Part X, line 21.	on Form 990, Part X?				unor assets not included	Yes	N
c Preservation for future generations  4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990 Part	1a is the organization an agent tru	istee custodian or ot	er intermedians f	or contributions or a	than accate not included	<del></del>	
c Preservation for future generations  4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990 Part	line 9, or reported an	amount on Form	990, Part X, I	line 21.		J. 111 J.J. J. 1 1	ui ( I V
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c Preservation for future generations  4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.	b During the year, did the organize to be sold to raise funds rather	ation solicit or receive	donations of art,	, historical treasures	, or other similar assets	Vac	П.
c Preservation for future generations  4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in	Part XIII.						
	4 Provide a description of the organ	ization's collections an	d explain how they	further the organization	on's exempt purpose in		
	c Preservation for future gene	erations					<del></del>
b Scholarly research e Other	<b>L</b>			n ononango program			
a Public exhibition d Loan or exchange programs	a Public exhibition		d 🗀 Loan c	or exchange program	ns		
items (check all that apply):		m, accession, and other	i records, crieck ar	ny of the following that	t are a significant use of i	ts collection	
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continue 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection	items (cneck all that apply):	m, accession, and other	i records, criech ar	ny of the following that	it are a significant use of i	ts collection	

Complete if the organization answered 'Yes' on Form 990, F	•	starri.	
1 Total revenue, gains, and other support per audited financial statements		1	2,525,271.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2 a		
<b>b</b> Donated services and use of facilities	2 b	1	
c Recoveries of prior year grants	2 c	]	
d Other (Describe in Part XIII.)	2 d	1 1	
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3	2,525,271.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			·
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
<b>b</b> Other (Describe in Part XIII.)	4 b		
c Add lines 4a and 4b		4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		5	2,525,271.
Part XII Reconciliation of Expenses per Audited Financial Statemen	nts With Expenses per	Return.	•
Complete if the organization answered 'Yes' on Form 990, P	art IV, line 12a.		
1 Total expenses and losses per audited financial statements		1	2,965,805.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2 a		
<b>b</b> Prior year adjustments	2 b		
c Other losses	2 c		
d Other (Describe in Part XIII.)	2 d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	2,965,805.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b			
<b>b</b> Other (Describe in Part XIII.)			
c Add lines 4a and 4b			
			2,965,805.

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

#### **PART X - FIN 48 FOOTNOTE**

INCOME TAXES

FINANCIAL STATEMENT PRESENTATION FOLLOWS THE RECOMMENDATIONS OF ASC 740, INCOME TAXES. UNDER ASC 740, ASYLUM ACCESS IS REQUIRED TO REPORT INFORMATION REGARDING ITS EXPOSURE TO VARIOUS TAX POSITIONS TAKEN BY ASYLUM ACCESS AND REQUIRES A TWO-STEP PROCESS THAT SEPARATES RECOGNITION FROM MEASUREMENT. THE FIRST STEP IS DETERMINING WHETHER A TAX POSITION HAS MET THE RECOGNITION THRESHOLD; THE SECOND STEP IS

MEASURING A TAX POSITION THAT MEETS THE RECOGNITION THRESHOLD. MANAGEMENT BELIEVES

Schedule **D** (Form 990) 2017

#### PART X - FIN 48 FOOTNOTE (CONTINUED)

THAT ASYLUM ACCESS HAS ADEQUATELY EVALUATED ITS CURRENT TAX POSITIONS AND HAS CONCLUDED THAT AS OF JUNE 30, 2018, ASYLUM ACCESS DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS FOR WHICH A RESERVE OR AN ACCRUAL FOR A TAX LIABILITY WOULD BE NECESSARY. ASYLUM ACCESS HAS RECEIVED NOTIFICATION FROM THE INTERNAL REVENUE SERVICE AND THE STATE OF CALIFORNIA THAT IT QUALIFIES FOR TAX-EXEMPT STATUS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701F OF THE CALIFORNIA REVENUE AND TAXATION CODE. THIS EXEMPTION IS SUBJECT TO PERIODIC REVIEW BY THE FEDERAL AND STATE TAXING AUTHORITIES AND MANAGEMENT IS CONFIDENT THAT THE ORGANIZATION CONTINUES TO SATISFY ALL FEDERAL AND STATE STATUTES IN ORDER TO QUALIFY FOR CONTINUED TAX EXEMPTION STATUS.

#### **SCHEDULE F** (Form 990)

**Statement of Activities Outside the United States** 

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b, 15, or 16. 
► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ASYLUM ACCESS

Employer identification number

20 2642040

Part I General Information Form 990, Pa	tion on Activiti	ies Outside th	e United States. Comple	ete if the organizatio	
1 For grantmakers. Does th	e organization ma	intain records to	substantiate the amount of its selection criteria used to award	grants and other assista d the grants or assistance	nce, e? X Yes No
2 For grantmakers. Describe in United States. PART	in Part V the organi ${ extstyle V}$	ization's procedure	s for monitoring the use of its gr	rants and other assistance	outside the
3 Activities per Region. (The	e following Part I,	line 3 table can b	e duplicated if additional space	e is needed.) PART V	
(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EAST ASIA & THE				LEGAL/RIGHTS	
(1) PACIFIC	2	16	PROGRAM SERVICES	SERVICES	439,025.
(2) SOUTH AMERICA	8	35	PROGRAM SERVICES	LEGAL/RIGHTS SERVICES	539,142.
(3) SUB-SAHARAN AFRICA	1	10	PROGRAM SERVICES	LEGAL/RIGHTS SERVICES	330,996.
				LEGAL/RIGHTS	
(4) MEXICO & CANADA	5	20	PROGRAM SERVICES	SERVICES	346,363.
(5)					
(6)		***************************************			
(7)		4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			
(8)					WWW. 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
(9)					
(10)					
(11)					
(12)					
(13)		***************************************	-		
(14)					
(15)					1
(16)					
(17)					
3a Sub-total	16	81			1,655,526.
<b>b</b> Total from continuation sheets to Part I					1,000,020.
c Totals (add lines 3a and 3b)	16	81			1,655,526.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. 20-3642040

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
<u>(i)</u>								
(2)								
(8)								***************************************
(4)								
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. (13)				111111111111111111111111111111111111111				
(14)								
(15)								
(16)								
	zations listed above that ard a section 501(c)(3) equ	re recognized as cha livalency letter	rities by the foreig	in country, recognize	ed as tax-exempt by	the IRS, or for whic	4	)
5 Enter total number of other organizations or entitiesBAA	ations or entities							Schedule F (Form 990) 2017

Page 3

ASYLUM ACCESS Schedule F (Form 990) 2017

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. 20-3642040

(h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance  $\odot$ 8 (3) € <u>@</u> 9 0 8 (10) (1) (12) (13) (14) ව

TEEA3503L 08/10/17

(18)

(15)

(16)

Schedule F (Form 990) 2017

BAA	TEEA3505L 08/10/17	Schedule F (Form 990) 2017	
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990).	. Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to separately file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990).	Yes	X No
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
Pa	rt IV Foreign Forms		

#### Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2 - GRANTMAKERS EXPLANATION FOR MONITORING USE OF FUNDS OUTSIDE US

THE GOOD NEIGHBOR AWARD PROVIDED SMALL MONETARY AWARDS TO INDIVIDUALS IN ECUADOR IN RECOGNITION OF THEIR EFFORTS TO PROMOTE REFUGEE RIGHTS, INTERCULTURAL COEXISTENCE, AND SOCIAL INTEGRATION WITHIN THEIR OWN COMMUNITIES. AWARDEES WERE SELECTED BY A COMMITTEE OF REPRESENTATIVES FROM DIFFERENT SECTORS, INCLUDING THE PUBLIC SECTOR, THE REFUGEE COMMUNITY, AND NON-GOVERNMENTAL ORGANIZATIONS. AWARDEES MAY USE THE AWARD AS THEY CHOOSE, AND AWARD AMOUNTS WERE DETERMINED BY A COMMITTEE OF ASYLUM ACCESS ECUADOR STAFF.

#### PART I - ADDITIONAL SUPPLEMENTAL INFORMATION

IN 2015, ASYLUM ACCESS ESTABLISHED ASYLUM ACCESS MEXICO TO RESPOND TO THE INCREASING NUMBERS OF REFUGEES FLEEING VIOLENCE IN CENTRAL AMERICA. OUR HIGHLY-SKILLED LEGAL ADVOCATES PROVIDE IN-HOUSE CONSULTATIONS, LEGAL INFORMATION, AND LEGAL REPRESENTATION AT EACH OF OUR LOCAL OFFICES AND ALSO AT VARIOUS MIGRANT SHELTERS ALONG THE MIGRATION ROUTE.

ASYLUM ACCESS HAS BEEN WORKING IN THAILAND AND MALAYSIA FROM 2007 AND 2014,
RESPECTIVELY. ASYLUM ACCESS THAILAND AND ASYLUM ACCESS MALAYSIA PROVIDE LEGAL
COUNSEL AND REPRESENTATION TO REFUGEES WHO SEEK ASYLUM IN REFUGEE STATUS
DETERMINATION PROCEEDINGS CONDUCTED BY THE UNITED NATIONS HIGH COMMISSIONER FOR
REFUGEES. OUR SKILLED LEGAL ADVOCATES ALSO HELP REFUGEES WIN RELEASE FROM DETENTION.
OUR COMMUNITY EMPOWERMENT PROGRAMS HELP REFUGEES INTEGRATE INTO LOCAL COMMUNITIES.

IN 2007, ASYLUM ACCESS ECUADOR BEGAN OFFERING LEGAL AID AND EMPOWERMENT PROGRAMS TO FILL A CRITICAL GAP IN RIGHTS-BASED REFUGEE ASSISTANCE IN LATIN AMERICA. IN FISCAL YEAR 2017-2018, ASYLUM ACCESS ECUADOR PROVIDED INDIVIDUALIZED LEGAL ADVICE AND REPRESENTATION, HELPING REFUGEES NAVIGATE THE REFUGEE STATUS DETERMINATION PROCESS

#### Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

#### PART I - ADDITIONAL SUPPLEMENTAL INFORMATION (CONTINUED)

ECUADOR BEGAN HANDING OVER CASES TO LOCAL PARTNERS, EVENTUALLY WITHDRAWING FROM THE COUNTRY BY JUNE 2018.

ASYLUM ACCESS TANZANIA WAS ESTABLISHED IN 2009. DURING FISCAL YEAR 2017-2018, OUR SKILLED ADVOCATES PROVIDED LEGAL ASSISTANCE TO TANZANIA'S GROWING POPULATION OF URBAN REFUGEES. OUR WORK IN TANZANIA HAS ALSO LED TO MANY POLICY ACHIEVEMENTS THAT ALLOW REFUGEES BETTER ACCESS TO PROTECTION AND ECONOMIC OPPORTUNITIES. IN JUNE 2018, ASYLUM ACCESS WITHDREW FROM TANZANIA.

#### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

2017

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ASYLUM ACCESS

Employer identification number

20-3642040

#### FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

MOVEMENT BUILDING: IMPROVING THE HUMAN RIGHTS LANDSCAPE FOR REFUGEES ALL OVER THE WORLD REQUIRES THE SUPPORT OF MANY TYPES OF ACTORS, INCLUDING THOSE IN THE PRIVATE, PUBLIC, AND NONPROFIT SECTORS. ASYLUM ACCESS WORKS TOGETHER WITH CRITICAL STAKEHOLDERS IN ORDER TO TRANSFORM THE GLOBAL REFUGEE RESPONSE SYSTEM AND BUILD A BETTER FUTURE FOR REFUGEES.

THROUGH ASYLUM ACCESS GLOBAL SERVICES, WE PARTNER WITH ORGANIZATIONS ALREADY DOING GREAT WORK WITH AND FOR REFUGEE COMMUNITIES TO HELP THEM ADD INNOVATIVE LEGAL EMPOWERMENT AND POLICY REFORM STRATEGIES. OUR PARTNERS SEE ENHANCED RESULTS FOR REFUGEES, HOST COMMUNITIES AND DONORS AS WE WORK TOGETHER. ASYLUM ACCESS GLOBAL SERVICES ARE DELIVERED BY OUR GLOBAL PROGRAMS TEAM AND LOCALLY-LED ORGANIZATIONS. CUMULATIVELY OUR TEAMS OFFER DECADES OF INTENSIVE ON-THE-GROUND EXPERIENCE WITH REFUGEES, HOST GOVERNMENTS, UN AGENCIES, NGOS AND MULTINATIONAL INSTITUTIONS.

STRATEGIC LITIGATION: ASYLUM ACCESS USES STRATEGIC LITIGATION AS A TOOL TO ALTER REFUGEE LAWS AND POLICIES, ULTIMATELY SHAPING POLICIES THAT WOULD ENABLE REFUGEES TO ACCESS FUNDAMENTAL RIGHTS AND OBTAIN PROTECTION. STRATEGIC LITIGATION COMPLEMENTS OUR OTHER STRATEGIES: LEGAL AID, COMMUNITY LEGAL EMPOWERMENT, POLICY REFORM, AND MOVEMENT BUILDING.

FOR EXAMPLE, IN 2016 ASYLUM ACCESS THAILAND REPRESENTED A 16-YEAR-OLD SOMALI REFUGEE BOY WHO WAS ARRESTED BY THAI IMMIGRATION POLICE DURING A SCHOOL FIELD TRIP. ASYLUM ACCESS LAWYERS DEFENDED HIM IN HIS TRIAL FOR "ILLEGAL PRESENCE." IN AN UNPRECEDENTED DECISION, THE COURT STATED HE COULD NOT BE PUNISHED FOR ILLEGAL PRESENCE AND THAT THAILAND SHOULD GRANT HIM A VISA TO REMAIN LAWFULLY IN THE COUNTRY UNTIL HE CAN BE

Employer identification number

20-3642040

#### FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

CHILD UNDER NATIONAL LAW AND JUSTICE IN A JUVENILE AND FAMILY COURT. THE COURT RULED IN FAVOR OF THE BEST INTEREST OF THE CHILD FOR ALL CHILDREN, REGARDLESS OF THEIR IMMIGRATION STATUS.

#### FORM 990, PART V, LINE 4 - BANK ACCOUNTS AT FOREIGN COUNTRIES

MALAYSIA, THAILAND, TANZANIA, ECUADOR, MEXICO

#### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

FORM 990 IS PREPARED BY AN OUTSIDE TAX PROFESSIONAL. THE FORM IS THEN REVIEWED BY THE ORGANIZATION'S MANAGEMENT, A MEMBER OF THE BOARD OF DIRECTORS, AND THE EXECUTIVE DIRECTOR. THIS GROUP OF INDIVIDUALS THEN DISCUSSES THE CONTENTS OF THE RETURN WITH THE OUTSIDE TAX PROFESSIONAL. AFTER A FULL REVIEW, THE FINAL VERSION OF THE TAX RETURN IS PROVIDED TO ALL MEMBERS OF THE ORGANIZATION'S VOTING BODY. THE EXECUTIVE DIRECTOR APPROVES THE FINAL RETURN WHICH IS THEN E-FILED WITH THE DEPARTMENT OF THE TREASURY.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

MEMBERS OF THE BOARD OF DIRECTORS REVIEW ALL POTENTIAL CONFLICTS OF INTEREST AT

LEAST ANNUALLY. ALL PERSONNEL AND BOARD MEMBERS ARE REQUIRED TO DISCLOSE (IN

WRITING) POTENTIAL CONFLICTS AND ANY RELATED PARTY AFFILIATIONS. LOANS BETWEEN THE

ORGANIZATION AND MEMBERS OF MANAGEMENT AND THE BOARD ARE STRICTLY PROHIBITED. THE

ORGANIZATION SEEKS FULL TRANSPARENCY ON ALL RELATIONSHIPS. ANY POTENTIAL CONFLICTS

(IN FACT OR APPEARANCE) ARE DISCUSSED OPENLY AND RESOLVED IN ACCORDANCE WITH THE

ORGANIZATION'S POLICIES AND PROCEDURES.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT
MEMBERS OF THE BOARD OF DIRECTORS REVIEW THE COMPENSATION OF ALL HIGH-LEVEL
PERSONNEL PERIODICALLY IN ACCORDANCE WITH IRS RULES AND REGULATIONS. EFFORTS ARE
MADE TO SECURE COMPENSATION DATA FROM INDUSTRY SOURCES IN ORDER TO DETERMINE

COMPETITIVENESS AND APPROPRIATENESS OF SALARIES. THE EXECUTIVE DIRECTOR COMPENSATION

IS BASED ON A REVIEW AND COMPARISON OF SIMILARLY SITUATED EXECUTIVES, INCLUDING A

COMPARISON OF RESPONSIBILITIES, EXPERIENCE, GEOGRAPHIC MARKET, TOGETHER WITH AN

ASSESSMENT OF THE POSITION OF THE ORGANIZATION. THE BOARD OF DIRECTORS IS

RESPONSIBLE FOR MAKING A FINAL DETERMINATION AT BOARD MEETING(S).

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

HEADQUARTERS OFFICE IN OAKLAND, CALIFORNIA.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT (CONT

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

COMPENSATION OF OTHER INDIVIDUALS (INCLUDING HIGH-LEVEL PERSONNEL AND KEY EMPLOYEES)

IS REVIEWED PERIODICALLY BY MEMBERS OF MANAGEMENT. EFFORTS ARE MADE TO SECURE

COMPENSATION DATA FROM INDUSTRY SOURCES IN ORDER TO DETERMINE COMPETITIVENESS AND

APPROPRIATENESS OF SALARIES AND ALL RELATED BENEFITS. ALL DECISIONS ARE THEN

DOCUMENTED IN PERSONNEL FILES.

ALL OF THE ORGANIZATION'S GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND OTHER LEGAL FILINGS ARE MAINTAINED IN A SECURE ENVIRONMENT AND HELD AVAILABLE FOR INSPECTION BY TAX AUTHORITIES AND THE GENERAL PUBLIC, UPON REQUEST. TAX RETURNS ARE POSTED ANNUALLY TO WWW.GUIDESTAR.ORG (WHERE THEY ARE AVAILABLE FOR VIEWING AS ELECTRONIC COPIES) AND ARE ALSO AVAILABLE FOR A PHYSICAL INSPECTION AT THE ORGANIZATION'S

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

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

File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

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

OMB No. 1545-1709

Form 8868 (Rev. 1-2017)

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/efile, click on Charities & Non-Profits, and click on 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. Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or print ASYLUM ACCESS 20-3642040 Number, street, and room or suite number. If a P.O. box, see instructions. Social security number (SSN) File by the due date for 555 12TH STREET - 5TH FLOOR filing your return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. OAKLAND, CA 94607 Enter the Return Code for the return that this application is for (file a separate application for each return) ..... 01 Application Is For Application Is For Return Return Code Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (section 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 The books are in the care of ► LUISA SOTELO Telephone No. ► 510-891-8700 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) check this box . . . . ▶ . If it is for part of the group, check this box . . . ▶ and attach a list with the names and EINs of all members the extension is for. 1 I request an automatic 6-month extension of time until 5/15 , 20 19 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: tax year beginning  $\frac{7}{01}$ , 20  $\frac{17}{17}$ , and ending  $\frac{6}{30}$ , 20  $\frac{18}{18}$ . If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions . . . . 3a \$ b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated 3 b |\$ c 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-EO and Form 8879-EO for