			** PUBLIC DISCLOSURE COPY * Return of Organization Exempt From		OMB No. 1545-0047				
Form	Q	90	C .		2022				
FOI		50	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (Do not enter social security numbers on this form as it may		Ζυζζ				
Depai Intern	rtment o al Reve	of the Treasury nue Service	Go to www.irs.gov/Form990 for instructions and the lates	•	Open to Public Inspection				
			ar year, or tax year beginning JUL 1, 2022 and ending	JUN 30, 2023	• · · · ·				
B C	heck if pplicab	le: C Name o	forganization	D Employer identificat	ion number				
	Addre	ge ASYL	UM ACCESS						
	Name Chang	ge Doing b	usiness as	20-3642040					
	Initial return Final return	Number	and street (or P.O. box if mail is not delivered to street address) Room/su	uite E Telephone number (510)891-8	700				
	termin	1 -	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	10,178,752.				
	Amen return	ded OAKL	AND, CA 94612	H(a) Is this a group retu	'n				
	Applie dition	^{ca-} F Name a	nd address of principal officer: SANA ALI MUSTAFA	for subordinates?	Yes X No				
	pendi	^{ng} SAME	AS C ABOVE	H(b) Are all subordinates includ	ied? Yes No				
<u>I</u> T	ax-ex	empt status:		527 If "No," attach a list	. See instructions				
	Vebsi		ASYLUMACCESS.ORG	H(c) Group exemption n					
			X Corporation Trust Association Other L Y	'ear of formation: 2005 M S	tate of legal domicile: CA				
Pa	rt I	Summary							
ė	1	Briefly describ	e the organization's mission or most significant activities: SEE PART	III, LINE 1.					
Governance			x if the organization discontinued its operations or disposed of m						
erna	2	Check this bo							
jov.	3	Number of vo		<u> 12</u> 12					
	4								
ies	5		of individuals employed in calendar year 2022 (Part V, line 2a)		11				
Activities &	6	Total number	of volunteers (estimate if necessary)		10				
Act			d business revenue from Part VIII, column (C), line 12		0.				
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		Current Year				
		O		5,951,959.	9,985,462.				
ne	8		and grants (Part VIII, line 1h)	339.	1,592.				
Revenue	9	•	ce revenue (Part VIII, line 2g)	5,808.	54,372.				
Re			come (Part VIII, column (A), lines 3, 4, and 7d)	-37,876.	137,326.				
			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,920,230.	10,178,752.				
	12 13		- add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3)	3,502,572.	5,820,492.				
			to or for members (Part IX, column (A), line 4)	0.	0.				
	45	Salaries othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)	2,086,666.	2,551,668.				
ses	16a		undraising fees (Part IX, column (A), line 11e)	0.	0.				
Expenses	h		ing expenses (Part IX, column (D), line 25) 457, 574.						
EX	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	721,936.	1,454,794.				
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,311,174.	9,826,954.				
	19		expenses. Subtract line 18 from line 12	-390,944.	351,798.				
or es				Beginning of Current Year	End of Year				
Net Assets or -und Balances	20	Total assets (F	Part X, line 16)	16,221,942.	16,615,645.				
Ass	21		(Part X, line 26)	317,523.	335,922.				
Net	22		fund balances. Subtract line 21 from line 20	15,904,419.	16,279,723.				
	rt II	Signature			-				
Unde	er pena	alties of perjury,	I declare that I have examined this return, including accompanying schedules and stat	ements, and to the best of my kn	owledge and belief, it is				
			Declaration of preparer (other than officer) is based on all information of which prepa						

Sign Here	Signature of officer SANA ALI MUSTAFA, CEO Type or print name and title		Date	Feb 20, 2024							
Paid	Print/Type preparer's name RICHARD J. LOCASTRO, CPA	feethed free to the	Date 02/05/2024	Check PTIN if self-employed P00288314							
Preparer	Firm's name GELMAN, ROSENBERG		Firm's	EIN 52-1392008							
Use Only	Firm's address 4550 MONTGOMERY A	VE SUITE 800N									
	BETHESDA, MD 2081	4-2930	Phone	Phone no. (301)951-9090							
May the I	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No							
232001 12-1	232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)										

Pa			
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission:		
	ASYLUM ACCESS'S MISSION IS TO MAKE HUMAN RIGHTS A REALITY	FOR	
	REFUGEES. WE ENVISION A WORLD IN WHICH REFUGEES CAN LIVE S	AFELY, MOV	Έ
	FREELY, ATTEND SCHOOL, WORK AND REBUILD THEIR LIVES.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
-	prior Form 990 or 990-EZ?		x No
	If "Yes," describe these new services on Schedule O.		
~			x X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		S A NO
_	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as mea	• •	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the section 501(c)(4) organizations are required to report the amount of grants are required to report the section 501(c)(4) organizations are required to report the amount of grants are required to report the section 501(c)(4) organizations are required to report the section 501(c)(4) organizations are required to report the amount of grants are required to report the section 501(c)(4) organizations are required to report the section 501(c)(4) organizations are required to report the section 501(c)(4) organization 501(c	he total expenses, a	ind
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$3,918,829. including grants of \$2,999,279.) (Revenue \$		
	RESOURCING REFUGEE LEADERSHIP INITIATIVE: THE RESOURCING R		
	LEADERSHIP INITIATIVE, CONVENED AND CO-FOUNDED BY ASYLUM A		IS
	TO TRANSFER POWER, OWNERSHIP AND RESOURCES WHERE THEY BELO		
	FORCIBLY DISPLACED COMMUNITIES THEMSELVES. BY ESTABLISHING		
	GRANTMAKING FUND MANAGED BY AND FOR REFUGEES, OUR INITIATI		ING
	CATALYZE \$40 MILLION IN FUNDING FOR AT LEAST 50 REFUGEE-LE	D	
	ORGANIZATIONS OVER 5 YEARS TO SCALE THEIR OPERATIONS AND P	URSUE ACCE	ISS
	TO DOCUMENTATION, ECONOMIC OPPORTUNITY, EDUCATION, HEALTHC	ARE AND FO	OD
	SECURITY.		
4b	(Code:) (Expenses \$ 2,646,553. including grants of \$ 2,423,099.) (Revenue \$ ASYLUM ACCESS MEXICO: ASYLUM ACCESS MEXICO (AAMX) IS THE L		
	PROVIDER OF LEGAL SERVICES TO FORCIBLY DISPLACED COMMUNITI		
			· ~ ^
			.CO.
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 Form 990 (2022)
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 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	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	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		37	
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		77
-	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		77
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			77
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			77
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			77
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			77
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			37
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		37	
46	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13	v	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		v	
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		v	
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			v
00	complete Schedule G, Part III	19		X X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	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 demostic approximation of the second secon	1		х
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes." <i>complete Schedule I, Parts I and II</i>	21	990 (
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 Form 990 (2022)
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 Part IV
 Checklist of Required Schedules (continued)

22 Did the organization report more than 85.000 of grants or other assistance to or for domestic individuals on part 1, or other science of the organization on the organization science of the organization on the organization of the organization organ is an 'or behalf of 'issuer for theorid they of theorid for the organization organ is an 'or behalf of the organization organ is an 'or behalf of 'issuer for theorid theorid theorid for the organization organ is an 'or behalf of 'issuer for theorid theorid for the organization organ is an 'or behalf of 'issuer for theorid theorid for the organization organ is an 'or behalf of 'issuer for theorid theorid for the organization organ is an 'or behalf of 'issuer' for theorid for theorid theorid for the organization organ is an 'or behalf of 'issuer' fore organis theorid theorid fore organization organ is an				Yes	No
23 Ddt be organization answer "Ye" 'o Far VIL Section A, line 3, 4, or 5, about compensation of the organization is current and former offices, directors, trustees, key employees, and highest compensated employees? If 'Yes, 'complete Schedule J. 23 X 24a Ddt be organization have a tax exempt bond issue with an outstanding principial amount of more than \$100,000 as of the last day of the year, fart vas assued hare Desember 31, 2002? If 'Yes,' answer lines 240 through 24d and complete Schedule K. If 'No,' go to line 25e 24a X 24b Did the organization maintain an escrew account other than a networking secrew at any time during the year'. 24d X 25a Section 501(6)(3). 501(6)(4). And 501(6)(20) organizations. Did the organization are assued the reagead in an excess benefit transaction with a display display. Complete Schedule L, Part I 25a X 25a Section 501(6)(3). 501(6)(4). And 501(26) organizations. Did the organization are part at reagead in an excess benefit transaction has not been reported on any of the organization parts way and the the transaction has not been reported on any of the organization provem of the organization provement of the sequentization between of any of these periods. If "Yes," complete Schedule L, Part I 26a X 27 Did the organization are port any answer to Part X. Ine 5 or 22. Icr receivables from or pagables to any current or former officer, directoric, trustees, key employee. creator or founder, substantial contributor, or 35% controlled entry or family member of any of these periods. If "Yes," complete Schedule L, Part IV. 26a <t< td=""><td>22</td><td></td><td></td><td></td><td>37</td></t<>	22				37
and former officers, directions, trustees, key employees, and highest compensated employees? # 'Yes, ' complete 24a Def the organization have a tax exempt bonds 31, 2002? If 'Yes, '' answer lines 24b through 24d and complete 24b Def the organization maintain an escrow account of the then a refunding second at emporary period exception? 24b Def the organization maintain an escrow account of the then a refunding second at emporary period exception? 24cd 24d 25a Section 501(c)(k), 501(c)(k) and 501(c)(20) organizations. Do the organization engage in a recess benefit transaction with a disqualified period in a prior year, and the the organization empoted on any if ''''' complete Section 501(c)(k), 501(c)(k), and 501(c)(20) organizations. Do the organization engage in a recess benefit transaction aware that it engaged in an excess benefit transaction with a disqualified period in a prior year, and that the transaction have the argenization prior Forms 500 500. Z'' if '''es', 'complete Section 501(c), Far I 25a Did the organization reports of an ''', '''''''''''''''''''''''''''''''			22		<u> </u>
Schedule J 23 X 44 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the Scheduler K if No." go to line 25a. 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization anistan an escow account other than a refuriding escow at any time during the year to defease any tax-esempt bonds? 24d 25 Section 50(40)(51, 501(42), 401(42), 405(42), 406(42), 407(42), 407(42), 405(42), 407(42), 405(42), 407(42), 405(42), 407(42), 405(42), 407(42), 405(42), 407(42), 405(42), 407(42), 405(42), 407(42), 405(42), 407(42), 405(42), 407(42), 405(42), 407(42), 405(42), 407(42),	23				
24a Did the organization have a tax-everyth bord issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issue dater December 31, 2002? if "Yes," arguing 24b structure date date date date date date date dat			00	v	
Is at day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete 24a X Is blo dithe organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b 24b Is blo dithe organization mantain an escrew account other than a refuringing server wit any time during the year? 24d 24d Is blo dithe organization mantain an escrew account other than a refuringing server wit any time during the year? 24d 24d Is blo dithe organization acts as in "on behalf Of" issue for bonds outstanding at any time during the year? 24d 24d Is blo dithe organization acts as in distributing the any time during the year? 24d 25a Is blo dithe organization account at the rangead man excess benefit transaction with a disqualified person during the year? 25b X Is blo dithe organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 33% 26b X If the organization provide a grant or their assistance to any ourient or former officer, director, trustee, key employee, trenso, grant selection complete. Schedule L, Part II 26a X Is blo the organization acput they chartly cang at an esception formite member or to a 33% conclude or not assistance to any out these person? If "Yes," complete Schedule L, Part IV 26a X Is blo the organization acput to business transacton with one of the following	24 -		23	<u></u>	<u> </u>
Schedule K, H' No, 'op to line 25a 24a X Did the organization multian an escrow account other than a refunding escrow at any time during the year to defease any taxe exempt bonds? 24d 24d d) bit the organization matrix an escrow account other than a refunding escrow at any time during the year? 24d 24d 23a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization and as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 24d 23a Section 501(c)(3), 601(c)(4), and 501(c)(20) organizations. Did the organization and escress benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction ware that 1 engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction ware that 0 enganization organization approved any amount on Part X, line 5 or 22, for receivables form or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled ettry of nainiy member of any of these persons? I''''''''' complete Schedule L, Part I''''''''''''''''''''''''''''''''''''	24a				
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25a Section 501(c)(X) 501(c)(X4) and solutified person during the yea? # 'Yes,' complete Schedule L, Part I Z5a X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization spiral Forms 900 or 900-E27 If 'Yes,' complete Schedule L, Part I Z5a X 25b Ub the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II Z6 X 27 Did the organization approximation to pay to a business transaction with one of the following parties (see the Schedule L, Part II) Z6 X 28 Was the organization approximation approximation on approximation approximatio	d	• •			
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b Is the organization aware that it engaged in an excess benefit transaction with a disputified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 # 'Yes,'' complete Schedule L, Part I 256 X 20 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or forme officer, director, trustee, key employee, creator or founder, substantial contributor or employee, creator or founder, substantial contributor or employee thereol, a grant selection committee member, or to a 39% controlled entity or family member of any of these persons? # 'Yes,'' complete Schedule L, Part II 26 X 27 Did the organization appoints for admittee to any current or former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee, creator or one of the following parties (see the Schedule L, Part IV. instructions for applicable filing thresholds, conditions, and exceptions): A X a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? # 28a X 30 Did the organization negative more than \$25,000 in non-cash contributions? # 'Yes,'' complete Schedule L, Part IV 28a X 31 Did the organization negative to may the substantial contributor? # 28a X 32 Did the organization negative terminate, or dissolve and cease operatinos? # 'Yes,'' complete Schedule N, Part I<			25a		Х
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26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If Vrsg. * complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or a 35% controlled entity (including an employee thereof) or family member of any only of these persons? If Vrsg. * complete Schedule L, Part II. 27 X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV. 28 X 28 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28 X 28 D A family member of any individual dascribed in line 28a? If 'Yes, * complete Schedule L, Part IV 28a X 29 D Id the organization receive more than 525,000 in non-cash contributions? If 'Yes, * complete Schedule N, Part I 28c X 30 D Id the organization releaves or disolve and cease operations? If 'Yes, * complete Schedule N, Part I 30 X 30 D Id the organization neight terms of disolve and cease operations? If 'Yes, * complete Schedule N, Part I 30 X 3		that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
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creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? // "Yes," complete Schedule L, Part II. Z X 8 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV. instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, fitustee, key employee, creator or founder, or substantial contributor? // " 28a X c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? // " 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? // "Yes," complete Schedule L, Part IV. 29c X 30 Did the organization receive more than \$25,000 in non-cash contributions? // "Yes," complete Schedule N, Part I 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? // "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? // "Yes," complete Schedule N, Part I 31 X 33 Did the organization related to any tax-exempt or taxable entity? II "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 33 X 34 Was the organization neated to any tax-exempt or taxable entity? II "Yes," complete Schedule R, Part II, III, or IV, and Part V, line		controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
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a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28a X 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I 30 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization neated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 33 X 33 Did the organization neated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 34 Was the organization neated to any tax-exempt or capalized in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes	28				
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"Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 X 33 X X 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 36a X 35a Did the organization area controlled entity within the meaning of section 512(b)(13)? 35a X 36 Section 501(c)(3) organizations. Did the organization make any transaction with a controlled entity within the meaning of section 512(b)(13)? 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V I 36 X			280		
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and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>			36		<u> </u>
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Par	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)							
			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a 11							
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X					
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		X				
	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			1				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>	Х					
b	If "Yes," enter the name of the foreign country THAILAND, MALAYSIA, MEXICO							
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		77				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			v				
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			1				
-	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c). Note the examination provides a payment in process of C_{75} mode particular and particul	7-		х				
a L	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 7b		<u> </u>				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b						
С		70		х				
d	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		<u></u>				
		7e						
e f		7e 7f						
g	If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	N/	<u>A</u>				
9 h	If the organization received a contribution of quantee intellectual property, did the organization life i officious as required in	79 7h	N/					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			_				
U	sponsoring organization have excess business holdings at any time during the year? N/A	8						
9	Sponsoring organizations maintaining donor advised funds.							
a	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b						
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders N/A 11a							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a						
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans 13b							
С	Enter the amount of reserves on hand							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			37				
	excess parachute payment(s) during the year?	15		X				
	If "Yes," see the instructions and file Form 4720, Schedule N.			37				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X				
_	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			1				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17						
	If "Yes," complete Form 6069.	F	000	(0000)				
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232005 12-13-22

	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.		55000	
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	stion A. Governing Body and Management	<u></u>		111
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 12		100	
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
-		2		X
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision			
-	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	L		
74	more members of the governing body?	7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
		7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a		8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	5		
	(This Section B requests information about policies not required by the internal Revenue Code.)		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
D.	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
113	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No." go to line 13	12a	Х	
		12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		21	
C		12c	х	
12	on Schedule O how this was done	13	X	
13 14	Did the organization have a written whistleblower policy?	14	X	
14 15	Did the organization have a written document retention and destruction policy?	14	Λ	
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?	45-	х	
	The organization's CEO, Executive Director, or top management official	15a	Λ	x
D	Other officers or key employees of the organization	15b		
40-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10		v
	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			
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Sec	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ction C. Disclosure	16b		
Sec 17	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Stion C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA, NY	•		
Sec 17	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Extion C. Disclosure 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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	•	availal	ble
Sec 17	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	•	availal	ble
Sec 17 18	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure 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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Schedule O)	s only)		ble
Sec 17 18	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? extin C. Disclosure 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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	s only)		ble
Sec 17 18 19	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	s only)		ble
Sec 17 18	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	s only)		ble
Sec 17 18 19	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	s only)		ble
Sec 17 18 19	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	s only) I finand		

Form 990 (2022) ASYLUM ACCESS	20-3642040	Page 7							
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest C	ompensated								
Employees, and Independent Contractors									
Check if Schedule O contains a response or note to any line in this Part VII									
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees									
 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending List all of the organization's current officers, directors, trustees (whether individuals or organizations), re 									

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

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

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

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

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

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

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

(A)	(B) (C)							(D)	(E)	(F)
Name and title	Average	Position (do not check more than one				ne	Reportable	Reportable	Estimated	
	hours per	box	, unles	ss person is both an a director/trustee)				compensation	compensation	amount of
	week		cer an	id a d	Irecto	r/trus	ee)	from	from related	other
	(list any	ndividual trustee or director						the	organizations (W-2/1099-MISC/	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		/ee	npen		1099-NEC)	1099-1120)	and related
	below	dual t	utiona	_	mploy	st coi	ar	1000 1120)		organizations
	line)	Indivi	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			5
(1) SANA MUSTAFA	50.00		_							
CEO (BEG 7/18/22)		1		х				150,184.	0.	0.
(2) LUISA SOTELO	50.00									
GLOBAL FINANCE DIRECTOR		1				x		128,704.	0.	11,811.
(3) EMILY ARNOLD FERNANDEZ	50.00									
CEO (THROUGH 8/22)		1		х				131,497.	0.	1,989.
(4) ELIZABETH OTTO-WALLACE	50.00									
COO		1				x		125,475.	0.	4,947.
(5) ROUBA ANKA	50.00									
CFO (BEG 1/23)		1		х				0.	0.	0.
(6) MICHAEL DIEDRING	2.00									
CO-CHAIR		x		х				0.	0.	0.
(7) MOHAMMED BADRAN	2.00									
CO-CHAIR		х		х				0.	0.	0.
(8) LEAH ZAMORE	2.00									
VICE CHAIR		Х		х				0.	0.	0.
(9) HANY AZIZ	2.00									
TREASURER		X		Х				0.	0.	0.
(10) MICHAEL TESHIMA	2.00									
CO-SECRETARY		X		Х				0.	0.	0.
(11) SHALINI NATARAJ	2.00									
CO-SECRETARY		Х		Х				0.	0.	0.
(12) CAROLINA SANDOVAL	2.00									
BOARD MEMBER		Х						0.	0.	0.
(13) JOYCE SONG	2.00									
BOARD MEMBER		Х						0.	0.	0.
(14) LINDSAY TOCZYLOWSKI	2.00									
BOARD MEMBER		Х						0.	0.	0.
(15) MARY HUANG	2.00									
BOARD MEMBER		Х						0.	0.	0.
(16) RACHEL GORDON	2.00									
BOARD MEMBER		Х						0.	0.	0.
(17) SUSAN LIEU	2.00									
BOARD MEMBER		Х						0.	0.	0.
232007 12-13-22										Form 990 (2022)

232007 12-13-22

Form 990 (2022)

10440205 745960 01851

8

	Form 990 (2022) ASYLUM ACCESS 20-3642040 Page											8
Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
	(A) Name and title	(B) Average hours per week	box,	not cl , unles	ss per	itior more rson i	than of is both pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations	
												_
	Subtotal								535,860.	0	. 18,747	_ _
с	Total from continuation sheets to Part VI	, Section A		· · · · · · · · · · · · · · · · · · ·					0. 535,860.	0	. 0	•
	compensation from the organization										Yes No	<u>3</u> •
3 4	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i> For any individual listed on line 1a, is the su	<i>uch individual</i> m of reportable	 e co	mpe	ensa	tion	and	oth	er compensation from t	he organization	3 X	
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." com	ccrue compen	satio	on fr	om	any	unre	elate	ed organization or individ	dual for services	4 X 5 X	
Sec 1	tion B. Independent Contractors Complete this table for your five highest cout the organization. Report compensation for t	=	-							-	ation from	_
	(A) Name and business address NONE							(B) Description of s	ervices	(C) Compensation		
								_				
												_
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nitec	l to i	thos (-	ted	above) who received m	ore than	Form 990 (202	2)

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			LUM AC	CESS				20-3642	040 Page 9
Pa	rt VII	Statement of Re	venue						
		Check if Schedule O	contains a re	sponse	or note to any line		(P)	(0)	
						(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
						rotarrevenue	function revenue	business revenue	from tax under
									sections 512 - 514
àrants ounts	1 a	Federated campaigns		la					
	b			lb					
∆a,o	С	Fundraising events	1	lc					
ar jit	d	Related organizations	1	ld					
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contr	ributions) 1	le	2,119,987.				
	f	All other contributions, gifts,	grants, and						
		similar amounts not included	above 1	lf	7,865,475.				
dŢ	g	Noncash contributions included in	lines 1a-1f	lg \$					
aSo	h	Total. Add lines 1a-1f				9,985,462.			
					Business Code				
e	2 a	HONORARIA			900099	1,592.	1,592.		
e Ki	b								
Se	с								
am eve	d								
Program Service Revenue	е								
Ъ	f	All other program service	revenue						
	g					1,592.			
	3	Investment income (includ	ding dividend	ls, intere	st, and				
		other similar amounts)				54,372.			54,372.
	4	Income from investment of	of tax-exempt	t bond p	roceeds				
	5	Royalties							
			(i) F	Real	(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses	6b						
	с	Rental income or (loss)	6c						
	d	Net rental income or (loss)) <u></u>						
	7 a	Gross amount from sales of	(i) Sec	curities	(ii) Other				
		assets other than inventory	7a						
	b	Less: cost or other basis							
venue		and sales expenses	7b						
ver	С	Gain or (loss)	7c						
Re	d	Net gain or (loss)							
Other	8 a	Gross income from fundraisi	• •						
ð		including \$	(of					
		contributions reported on	,						
		Part IV, line 18							
		Less: direct expenses							
		Net income or (loss) from							
	9 a	Gross income from gamin							
		Part IV, line 19							
		Less: direct expenses							
		Net income or (loss) from		/ities					
	10 a	Gross sales of inventory, I							
		and allowances							
		Less: cost of goods sold							
	С	Net income or (loss) from	sales of inve	ntory					
s					Business Code				
Miscellaneous Revenue	11 a	CURRENCY GAIN			900099	137,326.			137,326.
lan	b								
Sev	С								
Mis	d	All other revenue				100 000			
	е	Total. Add lines 11a-11d				137,326.		-	101 505
	12	Total revenue. See instruction	าทร			10,178,752.	1,592.	0.	191,698.

232009 12-13-22

Form **990** (2022)

ASYLUM ACCESS Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
Do	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		•		
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	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	5,820,492.	5,820,492.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	321,617.	85,871.	99,950.	125 706
~	trustees, and key employees	521,017.			135,796.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,904,381.	1,478,423.	212,740.	213,218.
' 8	Pension plan accruals and contributions (include	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
5	section 401(k) and 403(b) employer contributions)	8,350.	6,352.	1,098.	900.
9	Other employee benefits	142,154.	108,133.	18,693.	15,328.
10	Payroll taxes	175,166.	119,114.	28,611.	27,441.
11	Fees for services (nonemployees):	-	-		
а					
b		4,944.	-353.	5,297.	
с	Accounting	58,652.	10,615.	48,037.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	660 204	C00 01 C	41 404	10 004
	column (A), amount, list line 11g expenses on Sch 0.)	668,324.	608,916.	41,404.	18,004.
12	Advertising and promotion	947.	947.	217.	1 0 2 6
13	Office expenses	47,519. 36,157.	<u>43,266.</u> 29,176.	5,069.	<u>4,036</u> 1,912.
14 45	Information technology	50,157.	29,170.	5,009.	1,912.
15 16	Royalties	24,114.	22,089.	1,468.	557.
16 17	Occupancy Travel	183,935.	148,793.	24,642.	10,500.
18	Payments of travel or entertainment expenses	100,000	11077551		
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	134,795.	113,600.	14,229.	6,966.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	16,873.	11,856.	2,527.	2,490.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	APP/SOFTWARE SUBS.	123,702.	36,836.	71,431.	15,435.
b	PAYROLL SERVICE	74,493.	21 1 60	74,493.	2 845
c	STAFF DEVELOPMENT	40,071.	31,162.	5,204.	3,705.
d	MEMBERSHIPS AND DUES	14,989.	14,989.	E _ E /	1 200
	All other expenses	25,279. 9,826,954.	18,439. 8,708,716.	5,554.	<u>1,286</u> 457,574
<u>25</u>	Total functional expenses. Add lines 1 through 24e	9,040,934.	0,/00,/10.	000,004.	437,374.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					000

232010 12-13-22

Form 990 (2022)

Ä	9	Prepaid expenses and deferred charges		72,464.	9	149,186.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities			11	4,138,316.
	12	Investments - other securities. See Part IV, line			12	
	13	Investments - program-related. See Part IV, line	11		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		2,487.	15	2,479.
	16	Total assets. Add lines 1 through 15 (must equ	al line 33)	16,221,942.	16	16,615,645.
	17	Accounts payable and accrued expenses		317,523.	17	307,795.
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete		21		
ŝ	22	Loans and other payables to any current or form				
litie		trustee, key employee, creator or founder, subs				
Liabilities		controlled entity or family member of any of the	se persons		22	
	23	Secured mortgages and notes payable to unrela		23		
	24	Unsecured notes and loans payable to unrelate	d third parties		24	
	25	Other liabilities (including federal income tax, pa	yables to related third			
		parties, and other liabilities not included on lines				
		of Schedule D	0.	25	<u>28,127.</u> 335,922.	
	26	Total liabilities. Add lines 17 through 25		317,523.	26	335,922.
		Organizations that follow FASB ASC 958, che	eck here X			
or Fund Balances		and complete lines 27, 28, 32, and 33.				
an	27	Net assets without donor restrictions		3,766,681.	27	6,119,229.
Ba	28	Net assets with donor restrictions	<u></u>	12,137,738.	28	10,160,494.
pur		Organizations that do not follow FASB ASC 9	58, check here			
ц		and complete lines 29 through 33.				
s S	29	Capital stock or trust principal, or current funds			29	
Net Assets	30	Paid-in or capital surplus, or land, building, or ea	quipment fund		30	
t As	31	Retained earnings, endowment, accumulated in	come, or other funds		31	
Nei	32	Total net assets or fund balances		15,904,419.	32	16,279,723.
	33	Total liabilities and net assets/fund balances		16,221,942.	33	16,615,645.
						Form 990 (2022)

(B) End of year 4,357,779.

1,849,370.

6,104,664.

13,851.

149,186.

(A) Beginning of year

7,878,684.

1,140,811.

7,120,629.

6,867.

1

2

3

4

5

6

7

8

72,464. 9

1

2

3

4

5

6

7 8

Assets

ASYLUM ACCESS

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

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable, net

controlled entity or family member of any of these persons

Inventories for sale or use

Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%

Loans and other receivables from other disqualified persons (as defined

under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net

	ASYLUM ACCESS	20-	3642040	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,17		
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,82		
3	Revenue less expenses. Subtract line 2 from line 1	3			98.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15,90		
5	Net unrealized gains (losses) on investments	5	8	2,1	84.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-5	8,6	78.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	16,27	9,7	<u>23.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				\square
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		<u>2c</u>	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>	Х	L
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	

Form **990** (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

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

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

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

OMB No. 1545-0047
2022
Open to Public Inspection

Nan	ne or i	the organization	IM ACCECC						
Pa	rt I	Reason for Public (UM ACCESS	(All organizations must a	omploto th	nic part) S	oo instruction		0-3642040
								з.	
	organ	ization is not a private found					4.// & //:)		
1	\square	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i) .							
2 3	\square	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
	\square						•	Viii) Entor	the bosnital's name
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:							
5		An organization operated for	or the benefit of a col	llege or university owned	l or operate	ed by a go	overnmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (0	Complete Part II.)						
6		A federal, state, or local go	-						
7	X	An organization that norma	Ily receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general j	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college
		or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
		university:							
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Co	mplete Part III.)						
11		An organization organized	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized	and operated exclusi	vely for the benefit of, to	perform tl	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section !	509(a)(2).	See section	509(a)(3). (Check the box on
		lines 12a through 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	ctors or truste	es of the su	upporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	ed organizatio	n(s), by hav	ving
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
с		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	ed with,
		its supported organizatio	n(s) (see instructions)). You must complete I	Part IV, Se	ctions A,	D, and E.		
d		Type III non-functionally	/ integrated. A supp	orting organization oper	ated in cor	nnection v	vith its suppor	ted organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distri	ibution red	quirement and	an attentiv	/eness
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	v .		
е		Check this box if the orga	anization received a \	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally integrated, or							
f	Ente	er the number of supported o	organizations						
g	Pro	vide the following information	n about the supporte	d organization(s).					
		(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) IS the orga in your governi	nization listed ng document?	(v) Amount of	-	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)
Tota	al								

Schedule A (Form 990) 2022

ASYLUM ACCESS

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

(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.)

Sec	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	2667899.	5296692.	15809001.	5951959.	9985462.	<u>39711013.</u>		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	2667899.	5296692.	15809001.	5951959.	9985462.	39711013.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)						7060996.		
6	Public support. Subtract line 5 from line 4.						32650017.		
	ction B. Total Support				ł	L	•		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
	Amounts from line 4	2667899.		15809001.	5951959.	9985462.	39711013.		
8	Gross income from interest,								
-	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	278.	286.	196.	5,808.	54,372.	60,940.		
9	Net income from unrelated business								
č	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
10	or loss from the sale of capital								
	assets (Explain in Part VI.)	5,608.	20,166.	328.	-37,876.	137,326.	125,552.		
44	Total support. Add lines 7 through 10	3,0001	2072000	5201	5770701	10//0200	39897505.		
	Gross receipts from related activities,		ne)			12	1,931.		
	First 5 years. If the Form 990 is for th	•	,	fourth or fifth tax y			1,5510		
10	organization, check this box and stop	-							
Sec	ction C. Computation of Publi								
	Public support percentage for 2022 (I			column (f))		14	81.83 %		
	Public support percentage from 2021					15	81.35 %		
	33 1/3% support test - 2022. If the c								
104	stop here. The organization qualifies						V		
h	33 1/3% support test - 2021. If the c		-		lino 15 is 22 1/304				
N									
170	and stop here. The organization qual								
1/8	10% -facts-and-circumstances test								
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization								
		-		• • • •	-	7			
D	10% -facts-and-circumstances test	-					1U% OF		
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the								
40	organization meets the facts-and-circu		•						
18	Private foundation. If the organizatio	n dia not check a l	box on line 13, 16	a, 160, 17a, or 17b	o, check this box a				
							(Form 990) 2022		

Schedule A (Form 990) 202

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not	£					
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to	o					
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, an						
3 received from disqualified persor	IS					
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from business	es					
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated busines activities not included on line 10b, whether or not the business is regularly carried on	;S					
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12						
14 First 5 years. If the Form 990 is fo	r the organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orgai	nization,
check this box and stop here						
Section C. Computation of Pu	blic Support Per	rcentage				
15 Public support percentage for 2022	2 (line 8, column (f), c	livided by line 13,	column (f))		15	%
16 Public support percentage from 20	21 Schedule A, Part	III, line 15			16	%
Section D. Computation of Inv	estment Income	e Percentage				
17 Investment income percentage for	2022 (line 10c, colu	mn (f), divided by	line 13, column (f))		17	%
18 Investment income percentage from	m 2021 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2022. If t					33 1/3%, and	line 17 is not
more than 33 1/3%, check this box						
b 33 1/3% support tests - 2021. If t						'3%, and
line 18 is not more than 33 1/3%, c						
20 Private foundation. If the organization						
232023 12-09-22					Schee	dule A (Form 990) 2022
		16	5			

Yes No

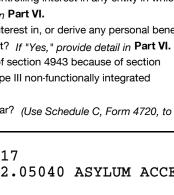
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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1	
2	
3a	
3b	
3c	
4a	
4b	
4c	
5a	
00	
5b	
5c	
6	
7	
8	
0	
9a	
9b	
9c	
10a	
10b	

Schedule A (Form 990) 2022

Schedule A			ASYLUM	
Part IV	Suppor	ting Or	ganizations (cont	tinued)

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, or trustees were allocated among the</i>			

supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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 th	<u>ie supportina or</u>	ganization.
Section C. Ty	pe II Suppor	rting Organi	zations

Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed 1 the supported organization(s).

Section D. All Type III Supporting Organizations	

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see instructions)).
	\Box		,

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
---	--	---	---	--

- Activities Test. Answer lines 2a and 2b below. 2
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

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

Yes No 2a 2b 3a 3b

Schedule A (Form 990) 2022

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Sche	edule A (Form 990) 2022 ASYLUM ACCESS			20-3642040 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (explain i	n Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integrat	ted Type III supporting or	ganization (see

instructions).

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued	<u>d)</u>	
Secti	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exe	1			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		1	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022		(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years			_	
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years			_	
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.			_	
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.			_	
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
C	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	ASYLUM	ACCESS		20-3642040 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D,	, 2, 3b, 3c, 4b, lines 2 and 3; F	4c, 5a, 6, 9a, 9b, 9c, ⁻ Part IV, Section E, line	equired by Part II, line 10; Part II, lin 1a, 11b, and 11c; Part IV, Section 5 1c, 2a, 2b, 3a, and 3b; Part V, line nd 6. Also complete this part for an	ne 17a or 17b; Part III, line 12; B, lines 1 and 2; Part IV, Section C, a 1; Part V, Section B, line 1e; Part V,
232028 12-09-2	22			21	Schedule A (Form 990) 2022

10440205 745960 01851

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

2022

Employer identification number

20-364204	0
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ASYLUM	ACCESS

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

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2022)

ASYLUM	1 ACCESS	20	-3642040
Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	lditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$4,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>2,119,987.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>1,025,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$750,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$492,437.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$300,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022

01851__1

Name of organization

Employer identification number

lame of org	ganization		Employer identification number
SYLUM	ACCESS		20-3642040
Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
7		\$250,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
8		\$200,00	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
		\$	Person Payroll Payroll October (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

01851__1

Name of or	ganization		Employer identification number
ASYLUM	1 ACCESS		20-3642040
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed	l.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		s	

25 2022.05040 ASYLUM ACCESS Page 3

Schedule B (Form 990) (2022)

Schedule I	B (Form 990) (2022)			Page 4	
Name of o	rganization			Employer identification number	
ASYLUI	M ACCESS			20-3642040	
Part III					
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this inf	fo. once.) \$	
(a) No. from	Use duplicate copies of Part III if additional	space is needed.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held	
		(e) Transfer of gi	ft		
	Transferee's name, address, a	nd ZIP + 4	Relationship of	transferor to transferee	
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Do	escription of how gift is held	
Part I					
-		(e) Transfer of gi	 ft		
-	Transferee's name, address, a		Relationship of	transferor to transferee	
(a) No. from	(b) Purpose of gift		ift (d) Description of how gift is held		
Part I	(b) Purpose of gift	(c) Use of gift			
-		e) Transfer of gi			
			n.		
-	Transferee's name, address, a	nd ZIP + 4	Relationship of	transferor to transferee	
(a) No. from					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held	
		(e) Transfer of gi	ft		
	Transferee's name, address, a	nd ZIP + 4	Relationship of	transferor to transferee	
223454 11-15	5-22			Schedule B (Form 990) (2022)	

10440205 745960 01851

Department of the Treasury Internal Revenue Service	-	if the organization is described b to www.irs.gov/Form990 for ins)-EZ.	Open to Public Inspection
 Section 501(c)(3) org Section 501(c) (other Section 527 organization 	anizations: Com than section 50 ations: Complete	,	blete Part I-C. arts I-A and C below. I	Do not complete Part	: I-B.	
		Form 990, Part IV, line 4, or Forr				
		nave filed Form 5768 (election unde		•	•	
		nave NOT filed Form 5768 (election	.,	, ,		•
Tax) (See separate inst	ructions), then	Form 990, Part IV, line 5 (Proxy	Tax) (See separate ir	istructions) or Form	990-EZ, P	art V, line 35c (Proxy
Name of organization	, , , , ,	•			Employer	identification number
	ASYLUM .	ACCESS			2	0-3642040
Part I-A Comple	ete if the org	anization is exempt under	section 501(c) o	r is a section 52	7 organi	zation.
 Provide a description Political campaign a Volunteer hours for 	activity expendit					
Part I-B Comple	ete if the ora	anization is exempt under	section 501(c)(3)		
-		-			¢	
	•	incurred by the organization under incurred by organization managers				
		n 4955 tax, did it file Form 4720 for				Yes No
b If "Yes," describe in	i Part IV.					
Part I-C Comple	ete if the org	anization is exempt under	section 501(c), e	except section 5	01(c)(3).	
2 Enter the amount or exempt function ac	f the filing organ tivities	I by the filing organization for section ization's funds contributed to othe . Add lines 1 and 2. Enter here and	r organizations for sec	ction 527	<u> </u>	
	-				\$	
						Yes No
made payments. Fo contributions receiv	or each organizatived that were pro	pployer identification number (EIN) tion listed, enter the amount paid fromptly and directly delivered to a s additional space is needed, provide	rom the filing organiza eparate political orga	ation's funds. Also en nization, such as a se	ter the amo	ount of political
(a) Name	3	(b) Address	(c) EIN	(d) Amount paid f filing organization funds. If none, ente	n's con er-0 p de	e) Amount of political tributions received and promptly and directly elivered to a separate political organization. If none, enter -0
For Paperwork Reducti	on Act Notice,	see the Instructions for Form 990) or 990-EZ.		Sched	dule C (Form 990) 2022

Political Campaign and Lobbying Activities For Organizations Exempt From Income Tax Under section 501(c) and section 527

SCHEDULE C

(Form 990)

232041 11-08-22

LHA

OMB No. 1545-0047

2 9

Schedule C (Form 990) 2022	ASYLUM ACCES	SS		20-3	642040 Page 2
Part II-A Complete if the orga section 501(h)).	anization is exem	pt under section	501(c)(3) and file	d Form 5768 (ele	ction under
	ion belongs to an affili	ated group (and list in	Part IV each affiliated	aroup member's name	e. address. EIN.
	e of excess lobbying e	• • •		5	, , , ,
	ion checked box A and	• •	visions apply.		
Limit	s on Lobbying Expen litures" means amour	ditures		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence public opinion (a	rassroots lobbving)			
b Total lobbying expenditures to influ		• •		10,018.	
c Total lobbying expenditures (add lir				10,018.	
d Other exempt purpose expenditure				9,816,936.	
e Total exempt purpose expenditures				9,826,954.	
f Lobbying nontaxable amount. Ente				641,348.	
If the amount on line 1e, column (a) or		ying nontaxable amo		,	
Not over \$500,000		he amount on line 1e.			
Over \$500,000 but not over \$1,000		D plus 15% of the exce	ess over \$500.000		
Over \$1,000,000 but not over \$1,50		D plus 10% of the exce			
Over \$1,500,000 but not over \$17,0) plus 5% of the exces			
Over \$17,000,000	\$1,000,0	•	<u>is over \$1,500,000.</u>		
	φ1,000,0	00.			
g Grassroots nontaxable amount (ent	or 25% of line 1f			160,337.	
•	,			0.	
h Subtract line 1g from line 1a. If zero				0.	
i Subtract line 1f from line 1c. If zero		no 1; did the exception		0.	
j If there is an amount other than zer		, 0		Г	
reporting section 4911 tax for this y			0	L	Yes No
(Some organizations th	at made a section 50	raging Period Under 5 1(h) election do not h te instructions for lin	ave to complete all o	f the five columns be	low.
	Lobbying Expen	ditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount	285,474.	315,971.	465,559.	641,348.	1,708,352.
b Lobbying ceiling amount (150% of line 2a, column(e))					2,562,528.
c Total lobbying expenditures	11,935.	1,423.	6,867.	10,018.	30,243.
d Grassroots nontaxable amount	71,369.	78,993.	116,390.	160,337.	427,089.
e Grassroots ceiling amount (150% of line 2d, column (e))					640,634.
f Grassroots lobbying expenditures					
				Schedu	ile C (Form 990) 2022

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)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(I)
of the	lobbying activity.	Yes	No	Amo	ount
1 a	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: Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
с	Media advertisements?				
d	Mailings to members, legislators, or the public?				
	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				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	- - - - - - - - - - -			
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), or sec	tion	
	501(c)(6).			Yes	Ne
				res	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3 Par	Did the organization agree to carry over lobbying and political campaign activity expenditures from the tIII-B Complete if the organization is exempt under section 501(c)(4), section	e prior year? n 501(c)(5)	-	tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered '				3. is
	answered "Yes."		.,	,	-,
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
	Total				
3			-		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditures next year?		. 4		
_5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	t IV Supplemental Information				
Provi	de 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 a	nd 2 (See	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2022

232043 11-08-22

)

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service N

Nam	e of the organization ASYLUM ACCESS		Employer identification number 20-3642040
Pa		Funds or Other Similar Funds	
	organization answered "Yes" on Form 990, Part IV, line		
	3	(a) Donor advised funds	(b) Funds and other accounts
4	Tatel number at and of year		
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	-	
•	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		ľ – –
Pa	t II Conservation Easements. Complete if the org		
	· · · · · ·		Fart IV, III e 7.
1	Purpose(s) of conservation easements held by the organizatio		of a historically important land area
	Preservation of land for public use (for example, recreat Protection of natural habitat		
	Preservation of open space		of a certified historic structure
•			
2	Complete lines 2a through 2d if the organization held a qualifi day of the tax year.	ed conservation contribution in the form	Held at the End of the Tax Yea
_			
b			
c	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
2		and outing light of the minded by the	
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the	e organization during the tax
	year	amont is located	
4 5	Number of states where property subject to conservation ease Does the organization have a written policy regarding the peri		
5	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
Ŭ		and any of violations, and emotoring con	solvation casements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conserva	ation easements during the year
•			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	, ,	
9	In Part XIII, describe how the organization reports conservatio		
	balance sheet, and include, if applicable, the text of the footne		
	organization's accounting for conservation easements.	C C	
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its finan	cial statements that describes these iten	ns.
b	If the organization elected, as permitted under FASB ASC 958	3, 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 furt	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990 Part X		\$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 09-01-22

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 ASYLUM 2					2	20-36	42040) Р	age 2
Par	t III Organizations Maintaining Co	ollections of Art,	Historical Tre	easures, o	r Other S	Similar	Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records, o	check any of the	following that	t make sign	ificant u	se of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	change progr	am					
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain h	ow they further t	he organizatio	on's exempt	purpos	e in Part	XIII.		
5	During the year, did the organization solicit or	r receive donations of a	art, historical trea	sures, or oth	er similar as	sets				
	to be sold to raise funds rather than to be ma	intained as part of the	organization's co	ollection?			🗌	Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		e if the organization	on answered	"Yes" on Fo	orm 990,	Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custodia		v for contributior	ns or other as	sets not inc	luded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII a									
			0					Amount	t	
с	Beginning balance					1c				
	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo					?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete in	f the organization answ	vered "Yes" on Fe	orm 990, Parl	IV, line 10.					
		(a) Current year	(b) Prior year	(c) Two yea	rs back (d)	Three ye	ears back	(e) Four	years	back
1a	Beginning of year balance									
b	Contributions									
с	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	ent year end balance (I	ine 1g, column (a	a)) held as:						
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
с	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	uld equal 100%.								
3a	Are there endowment funds not in the posses	ssion of the organizatio	on that are held a	nd administe	red for the			-		
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	tions listed as required	on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the		nent funds.							
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990, F								
	Description of property	(a) Cost or othe basis (investment	• •	t or other (other)	(c) Accu depre	umulated	b	(d) Bool	< valu	e
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment									
	Other									
	. Add lines 1a through 1e. (Column (d) must ed		column (R) line i	10c)						0.
		<u>,</u>					Schedule	D (Form	n 990)	

(a) Description of security or category (including name of security)	(b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-	of-vear market value
Financial derivatives Closely held equity interests			
Closely held equity interests Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(5) (6)			
(6)			
(6) (7)			
(6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line	ə 15.)		
(6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line	ə 15.)		
(6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line			
(6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			(b) Book value
(6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes"			• •
(6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability			• •
(6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes			(b) Book value 28,12
(6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) REFUNDABLE ADVANCES			• •
(6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) REFUNDABLE ADVANCES (3)			• •
(6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) REFUNDABLE ADVANCES (3) (4)			• •
(6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) REFUNDABLE ADVANCES (3) (4) (5)			• •
(6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) REFUNDABLE ADVANCES (3) (4) (5) (6)			• •
(6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) REFUNDABLE ADVANCES (3) (4) (5) (6) (7)			• •

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

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 ASYLUM ACCESS			20-	3642040 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statem	nents Wit	h Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	11,124,123.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	82,184.		
b	Donated services and use of facilities	2b	41,287.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		821,900.		
е	Add lines 2a through 2d			2e	945,371.
3	Subtract line 2e from line 1			3	10,178,752.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	10,178,752.
Pa	t XII Reconciliation of Expenses per Audited Financial State	ments Wi	th Expenses per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total expenses and losses per audited financial statements			1	10,556,304.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	41,287.		
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)		2,473,127.		
е	Add lines 2a through 2d			2e	2,514,414.
3	Subtract line 2e from line 1			3	8,041,890.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)		1,785,064.		
	Add lines 4a and 4b			4c	1,785,064.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	9,826,954.
Pa	t XIII Supplemental Information.				

lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

FOR THE YEAR ENDED JUNE 30, 2023, ASYLUM ACCESS HAS DOCUMENTED ITS

CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR

REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL

UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN

THE CONSOLIDATED FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RELATED ENTITY REVENUE INCLUDED IN THE CONSOLIDATED

821,900.

FINANCIAL STATEMENTS AND EXCLUDED FROM REVENUE

ON THE FORM 990, PART VIII.

Schedule D (Form 990) 2022 ASYLUM ACCESS Part XIII Supplemental Information (continued)	20-3642040 Page 5
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FOREIGN AFFILIATE EXPENSES INCLUDED IN THE CONSOLIDATED	2,473,127.
FINANCIAL STATEMENTS AND EXCLUDED FROM EXPENSES	
ON THE FORM 990, PART IX.	
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
GRANTS MADE TO FOREIGN AFFILIATES	1,785,064.
	Schedule D (Form 990) 2022

(Form 990)	Complete if the	organization a	nswered "Yes" on Form 990, Part IV,	line 14b, 15, c	or 16.		UZZ		
Department of the Treasury	Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.						Open to Public		
Internal Revenue Service	Go to _W	ww.irs.gov/Form	1990 for instructions and the latest i	nformation.		Inspec			
Name of the organization					Employer	dentific	ation number		
ASYLUM ACCESS					20-36	42040)		
	nformation on A	ctivities Out	side the United States. Comple	ete if the organ					
	art IV, line 14b.								
1 For grantmakers.	Does the organization	n maintain record	ds to substantiate the amount of its gra	nts and other a					
the grantees' eligibil	ity for the grants or a	ssistance, and t	he selection criteria used to award the	grants or assis	stance?	X .	Yes 🗌 No		
-	Describe in Part V the	e organization's p	procedures for monitoring the use of its	grants and ot	her assistan	ce outsic	le the		
United States.	, /The following Dort	L line 2 table or	n he duplicated if additional apace is n	oodod)					
3 Activities per Regior (a) Region		(c) Number of	In be duplicated if additional space is n (d) Activities conducted in the region	,	vity listed in	(d)	(f) Total		
() 3	offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service	· /	expenditures		
	in the region	independent	gram services, investments, grants to		e specific typ		for and investments		
		contractors in the region	recipients located in the region)	of service	(s) in the reg	jion	in the region		
)							
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	LEGAL RIGHT	S/SERVICE	s	1,144.		
EAST ASIA AND THE									
PACIFIC	0	0	PROGRAM SERVICES	LEGAL RIGHT	S / SERVICE	's	85,578.		
					b/ blitter		00,070.		
CENTRAL AMERICA	0	0	PROGRAM SERVICES	LEGAL RIGHT	S/SERVICE	s	430.		
					- /				
EUROPE	0	0	PROGRAM SERVICES	LEGAL RIGHT	S/SERVICE	s	16,822.		
MIDDLE EAST AND									
NORTH AFRICA	0	0	PROGRAM SERVICES	LEGAL RIGHT	S/SERVICE	s	6,295.		
							,		
NORTH AMERICA	0	0	PROGRAM SERVICES	LEGAL RIGHT	S/SERVICE	s	19,133.		
MIDDLE EAST AND			GRANTS TO RECIPIENTS				1 442 276		
NORTH AFRICA	0	0	LOCATED IN REGION				1,442,276.		
			GRANTS TO RECIPIENTS						
SOUTH AMERICA	0		LOCATED IN REGION				1,424,382.		
3 a Subtotal	0	0					2,996,060.		
b Total from continuat									
sheets to Part I	0	0					2,953,834.		

Statement of Activities Outside the United States

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

0

0

Schedule F (Form 990) 2022

5,949,894.

OMB No. 1545-0047

232071 10-17-22

and 3b)

SCHEDULE F

sheets to Part I _____ c Totals (add lines 3a

Schedule F (Form 990) Part I Continuati	ASYLUM A	20-3642040 Page			
(a) Region	(b) Number of offices in the region		(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditure for region
			GRANTS TO RECIPIENTS		
OUTH ASIA	0	0	LOCATED IN REGION		546,11
			GRANTS TO RECIPIENTS		1 412 00
ORTH AMERICA	0	0	LOCATED IN REGION		1,413,90
UB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		603,40
					, , , , , , , , , , , , , , , , , , ,
CAST ASIA AND THE			GRANTS TO RECIPIENTS		
PACIFIC	0	0	LOCATED IN REGION		390,40
					2 052 02
otals		1			2,953,83

232181 04-01-22 ASYLUM ACCESS

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.

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)
			RESOURCING REFUGEE					
		SUB-SAHARAN	FOR INCLUSION AND					
		AFRICA	SOLUTIONS	37 500.	WIRE TRANSFER	Ο.		
			TO SUPPORT A COHORT	,				
			OF REFUGEE-LED					
		SUB-SAHARAN	ORGANIZATIONS TO					
		AFRICA	BECOME MORE	57,010.	WIRE TRANSFER	٥.		
			TO SUPPORT A COHORT					
			OF REFUGEE-LED					
		SUB-SAHARAN	ORGANIZATIONS TO					
		AFRICA	BECOME MORE	12,498.	WIRE TRANSFER	Ο.		
			RESOURCING REFUGEE					
		SUB-SAHARAN	FOR INCLUSION AND					
		AFRICA	SOLUTIONS	117,592.	WIRE TRANSFER	٥.		
			TO SUPPORT A COHORT					
			OF REFUGEE-LED					
		SUB-SAHARAN	ORGANIZATIONS TO					
		AFRICA	BECOME MORE	75,000.	WIRE TRANSFER	٥.		
			TO SUPPORT A COHORT					
			OF REFUGEE-LED					
		SUB-SAHARAN	ORGANIZATIONS TO					
		AFRICA	BECOME MORE	75,000.	WIRE TRANSFER	٥.		
			RESOURCING REFUGEE					
		SUB-SAHARAN	FOR INCLUSION AND					
		AFRICA	SOLUTIONS	117,592.	WIRE TRANSFER	0.		
			RESOURCING REFUGEE					
		SUB-SAHARAN	FOR INCLUSION AND					
		AFRICA	SOLUTIONS	20 000	WIRE TRANSFER	0.		
2 Enter total number of				,		۰.		

SEE PART V FOR COLUMN (D) DESCRIPTIONS

chedule F (Form 990)	ASYLU	M ACCESS			20-36	42040		Page 2
Part II Continuation	n of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	1	- 1
1 (a) Name of organizatio	n (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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
			TO SUPPORT A COHORT					
			OF REFUGEE-LED					
		SUB-SAHARAN	ORGANIZATIONS TO					
		AFRICA	BECOME MORE	57,010.	WIRE TRANSFER	0.		
			RESOURCING REFUGEE					
		SUB-SAHARAN	FOR INCLUSION AND	1				
		AFRICA	SOLUTIONS	17,500.	WIRE TRANSFER	0.		
			TO SUPPORT A COHORT					
			OF REFUGEE-LED					
		SUB-SAHARAN	ORGANIZATIONS TO					
		AFRICA	BECOME MORE	12,498.	WIRE TRANSFER	0.		
			DECOUDCING DEFUCEE					
			RESOURCING REFUGEE					
		EAST ASIA AND THE	FOR INCLUSION AND	10.050		0.		
		PACIFIC	SOLUTIONS	19,250.	WIRE TRANSFER	0.		
			RESOURCING REFUGEE					
		MIDDLE EAST AND						
		NORTH AFRICA	FOR INCLUSION AND SOLUTIONS	124 406	WIRE TRANSFER	٥.		
		NORTH AFRICA	TO SUPPORT A COHORT	124,400.	WIRE TRANSFER	0.		
			OF REFUGEE-LED					
		MIDDLE EAST AND	OF REFORESLED ORGANIZATIONS TO					
		NORTH AFRICA	BECOME MORE	50 000	WIRE TRANSFER	٥.		
		NORTH AFRICA	BECOME MORE	50,000.	WIRE TRANSFER	0.		
			RESOURCING REFUGEE					
		MIDDLE EAST AND	FOR INCLUSION AND					
		NORTH AFRICA	SOLUTIONS	12 500	WIRE TRANSFER	٥.		
				12,000.				
			RESOURCING REFUGEE					
		MIDDLE EAST AND	FOR INCLUSION AND					
		NORTH AFRICA	SOLUTIONS	37,500.	WIRE TRANSFER	0.		
				,				
			RESOURCING REFUGEE					
		MIDDLE EAST AND	FOR INCLUSION AND					
		NORTH AFRICA	SOLUTIONS	12,500.	WIRE TRANSFER	0.		

Schedule F (Form 990)		M ACCESS			Page 2			
Part II Continuation of	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9			1
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
			DEGOUDATNA DEBUGEE					
		MIDDLE EAST AND	RESOURCING REFUGEE					
		NORTH AFRICA	FOR INCLUSION AND SOLUTIONS	100 000	WIRE TRANSFER	0.		
		NORTH AFRICA	SOLUTIONS	100,000.	WIRE TRANSFER	0.		
			RESOURCING REFUGEE					
		MIDDLE EAST AND	FOR INCLUSION AND					
		NORTH AFRICA	SOLUTIONS	25 000	WIRE TRANSFER	0.		
				23,000.				
			RESOURCING REFUGEE					
		MIDDLE EAST AND	FOR INCLUSION AND					
		NORTH AFRICA	SOLUTIONS	124 406	WIRE TRANSFER	0.		
			TO SUPPORT A COHORT					
			OF REFUGEE-LED					
		MIDDLE EAST AND	ORGANIZATIONS TO					
		NORTH AFRICA	BECOME MORE	50 000.	WIRE TRANSFER	0.		
				,				
			RESOURCING REFUGEE					
		MIDDLE EAST AND	FOR INCLUSION AND					
		NORTH AFRICA	SOLUTIONS	15,092.	WIRE TRANSFER	0.		
				, -				
			RESOURCING REFUGEE					
		MIDDLE EAST AND	FOR INCLUSION AND					
		NORTH AFRICA	SOLUTIONS	22,408.	WIRE TRANSFER	0.		
			RESOURCING REFUGEE					
		MIDDLE EAST AND	FOR INCLUSION AND					
		NORTH AFRICA	SOLUTIONS	37,500.	WIRE TRANSFER	0.		
			RESOURCING REFUGEE					
		MIDDLE EAST AND	FOR INCLUSION AND					
		NORTH AFRICA	SOLUTIONS	100,000.	WIRE TRANSFER	0.		
			RESOURCING REFUGEE					
		MIDDLE EAST AND	FOR INCLUSION AND					
		NORTH AFRICA	SOLUTIONS	12,500.	WIRE TRANSFER	0.		

Schedule F (Form 990)	ASYLU	M ACCESS			Page 2			
Part II Continuation of	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)		
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			TO SUPPORT A COHORT OF REFUGEE-LED					
		MIDDLE EAST AND NORTH AFRICA	ORGANIZATIONS TO BECOME MORE	12,500.	WIRE TRANSFER	0.		
		MIDDLE EAST AND	RESOURCING REFUGEE FOR INCLUSION AND					
		NORTH AFRICA	SOLUTIONS	100,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND	TO SUPPORT A COHORT OF REFUGEE-LED ORGANIZATIONS TO					
		NORTH AFRICA	BECOME MORE	75,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	RESOURCING REFUGEE FOR INCLUSION AND SOLUTIONS	114 800.	WIRE TRANSFER	0.		
		MIDDLE EAST AND	RESOURCING REFUGEE FOR INCLUSION AND					
		NORTH AFRICA	SOLUTIONS TO SUPPORT A COHORT OF REFUGEE-LED	228,665.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	ORGANIZATIONS TO BECOME MORE	75,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND	TO SUPPORT A COHORT OF REFUGEE-LED ORGANIZATIONS TO					
		NORTH AFRICA	BECOME MORE	12,500.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	RESOURCING REFUGEE FOR INCLUSION AND SOLUTIONS	100,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	RESOURCING REFUGEE FOR INCLUSION AND SOLUTIONS	46,394.	WIRE TRANSFER	0.		

Schedule F (Form 990)		M ACCESS			20-36			Page 2
Part II Continuation		Assistance to Organiz	ations or Entities Outside the					
(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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
			RESOURCING REFUGEE					
			FOR INCLUSION AND					
		SOUTH AMERICA	SOLUTIONS	22 888.	WIRE TRANSFER	0.		
				,				
			RESOURCING REFUGEE					
			FOR INCLUSION AND					
		SOUTH AMERICA	SOLUTIONS	52,201.	WIRE TRANSFER	0.		
			RESOURCING REFUGEE					
			FOR INCLUSION AND	101 510				
		SOUTH AMERICA	SOLUTIONS	121,640.	WIRE TRANSFER	0.		
			RESOURCING REFUGEE					
			FOR INCLUSION AND					
		SOUTH AMERICA	SOLUTIONS	141,959.	WIRE TRANSFER	0.		
				,				
			RESOURCING REFUGEE					
			FOR INCLUSION AND					
		SOUTH AMERICA	SOLUTIONS	94,613.	WIRE TRANSFER	0.		
			RESOURCING REFUGEE					
		SOUTH AMERICA	FOR INCLUSION AND SOLUTIONS	45 051	WIRE TRANSFER	0.		
		SOUTH AMERICA	501011005	45,051.	WIRE TRANSFER	0.		
			RESOURCING REFUGEE					
			FOR INCLUSION AND					
		SOUTH AMERICA	SOLUTIONS	90,171.	WIRE TRANSFER	0.		
			RESOURCING REFUGEE					
			FOR INCLUSION AND					
		SOUTH AMERICA	SOLUTIONS	65,518.	WIRE TRANSFER	0.		
			DECOUDATNA DESUGES					
			RESOURCING REFUGEE FOR INCLUSION AND					
		SOUTH AMERICA	SOLUTIONS	89 072	WIRE TRANSFER	0.		
		POOLU AMERICA	201011012	09,072.	MILE ILUNIER	υ.		

Schedule F (Form 990)		M ACCESS			20-36			Page
	of Grants and Other	Assistance to Organi	zations or Entities Outside the	e United States.	<u>(Schedule F (Form 9</u>			
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
	, ,			Ű		assistance	25515121100	
			RESOURCING REFUGEE					
			FOR INCLUSION AND					
		SOUTH AMERICA	SOLUTIONS	105,901.	WIRE TRANSFER	0.		
			RESOURCING REFUGEE					
			FOR INCLUSION AND	100 500				
		SOUTH AMERICA	SOLUTIONS	133,783.	WIRE TRANSFER	0.		
			TO SUPPORT A COHORT					
			OF REFUGEE-LED					
			ORGANIZATIONS TO					
		SOUTH AMERICA	BECOME MORE	14,971.	WIRE TRANSFER	0.		
			TO SUPPORT A COHORT					
			OF REFUGEE-LED					
			ORGANIZATIONS TO					
		SOUTH AMERICA	BECOME MORE	105,150.	WIRE TRANSFER	٥.		
			TO SUPPORT A COHORT					
			OF REFUGEE-LED					
			ORGANIZATIONS TO					
		SOUTH AMERICA	BECOME MORE	108,000.	WIRE TRANSFER	0.		
			TO SUPPORT A COHORT					
			OF REFUGEE-LED					
			ORGANIZATIONS TO					
		SOUTH AMERICA	BECOME MORE	105,150.	WIRE TRANSFER	٥.		
			TO SUPPORT A COHORT					
			OF REFUGEE-LED					
			ORGANIZATIONS TO					
		SOUTH AMERICA	BECOME MORE	9,920.	WIRE TRANSFER	0.		
			TO SUPPORT A COHORT	, =				
			OF REFUGEE-LED					
			ORGANIZATIONS TO					
		SOUTH AMERICA	BECOME MORE	72 000	WIRE TRANSFER	ο.		
			TO SUPPORT A COHORT	,2,000.		· · ·		
			OF REFUGEE-LED					
			OF REFORE-LED ORGANIZATIONS TO					
				37 500				
		SOUTH ASIA	BECOME MORE	37,526.	WIRE TRANSFER	0.		

Schedule F (Form 990)	ASYLU	M ACCESS			20-36	42040		Page 2
Part II Continuation of	of Grants and Other	Assistance to Organi	zations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1))	
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
			TO SUPPORT A COHORT					
			OF REFUGEE-LED					
			ORGANIZATIONS TO					
		SOUTH ASIA	BECOME MORE	22,082.	WIRE TRANSFER	0.		
			RESOURCING REFUGEE					
			FOR INCLUSION AND					
		SOUTH ASIA	SOLUTIONS	328,971.	WIRE TRANSFER	0.		
			TO SUPPORT A COHORT					
			OF REFUGEE-LED					
			ORGANIZATIONS TO	51 550				
		SOUTH ASIA	BECOME MORE	51,579.	WIRE TRANSFER	0.		
			TO SUPPORT A COHORT OF REFUGEE-LED					
			OF REFORE-LED ORGANIZATIONS TO					
		SOUTH ASIA	BECOME MORE	12 500	WIRE TRANSFER	0.		
			BICOME MORE	12,500.	MINE INMOLEN			
			RESOURCING REFUGEE					
			FOR INCLUSION AND					
		SOUTH ASIA	SOLUTIONS	8,924.	WIRE TRANSFER	٥.		
			TO SUPPORT A COHORT	,				
			OF REFUGEE-LED					
			ORGANIZATIONS TO					
		SOUTH ASIA	BECOME MORE	12,500.	WIRE TRANSFER	٥.		
			TO SUPPORT A COHORT					
			OF REFUGEE-LED					
			ORGANIZATIONS TO					
		SOUTH ASIA	BECOME MORE	59,608.	WIRE TRANSFER	٥.		
			RESOURCING REFUGEE					
			FOR INCLUSION AND					
		SOUTH ASIA	SOLUTIONS	8,924.	WIRE TRANSFER	0.		
		NORTH AMERICA	OPERATING SUPPORT	1413907.	WIRE TRANSFER	Ο.		

Schedule F (Form 990)		M ACCESS			20-36			Page 2
	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9			1
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	OPERATING SUPPORT	371,157.	WIRE TRANSFER	0.		

Schedule F (Form 990) 2022	ASYLUM	ACCESS

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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

45

Schedule F (Form 990) 2022

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>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)</i>	X Yes	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; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	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? <i>If</i> "Yes," <i>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)</i>	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
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	X Yes	No

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022 ASYLUM ACCESS

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:

ASYLUM ACCESS PERFORMS DUE DILIGENCE ON GRANTEES OUTSIDE THE U.S. THE

ORGANIZATION EXERCISES OVERSIGHT EXPENDITURE AUTHORITY OVER THE USE OF

FUNDS BY MONITORING HOW ALL FUNDS GRANTED ARE USED AND REQUIRING SIGNED

GRANT AGREEMENTS WITH ALL RECIPIENTS, WHICH ARE KEPT ON FILE.

PART II, COLUMN (D):

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO SUPPORT A COHORT OF REFUGEE-LED ORGANIZATIONS

TO BECOME MORE SUSTAINABLY RESOURCED, GROW THEIR ORGANIZATIONS, AND

DEMONSTRATE THEIR IMPACT OVER THE LONGER-TERM.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO SUPPORT A COHORT OF REFUGEE-LED ORGANIZATIONS

TO BECOME MORE SUSTAINABLY RESOURCED, GROW THEIR ORGANIZATIONS, AND

DEMONSTRATE THEIR IMPACT OVER THE LONGER-TERM.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO SUPPORT A COHORT OF REFUGEE-LED ORGANIZATIONS

TO BECOME MORE SUSTAINABLY RESOURCED, GROW THEIR ORGANIZATIONS, AND

DEMONSTRATE THEIR IMPACT OVER THE LONGER-TERM.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO SUPPORT A COHORT OF REFUGEE-LED ORGANIZATIONS

TO BECOME MORE SUSTAINABLY RESOURCED, GROW THEIR ORGANIZATIONS, AND

DEMONSTRATE THEIR IMPACT OVER THE LONGER-TERM.

Schedule F (Form 990) 2022 ASYLUM ACCESS

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.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO SUPPORT A COHORT OF REFUGEE-LED ORGANIZATIONS

TO BECOME MORE SUSTAINABLY RESOURCED, GROW THEIR ORGANIZATIONS, AND

DEMONSTRATE THEIR IMPACT OVER THE LONGER-TERM.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO SUPPORT A COHORT OF REFUGEE-LED ORGANIZATIONS

TO BECOME MORE SUSTAINABLY RESOURCED, GROW THEIR ORGANIZATIONS, AND

DEMONSTRATE THEIR IMPACT OVER THE LONGER-TERM.

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: TO SUPPORT A COHORT OF REFUGEE-LED ORGANIZATIONS

TO BECOME MORE SUSTAINABLY RESOURCED, GROW THEIR ORGANIZATIONS, AND

DEMONSTRATE THEIR IMPACT OVER THE LONGER-TERM.

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: TO SUPPORT A COHORT OF REFUGEE-LED ORGANIZATIONS

TO BECOME MORE SUSTAINABLY RESOURCED, GROW THEIR ORGANIZATIONS, AND

DEMONSTRATE THEIR IMPACT OVER THE LONGER-TERM.

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: TO SUPPORT A COHORT OF REFUGEE-LED ORGANIZATIONS

TO BECOME MORE SUSTAINABLY RESOURCED, GROW THEIR ORGANIZATIONS, AND

DEMONSTRATE THEIR IMPACT OVER THE LONGER-TERM.

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: TO SUPPORT A COHORT OF REFUGEE-LED ORGANIZATIONS
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Schedule F (Form 9

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Schedule F (Form 990) 2022

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.

TO BECOME MORE SUSTAINABLY RESOURCED, GROW THEIR ORGANIZATIONS, AND

DEMONSTRATE THEIR IMPACT OVER THE LONGER-TERM.

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: TO SUPPORT A COHORT OF REFUGEE-LED ORGANIZATIONS

TO BECOME MORE SUSTAINABLY RESOURCED, GROW THEIR ORGANIZATIONS, AND

DEMONSTRATE THEIR IMPACT OVER THE LONGER-TERM.

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: TO SUPPORT A COHORT OF REFUGEE-LED ORGANIZATIONS

TO BECOME MORE SUSTAINABLY RESOURCED, GROW THEIR ORGANIZATIONS, AND

DEMONSTRATE THEIR IMPACT OVER THE LONGER-TERM.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: TO SUPPORT A COHORT OF REFUGEE-LED ORGANIZATIONS

TO BECOME MORE SUSTAINABLY RESOURCED, GROW THEIR ORGANIZATIONS, AND

DEMONSTRATE THEIR IMPACT OVER THE LONGER-TERM.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: TO SUPPORT A COHORT OF REFUGEE-LED ORGANIZATIONS

TO BECOME MORE SUSTAINABLY RESOURCED, GROW THEIR ORGANIZATIONS, AND

DEMONSTRATE THEIR IMPACT OVER THE LONGER-TERM.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: TO SUPPORT A COHORT OF REFUGEE-LED ORGANIZATIONS

TO BECOME MORE SUSTAINABLY RESOURCED, GROW THEIR ORGANIZATIONS, AND

DEMONSTRATE THEIR IMPACT OVER THE LONGER-TERM.

Schedule F (Form 990) 2022 ASYLUM ACCESS

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.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: TO SUPPORT A COHORT OF REFUGEE-LED ORGANIZATIONS

TO BECOME MORE SUSTAINABLY RESOURCED, GROW THEIR ORGANIZATIONS, AND

DEMONSTRATE THEIR IMPACT OVER THE LONGER-TERM.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: TO SUPPORT A COHORT OF REFUGEE-LED ORGANIZATIONS

TO BECOME MORE SUSTAINABLY RESOURCED, GROW THEIR ORGANIZATIONS, AND

DEMONSTRATE THEIR IMPACT OVER THE LONGER-TERM.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: TO SUPPORT A COHORT OF REFUGEE-LED ORGANIZATIONS

TO BECOME MORE SUSTAINABLY RESOURCED, GROW THEIR ORGANIZATIONS, AND

DEMONSTRATE THEIR IMPACT OVER THE LONGER-TERM.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: TO SUPPORT A COHORT OF REFUGEE-LED ORGANIZATIONS

TO BECOME MORE SUSTAINABLY RESOURCED, GROW THEIR ORGANIZATIONS, AND

DEMONSTRATE THEIR IMPACT OVER THE LONGER-TERM.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: TO SUPPORT A COHORT OF REFUGEE-LED ORGANIZATIONS

TO BECOME MORE SUSTAINABLY RESOURCED, GROW THEIR ORGANIZATIONS, AND

DEMONSTRATE THEIR IMPACT OVER THE LONGER-TERM.

REGION: SOUTH ASIA

 Schedule F (Form 990) 2022
 ASYLUM ACCESS

 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.

(D) PURPOSE OF GRANT: TO SUPPORT A COHORT OF REFUGEE-LED ORGANIZATIONS

TO BECOME MORE SUSTAINABLY RESOURCED, GROW THEIR ORGANIZATIONS, AND

DEMONSTRATE THEIR IMPACT OVER THE LONGER-TERM.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: TO SUPPORT A COHORT OF REFUGEE-LED ORGANIZATIONS

TO BECOME MORE SUSTAINABLY RESOURCED, GROW THEIR ORGANIZATIONS, AND

DEMONSTRATE THEIR IMPACT OVER THE LONGER-TERM.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: TO SUPPORT A COHORT OF REFUGEE-LED ORGANIZATIONS

TO BECOME MORE SUSTAINABLY RESOURCED, GROW THEIR ORGANIZATIONS, AND

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REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: TO SUPPORT A COHORT OF REFUGEE-LED ORGANIZATIONS

TO BECOME MORE SUSTAINABLY RESOURCED, GROW THEIR ORGANIZATIONS, AND

DEMONSTRATE THEIR IMPACT OVER THE LONGER-TERM.

SC	HEDULE J	Compensation Information	I	OMB No.	1545-00	47
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	90	<u> </u>
-	-	Compensated Employees		20	22	-
Dopo	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Pub	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organization		Employer i			mber
ASYLUM ACCESS 20-36 Part I Questions Regarding Compensation						
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	n 990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c					
	Travel for com					
		ation and gross-up payments Health or social club dues or initiation fee				
	Discretionary	spending account Personal services (such as maid, chauffe	ur, chef)			
-	16					
b		on line 1a are checked, did the organization follow a written policy regarding payment or				
•		rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		<u> </u>
2	Indianta which if a	we of the following the experiention used to establish the componentian of the experiention?	-			
3		ny, of the following the organization used to establish the compensation of the organization' actor. Check all that apply. Do not check any boxes for methods used by a related organizat				
		ation of the CEO/Executive Director, but explain in Part III.				
	·					
	Compensation					
	·	ompensation consultant Image: Compensation survey or study ther organizations Image: Compensation survey or study	oommittoo			
			Committee			
4	During the year dic	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re					
а	•	e payment or change-of-control payment?		4a	х	
b		eive payment from a supplemental nonqualified retirement plan?				X
	•	eive payment from an equity-based compensation arrangement?		40		x
•	-	les 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r					
а	•			5a		X
		ation?				X
		r 5b, describe in Part III.				
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the n	et earnings of:				
а	The organization?			6a		X
		ation?				X
		r 6b, describe in Part III.				
7	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	s			
		ies 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t				
				8		X
9	If "Yes" on line 8, d	d the organization also follow the rebuttable presumption procedure described in				
	Regulations section	53.4958-6(c)?	<u></u>	9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.		lule J (Forr	n 990) 2022

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20-3642040

Page 2

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

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

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

		(B) Breakdown of W	-2 and/or 1099-MISC compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) SANA MUSTAFA	(i)	150,184.	0.	0.	0.	0.		0.
CEO (BEG 7/18/22)	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

Part III Supplemental Information

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

PART I, LINE 4A:

EMILY ARNOLD FERNANDEZ, FORMER CEO, HAS AN AGREEMENT TO RECEIVE SEVERANCE

PAYMENTS TOTALING \$153,000. A TOTAL OF \$76,500 WAS RECEIVED IN THE

CALENDAR 2022 YEAR. SHE IS DUE \$38,250 AT 6/30/2023 UNDER THE AGREEMENT.

Schedule J (Form 990) 2022

SCHEDULE O (Form 990)

Name of the organization

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



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ASYLUM ACCESS

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

AUTHORITIES. WE HAVE THE REQUIRED EXPERIENCE AND KNOW-HOW TO ELABORATE

RECOMMENDATIONS FOR GOOD PRACTICES, AND TO PROMOTE THE DEVELOPMENT OF

INNOVATIVE METHODOLOGIES TO MODERNIZE AND UPDATE THE PROCESSES AND

PROTOCOLS OF GOVERNMENT AUTHORITIES IN MATTERS OF INTERNATIONAL

PROTECTION FOR FORCIBLY DISPLACED COMMUNITIES.

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

MEXICO - HOSPITALITY ROUTE: OUR HOSPITALITY ROUTE CREATES PARTNERSHIPS

WITH COMPANIES, GOVERNMENTS, PUBLIC INSTITUTIONS AND CIVIL SOCIETY TO

BRING DOWN THE WALLS THAT PREVENT THE LOCAL INTEGRATION OF FORCIBLY

DISPLACED PEOPLE IN MEXICO. IT ALSO FACILITATES HUMAN CONNECTIONS THAT

SUPPORT FORCIBLY DISPLACED PEOPLE IN THEIR EFFORTS TO WORK, STUDY,

DISCOVER THEIR PASSIONS, AND CONTRIBUTE TO THEIR NEW COMMUNITIES. THE

HOSPITALITY ROUTE'S TEAM ALSO WORKS TO GUARANTEE REFUGEES' ACCESS TO

EMPLOYMENT, CONTINUATION OR VALIDATION OF EDUCATIONAL DEGREES, AND

ACCESS TO HEALTHCARE.

EXPENSES \$ 63,191. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

ASYLUM ACCESS MALAYSIA: ASYLUM ACCESS MALAYSIA'S REFUGEE LEGAL AID

PROGRAM ASSISTS REFUGEES AND ASYLUM SEEKERS TO SUCCESSFULLY NAVIGATE

THE UNHCR REFUGEE STATUS DETERMINATION (RSD) PROCESS, THEREBY IMPROVING

THEIR CHANCES OF LIVING SAFELY AND MOVING FREELY IN MALAYSIA. IN

ADDITION TO DIRECT LEGAL SERVICES, WE OFFER KNOW-YOUR-OPTIONS WORKSHOPS

TO PROVIDE BASIC LEGAL AND PRACTICAL INFORMATION TO HELP REFUGEES

NAVIGATE THE RSD PROCESS AND AVAIL THEMSELVES OF OTHER LEGAL

Schedule O (Form 990) 2022

Name of the organization ASYLUM ACCESS	Employer identification number 20-3642040
PROTECTIONS THAT MAY PREVENT DETENTION, AND HELP THEM ACC	LIMATIZE TO
LIFE IN MALAYSIA. WE ALSO WORK IN PARTNERSHIP WITH FORCIB	LY DISPLACED
COMMUNITIES TO ENSURE ACCESS TO WORK RIGHTS EVEN IN THE M	IDST OF A
DIFFICULT LEGAL ENVIRONMENT. WE ADDRESS UNFAIR WORK PRACT	ICES THROUGH
MEDIATION WITH EMPLOYERS AND FILING CASES WITH THE LABOR .	AND INDUSTRIAL

EXPENSES \$ 496,290. INCLUDING GRANTS OF \$ 374,657. REVENUE \$ 0.

GLOBAL SYSTEMS CHANGE: ASYLUM ACCESS WORKS TO TRANSFORM THE GLOBAL SYSTEM OF DISPLACEMENT RESPONSE SO IT PRIORITIZES THE HUMAN RIGHTS OF FORCIBLY DISPLACED PEOPLE AND RECOGNIZES THEIR POWER. WE ADVOCATE FOR THESE CHANGES BY BUILDING AND SUPPORTING PARTNERSHIPS THAT HELP TRANSFORM THE REFUGEE RESPONSE SECTOR INTO ONE THAT IS TRANSPARENT, ACCOUNTABLE, EQUITABLE AND THAT ULTIMATELY LEADS TO GREATER RESPECT, PROTECTION, AND PROMOTION OF REFUGEES' HUMAN RIGHTS. WE WORK TOGETHER TO EXPLORE OPPORTUNITIES TO PARTNER WITH LOCAL CIVIL SOCIETY ACTORS, INCLUDING REFUGEE-LED ORGANIZATIONS AROUND THE WORLD AS WE: (1) ENGAGE WITH POWERFUL PROCESSES AND INSTITUTIONS SUCH AS UNHCR, WORLD BANK AND GOVERNMENTS WITH GLOBAL INFLUENCE TO MAKE THEM MORE INCLUSIVE AND PRIORITIZE IMPROVEMENTS IN THE LAWS AND PRACTICES IN REFUGEE HOSTING COUNTRIES, (2) CATALYZE CAMPAIGNS TOWARDS GREATER EQUITY AND ACCOUNTABILITY IN THE REFUGEE RESPONSE SECTOR, (3) PARTNER WITH LOCAL CSOS AND RLOS IN STRATEGIC COUNTRIES FOR CAPACITY BRIDGING INITIATIVES THAT STRENGTHEN OUR COLLECTIVE PURSUIT OF REFUGEE HUMAN RIGHTS ON THE GROUND, AND (4) DEMAND AND SUPPORT THE INCLUSION OF REFUGEE-LED ORGANIZATIONS IN DISPLACEMENT RESPONSE DECISION-MAKING AND RESOURCE ALLOCATION. EXPENSES \$ 764,618. INCLUDING GRANTS OF \$ 22,805. REVENUE \$ 0.

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Schedule O (Form 990) 2022

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

THE FORM 990 IS PREPARED BY AN OUTSIDE TAX PROFESSIONAL. THE FORM IS THEN REVIEWED BY THE ORGANIZATION'S MANAGEMENT, MEMBERS OF THE BOARD AUDIT COMMITTEE, AND THE PRESIDENT & CEO. AFTER A FULL REVIEW, THE FINAL VERSION OF THE TAX RETURN IS PROVIDED TO ALL MEMBERS OF THE ORGANIZATION'S VOTING BODY. THE PRESIDENT & CEO APPROVES THE FINAL RETURN WHICH IS THEN E-FILED WITH THE DEPARTMENT OF THE TREASURY.

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

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, SECTION B, LINE 15A:

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

COMPENSATION OF THE PRESIDENT & CEO 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
232212 10-28-22
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Page 2

FINAL DETERMINATION AT BOARD MEETING(S). THE MOST RECENT COMPENSATION REVIEW TOOK PLACE IN JULY 2022.

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.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

INTERCOMPANY NET ASSET ADJUSTMENT

-58,678.

232212 10-28-22

Schedule O (Form 990) 2022

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Name of the organization

Department of the Treasury Internal Revenue Service

ASYLUM ACCESS

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled :ity?
				501(c)(3))		Yes	No
ASYLUM ACCESS BERHAD							
NO.18-B (2ND FLOOR), JALAN BANGSAR	DIRECT LEGAL AID AND						
KUALA LUMPUR, MALAYSIA 59200	COMMUNITY EMPOWERMENT	MALAYSIA	501(C)(3)		ASYLUM ACCESS	x	
ASYLUM ACCESS MEXICO							
C. 26 NO. 203, CENTRO	DIRECT LEGAL AID AND						
TENOSIQUE DE PINO SUAREZ, MEXICO 86900	COMMUNITY EMPOWERMENT	MEXICO	501(C)(3)		ASYLUM ACCESS	x	
	_						
	_						
	4						

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

Schedule R (Form 990) 2022

2022 Open to Public Inspection

Employer identification number

20-3642040

SCH	IEDULE	R

(Form 990)

Schedule R (Form 990) 2022 ASYLUM ACCESS

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

		, jour		1					1			
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	alloca	ortionate ations?	amount in box 20 of Schedule	Gene mana partr	ging her?	Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	
	-											
	-											
	-											
]											
	1											
	1											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(l contr ent	(i) ction (b)(13) trolled tity?
		country)		0				Yes	No
									\square

Schedule R (Form 990) 2022 ASYLUM ACCESS

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s M
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b Gift, grant, or capital contribution to related organization(s)		X	
c Gift, grant, or capital contribution from related organization(s)	1c		
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			_
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)			
h Purchase of assets from related organization(s)			
i Exchange of assets with related organization(s)	1i		
j Lease of facilities, equipment, or other assets to related organization(s)			_
Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			
o Sharing of paid employees with related organization(s)			_
Reimbursement paid to related organization(s) for expenses	<u>1p</u>		
Reimbursement paid by related organization(s) for expenses			+
Other transfer of cash or property to related organization(s)	<u>1r</u>		
s Other transfer of cash or property from related organization(s)	1s		

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ASYLUM ACCESS BERHAD	В	371,157.	
(2) ASYLUM ACCESS MEXICO	В	1,413,907.	
(3)			
(4)			
<u>(5)</u>			
<u>(6)</u>			

Schedule R (Form 990) 2022 ASYLUM ACCESS

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(e Are partne 501(i org Yes	(f) Share of total income	(g) Share of end-of-year assets	(ř Dispr tior alloca Yes	opor- late tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes N	(k) or Percenta ng ownersh	age hip

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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

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