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PUBLIC DISCLOSURE COPY

## TAX RETURN FILING INSTRUCTIONS

\*\* FORM 990 PUBLIC DISCLOSURE COPY \*\*

## FOR THE YEAR ENDING

SEPTEMBER 30, 2020

| Prepared for                                       |   |
|--|---|
|  | AYUDA, INC.<br>1413 K STREET, NW NO. 5TH FL<br>WASHINGTON, DC 20005   |
| Prepared by  | GELMAN, ROSENBERG & FREEDMAN<br>4550 MONTGOMERY AVE SUITE 800N<br>BETHESDA, MD 20814-2930   |
| Amount due<br>or refund                            | NOT APPLICABLE  |
| Make check<br>payable to                           | NOT APPLICABLE  |
| Mail tax return<br>and check (if<br>applicable) to | NOT APPLICABLE  |
| Return must be<br>mailed on<br>or before           | NOT APPLICABLE  |
| Special<br>Instructions                            | THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN<br>HAS BEEN TRANSMITTED ELECTRONICALLY TO THE IRS AND NO FURTHER<br>ACTION IS REQUIRED. |

|   |                          | ** PUBLIC DISCLOSURE COPY  | * *           |  |                             |  |  |  |
|---|--------------------------|--|---------------|--|-----------------------------|--|--|--|
|   | 0                        | <b>On</b> Return of Organization Exempt Fro  |               |  | OMB No. 1545-0047           |  |  |  |
| For   |                          | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod   |               |  |                             |  |  |  |
| (Rev. January 2020)<br>Department of the Treasury<br>Internal Revenue Service<br>Go to www.irs.gov/Form990 for instructions and the latest information. |                          |  |               |  |                             |  |  |  |
| A For the 2019 calendar year, or tax year beginning OCT 1, 2019 and ending SEP 30, 2020   |                          |  |               |  |                             |  |  |  |
|   | Check if                 |  |               | mployer identifica                             | tion number                 |  |  |  |
| <b>D</b> a  | pplicab                  |  |               |  |                             |  |  |  |
|   | Addr                     | Bes AYUDA, INC.  |               |  |                             |  |  |  |
|   | Name<br>Chan             | ge Doing business as   |               | 52-097144                                      | 0                           |  |  |  |
|   | Initial                  |  |               | elephone number                                |                             |  |  |  |
|   | Final<br>returr<br>termi |  | FL            | (202)387-                                      |                             |  |  |  |
|   | ated<br>Amer             | City or town, state or province, country, and ZIP or foreign postal code   |               | ross receipts \$                               | 7,033,586.                  |  |  |  |
|   | _returr<br>∃Appli        | WASHINGION, DC 20005   |               | Is this a group retu                           |                             |  |  |  |
|   | ⊥tiò'n<br>pend           | SAME AS C ABOVE  |               | for subordinates?<br>Are all subordinates incl |                             |  |  |  |
| 1 1   | ay.ey                    | $\begin{array}{c} \text{cempt status: } \mathbf{X}  501(c)(3)  \boxed{501(c)}  ()  (\text{insert no.})  \boxed{4947(a)(1) \text{ or }} \\ \end{array}$   | 527           |  | st. (see instructions)      |  |  |  |
|   |                          | ite: ► WWW.AYUDA.COM   |               | Group exemption                                |                             |  |  |  |
|   |                          |  |               |  | State of legal domicile: DC |  |  |  |
|   | art I                    | Summary  |               |  |                             |  |  |  |
| e   | 1                        | Briefly describe the organization's mission or most significant activities: A COMMU  | NITY W        | HERE ALL                                       | IMMIGRANTS                  |  |  |  |
| Governance  |                          | OVERCOME OBSTACLES IN ORDER TO SUCCEED AND   | THRIVE        | IN THE U                                       | .S.                         |  |  |  |
| ern   | 2                        | Check this box 🕨 🛄 if the organization discontinued its operations or disposed of  | more than     | 25% of its net ass                             |                             |  |  |  |
| Š   | 3                        | Number of voting members of the governing body (Part VI, line 1a)  |               |  | 13                          |  |  |  |
| ∞<br>∞  | 4                        | Number of independent voting members of the governing body (Part VI, line 1b)  |               |  | 13                          |  |  |  |
| Activities &  | 5                        | Total number of individuals employed in calendar year 2019 (Part V, line 2a)   |               |  | 74                          |  |  |  |
| ivit  | 6                        | Total number of volunteers (estimate if necessary)   |               |  | 73                          |  |  |  |
| Act   | 7 a                      | Total unrelated business revenue from Part VIII, column (C), line 12   |               |  | 0.                          |  |  |  |
|   | b                        | Net unrelated business taxable income from Form 990-T, line 39   | ·····         |  | 0.                          |  |  |  |
|   |                          |  |               | rior Year                                      | Current Year                |  |  |  |
| e   | 8                        | Contributions and grants (Part VIII, line 1h)  |               | 728,132.                                       | 6,891,920.                  |  |  |  |
| Revenue   | 9                        | Program service revenue (Part VIII, line 2g)   |               | 249,456.                                       | 128,081.                    |  |  |  |
| Sev.  | 10                       | Investment income (Part VIII, column (A), lines 3, 4, and 7d)  |               | 3,047.   | 13,359.                     |  |  |  |
| -   | 11                       | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   |               | -13,712.                                       | 226.                        |  |  |  |
|   | 12                       | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | 5,            | 966,923.                                       | 7,033,586.                  |  |  |  |
|   | 13                       | Grants and similar amounts paid (Part IX, column (A), lines 1-3)   |               | 214,686.                                       | 363,549.                    |  |  |  |
|   | 14                       | Benefits paid to or for members (Part IX, column (A), line 4)  |               | 0.   | 0.                          |  |  |  |
| es  | 15                       | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | 4,            | 045,897.                                       | 4,717,897.                  |  |  |  |
| ens   | 16a                      | Professional fundraising fees (Part IX, column (A), line 11e)  |               | 25,000.  | 8,500.                      |  |  |  |
| Expenses  | b                        | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)<br>Professional fundraising fees (Part IX, column (A), line 11e)<br>Total fundraising expenses (Part IX, column (D), line 25) 257,559. |               |  |                             |  |  |  |
| ш   | 17                       | Other expenses (Part IX, column (A), lines 11a-11d, 111-24e)   | <u> </u>      | 552,473.                                       | 1,671,294.                  |  |  |  |
|   | 18                       | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  | 5,            | 838,056.                                       | 6,761,240.                  |  |  |  |
|   | 19                       | Revenue less expenses. Subtract line 18 from line 12   |               | 128,867.                                       | 272,346.                    |  |  |  |
| Net Assets or<br>Fund Balances  |                          |  |               | g of Current Year                              | End of Year                 |  |  |  |
| Sse.<br>Bala  | 20                       | Total assets (Part X, line 16)   | <u>∠</u> ,    | 114,635.                                       | 3,326,470.                  |  |  |  |
| let A   | 21                       | Total liabilities (Part X, line 26)  | 1             | 575,198.                                       | 1,514,687.                  |  |  |  |
|   |                          | Net assets or fund balances. Subtract line 21 from line 20   | <u> </u>      | 539,437.                                       | 1,811,783.                  |  |  |  |
|   |                          | Signature Block  | totomanta -   | nd to the best of real                         | noulada and balled it !-    |  |  |  |
|   |                          | alties of perjury, I declare that I have examined this return, including accompanying schedules and s  |               |  | knowledge and bellet, it is |  |  |  |
| uue   | , corre                  | ct, and complete. Declaration of preparer (other than officer) is based on all information of which pr   | eparer nas ar | iy knowledge.                                  |                             |  |  |  |
|   |                          |  |               |  |                             |  |  |  |

| Sign<br>Here | Signature of officer<br>KEVIN METZ, TREASURER                            | Date                                 |
|--------------|--|--------------------------------------|
|              | Type or print name and title   |                                      |
|              | Print/Type preparer's name Preparer's signature ,                        | Date Check PTIN                      |
| Paid         | RICHARD J. LOCASTRO, CPA Rectory h. Locastr.                             | 2/10/2021 if self-employed P00288314 |
| Preparer     | Firm's name 🕞 GELMAN, ROSENBERG' & FREEDMAN                              | Firm's EIN <b>52-1392008</b>         |
| Use Only     | Firm's address 4550 MONTGOMERY AVE SUITE 800N                            |                                      |
|              | BETHESDA, MD 20814-2930  | Phone no. (301) 951-9090             |
| May the IF   | RS discuss this return with the preparer shown above? (see instructions) | X Yes No                             |
|              |  |                                      |

932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2019)

|            | 990 (2019) AYUDA ,                           |   | 52-0971440   | Page       |
|------------|--|---|--|------------|
| Par        | t III Statement of Program Se                | ervice Accomplishments  |  |            |
|            | Check if Schedule O contains a r             | esponse or note to any line in this Part III                  |  | X          |
| 1          |  |   | GRANTS OVERCOME OBSTACLES  | IN         |
|            | VISION BY ADVOCATING                         | G FOR LOW-INCOME IMMIGRA                                      | ANTS THROUGH DIRECT LEGAL  |            |
|            | SOCIAL AND LANGUAGE                          | SERVICES, TRAINING AND  | OUTREACH IN THE WASHINGT   | ON,        |
| 2          | prior Form 990 or 990-EZ?                    | nificant program services during the year which               |  | XN         |
| 3          | If "Yes," describe these new services o      | n Schedule O.<br>or make significant changes in how it conduc |  | XN         |
| 5          | If "Yes," describe these changes on Sc       | hedule O.   |  |            |
| 4          | Section 501(c)(3) and 501(c)(4) organization | ations are required to report the amount of gra               | rgest program services, as measured by expenses<br>ints and allocations to others, the total expenses, a |            |
|            | revenue, if any, for each program servic     |   | 262 640 128  | 001        |
| 4a         | AYUDA OFFERED LEGAL                          |   | ION TO FOREIGN-BORN PERSO  |            |
|            |  |   | FOR VICTIMS OF CRIME AND   |            |
|            |  | POLITICAL ASYLUM, CITIZ                                       | -  |            |
|            |  |   | C VIOLENCE AND FAMILY LAW  |            |
|            |  |   | ENCE IN CIVIL PROTECTION<br>PROCEEDINGS. ADDITIONALLY  |            |
|            |  |   | TION TO VICTIMS OF NOTARIO   |            |
|            |  |   | AL SERVICES PROGRAM PROVI  |            |
|            |  | DIVIDUAL AND GROUP COUN                                       |  | ענוע       |
|            |  | ING FOOD AND SHELTER TO                                       |  |            |
|            |  |   | RAFFICKING AND OTHER CRIM  | <b>F</b> C |
|            |  | INTERPRETATION AND TRANS                                      |  | • 90       |
| 4b         |  | including grants of \$  |  |            |
| -10        | (Code:) (Expenses \$                         |   | ) (nevenue \$  |            |
|            |  |   |  |            |
|            |  |   |  |            |
|            |  |   |  |            |
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|            |  |   |  |            |
| 1c         | (Code: ) (Expenses \$                        | including grants of \$  | ) (Revenue \$  |            |
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| 4 -1       |  | ah adula (O.)   |  |            |
| 4d         | Other program services (Describe on Se       |   |  |            |
| 4.6        | (Expenses \$                                 | including grants of \$ 5 , 898 , 728 .                        | ) (Revenue \$ )  |            |
| 4e         | Total program service expenses               | J, UJU, 140 •   | Form <b>9</b> 9  |            |
| 000        | 01.00.00                                     | SEE SCHEDULE O FOR (  |  | 2019       |
| 32002      | 01-20-20                                     | 2   | CO11 T THOM TON / D /  |            |
| <u>4</u> 0 | 210 745960 00418                             | 2019.05040 AYUDA,   | INC. 0041  | Q 1        |
| - 0        | 770 140J00 004T0                             | ZUIJ.UJUHU AIUDA,   | 1110. 0041   | · · 1      |

| Form | aan | (2019) |  |
|------|-----|--------|--|
| FOUL | 990 | (2019) |  |

 Form 990 (2019)
 AYUDA, INC.

 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)?  |      | 37   |          |
| _      | If "Yes," complete Schedule A  | 1    | X    |          |
| 2      | Is the organization required to complete Schedule B, Schedule of Contributors?   | 2    | Х    |          |
| 3      | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for  |      |      | x        |
|        | public office? If "Yes," complete Schedule C, Part I   | 3    |      | <u> </u> |
| 4      | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect   |      |      | x        |
| 5      | during the tax year? If "Yes," complete Schedule C, Part II  | 4    |      | - 23     |
| 5      | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III   | 5    |      | x        |
| 6      | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to  | 5    |      |          |
| U      | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I   | 6    |      | x        |
| 7      | Did the organization receive or hold a conservation easement, including easements to preserve open space,  | •    |      |          |
| •      | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.  | 7    |      | x        |
| 8      | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete   |      |      |          |
| -      | Schedule D, Part III   | 8    |      | x        |
| 9      | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for  |      |      |          |
|        | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  |      |      |          |
|        | If "Yes," complete Schedule D, Part IV   | 9    |      | x        |
| 10     | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments   |      |      |          |
|        | or in quasi endowments? If "Yes," complete Schedule D, Part V  | 10   |      | х        |
| 11     | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X   |      |      |          |
|        | as applicable.   |      |      |          |
| а      | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,  |      |      |          |
|        | Part VI  | 11a  | Х    |          |
| b      | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total   |      |      |          |
|        | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b  |      | 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  | 37   | X        |
|        | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>   | 11e  | Х    |          |
| f      | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses  |      | v    |          |
| 40     | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>  | 11f  | Х    |          |
| 12a    | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete  | 10-  | х    |          |
| h      | Schedule D, Parts XI and XII   | 12a  | 21   |          |
| b      | Was the organization included in consolidated, independent audited financial statements for the tax year?<br>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b  |      | x        |
| 13     | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13   |      | X        |
|        | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a  |      | X        |
|        | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,  | 140  |      |          |
| ~      | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000   |      |      |          |
|        | or more? If "Yes," complete Schedule F, Parts I and IV   | 14b  |      | x        |
| 15     | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any  |      |      |          |
|        | foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15   |      | x        |
| 16     | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to   |      |      |          |
|        | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16   |      | X        |
| 17     | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,  |      |      |          |
|        | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I   | 17   |      | X        |
| 18     | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines   |      |      |          |
|        | 1c and 8a? If "Yes," complete Schedule G, Part II  | 18   |      | X        |
| 19     | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"   |      |      |          |
|        | complete Schedule G, Part III  | 19   |      | X        |
|        | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a  |      | X        |
| b      | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20b  |      |          |
| 21     | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or  |      |      |          |
|        | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21   | 0000 | X        |
| 932003 | 3 01-20-20   | Form | 990  | (2019)   |

16440210 745960 00418

3 2019.05040 AYUDA, INC.

| Form | 990 | (2019) |
|------|-----|--------|
|      |     |        |

 Form 990 (2019)
 AYUDA, INC.

 Part IV
 Checklist of Required Schedules (continued)

|        |   |      | Yes | No     |
|--------|---|------|-----|--------|
| 22     | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22   | x   |        |
| 23     | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current  |      |     |        |
|        | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J   | 23   |     | x      |
| 24a    | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the   |      |     |        |
|        | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete  |      |     |        |
|        | Schedule K. If "No," go to line 25a   | 24a  |     | x      |
| b      | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b  |     |        |
|        | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease  |      |     |        |
| Ū      | any tax-exempt bonds?   | 24c  |     |        |
| Ч      | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d  |     |        |
|        | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit  | 2-14 |     |        |
| 200    | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   | 25a  |     | x      |
| h      | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and  | 200  |     |        |
| D      | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete   |      |     |        |
|        | Schedule L, Part I  | 25b  |     | x      |
| 26     | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current   | 200  |     |        |
| 20     | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%   |      |     |        |
|        | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II  | 26   |     | x      |
| 27     | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,   | 20   |     |        |
| 21     | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled   |      |     |        |
|        | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III  | 27   |     | x      |
| 28     | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV   | 21   |     |        |
| 20     | instructions, for applicable filing thresholds, conditions, and exceptions):  |      |     |        |
| а      | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If  |      |     |        |
| u      | "Yes," complete Schedule L, Part IV   | 28a  |     | x      |
| h      | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV   | 28b  |     | X      |
|        | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/   | 200  |     |        |
| C      | "Yes," complete Schedule L, Part IV   | 28c  |     | x      |
| 29     | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  | 29   | х   |        |
| 30     | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation   | 25   |     |        |
| 50     | 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? <i>If</i> "Yes," <i>complete</i> Schedule <i>N</i> , <i>Pat Y</i>                           | 31   |     |        |
| 52     | Schedule N, Part II   | 32   |     | x      |
| 33     | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations  |      |     |        |
|        | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   | 33   |     | X      |
| 34     | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and   |      |     |        |
|        | Part V, line 1  | 34   |     | Х      |
| 35 a   | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a  |     | X      |
| b      | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity   |      |     |        |
|        | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | 35b  |     |        |
| 36     | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  |      |     |        |
|        | If "Yes," complete Schedule R, Part V, line 2   | 36   |     | X      |
| 37     | Did the organization conduct more than 5% of its activities through an entity that is not a related organization  |      |     |        |
|        | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  | 37   |     | X      |
| 38     | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  |      |     |        |
|        | Note: All Form 990 filers are required to complete Schedule O   | 38   | Х   |        |
| Par    |   |      |     |        |
|        | Check if Schedule O contains a response or note to any line in this Part V  |      |     |        |
|        |   |      | Yes | No     |
|        | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 75  |      |     |        |
|        | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b  |      |     |        |
| с      | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  |      |     |        |
|        | (gambling) winnings to prize winners?   | 1c   | X   |        |
| 932004 | 4 01-20-20  | Form | 990 | (2019) |
|        | Д   |      |     |        |

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| Form 990 | (2019) |
|----------|--------|
| Part V   | Sta    |

 019)
 AYUDA, INC.

 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 74   |          |     |    |
| b      | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  | 2b       | Х   |    |
|        | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)  |          |     |    |
| 3a     | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | 3a       |     | 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   | 3b       |     |    |
| 4a     | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a   |          |     |    |
|        | financial account in a foreign country (such as a bank account, securities account, or other financial account)?  | 4a       |     | X  |
| b      | If "Yes," enter the name of the foreign country 🕨   |          |     |    |
|        | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   |          |     |    |
| 5a     | 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?   | 5c       |     |    |
| 6a     | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit   |          |     | 37 |
|        | any contributions that were not tax deductible as charitable contributions?   | 6a       |     | X  |
| b      | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts  |          |     |    |
| _      | were not tax deductible?  | 6b       |     |    |
| 7      | Organizations that may receive deductible contributions under section 170(c).   | _        |     | v  |
| a      | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?   | 7a       |     | X  |
|        |   | 7b       |     |    |
| С      | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required   | 7-       |     | x  |
| 4      | to file Form 8282?  | 7c       |     |    |
|        |   | 7e       |     | х  |
| e<br>f | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?<br>Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7e<br>7f |     | X  |
| f<br>g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  | 7g       |     |    |
| 9<br>h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  | 79<br>7h |     |    |
| 8      | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the  |          |     |    |
| Ū      | sponsoring organization have excess business holdings at any time during the year?  | 8        |     |    |
| 9      | Sponsoring organizations maintaining donor advised funds.   |          |     |    |
| а      | Did the sponsoring organization make any taxable distributions under section 4966?  | 9a       |     |    |
|        | 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 10a  |          |     |    |
|        | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b   |          |     |    |
|        | Section 501(c)(12) organizations. Enter:  |          |     |    |
| а      | Gross income from members or shareholders N/A   |          |     |    |
|        | Gross income from other sources (Do not net amounts due or paid to other sources against  |          |     |    |
|        | amounts due or received from them.) 11b   |          |     |    |
|        | 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 yearN/A 12b  |          |     |    |
| 13     | Section 501(c)(29) qualified nonprofit health insurance issuers.  |          |     |    |
| а      | Is the organization licensed to issue qualified health plans in more than one state? N/A  | 13a      |     |    |
|        | <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.  |          |     |    |
| b      | Enter the amount of reserves the organization is required to maintain by the states in which the  |          |     |    |
|        | organization is licensed to issue qualified health plans  |          |     |    |
|        | Enter the amount of reserves on hand  | 44-      |     | X  |
|        | Did the organization receive any payments for indoor tanning services during the tax year?  | 14a      |     |    |
|        | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>  | 14b      |     |    |
| 15     | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or   | 15       |     | x  |
|        | excess parachute payment(s) during the year?  | 15       |     |    |
| 16     | If "Yes," see instructions and file Form 4720, Schedule N.<br>Is the organization an educational institution subject to the section 4968 excise tax on net investment income?   | 16       |     | х  |
| 10     | If "Yes," complete Form 4720, Schedule O.   | 10       |     |    |
|        |   |          |     |    |

Form **990** (2019)

932005 01-20-20

|       | 990 (2019) AYUDA, INC.  | 52-097                      |           |              | Pag |
|-------|---|-----------------------------|-----------|--------------|-----|
| Pa    | rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th<br>to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule C | <b>u</b> ,                  | a "No" i  | respor       | ıse |
|       | Check if Schedule O contains a response or note to any line in this Part VI   |                             |           |              |     |
| Sec   | tion A. Governing Body and Management   |                             |           |              |     |
|       |   |                             |           | Yes          | 1   |
| 1a    | Enter the number of voting members of the governing body at the end of the tax year   | 1a 1                        | 3         |              |     |
|       | If there are material differences in voting rights among members of the governing body, or if the governing   |                             |           |              |     |
|       | body delegated broad authority to an executive committee or similar committee, explain on Schedule O.   |                             |           |              |     |
| b     | Enter the number of voting members included on line 1a, above, who are independent  |                             | 3         |              |     |
| 2     | Did any officer, director, trustee, or key employee have a family relationship or a business relationship   | p with any other            |           |              |     |
|       | officer, director, trustee, or key employee?  |                             | . 2       |              |     |
| 3     | Did the organization delegate control over management duties customarily performed by or under th   | -                           |           |              |     |
|       | of officers, directors, trustees, or key employees to a management company or other person?   |                             |           |              |     |
| 4     | Did the organization make any significant changes to its governing documents since the prior Form S   |                             |           |              |     |
| 5     | Did the organization become aware during the year of a significant diversion of the organization's as   |                             |           |              |     |
| 6     | Did the organization have members or stockholders?  |                             | . 6       |              |     |
| 7a    | Did the organization have members, stockholders, or other persons who had the power to elect or ap  |                             |           |              |     |
|       | more members of the governing body?   |                             | . 7a      |              |     |
| D     | Are any governance decisions of the organization reserved to (or subject to approval by) members, s   |                             | 76        |              |     |
| 0     | persons other than the governing body?<br>Did the organization contemporaneously document the meetings held or written actions undertaken during the yea                            |                             | . 7b      |              | ┢   |
| 8     |   |                             | 80        | x            |     |
|       | The governing body?<br>Each committee with authority to act on behalf of the governing body?  |                             |           | X            | +   |
| 9     | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea   |                             |           |              | +   |
| 5     | organization's mailing address? If "Yes," provide the names and addresses on Schedule O   |                             | 9         |              |     |
| Sec   | tion B. Policies (This Section B requests information about policies not required by the Internal Re  |                             | . 5       |              |     |
|       |   |                             |           | Yes          | Т   |
| 10a   | Did the organization have local chapters, branches, or affiliates?  |                             | 10a       |              | t   |
|       | If "Yes," did the organization have written policies and procedures governing the activities of such cl   |                             |           |              | t   |
| -     | and branches to ensure their operations are consistent with the organization's exempt purposes?   |                             | 10b       |              |     |
| 11a   | Has the organization provided a complete copy of this Form 990 to all members of its governing bod  |                             | 11a       | X            | T   |
|       | Describe in Schedule O the process, if any, used by the organization to review this Form 990.   | , ,                         |           |              | t   |
|       | Did the organization have a written conflict of interest policy? If "No," go to line 13   |                             | 12a       | X            | L   |
| b     | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise   |                             |           | X            |     |
| с     | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y   |                             |           |              | T   |
|       | in Schedule O how this was done   |                             | 12c       | X            |     |
| 13    | Did the organization have a written whistleblower policy?   |                             | 13        | X            |     |
| 14    | Did the organization have a written document retention and destruction policy?  |                             |           | X            |     |
| 15    | Did the process for determining compensation of the following persons include a review and approva  | al by independent           |           |              | Γ   |
|       | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |                             |           |              |     |
| а     | The organization's CEO, Executive Director, or top management official  |                             | 15a       | Х            |     |
| b     | Other officers or key employees of the organization   |                             | 15b       |              |     |
|       | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).   |                             |           |              |     |
| 16a   | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger   | ment with a                 |           |              |     |
|       | taxable entity during the year?   |                             | . 16a     |              |     |
| b     | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate  | te its participation        |           |              |     |
|       | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ   | nization's                  |           |              |     |
|       | exempt status with respect to such arrangements?  |                             | . 16b     |              |     |
| Sec   | tion C. Disclosure  |                             |           |              |     |
| 17    | List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ MD , VA  |                             |           |              |     |
| 18    | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a  | nd 990-T (Section 501(c)    | (3)s only | y) avai      | la  |
|       | 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)              |           |              |     |
| 19    | Describe on Schedule O whether (and if so, how) the organization made its governing documents, co   | onflict of interest policy, | and fina  | ncial        |     |
|       | statements available to the public during the tax year.   |                             |           |              |     |
| 20    | State the name, address, and telephone number of the person who possesses the organization's bo   | ooks and records 🕨          |           |              |     |
|       | PAULA FITZGERALD - (202)387-4848  |                             |           |              |     |
|       | C/O AYUDA, 1413 K STREET, NW 5TH FL, WASHINGTON, D  | C 20005                     |           |              |     |
| 32006 | 6 01-20-20  |                             | Forn      | n <b>990</b> | (2  |
|       |   |                             | ~ ~       | 4 4 0        |     |
| 40    | 210 745960 00418 2019.05040 AYUDA, INC.   |                             | 004       | 418          |     |

AYUDA, INC.

| Part VII | Compensation of Officers, | Directors,  | Trustees, | Key Employees, | Highest Compensated |
|----------|---------------------------|-------------|-----------|----------------|---------------------|
|          | Employees, and Independe  | ent Contrac | ctors     |                |                     |

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

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

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

т

• 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 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.

| Name and titleAverage<br>hours per<br>weekAverage<br>(for the check more than one<br>box, unless person is both an<br>officer and a director/trustee)Reportable<br>compensation<br>from related<br>organizationsEstimated<br>amount of<br>other<br>compensation<br>from the<br>organizations(1)LORRAINE FAETH10.00xxx0.0.0.(2)CHRISTINA WILKES10.00xxx0.0.0.(4)KEVIN METZ10.00xxx0.0.0.(4)KEVIN METZ10.00xxx0.0.0.(5)TERA CASTILLO5.00xxx0.0.0.(5)JILL FLACK5.00xx0.0.0.0.  |
|---|
| hours per<br>week<br>(list any<br>hours for<br>related<br>organizations<br>below<br>line)box, rom<br>officer and a director/rustee)<br>from<br>the<br>organizations<br>(W-2/1099-MISC)compensation<br>from related<br>organizations<br>(W-2/1099-MISC)amount of<br>other<br>compensation<br>from the<br>organizations<br>(W-2/1099-MISC)(1)LORRAINE FAETH<br>charge<br>line)10.00<br>xxx0.0.0.0.(2)CHRISTINA WILKES<br>VICE-CHAIR10.00<br>xxx0.0.0.0.(3)KATE AMBLER<br>SECRETARY10.00<br>xxx0.0.0.0.(4)KEVIN METZ<br>TREASURER10.00<br>xxx0.0.0.0.(4)KEVIN METZ<br>TREASURER10.00<br>xxx0.0.0.0.(5)TERA CASTILLO5.00<br>xx0.0.0.0.0.0.0.  |
| Week<br>(list any<br>hours for<br>related<br>organizations<br>below<br>line)Imput of<br>and<br>related<br>organization<br>below<br>line)Imput of<br>and<br>related<br>organization<br>and related<br>organization<br>and related<br>organization<br>weekImput of<br>and<br>and<br>related<br>organization<br>weekImput of<br>and<br>and<br>related<br>organization<br>weekImput of<br>and<br>and<br>related<br>organization<br>weekImput of<br>and<br>and<br>related<br>organization<br>and related<br>organization<br>and related<br>organization(1) LORRAINE FAETH<br>(2) CHRISTINA WILKES10.000<br>XXX0.0.0.VICE-CHAIR<br>(3) KATE AMBLER10.000<br>XXX0.0.0.(4) KEVIN METZ<br>(5) TERA CASTILLO5.000<br>XX <t< td=""></t<> |
| (1) LORRAINE FAETH       10.00       X       X       0.       0.       0.         CHAIR       X       X       X       0.       0.       0.       0.         (2) CHRISTINA WILKES       10.00       X       X       0.       0.       0.       0.         VICE-CHAIR       X       X       X       0.       0.       0.       0.         (3) KATE AMBLER       10.00       X       X       0.       0.       0.       0.         (4) KEVIN METZ       10.00       X       X       0.       0.       0.       0.         TREASURER       X       X       0.       0.       0.       0.       0.         (5) TERA CASTILLO       5.00       X       0.       0.       0.       0.       0.   |
| (1) LORRAINE FAETH       10.00       X       X       0.       0.       0.         CHAIR       X       X       X       0.       0.       0.       0.         (2) CHRISTINA WILKES       10.00       X       X       0.       0.       0.       0.         VICE-CHAIR       X       X       X       0.       0.       0.       0.         (3) KATE AMBLER       10.00       X       X       0.       0.       0.       0.         (4) KEVIN METZ       10.00       X       X       0.       0.       0.       0.         TREASURER       X       X       0.       0.       0.       0.       0.         (5) TERA CASTILLO       5.00       X       0.       0.       0.       0.       0.   |
| (1) LORRAINE FAETH       10.00       X       X       0.       0.       0.         CHAIR       X       X       X       0.       0.       0.       0.         (2) CHRISTINA WILKES       10.00       X       X       0.       0.       0.       0.         VICE-CHAIR       X       X       X       0.       0.       0.       0.         (3) KATE AMBLER       10.00       X       X       0.       0.       0.       0.         (4) KEVIN METZ       10.00       X       X       0.       0.       0.       0.         TREASURER       X       X       0.       0.       0.       0.       0.         (5) TERA CASTILLO       5.00       X       0.       0.       0.       0.       0.   |
| (1) LORRAINE FAETH       10.00       X       X       0.       0.       0.         CHAIR       X       X       X       0.       0.       0.       0.         (2) CHRISTINA WILKES       10.00       X       X       0.       0.       0.       0.         VICE-CHAIR       X       X       X       0.       0.       0.       0.         (3) KATE AMBLER       10.00       X       X       0.       0.       0.       0.         (4) KEVIN METZ       10.00       X       X       0.       0.       0.       0.         TREASURER       X       X       0.       0.       0.       0.       0.         (5) TERA CASTILLO       5.00       X       0.       0.       0.       0.       0.   |
| (1) LORRAINE FAETH       10.00       X       X       0.       0.       0.         CHAIR       X       X       X       0.       0.       0.       0.         (2) CHRISTINA WILKES       10.00       X       X       0.       0.       0.       0.         VICE-CHAIR       X       X       X       0.       0.       0.       0.         (3) KATE AMBLER       10.00       X       X       0.       0.       0.       0.         (4) KEVIN METZ       10.00       X       X       0.       0.       0.       0.         TREASURER       X       X       0.       0.       0.       0.       0.         (5) TERA CASTILLO       5.00       X       0.       0.       0.       0.       0.   |
| (1) LORRAINE FAETH       10.00       X       X       0.       0.       0.         CHAIR       X       X       X       0.       0.       0.       0.         (2) CHRISTINA WILKES       10.00       X       X       0.       0.       0.       0.         VICE-CHAIR       X       X       X       0.       0.       0.       0.         (3) KATE AMBLER       10.00       X       X       0.       0.       0.       0.         SECRETARY       10.00       X       X       0.       0.       0.       0.         (4) KEVIN METZ       10.00       X       X       0.       0.       0.       0.         (5) TERA CASTILLO       5.00       X       0.       0.       0.       0.       0.  |
| (2) CHRISTINA WILKES       10.00       X       X       0.       0.       0.         VICE-CHAIR       X       X       X       0.       0.       0.       0.         (3) KATE AMBLER       10.00       X       X       0.       0.       0.       0.         SECRETARY       X       X       0.       0.       0.       0.       0.         (4) KEVIN METZ       10.00       X       X       0.       0.       0.       0.         TREASURER       X       X       0.       0.       0.       0.       0.         (5) TERA CASTILLO       5.00       X       X       0.       0.       0.       0.  |
| VICE-CHAIR         X         X         X         X         0. <th< td=""></th<>  |
| (3) KATE AMBLER       10.00       X       X       0.       0.       0.         SECRETARY       X       X       X       0.       0.       0.       0.         (4) KEVIN METZ       10.00       X       X       0.       0.       0.       0.         TREASURER       X       X       0.       0.       0.       0.       0.         (5) TERA CASTILLO       5.00       X       X       0.       0.       0.       0.         MEMBER       X       X       0.       0.       0.       0.       0.   |
| SECRETARY         X         X         X         0. <th< td=""></th<>  |
| (4)         KEVIN METZ         10.00         X         X         0.  |
| TREASURERXXO.O.O.(5)TERA CASTILLO5.00X0.0.0.MEMBERX0.0.0.0.0.   |
| (5) TERA CASTILLO         5.00         X         0.  |
| MEMBER X 0. 0. 0.   |
|   |
|   |
|   |
| MEMBER X 0. 0. 0.   |
| (7) MIGUEL A. MARTINEZ JR. 5.00 5.00  |
| MEMBER X 0. 0. 0.   |
| (8) JAYESH RATHOD 5.00 5.00   |
| MEMBER X 0. 0. 0.   |
| (9) MICHAEL SKLAIRE 5.00  |
| MEMBER X 0. 0. 0.   |
| (10) MARIE TALWAR 5.00 5.00   |
| MEMBER X 0. 0. 0.   |
| (11) SAMIR VARMA 5.00   |
| MEMBER X 0. 0. 0.   |
| (12) VERONIA NANNIS 5.00  |
| MEMBER X 0. 0. 0.   |
| (13) MICHAEL WOODS 5.00   |
| MEMBER X 0. 0. 0.   |
| (14) PAULA FITZGERALD 40.00   |
| EXECUTIVE DIRECTOR X 111,024. 0. 10,337.  |
|   |
|   |
|   |
|   |
|   |
| Earm 990 (2010)   |

932007 01-20-20

| Form 990 (2019)                               | AYUDA, II   | NC.  |                                |                       |               |                       |                                 |                      |   | 52-0  | 971      | 440                | Pa   | ige <b>8</b>   |
|---|---|--|--------------------------------|-----------------------|---------------|-----------------------|---------------------------------|----------------------|---|---|----------|--------------------|--|----------------|
| Part VII Section A. O                         | fficers, Directors, Trus                                    | tees, Key Em   | ploy                           | rees                  | , an          | d Hi                  | ghe                             | st C                 | Compensated Employe                                   | es (continued)  |          |                    |  |                |
| (A<br>Name a                                  |   | <b>(B)</b><br>Average<br>hours per<br>week                           | box                            | not c<br>, unle       | ss pe         | ition<br>more<br>rson | than<br>is bot                  | h an                 | (D)<br>Reportable<br>compensation<br>from             | <b>(E)</b><br>Reportable<br>compensatio<br>from related | on       | am                 | (F)<br>imate<br>ount c<br>other                    |                |
|   |   | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | Institutional trustee | Officer       | Key employee          | Highest compensated<br>employee | Former               | the<br>organization<br>(W-2/1099-MISC)                | organization<br>(W-2/1099-MI                            |          | fro<br>orga<br>and | pensat<br>om the<br>nization<br>relate<br>nization | e<br>on<br>ed  |
|   |   |  |                                |                       |               |                       |                                 |                      |   |   |          |                    |  |                |
|   |   |  |                                |                       |               |                       |                                 |                      |   |   |          |                    |  |                |
|   |   |  |                                |                       |               |                       |                                 |                      |   |   |          |                    |  |                |
|   |   |  |                                |                       |               |                       |                                 |                      |   |   |          |                    |  |                |
| 1b Subtotal<br>c Total from continu           | uation sheets to Part V                                     |  |                                |                       |               |                       |                                 |                      | 111,024.<br>0.  |   | 0.       |                    | ),3:   | 0.             |
| 2 Total number of inc                         | and 1c)<br>lividuals (including but n<br>the organization ► |  |                                |                       |               |                       |                                 |                      | 111,024.<br>eceived more than \$100                   | 0,000 of reportab                                       | 0.<br>le |                    | ),3:<br>Yes  | 37.<br>1<br>No |
| line 1a? If "Yes," cc                         | omplete Schedule J for s                                    | uch individual   |                                |                       |               |                       |                                 |                      | ghest compensated emp                                 |   |          | 3                  |  | X              |
| and related organiz<br>5 Did any person liste | ations greater than \$15<br>ed on line 1a receive or a      | 0,000? <i>If</i> "Yes,<br>accrue compe                               | " co<br>nsat                   | <i>mple</i><br>ion f  | ete S<br>irom | Sche<br>any           | edule<br>/ unr                  | e <i>J f</i><br>elat | for such individual                                   | dual for services                                       | ,<br>;   | 4                  |  | x<br>x         |
| Section B. Independent                        |   | ipiete Schedui   | eJi                            | or si                 | ucn           | pers                  | son .                           |                      |   |   |          | 5                  |  | <u></u>        |
| -   |   | -  |                                |                       |               |                       |                                 |                      | that received more than<br>n the organization's tax y |   | npens    | ation fr           | om   |                |
|   | (A)<br>Name and business                                    | address  | N                              | ONI                   | 3             |                       |                                 |                      | (B)<br>Description of s                               | ervices   | C        | (C)<br>ompen       |  | 1              |
|   |   |  |                                |                       |               |                       |                                 |                      |   |   |          |                    |  |                |
|   |   |  |                                |                       |               |                       |                                 |                      |   |   |          |                    |  |                |
|   | lependent contractors (<br>ensation from the organi         |  | iot li                         | mite                  | d to          |                       | se lis<br>0                     | stec                 | d above) who received m                               | nore than   |          |                    |  |                |
|   |   |  |                                |                       |               |                       |                                 |                      |   |   |          | Form <b>S</b>      | <b>90</b> (2                                       | :019)          |

932008 01-20-20

|   |      |        | 2019) AYUDA,  |                     |                         |                             |                                       | 52-0971   | 440 Page 9             |
|---|------|--------|---|---------------------|-------------------------|-----------------------------|---------------------------------------|-----------|------------------------|
| Pa  | rt V | /111   |   |                     |                         |                             |                                       |           |                        |
|   |      |        | Check if Schedule O contains  | s a response        | or note to any lin      | ne in this Part VIII<br>(A) | (B)                                   | (C)       | (D)                    |
|   |      |        |   |                     |                         | Total revenue               | Related or exempt<br>function revenue | Unrelated | Revenue excluded       |
| ts<br>ts  | 1    | а      | Federated campaigns   | 1a                  | 67,890.                 |                             |                                       |           |                        |
| Contributions, Gifts, Grants<br>and Other Similar Amounts |      |        | Membership dues   |                     |                         |                             |                                       |           |                        |
| S, G  |      |        | Fundraising events  |                     |                         |                             |                                       |           |                        |
| Gift<br>lar   |      |        | Related organizations   | 1d                  |                         |                             |                                       |           |                        |
| ns,<br>Simi   |      | е      | Government grants (contributions  | s) 1e 4,            | 098,386.                |                             |                                       |           |                        |
| er S  |      | f      | All other contributions, gifts, grants, a                               |                     |                         |                             |                                       |           |                        |
| <u>Ş</u>  |      |        | similar amounts not included above _                                    |                     | 725,644.                |                             |                                       |           |                        |
| ont   |      | -      | Noncash contributions included in lines 1a-1                            |                     | 27,235.                 | C 901 020                   |                                       |           |                        |
| <u>a O</u>  |      | h      | Total. Add lines 1a-1f  |                     | 1                       | 6,891,920.                  |                                       |           |                        |
| <b>n</b>  | ~    | _      | PROGRAM SERVICE H   | PEES                | Business Code<br>900099 | 128,081.                    | 128,081.                              |           |                        |
| vice  | 2    | a<br>b |   |                     | 500055                  | 120,001.                    | 120,001.                              |           |                        |
| Ser   |      | с<br>С |   |                     |                         |                             |                                       |           |                        |
| am  |      | d      |   |                     |                         |                             |                                       |           |                        |
| Program Service<br>Revenue                                |      | е      |   |                     |                         |                             |                                       |           |                        |
| Ъ,  |      | f      | All other program service revenue                                       |                     |                         |                             |                                       |           |                        |
|   |      | g      | Total. Add lines 2a-2f  |                     |                         | 128,081.                    |                                       |           |                        |
|   | 3    |        | Investment income (including div  |                     |                         | 12 250                      |                                       |           | 12 250                 |
|   | _    |        | other similar amounts)  |                     |                         | 13,359.                     |                                       |           | 13,359.                |
|   | 4    |        | Income from investment of tax-ex  |                     |                         | 226.                        |                                       |           | 226.                   |
|   | 5    |        | Royalties   | (i) Real            | (ii) Personal           | 220•                        |                                       |           | 220.                   |
|   | 6    | а      | Gross rents 6a  |                     |                         |                             |                                       |           |                        |
|   |      |        | Gross rents   6a     Less: rental expenses   6b                         |                     |                         |                             |                                       |           |                        |
|   |      |        | Rental income or (loss) 6c  |                     |                         |                             |                                       |           |                        |
|   |      |        |   |                     | ►                       |                             |                                       |           |                        |
|   | 7    | а      | Gross amount from sales of (i   | ) Securities        | (ii) Other              |                             |                                       |           |                        |
|   |      |        | assets other than inventory <b>7a</b>                                   |                     |                         |                             |                                       |           |                        |
| đ   |      | b      | Less: cost or other basis   |                     |                         |                             |                                       |           |                        |
| venue   |      |        | and sales expenses  |                     |                         |                             |                                       |           |                        |
| ۵.  |      |        | Gain or (loss)  |                     |                         |                             |                                       |           |                        |
| er R  |      |        | Net gain or (loss)<br>Gross income from fundraising events              |                     | ······ <b>/</b>         |                             |                                       |           |                        |
| Other   | 0    | a      | including \$  | · .                 |                         |                             |                                       |           |                        |
| -   |      |        | contributions reported on line 1c)                                      |                     |                         |                             |                                       |           |                        |
|   |      |        | Part IV, line 18  |                     |                         |                             |                                       |           |                        |
|   |      | b      | Less: direct expenses   |                     |                         |                             |                                       |           |                        |
|   |      | С      | Net income or (loss) from fundrais                                      | sing even <u>ts</u> | ►                       |                             |                                       |           |                        |
|   | 9    | а      | Gross income from gaming activit  |                     |                         |                             |                                       |           |                        |
|   |      |        | Part IV, line 19  |                     |                         |                             |                                       |           |                        |
|   |      |        | Less: direct expenses   |                     |                         |                             |                                       |           |                        |
|   |      |        | Net income or (loss) from gaming<br>Gross sales of inventory, less retu |                     | <b>P</b>                |                             |                                       |           |                        |
|   | 10   | a      | and allowances  |                     |                         |                             |                                       |           |                        |
|   |      | b      | Less: cost of goods sold  |                     |                         |                             |                                       |           |                        |
|   |      |        | Net income or (loss) from sales of                                      |                     |                         |                             |                                       |           |                        |
| s   |      |        |   |                     | Business Code           |                             |                                       |           |                        |
| eou   | 11   | а      |   |                     |                         |                             |                                       |           |                        |
| Miscellaneous<br>Revenue                                  |      | b      |   |                     |                         |                             |                                       |           |                        |
| Scel  |      | С      |   |                     |                         |                             |                                       |           |                        |
| Ž   |      |        | All other revenue   |                     |                         |                             |                                       |           |                        |
|   | 12   |        | Total. Add lines 11a-11d           Total revenue. See instructions      |                     |                         | 7,033,586.                  | 128,081.                              | 0.        | 13,585.                |
| 93200   |      |        |   |                     |                         | .,,                         | 120,001.                              | <u> </u>  | Form <b>990</b> (2019) |

AYUDA, INC.

## Part IX Statement of Functional Expenses

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

| 75. 86, 95, and 10b of Part VIII.         Total expenses         Program service<br>expenses         Management and<br>general expenses         Fundralence<br>expenses           1         Grants and other assistance to domestic organizations<br>and domest general expenses         363, 549.         363, 549.         363, 549.           2         Grants and other assistance to forsign<br>organizations, forsign governments, and foreign<br>individuals. See Part V, lines 15 and 16         363, 549.         363, 549.         363, 549.           4         Benefits paid to or for members         5         111, 307.         7, 0.66           Compensation of funded fabore to digualified<br>persons (account in funded fabore to digualified<br>escion 40(14) ad 430(6) mighty contributions<br>(made section 4956(7)(11) and<br>person staccount in cluic databave to digualified<br>persons (account in cluic databave to digualified<br>escion 40(14) ad 430(6) mighty contributions<br>(made section 40(14) ad 430(6) mighty contributions<br>(made   | Do | Check if Schedule O contains a respons<br>not include amounts reported on lines 6b,                      | (A)        | (B)             | (C)            | (D)         |
|---|----|--|------------|-----------------|----------------|-------------|
| and domestic governments. See Part Vi, ine 21         363,549.363,549,559,529,2,559,2,559,2,559,2,559,2,559,2,559,259,2   |    |  |            | Program service | Management and | Fundraising |
| Individuals. See Part V, line 22         363,549.         363,549.         363,549.           3 Grants and other assistance to foreign<br>organizations, foreign governments, and foreign<br>individuals. See Part V, line St 5 and 16         4         4           4 Benefits paid to or for members         5         Compensation of current officers, directors,<br>trustes, and key employees         141,342.         122,968.         11,307.         7,066           6 Compensation not included above to dispublied<br>persons described in section 4950(1) and<br>parsons described in section 4950(2)(3)(8)         3,806,211.         3,371,120.         319,082.         116,000           9 Cher anaries and wages         3,3806,211.         3,371,120.         319,082.         116,000           9 Cher anaries and comployees):<br>a Management         319,082.         274,236.         25,094.         19,75           1 Fees for services (nonemployees):<br>a Management         63,861.         63,965.         64,005.         136,087.         19,661.         12,35.         77.72.           12 Othere  | 1  | -  |            |                 |                |             |
| 3       Genets and other assistance to foreign<br>organizations, foreign governments, and foreign<br>individuals. See Part V, lines 15 and 16<br>Compensation of current Otices, directors,<br>trustees, and key employees       141,342.       122,968.       11,307.       7,06         4       Benefits paid to or for members       3,806,211.       3,371,120.       319,082.       116,000         6       Compensation on Individed above to disqualified<br>persons described in section 4958(7(1)) and<br>persons described on section 4958(7(1)) and<br>persons described in divide section 4958(7(1)) and<br>persons described in divide in a divide in the 495 (1) and<br>persons described in divide in a divide in the 495 (1) and<br>persons described in divide in a divide in the 495 (1) and<br>15, 12, 643.       141, 342.       122, 958.       163, 161.       122, 12, 123.  | 2  |  | 363 549    | 363 549         |                |             |
| organizations, foreign governments, and foreign<br>individuals. See Part IV, lines 15 and 16  | ~  |  | 505,545.   | 505,545.        |                |             |
| Individuals. See Part W, lines 15 and 16         Image of the sector  | 3  | C C  |            |                 |                |             |
| 4       Bendits paid to of romembers       141,342.       122,968.       11,307.       7,06         5       Compensation of current officers, directors, trustes, and key employees       141,342.       122,968.       11,307.       7,06         6       Compensation not included above to disguilled persons (as chine 4958(r)(3)(8)       3,806,211.       3,371,120.       319,082.       116,000         7       Other salaries and wages       3,806,211.       3,371,120.       319,082.       116,000         9       Persion plan accruads and contributions (include section 401(k) and 403(b) employer contributions)       95,235.       44,465.       48,548.       2,222         9       Other analysis (nonemployees):       319,082.       274,236.       25,094.       19,75         a Management       63,861.       63,861.       63,861.       63,861.       64       63,861.       64       63,861.       65         9       Contring       96,333.       35,511.       58,663.       2,16       63,861.       66       63,861.       64       63,861.       66       66       63,861.       66       66       66       66       66       66       66       66       66       66       66       66       66       66       67,61.       12,2,3   |    |  |            |                 |                |             |
| 5         Compensation of current officers, directors,<br>trustees, and key employees         141,342.         122,968.         11,307.         7,06           Compensation of current officers, directors,<br>trustees, and key employees         3,806,211.         3,371,120.         319,082.         116,00           Persons described in sectin 4958(IV) and<br>persons described in sectin 4958(IV) and<br>escient 4014 (and 400) employee contributions<br>escient 4014 (and 400) employee contributions<br>(micule<br>section 4014 (and 400) employee contributions<br>(micule<br>section 4014 (and 400) employee contributions<br>(and angement         3,806,211.         3,371,120.         319,082.         116,00           9         Other employee benefits         356,027.         341,574.         887.         13,56           9         Other employee benefits         356,027.         341,574.         887.         13,56           9         Other employee benefits         356,027.         341,574.         887.         13,56           9         Payof taxes         319,082.         274,236.         25,094.         19,75           14         Advertising and promotion         63,861.         63,861.         63,861.         63,861.           12         Advertising and promotion         168,105.         136,087.         19,661.         12,35           14         Informatin technology         87,812.  | 1  | F  |            |                 |                |             |
| tustes, and key employees       141,342.       122,968.       11,307.       7,06         6       Compensation on Included above to disqualified persons (as defined under section 4980((1)) and persons described in section 4980((2)(8)       3,806,211.       3,371,120.       319,082.       116,000         8       Person plan accruits and contributions (include section 401(k) and 403(b) employee contributions (include section 401(k) and 403(b) employees):       3,806,211.       3,371,120.       319,082.       116,000         9       Other sating services (nonemployees):       319,082.       274,236.       25,094.       19,75         a Management       63,861.       64,97.       63,961.       12,35.       73,348.       8,737.       75,72.       75,72.       74,942.       12,35.       74,942.       19,97.       74,942.       19,97.   |    |  |            |                 |                |             |
| 6         Compensation not included above to disqualified<br>persons described in section 4958(r)(1)) and<br>persons described in section 4958(r)(1) and<br>persons described in 4958(r)(1) an | 5  |  | 141,342.   | 122,968.        | 11,307.        | 7,067       |
| persons (as defined under section 4956(2)(3)(8)         3,806,211.         3,371,120.         319,082.         116,000           8         Pension plan accruats and contributions (include section 401(k) and 403(b) employer contributions)         95,235.         44,465.         48,548.         2,222           9         Other satiries and wages         319,082.         274,236.         25,094.         19,75           9         Other services (nonemptoyees):         356,027.         341,574.         887.         13,56           9         Other services (nonemptoyees):         319,082.         274,236.         25,094.         19,75           a Management         63,861.         63,861.         63,861.         63,861.         63,861.         63,500.         8,500.  | 6  |  | ,          | ,               |                | .,          |
| prosons described in section 4958(c)(3)(8)         3,806,211.         3,371,120.         319,082.         116,00           Persion plana acruads and contributions (include section 401(k) and 403(b) employer contributions)         95,235.         44,465.         48,548.         2,22           9 Other employee benefits         319,082.         274,236.         25,094.         19,75           1 Fees for services (nonemployees):         a         319,082.         274,236.         25,094.         19,75           1 Fees for services (nonemployees):         a         Management.         63,861.         63,861.         64,000.         19,75           a Management         96,343.         35,511.         58,663.         2,166         19,050.         19,650.         10,0000.         10,000.         10,000   | •  |  |            |                 |                |             |
| 7       Other salaries and wages       3,806,211.       3,371,120.       319,082.       116,000         8       Persion plan acruats and contributions is section 401 (s) and 403(b) employer contributions is section 401 (s) and 403(b) employer contributions is 56,027.       341,574.       887.       13,56         9       Other employee benefits       356,027.       341,574.       887.       13,56         10       Payroll taxes       356,027.       341,574.       887.       13,56         11       Fees for services (nonemployees):       319,082.       274,236.       25,094.       19,75         12       Amangement       63,861.       63,861.       63,861.       2,16         9       Other. (Ithe 11 greperses on Schol)       96,343.       35,511.       58,663.       2,16         9       Other. (Ithe 11 greperses on Schol)       512,643.       470,317.       24,043.       18,28         13       Other expenses       168,105.       136,087.       19,661.       12,35         14       Information technology       87,812.       73,348.       8,737.       5,72         14       Information technology       87,812.       15,509.       2,054.       1,97         15       Fosyatites       19,537.       15,509.   |    |  |            |                 |                |             |
| 8       Pension plan acruals and contributions (include section 401(k) and 403(b) employer contributions)       95, 235.       44, 465.       48, 548.       2, 22         9       Other employee benefits       356, 027.       341, 574.       887.       13, 566         0       Payroll taxes       319, 082.       274, 236.       25, 094.       19, 75         1       Fees for services (nonemployees):       a       a       a       a         a       Management       63, 861.       63, 861.       a       a       a         e       Polessional fundrating services. See Part IV, line 17       8, 500.       8, 500.       8, 500.       8, 500.         2       Other (filine 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)       512, 643.       470, 317.       24, 043.       18, 286         3       Office expenses       168, 105.       136, 087.       19, 661.       12, 35         4       Information technology       87, 812.       73, 348.       8, 737.       5, 72         6       Occupancy       19, 537.       15, 509.       2, 054.       1, 97         9       Payments of tarvel or entertainment expenses for any federal, state, or local public officials.       97, 942.       29, 299.       26, 592.       1   | 7  |  | 3,806,211. | 3,371,120.      | 319,082.       | 116,009     |
| section 401(k) and 403(b) employer contributions)         95, 235.         44, 465.         48, 548.         2, 22           9 Other employee benefits         356, 027.         341, 574.         887.         13, 56           9 Other employees benefits         319, 082.         274, 236.         25, 094.         19, 75           1 Fees for services (nonemployees):         a Management         63, 861.         63, 861.         63, 861.           9 Other (III and taking services. See Part IV, line 17         96, 343.         35, 511.         58, 663.         2, 16           9 Other, (III and 11 garount exceeds 10% of line 25, column (A) amount, list Int 1g expenses on Sch.0.)         512, 643.         470, 317.         24, 043.         18, 226           2 Advertising and promotion         168, 105.         136, 087.         19, 661.         12, 35           3 Office expenses         168, 105.         30, 987.         20, 500         19, 537.         15, 509.         2, 054.         1, 97           9 Conferences, conventions, and meetings         3, 965.         3, 965.         3, 965.         19, 509.         2, 054.         1, 19           9 Other expenses         17, 942.         17, 942.         17, 942.         17, 942.         12         13, 849.         13, 849.         13, 849.         15, 014         15,  |    |  |            |                 |                | · ·         |
| 9       Other employee benefits       356,027.341,574.887.13,56         0       Payrol taxes       319,082.274,236.25,094.19,75         a Management       63,861.63,861.         b Legal       63,861.63,861.         c Accounting       96,343.35,511.58,663.2,16         d Lobbying       96,343.35,511.58,663.2,16         e Professional fundasing services. See Part IV, line 17       8,500.         9       Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.0, column (A) amount, list line 11g expenses on Sch 0.0, of Cocupancy       512,643.470,317.24,043.18,28         2       Advertising and promotion       168,105.136,087.19,661.12,35         3       Office expenses       168,105.136,087.19,661.12,35         8       7,812.73,348.8,737.5,72       9,509.2,054.1,97         19,537.15,509.2,054.1,97       19,537.15,509.2,054.1,97         19,537.15,509.2,054.1,97       19,537.15,509.2,054.1,97         11       Payments to tarilitates       29,299.26,592.1,7,942.         20       Depreciation, depletion, and amortization       17,942.2         11       17,942.2       17,942.2         21       19,475.32,787.2,274.4,441       11,721.10,068.7,15         22       29,299.26,592.1,508.1,119       28,941.11,721.10,068.7,15         24 </td <td></td> <td></td> <td></td> <td>44,465.</td> <td></td> <td>2,222</td>   |    |  |            | 44,465.         |                | 2,222       |
| 0       Payrolitaxes       319,082.       274,236.       25,094.       19,75         1       Fees for services (nonemployees):       63,861.       63,861.       63,861.         a Management       96,343.       35,511.       58,663.       2,16         b Legal       63,861.       63,861.       63,861.       63,861.         c Accounting       96,343.       35,511.       58,663.       2,16         d Lobbying       97,500.       8,500.       8,500.       8,500.         e Protessional fundraising services. See Part IV, line 17       8,500.       512,643.       470,317.       24,043.       18,28         g Other, (If line 11g anount secked 10% of line 25, column (A) anount, list line 11g expenses on Sch 0.)       512,643.       470,317.       24,043.       18,28         3 Office expenses       168,105.       136,087.       19,661.       12,35         6 Occupancy       19,537.       15,509.       2,054.       1,97         7 ravel       19,537.       15,509.       2,054.       1,97         9 Conferences, conventions, and meetings       3,965.       3,965.       1,92         10 bree expenses. Itemize expenses on Torveed abree of the 24 end out expenses on Torveed abree (Listes Clampton, depletion, and amortization abree expenses on Torveed abree (Liste   | 9  |  |            | 341,574.        |                | 13,566      |
| 11       Fees for services (nonemployees):       a         a Management       63,861.       63,861.         b Legal       63,861.       63,861.         c Accounting       96,343.       35,511.       58,663.       2,16         c Other Aumount, Estime Ingexpenses on School       512,643.       470,317.       24,043.       18,28         2 Advertising and promotion       168,105.       136,087.       19,661.       12,35         3 Office expenses       168,105.       136,087.       19,661.       12,35         6 Occupancy       497,609.       446,115.       30,987.       20,504.       1,97         8 Payments of travel or entertainment expenses       17,942.       17,942.       17,942.       17,942.   | 0  |  | 319,082.   |                 | 25,094.        | 19,752      |
| b Legal       63, 861.       63, 861.         c Accounting       96, 343.       35, 511.       58, 663.       2, 16         d Lobbying       96, 343.       35, 511.       58, 663.       2, 16         e Protessional fundraising services. See Part IV, line 17       8, 500.       8, 500.       8, 500.         g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.0.       512, 643.       470, 317.       24, 043.       18, 280.         2 Advertising and promotion       168, 105.       136, 087.       19, 661.       12, 35         3 Office expenses       168, 105.       136, 087.       19, 661.       12, 35         4 Information technology       87, 812.       73, 348.       8, 737.       5, 72         5 Royattes       19, 537.       15, 509.       2, 054.       1, 97         6 Occupancy       497, 609.       446, 115.       30, 987.       20, 500.         7 Travel       3, 965.       3, 965.       19, 537.       15, 509.       2, 054.       1, 97         9 Depreciation, depletion, and amortization       17, 942.       29, 299.       26, 592.       1, 508.       1, 192         2 Depreciation, depletion, and amortization       17, 942.       17, 942.       29, 299.       26   | 1  |  |            |                 |                |             |
| b Legal       63,861.       63,861.         c Accounting       96,343.       35,511.       58,663.       2,16         d Lobbying       9       8,500.       8,500.       8,500.         g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.0.       512,643.       470,317.       24,043.       18,280.         2 Advertising and promotion       168,105.       136,087.       19,661.       12,355.         3 Office expenses       168,105.       136,087.       19,661.       12,355.         4 Information technology       87,812.       73,348.       8,737.       5,72         5 Royatties       19,537.       15,509.       2,054.       1,97         6 Occupancy       497,609.       446,115.       30,987.       20,505.         7 Travel       7,742.       17,942.       2,054.       1,97         9 Conferences, conventions, and meetings       3,965.       3,965.       1,19         10 Interest       3,965.       3,965.       1,19         20 Depreciation, depletion, and amortization amount sceeds 10% of line 26, column (A) amount exceeds 10% of line 26,   | а  | Management   |            |                 |                |             |
| c Accounting       96,343. 35,511. 58,663. 2,16         d Lobbying       96,343. 35,511. 58,663. 2,16         d Lobbying       96,343. 35,511. 58,663. 2,16         e Professional fundraising services. See Part IV, line 17       8,500. 8,500         g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)       512,643. 470,317. 24,043. 18,28         g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)       512,643. 470,317. 24,043. 18,28         g Other. (If line 11g expenses on Sch 0.)       512,643. 470,317. 24,043. 18,28         g Other. (If line 11g expenses on Sch 0.)       512,643. 470,317. 24,043. 18,28         g Other. (If line 12g expenses on Sch 0.)       512,643. 470,317. 24,043. 18,28         g Other expenses.       168,105. 136,087. 19,661. 12,35         g Other expenses.       19,537. 15,509. 2,054. 1,97         g Other expenses. Itemize expenses on Sch dull officials       9         g Other expenses. Itemize expenses on Inc 24e. If line 24e expenses on Sch dull 0.)       39,475. 32,787. 2,274. 4,41         g Duess A Sub PERMIT'S       28,740. 24,195. 2,854. 1,65         g Out PREMITY EXPENSE       28,700. 24,195. 2,854. 1,65         g Out Presenses. Add lines 1 through 24e       6,761,240. 5,898,728. 604,953. 257,55         g Out respenses. Add lines 1 through 24e       6,761,240. 5,898,728. 604,953. 257,55  |    |  | 63,861.    | 63,861.         |                |             |
| d Lobbying  |    |  | 96,343.    | 35,511.         | 58,663.        | 2,169       |
| e       Professional fundraising services. See Part IV, line 17       8,500.       8,500.         f       Investment management fees  |    |  |            |                 |                |             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)       512,643.       470,317.       24,043.       18,28         2 Advertising and promotion   |    |  | 8,500.     |                 |                | 8,500       |
| column (A) amount, list line 11g expenses on Sch O.)         512,643.         470,317.         24,043.         18,28           2         Advertising and promotion  | f  | Investment management fees   |            |                 |                |             |
| 2       Advertising and promotion       168,105.136,087.19,661.12,35         3       Office expenses       87,812.73,348.8,737.5,72         5       Royatties       9         6       Occupancy       497,609.446,115.30,987.20,50         7       Travel       19,537.15,509.2,054.1,97         8       Payments of travel or entertainment expenses for any federal, state, or local public officials       9         9       Conferences, conventions, and meetings       3,965.         10       Interest       3,965.         20       payments to affiliates       29,299.26,592.1,508.1,199         21       Payments to affiliates       17,942.         22       Depreciation, depletion, and amortization       17,942.         23       Insurance       29,299.26,592.1,508.1,199         4       Other expenses. Itemize expenses on time 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)       63,213.44,773.3,430.15,01         a DUES & SUBSCRIPTIONS       63,213.44,773.2,274.4,41       6,761,240.5,898,728.604,953.257,55         4       BQUIPMENT EXPENSE       28,700.24,195.2,854.1,65         5       Total functional expenses.Add lines 1 through 24e       6,761,240.5,898,728.604,953.257,55         6       Joint costs. Complete this line only if the organiz  | g  | Other. (If line 11g amount exceeds 10% of line 25,   |            |                 |                |             |
| 33       Office expenses       168,105.       136,087.       19,661.       12,35         44       Information technology       87,812.       73,348.       8,737.       5,72         56       Occupancy       497,609.       446,115.       30,987.       20,50         76       Decupancy       19,537.       15,509.       2,054.       1,97         77       Travel       19,537.       15,509.       2,054.       1,97         78       Payments of travel or entertainment expenses<br>for any federal, state, or local public officials       17,942.       17,942.         90       Interest       3,965.       3,965.       17,942.         21       Payments to affiliates       29,299.       26,592.       1,508.       1,19         23       Insurance       17,942.       17,942.       17,942.       17,942.         23       Insurance       17,942.       17,942.       17,942.       17,942.       17,942.       17,942.       17,942.       1,19 <td< td=""><td></td><td>column (A) amount, list line 11g expenses on Sch 0.)</td><td>512,643.</td><td>470,317.</td><td>24,043.</td><td>18,283</td></td<>  |    | column (A) amount, list line 11g expenses on Sch 0.)   | 512,643.   | 470,317.        | 24,043.        | 18,283      |
| 14       Information technology       87,812.       73,348.       8,737.       5,72         15       Royalties       497,609.       446,115.       30,987.       20,50         16       Occupancy       497,609.       446,115.       30,987.       20,50         17       Travel       19,537.       15,509.       2,054.       1,97         18       Payments of travel or entertainment expenses<br>for any federal, state, or local public officials       9       3,965.       3,965.         19       Conferences, conventions, and meetings       17,942.       17,942.       17,942.         20       Depreciation, depletion, and amortization       17,942.       29,299.       26,592.       1,508.       1,19         24       Other expenses. Itemize expenses on line 24e. If<br>line 24e amount exceeds 10% of line 25, column (A)<br>amount, list line 24e expenses on Schedule 0.)       63,213.       44,773.       3,430.       15,01         3       9475.       32,787.       2,274.       4,41         28       PQUIPMENT       28,941.       11,721.       10,068.       7,15         28       Joint costs. Complete this line only if the organization<br>reported in column (B) joint costs from a combined<br>educational campaign and fundraising solicitation.       6,761,240.       5,898,728.       604,953.   | 12 | Advertising and promotion  |            |                 |                |             |
| 5       Royatties       497,609.446,115.30,987.20,50         16       Occupancy       497,609.446,115.30,987.20,50         17       Travel       19,537.15,509.2,054.1,97         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       19         19       Conferences, conventions, and meetings       3,965.         19       Conferences, conventions, and meetings       3,965.         20       Interest       3,965.         21       Payments to affiliates       17,942.         22       Depreciation, depletion, and amortization above clust miscle mouse expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)       17,942.         24       Other expenses on Schedule 0.)       63,213.44,773.3,430.15,01         3       DUES & SUBSCRIPTIONS       63,213.44,773.3,430.15,01         4       EQUIPMENT EXPENSE       28,941.11,721.10,068.7,15         6       All other expenses       13,849.15         25       Total functional expenses.Add lines 1 through 24e       6,761,240.5,898,728.604,953.257,55         6       Joint costs. Gromplet this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.       5,898,728.604,953.257,55  | 13 |  |            |                 |                |             |
| 66       Occupancy       497,609.       446,115.       30,987.       20,50         77       Travel       19,537.       15,509.       2,054.       1,97         87       Payments of travel or entertainment expenses<br>for any federal, state, or local public officials       19,537.       15,509.       2,054.       1,97         89       Conferences, conventions, and meetings       3,965.       3,965.       3       965.         90       Interest       3,965.       17,942.       17,942.       17,942.         20       pereciation, depletion, and amortization<br>amount, list line 24e expenses on to covered<br>above (List miscellaneous expenses on Schedule 0.)       17,942.       17,942.       17,942.         91       TRAINING/DEVELOPMENT<br>c       1025 & SUBSCRIPTIONS       63,213.       44,773.       3,430.       15,01         92       TOAL functional expenses       39,475.       32,787.       2,274.       4,41         11,721.       10,068.       7,15       28,941.       11,721.       10,068.       7,15         94       Joint costs. Complete this line only if the organization<br>reported in column (B) joint costs from a combined<br>educational campaign and fundraising solicitation.       6,761,240.       5,898,728.       604,953.       257,55 <td>4</td> <td>Information technology</td> <td>87,812.</td> <td>73,348.</td> <td>8,737.</td> <td>5,727</td>  | 4  | Information technology   | 87,812.    | 73,348.         | 8,737.         | 5,727       |
| 17       Travel       19,537.       15,509.       2,054.       1,97         18       Payments of travel or entertainment expenses<br>for any federal, state, or local public officials<br>9       19,537.       15,509.       2,054.       1,97         19       Conferences, conventions, and meetings<br>10       Interest       3,965.       3,965.         20       Depreciation, depletion, and amortization<br>17,942.       17,942.       17,942.         21       Payments to affiliates<br>20       29,299.       26,592.       1,508.       1,19         23       Insurance<br>100.       101 Pd2.       17,942.       29,299.       26,592.       1,508.       1,19         24       Other expenses. Itemize expenses on to covered<br>above (List miscellaneous expenses on Schedule 0.)<br>a DUES & SUBSCRIPTIONS       63,213.       44,773.       3,430.       15,01         3       PUES & SUBSCRIPTIONS       63,213.       44,773.       3,430.       15,01         4       EQUIPMENT EXPENSE       28,941.       11,721.       10,068.       7,15         3       28,700.       24,195.       2,854.       1,65         4       Id ther expenses. Add lines 1 through 24e       6,761,240.       5,898,728.       604,953.       257,55         5       Joint costs. from a  | 15 | Royalties  |            |                 |                |             |
| 8       Payments of travel or entertainment expenses<br>for any federal, state, or local public officials         99       Conferences, conventions, and meetings         90       Interest         91       Conferences, conventions, and meetings         92       Interest         93       965.         94       Depreciation, depletion, and amortization         11       7,942.         121       Payments to affiliates         122       Depreciation, depletion, and amortization         133       Insurance         144       Other expenses. Itemize expenses on tocovered<br>above (List miscellaneous expenses on Schedule 0.)         14       DUES & SUBSCRIPTIONS         15       TRAINING / DEVELOPMENT         16       17,942.         17,942.       17,942.         17,942.       17,942.         18       DUES & SUBSCRIPTIONS         16       TALINING / DEVELOPMENT         17       28,941.       11,721.         10       0.068.       7,15         28       700.       24,195.       2,854.       1,65         13       849.       13,849.       13,849.       13,849.       13,849.       257,55         19       Int costs  | 6  | Occupancy  |            |                 |                |             |
| for any federal, state, or local public officials   | 7  | Travel   | 19,537.    | 15,509.         | 2,054.         | 1,974       |
| 9       Conferences, conventions, and meetings       3,965.         10       Interest       3,965.         20       Depreciation, depletion, and amortization       17,942.         21       Payments to affiliates       29,299.         23       Insurance       29,299.         24       Other expenses. Itemize expenses on to 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.)       63,213.       44,773.       3,430.       15,01         a       DUES & SUBSCRIPTIONS       63,213.       44,773.       3,430.       15,01         b       TRAINING/DEVELOPMENT       39,475.       32,787.       2,274.       4,41         c       LICENSES AND PERMITS       28,941.       11,721.       10,068.       7,15         d       EQUIPMENT EXPENSE       28,700.       24,195.       2,854.       1,65         e       All other expenses. Add lines 1 through 24e       6,761,240.       5,898,728.       604,953.       257,55         6       Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.       6,761,240.       5,898,728.       604,953.       257,55  | 8  | Payments of travel or entertainment expenses   |            |                 |                |             |
| 0       Interest       3,965.       3,965.         2       Depreciation, depletion, and amortization       17,942.       17,942.         23       Insurance       29,299.       26,592.       1,508.       1,19         24       Other expenses. Itemize expenses on to covered above (List miscellaneous expenses on Schedule 0.)       29,299.       26,592.       1,508.       1,19         25       TRAINING/DEVELOPMENT       63,213.       44,773.       3,430.       15,01         26       JUES & SUBSCRIPTIONS       63,213.       44,773.       3,430.       15,01         36       TRAINING/DEVELOPMENT       39,475.       32,787.       2,274.       4,41         c       LICENSES AND PERMITS       28,941.       11,721.       10,068.       7,15         d       EQUIPMENT EXPENSE       28,700.       24,195.       2,854.       1,65         55       Total functional expenses. Add lines 1 through 24e       6,761,240.       5,898,728.       604,953.       257,55         66       Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.       6,761,240.       5,898,728.       604,953.       257,55  |    |  |            |                 |                |             |
| Payments to affiliates       17,942.         22       Depreciation, depletion, and amortization       17,942.         23       Insurance       29,299.       26,592.       1,508.       1,19         24       Other expenses. Itemize expenses on line 24e. If<br>line 24e amount exceeds 10% of line 25, column (A)<br>amount, list line 24e expenses on Schedule 0.)       63,213.       44,773.       3,430.       15,01         a       DUES & SUBSCRIPTIONS       63,213.       44,773.       3,430.       15,01         b       TRAINING/DEVELOPMENT       39,475.       32,787.       2,274.       4,41         c       LICENSES AND PERMITS       28,941.       11,721.       10,068.       7,15         d       EQUIPMENT EXPENSE       28,700.       24,195.       2,854.       1,65         e       All other expenses. Add lines 1 through 24e       6,761,240.       5,898,728.       604,953.       257,55         6       Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.       6,761,240.       5,898,728.       604,953.       257,55   | 9  | Conferences, conventions, and meetings   | 2 0 6 5    |                 |                |             |
| 22Depreciation, depletion, and amortization17,942.17,942.23Insurance29,299.26,592.1,508.1,1924Other expenses. Itemize expenses on to covered<br>above (List miscellaneous expenses on line 24e. If<br>line 24e amount exceeds 10% of line 25, column (A)<br>amount, list line 24e expenses on Schedule 0.)23,213.44,773.3,430.15,01aDUES & SUBSCRIPTIONS63,213.44,773.3,430.15,01bTRAINING/DEVELOPMENT<br>C39,475.32,787.2,274.4,41cLICENSES AND PERMITS<br>EQUIPMENT EXPENSE28,941.11,721.10,068.7,15eAll other expenses. Add lines 1 through 24e6,761,240.5,898,728.604,953.257,556Joint costs. Complete this line only if the organization<br>reported in column (B) joint costs from a combined<br>educational campaign and fundraising solicitation.5,898,728.604,953.257,55   |    | F  | 3,965.     |                 | 3,965.         |             |
| 23Insurance29,299.26,592.1,508.1,1924Other expenses. Itemize expenses on to covered<br>above (List miscellaneous expenses on Schedule 0.)<br>amount, list line 24e expenses on Schedule 0.)29,299.26,592.1,508.1,19aDUES & SUBSCRIPTIONS<br>b63,213.44,773.3,430.15,01bTRAINING/DEVELOPMENT<br>LICENSES AND PERMITS39,475.32,787.2,274.4,41cLICENSES AND PERMITS<br>d28,941.11,721.10,068.7,15dEQUIPMENT EXPENSE<br>E28,700.24,195.2,854.1,65eAll other expenses. Add lines 1 through 24e<br>educational expenses. Add lines 1 through 24e6,761,240.5,898,728.604,953.257,5526Joint costs. Complete this line only if the organization<br>reported in column (B) joint costs from a combined<br>educational campaign and fundraising solicitation.5,898,728.604,953.257,55  |    |  | 17 040     |                 | 17 040         |             |
| 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.)       63, 213. 44, 773. 3, 430. 15, 01         a       DUES & SUBSCRIPTIONS       63, 213. 44, 773. 3, 430. 15, 01         b       TRAINING/DEVELOPMENT       39, 475. 32, 787. 2, 274. 4, 41         c       LICENSES AND PERMITS       28, 941. 11, 721. 10, 068. 7, 15         d       EQUIPMENT EXPENSE       28, 700. 24, 195. 2, 854. 1, 65         e       All other expenses. Add lines 1 through 24e       6, 761, 240. 5, 898, 728. 604, 953. 257, 55         26       Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.       5, 898, 728. 604, 953. 257, 55   |    | F  |            |                 |                | 1 100       |
| above (List miscellaneous expenses on line 24e. If<br>line 24e amount exceeds 10% of line 25, column (A)<br>amount, list line 24e expenses on Schedule 0.)aDUES & SUBSCRIPTIONSbTRAINING/DEVELOPMENTcLICENSES AND PERMITS<br>EQUIPMENT EXPENSEdEQUIPMENT EXPENSEeAll other expensesAll other expenses13,849.25Total functional expenses. Add lines 1 through 24e6,761,240.5Joint costs. Complete this line only if the organization<br>reported in column (B) joint costs from a combined<br>educational campaign and fundraising solicitation.   |    |  | 49,499.    | 20,392.         | , 3UC.         | 1,199       |
| a       DUES & SUBSCRIPTIONS       63,213.       44,773.       3,430.       15,01         b       TRAINING/DEVELOPMENT       39,475.       32,787.       2,274.       4,41         c       LICENSES AND PERMITS       28,941.       11,721.       10,068.       7,15         d       EQUIPMENT EXPENSE       28,700.       24,195.       2,854.       1,65         e       All other expenses       13,849.       13,849.       13,849.         25       Total functional expenses. Add lines 1 through 24e       6,761,240.       5,898,728.       604,953.       257,55         6       Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  | 24 | above (List miscellaneous expenses on line 24e. If<br>line 24e amount exceeds 10% of line 25. column (A) |            |                 |                |             |
| b         TRAINING/DEVELOPMENT         39,475.         32,787.         2,274.         4,41           c         LICENSES AND PERMITS         28,941.         11,721.         10,068.         7,15           d         EQUIPMENT EXPENSE         28,700.         24,195.         2,854.         1,65           e         All other expenses         13,849.         13,849.         13,849.           26         Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.         5,898,728.         604,953.         257,55  | а  | DUES & SUBSCRIPTIONS   | 63,213.    | 44,773.         | 3,430.         | 15,010      |
| cLICENSES AND PERMITS28,941.11,721.10,068.7,15dEQUIPMENT EXPENSE28,700.24,195.2,854.1,65eAll other expenses13,849.13,849.13,849.25Total functional expenses. Add lines 1 through 24e6,761,240.5,898,728.604,953.257,556Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.IIICIIIIIIIIIIIIBIII <t< td=""><td>b</td><td></td><td></td><td>32,787.</td><td></td><td>4,414</td></t<>  | b  |  |            | 32,787.         |                | 4,414       |
| dEQUIPMENT EXPENSE28,700.24,195.2,854.1,65eAll other expenses13,849.13,849.25Total functional expenses. Add lines 1 through 24e6,761,240.5,898,728.604,953.257,5526Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.10   | с  | LICENSES AND PERMITS   |            | 11,721.         |                | 7,152       |
| e       All other expenses       13,849.       13,849.         25       Total functional expenses. Add lines 1 through 24e       6,761,240.       5,898,728.       604,953.       257,55         26       Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.       Image: Complete the solution of the organization of the organizati   | d  |  |            |                 |                | 1,651       |
| 25       Total functional expenses. Add lines 1 through 24e       6,761,240.       5,898,728.       604,953.       257,55         26       Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.       6       6       761,240.       5       5       898,728.       604,953.       257,55   | е  | All other expenses   |            |                 |                |             |
| 26 Joint costs. Complete this line only if the organization<br>reported in column (B) joint costs from a combined<br>educational campaign and fundraising solicitation.   |    | · · · · · · · · · · · · · · · · · · ·  |            | 5,898,728.      | 604,953.       | 257,559     |
| reported in column (B) joint costs from a combined<br>educational campaign and fundraising solicitation.  |    | Joint costs. Complete this line only if the organization   |            |                 |                |             |
| educational campaign and fundraising solicitation.  |    |  |            |                 |                |             |
| Check here if following SOP 98-2 (ASC 958-720)  |    |  |            |                 |                |             |
|   |    | Check here if following SOP 98-2 (ASC 958-720)   |            |                 |                |             |

932010 01-20-20

16440210 745960 00418

Form **990** (2019)

| Form 990 (2 |         |       |
|-------------|---------|-------|
| Part X      | Balance | Sheet |

AYUDA, INC.

| Fail   | ~                    | Check if Schedule O contains a response or no        | te to an   | v line in this Part Y    |                                 |        | X                         |
|--|----------------------|--|------------|--------------------------|---------------------------------|--------|---------------------------|
|  |                      | Check in Schedule C contains a response of 10        |            | y III C III U IIS F AILA | <b>(A)</b><br>Beginning of year |        | <b>(B)</b><br>End of year |
|  | 1                    | Cash - non-interest-bearing                          |            |                          | 744,567.                        | 1      | 656,155.                  |
|  | 2                    | Savings and temporary cash investments               |            |                          | 286,990.                        | 2      | 1,424,560.                |
|  | 3                    | Pledges and grants receivable, net                   |            |                          | 862,586.                        |        | 1,035,567                 |
|  | 4                    | Accounts receivable, net                             |            |                          |                                 | 4      |                           |
|  | 5                    | Loans and other receivables from any current of      |            |                          |                                 |        |                           |
|  |                      | trustee, key employee, creator or founder, subs      |            |                          |                                 |        |                           |
|  |                      | controlled entity or family member of any of the     |            |                          |                                 | 5      |                           |
|  | 6                    | Loans and other receivables from other disqual       |            |                          |                                 |        |                           |
|  |                      | under section 4958(f)(1)), and persons describe      |            |                          |                                 | 6      |                           |
| S.   | 7                    | Notes and loans receivable, net                      |            |                          |                                 | 7      |                           |
| Te l   | 8                    | Inventories for sale or use                          |            |                          |                                 | 8      |                           |
| As   | 9                    | Prepaid expenses and deferred charges                |            |                          | 99,335.                         | 9      | 106,973                   |
|  |                      | Land, buildings, and equipment: cost or other        |            |                          |                                 |        |                           |
|  |                      | basis. Complete Part VI of Schedule D                | 10a        | 130,672.                 |                                 |        |                           |
|  | b                    | Less: accumulated depreciation                       |            | 89,974.                  | 58,640.                         | 10c    | 40,698                    |
| 1  | 1                    | Investments - publicly traded securities             |            |                          | ,                               | 11     | .,                        |
|  | 12                   | Investments - other securities. See Part IV, line    |            |                          |                                 | 12     |                           |
|  | 3                    | Investments - program-related. See Part IV, line     |            |                          |                                 | 13     |                           |
|  | 4                    | Intangible assets                                    |            |                          |                                 | 14     |                           |
|  | 15                   | Other assets. See Part IV, line 11                   | 62,517.    |                          | 62,517                          |        |                           |
|  | 6                    | Total assets. Add lines 1 through 15 (must equ       | 2,114,635. | 16                       | 3,326,470                       |        |                           |
|  | 17                   | Accounts payable and accrued expenses                |            | /                        | 354,246.                        | 17     | 462,954                   |
|  | 8                    | Grants payable                                       |            | 18                       |                                 |        |                           |
|  | 9                    | Deferred revenue                                     |            | 775.                     | 19                              | 58,839 |                           |
| 2  |                      | Tax-exempt bond liabilities                          |            |                          |                                 | 20     |                           |
| 2  |                      | Escrow or custodial account liability. Complete      |            |                          | 21                              |        |                           |
|  | 22                   | Loans and other payables to any current or for       |            |                          |                                 |        |                           |
| Liabilities                                  | -2                   | trustee, key employee, creator or founder, subs      |            |                          |                                 |        |                           |
| lig  |                      | controlled entity or family member of any of the     |            |                          |                                 | 22     |                           |
| د   Lia                                      | 23                   | Secured mortgages and notes payable to unrel         |            |                          |                                 | 22     |                           |
|  | .3<br>24             | Unsecured notes and loans payable to unrelate        |            |                          |                                 | 23     | 813,200                   |
|  | . <del>4</del><br>25 | Other liabilities (including federal income tax, pa  |            |                          |                                 | 24     | 010,200                   |
| 2  |                      | parties, and other liabilities not included on line  | •          |                          |                                 |        |                           |
|  |                      | of Schedule D  | 5 17-24    |                          | 220,177.                        | 25     | 179,694                   |
| 2  | 26                   | Total liabilities. Add lines 17 through 25           |            | ·····                    | 575,198.                        |        | 1,514,687                 |
| 2  | .0                   | Organizations that follow FASB ASC 958, cho          |            |                          | 373,190.                        | 20     | 1,511,007                 |
| es   |                      | and complete lines 27, 28, 32, and 33.               | our ner    |                          |                                 |        |                           |
| 2 auc  | 7                    | Net assets without donor restrictions                |            |                          | 824 177.                        | 27     | 535,342                   |
| sali<br>v                                    | 28                   |  |            |                          | 824,177.<br>715,260.            | 28     | 1,276,441                 |
| <u>ה</u>                                     | .0                   | Net assets with donor restrictions                   |            |                          | 715,2000                        | 20     | 1,2,0,111                 |
| Net Assets or Fund Balances<br>6 6 6 0 0 0 0 |                      | and complete lines 29 through 33.                    | , cn       |                          |                                 |        |                           |
| ۶ o  | 0                    |  |            |                          |                                 | 20     |                           |
| s   s  | 29                   | Capital stock or trust principal, or current funds   |            |                          |                                 | 29     |                           |
| Ass 3  | 30<br>5-1            | Paid-in or capital surplus, or land, building, or en |            |                          |                                 | 30     |                           |
| et A   |                      | Retained earnings, endowment, accumulated in         |            |                          | 1,539,437.                      | 31     | 1,811,783                 |
|  | 32                   | Total net assets or fund balances                    |            |                          | 2,114,635.                      | 32     | 3,326,470                 |
| 3  | 33                   | Total liabilities and net assets/fund balances       |            |                          | 2,111,000.                      | 33     | Form <b>990</b> (2019     |

Form **990** (2019)

932011 01-20-20

| Form | 1 990 (2019) AYUDA, INC.   | 52-      | 0971440 | Pa         | ge <b>12</b> |
|------|--|----------|---------|------------|--------------|
| Pa   | rt XI Reconciliation of Net Assets   |          |         |            |              |
|      | Check if Schedule O contains a response or note to any line in this Part XI  |          |         |            |              |
|      |  |          |         |            |              |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)  | 1        | 7,03    |            |              |
| 2    | Total expenses (must equal Part IX, column (A), line 25)   | 2        | 6,76    |            |              |
| 3    | Revenue less expenses. Subtract line 2 from line 1   | 3        | 27.     | <u>2,3</u> | 46.          |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                          | 4        | 1,53    | 9,4        | 37.          |
| 5    | Net unrealized gains (losses) on investments   | 5        |         |            |              |
| 6    | Donated services and use of facilities   | 6        |         |            |              |
| 7    | Investment expenses  | 7        |         |            |              |
| 8    | Prior period adjustments   | 8        |         |            |              |
| 9    | Other changes in net assets or fund balances (explain on Schedule O)   | 9        |         |            | 0.           |
| 10   | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,                 |          |         |            |              |
|      | column (B))  | 10       | 1,81    | 1,7        | 83.          |
| Pa   | rt XII Financial Statements and Reporting  |          |         |            |              |
|      | Check if Schedule O contains a response or note to any line in this Part XII                                       |          |         |            |              |
|      |  |          |         | Yes        | No           |
| 1    | Accounting method used to prepare the Form 990: Cash X Accrual Other   |          |         |            |              |
|      | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule     |          |         |            |              |
| 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 reviewe     | d 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?                                 |          |         | X          |              |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat    | te basis | ,       |            |              |
|      | consolidated basis, or both:   |          |         |            |              |
|      | X Separate basis Consolidated basis Both consolidated and separate basis   |          |         |            |              |
| С    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the |          |         |            |              |
|      | review, or compilation of its financial statements and selection of an independent accountant?                     |          | 2c      | Х          |              |
|      | If the organization changed either its oversight process or selection process during the tax year, explain on Sc   |          |         |            |              |
| 3a   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | ngle Au  | dit     |            |              |
|      | Act and OMB Circular A-133?  |          | За      | Х          | <u> </u>     |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ  |          |         |            |              |
|      | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                           |          | 3b      | X          |              |

Form **990** (2019)

932012 01-20-20

Department of the Treasury

Internal Revenue Service

| (Form 990 or 990-EZ |
|---------------------|
|---------------------|

# 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                            |
|--|
| 2019   |
| Open to Public<br>Inspection                 |
| <br>tal a set CC and Construction of the set |

| Nam  | e of t | the organization   |                         |   |                    |                                   |                |                | identification number      |  |  |  |  |
|------|--------|--|-------------------------|---|--------------------|-----------------------------------|----------------|----------------|----------------------------|--|--|--|--|
| _    |        |  | A, INC.                 |   |                    |                                   |                |                | 2-0971440                  |  |  |  |  |
| Pa   | rt I   | Reason for Public (  | Charity Status (        | All organizations must co                             | omplete th         | is part.) Se                      | ee instruction | S.             |                            |  |  |  |  |
| The  | organ  | ization is not a private found   | lation because it is: ( | (For lines 1 through 12, o                            | check only         | one box.)                         |                |                |                            |  |  |  |  |
| 1    |        | A church, convention of ch   | urches, or associatio   | on of churches describe                               | d in <b>sectic</b> | on 170(b)( <sup>-</sup>           | 1)(A)(i).      |                |                            |  |  |  |  |
| 2    |        | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)  |                         |   |                    |                                   |                |                |                            |  |  |  |  |
| 3    |        | A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>                                   |                         |   |                    |                                   |                |                |                            |  |  |  |  |
| 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 co  | llege or university owne                              | d or opera         | ted by a g                        | overnmental    | unit descrik   | bed in                     |  |  |  |  |
|      |        | section 170(b)(1)(A)(iv). (Complete Part II.)  |                         |   |                    |                                   |                |                |                            |  |  |  |  |
| 6    |        | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).   |                         |   |                    |                                   |                |                |                            |  |  |  |  |
| 7    | X      |  |                         |   |                    |                                   |                |                |                            |  |  |  |  |
|      |        | 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-g  | grant college of agric  | ulture (see instructions).                            | . Enter the        | name, cit                         | y, and state c | f the colleg   | e or                       |  |  |  |  |
|      |        | university:  |                         |   |                    |                                   |                |                |                            |  |  |  |  |
| 10   |        | An organization that norma   | Ily receives: (1) more  | e than 33 1/3% of its sup                             | oport from         | contributi                        | ons, member    | ship fees, a   | and gross receipts from    |  |  |  |  |
|      |        | activities related to its exen   | npt functions - subje   | ct to certain exceptions,                             | , and (2) no       | o more tha                        | in 33 1/3% of  | its suppor     | t from gross investment    |  |  |  |  |
|      |        | income and unrelated busir   |                         | (less section 511 tax) fr                             | om busine          | esses acqu                        | ired by the o  | rganization    | after June 30, 1975.       |  |  |  |  |
|      |        | See section 509(a)(2). (Cor  | mplete Part III.)       |   |                    |                                   |                |                |                            |  |  |  |  |
| 11   |        | An organization organized a  | and operated exclus     | ively to test for public sa                           | afety. See         | section 50                        | 09(a)(4).      |                |                            |  |  |  |  |
| 12   |        | An organization organized a  |                         | -   |                    |                                   |                | -              |                            |  |  |  |  |
|      |        | more publicly supported or   |                         |   |                    |                                   |                |                | Check the box in           |  |  |  |  |
|      |        | lines 12a through 12d that   |                         |   |                    | -                                 |                | -              |                            |  |  |  |  |
| а    |        | <b>Type I.</b> A supporting orga   | -                       |   | •                  |                                   |                |                |                            |  |  |  |  |
|      |        | the supported organization   |                         |   | a majority         | of the dire                       | ctors or trust | ees of the s   | supporting                 |  |  |  |  |
|      | _      | organization. You must o   | -                       |   |                    |                                   |                |                |                            |  |  |  |  |
| b    |        | <b>Type II.</b> A supporting org   | -                       |   |                    |                                   | -              |                | -                          |  |  |  |  |
|      |        | control or management o  |                         |   | ame perso          | ons that co                       | ontrol or man  | age the sup    | ported                     |  |  |  |  |
|      |        | organization(s). You mus   | -                       |   |                    | 1                                 |                |                |                            |  |  |  |  |
| С    |        | ☐ Type III functionally inte   |                         |   |                    |                                   |                | ally integrate | ed with,                   |  |  |  |  |
| ام   |        | its supported organization   |                         |   |                    |                                   |                | أحرج والمحاصر  |                            |  |  |  |  |
| d    | L      | Type III non-functionally<br>that is not functionally int  |                         |   |                    |                                   |                | -              |                            |  |  |  |  |
|      |        | that is not functionally int   | • •                     | • •   | •                  |                                   | -              | u an alleni    | iveness                    |  |  |  |  |
| •    |        | requirement (see instruct<br>Check this box if the orga  |                         |   |                    |                                   |                |                |                            |  |  |  |  |
| е    | L      | functionally integrated, or  |                         |   |                    |                                   | атурет, туре   | еп, туре п     |                            |  |  |  |  |
| f    | Ento   | er the number of supported of  |                         |   | 0 0                |                                   |                |                |                            |  |  |  |  |
| g    |        | vide the following information   |                         |   |                    |                                   |                |                |                            |  |  |  |  |
| 9    |        | i) Name of supported   | (ii) EIN                | (iii) Type of organization                            | (iv) Is the orga   | inization listed<br>ing document? | (v) Amount o   | f monetary     | (vi) Amount of other       |  |  |  |  |
|      |        | organization   |                         | (described on lines 1-10<br>above (see instructions)) | Yes                | No<br>No                          | support (see i | nstructions)   | support (see instructions) |  |  |  |  |
|      |        |  |                         |   |                    |                                   |                |                |                            |  |  |  |  |
|      |        |  |                         |   |                    |                                   |                |                |                            |  |  |  |  |
|      |        |  |                         |   |                    |                                   |                |                |                            |  |  |  |  |
|      |        |  |                         |   |                    |                                   |                |                |                            |  |  |  |  |
|      |        |  |                         |   |                    |                                   |                |                |                            |  |  |  |  |
|      |        |  |                         |   |                    |                                   |                |                |                            |  |  |  |  |
|      |        |  |                         |   |                    |                                   |                |                |                            |  |  |  |  |
|      |        |  |                         |   |                    |                                   |                |                |                            |  |  |  |  |
|      |        |  |                         |   |                    |                                   |                |                |                            |  |  |  |  |
|      |        |  |                         |   |                    |                                   |                |                |                            |  |  |  |  |
| Tota | I      |  |                         |   |                    |                                   |                |                |                            |  |  |  |  |
| LHA  | For F  | Paperwork Reduction Act N  | lotice, see the Instr   | ructions for Form 990 o                               | or 990-EZ.         | 932021 09-                        | 25-19 Sche     | dule A (For    | m 990 or 990-EZ) 2019      |  |  |  |  |

13 2019.05040 AYUDA, INC.

## Schedule A (Form 990 or 990 EZ) 2019 AYUDA, INC.

52-0971440 Page 2

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

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

| See  | ction A. Public Support                      |                              |                       |                       |                               |                     |                  |
|------|--|------------------------------|-----------------------|-----------------------|-------------------------------|---------------------|------------------|
| Cale | ndar year (or fiscal year beginning in) 🕨    | <b>(a)</b> 2015              | <b>(b)</b> 2016       | (c) 2017              | <b>(d)</b> 2018               | <b>(e)</b> 2019     | <b>(f)</b> Total |
| 1    | Gifts, grants, contributions, and            |                              |                       |                       |                               |                     |                  |
|      | membership fees received. (Do not            |                              |                       |                       |                               |                     |                  |
|      | include any "unusual grants.")               | 2,519,924.                   | 3,355,898.            | 4,538,803.            | 5,728,132.                    | 6,891,920.          | 23,034,677.      |
| 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                 | 2,519,924.                   | 3,355,898.            | 4,538,803.            | 5,728,132.                    | 6,891,920.          | 23,034,677.      |
| 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)                                   |                              |                       |                       |                               |                     | 390,004.         |
| 6    | Public support. Subtract line 5 from line 4. |                              |                       |                       |                               |                     | 22,644,673.      |
| See  | ction B. Total Support                       |                              |                       |                       |                               |                     |                  |
| Cale | ndar year (or fiscal year beginning in) 🕨    | (a) 2015                     | <b>(b)</b> 2016       | (c) 2017              | (d) 2018                      | (e) 2019            | (f) Total        |
| 7    | Amounts from line 4                          | 2,519,924.                   | 3,355,898.            | 4,538,803.            | 5,728,132.                    | 6,891,920.          | 23,034,677.      |
| 8    | Gross income from interest,                  |                              |                       |                       |                               |                     |                  |
|      | dividends, payments received on              |                              |                       |                       |                               |                     |                  |
|      | securities loans, rents, royalties,          |                              |                       |                       |                               |                     |                  |
|      | and income from similar sources              | 487.                         | 315.                  | 358.                  | 3,047.                        | 13,585.             | 17,792.          |
| 9    | Net income from unrelated business           |                              |                       |                       |                               |                     |                  |
|      | activities, whether or not the               |                              |                       |                       |                               |                     |                  |
|      | business is regularly carried on             | 13,000.                      |                       |                       |                               |                     | 13,000.          |
| 10   | Other income. Do not include gain            |                              |                       |                       |                               |                     |                  |
|      | or loss from the sale of capital             |                              |                       |                       |                               |                     |                  |
|      | assets (Explain in Part VI.)                 | 21.                          | 10.                   |                       |                               |                     | 31.              |
| 11   | Total support. Add lines 7 through 10        |                              |                       |                       |                               |                     | 23,065,500.      |
| 12   | Gross receipts from related activities,      | etc. (see instruction        | ons)                  | •                     |                               | 12 1                | ,794,001.        |
| 13   | First five years. If the Form 990 is for     | the organization's           | first, second, third  | , fourth, or fifth ta | x year as a sectio            | n 501(c)(3)         |                  |
|      | organization, check this box and stop        |                              |                       |                       |                               |                     |                  |
| See  | ction C. Computation of Publi                | ic Support Pe                | rcentage              |                       |                               |                     |                  |
| 14   | Public support percentage for 2019 (li       | ine 6, column (f) di         | vided by line 11, co  | olumn (f))            |                               | 14                  | 98.18 %          |
| 15   | Public support percentage from 2018          | Schedule A, Part             | II, line 14           |                       |                               | 15                  | 97.98 %          |
| 16a  | 33 1/3% support test - 2019. If the o        | rganization did no           | t check the box on    | line 13, and line 1   | 4 is 33 1/3% or n             | nore, check this bo | x and            |
|      | stop here. The organization qualifies a      | as a publicly supp           | orted organization    |                       |                               |                     |                  |
| b    | 33 1/3% support test - 2018. If the o        | rganization did no           | t check a box on lir  | ne 13 or 16a, and     | line 15 is 33 1/3%            | or more, check th   | is box           |
|      | and stop here. The organization quali        | fies as a publicly s         | upported organiza     | tion                  |                               |                     | ▶∟               |
| 17a  | 10% -facts-and-circumstances test            | t - <b>2019.</b> If the orga | anization did not ch  | neck a box on line    | 13, 16a, or 16b, a            | and line 14 is 10%  | or more,         |
|      | and if the organization meets the "fac       |                              |                       |                       |                               |                     |                  |
|      | meets the "facts-and-circumstances"          | test. The organiza           | tion qualifies as a p | ublicly supported     | organization                  |                     |                  |
| b    | 10% -facts-and-circumstances test            | t - <b>2018.</b> If the orga | anization did not cl  | neck a box on line    | 13, 16a, 16b, or <sup>-</sup> | 17a, and line 15 is | 10% or           |
|      | more, and if the organization meets th       |                              |                       |                       |                               |                     |                  |
|      | organization meets the "facts-and-circ       | umstances" test.             | The organization q    | ualifies as a public  | ly supported orga             | anization           |                  |
| 18   | Private foundation. If the organization      | n did not check a l          | box on line 13, 16a   | , 16b, 17a, or 17b    | , check this box a            | nd see instruction  | s ►              |
|      |  |                              |                       |                       | <b>.</b> .                    |                     |                  |

Schedule A (Form 990 or 990-EZ) 2019

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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.)

| Sec   | ction A. Public Support  |                           |                     |                       |                       |                |                                       |
|-------|--|---------------------------|---------------------|-----------------------|-----------------------|----------------|---------------------------------------|
| Cale  | ndar year (or fiscal year beginning in) 🕨  | <b>(a)</b> 2015           | <b>(b)</b> 2016     | (c) 2017              | <b>(d)</b> 2018       | (e) 2019       | 9 (f) Total                           |
| 1     | Gifts, grants, contributions, and  |                           |                     |                       |                       |                |                                       |
|       | membership fees received. (Do not  |                           |                     |                       |                       |                |                                       |
|       | include any "unusual grants.")   |                           |                     |                       |                       |                |                                       |
| 2     | Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>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<br>or expended on its behalf  |                           |                     |                       |                       |                |                                       |
| 5     | The value of services or facilities  |                           |                     |                       |                       |                |                                       |
|       | furnished by a governmental unit to  |                           |                     |                       |                       |                |                                       |
|       | the organization without charge  |                           |                     |                       |                       |                |                                       |
| 6     | Total. Add lines 1 through 5   |                           |                     |                       |                       |                |                                       |
| 7a    | Amounts included on lines 1, 2, and  |                           |                     |                       |                       |                |                                       |
|       | 3 received from disqualified persons   |                           |                     |                       |                       |                |                                       |
| b     | Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the<br>amount on line 13 for the year                |                           |                     |                       |                       |                |                                       |
| c     | Add lines 7a and 7b  |                           |                     |                       |                       |                |                                       |
|       | Public support. (Subtract line 7c from line 6.)  |                           |                     |                       |                       |                |                                       |
| Cale  | ndar year (or fiscal year beginning in) 🕨  | (a) 2015                  | (b) 2016            | (c) 2017              | (d) 2018              | (e) 2019       | 9 (f) Total                           |
| 9     | Amounts from line 6  |                           |                     |                       |                       |                |                                       |
|       | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>and income from similar sources   |                           |                     |                       |                       |                |                                       |
| b     | Unrelated business taxable income  |                           |                     |                       |                       |                |                                       |
|       | (less section 511 taxes) from businesses   |                           |                     |                       |                       |                |                                       |
|       | acquired after June 30, 1975   |                           |                     |                       |                       |                |                                       |
| c     | Add lines 10a and 10b  |                           |                     |                       |                       |                |                                       |
| 11    | Net income from unrelated business<br>activities not included in line 10b,<br>whether or not the business is<br>regularly carried on   |                           |                     |                       |                       |                |                                       |
| 12    | Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.)  |                           |                     |                       |                       |                |                                       |
| 13    | Total support. (Add lines 9, 10c, 11, and 12.)   |                           |                     |                       |                       |                |                                       |
| 14    | First five years. If the Form 990 is for   | the organization'         | s first, second, th | ird, fourth, or fifth | tax year as a section | on 501(c)(3) o | rganization,                          |
|       | check this box and stop here   |                           |                     |                       |                       |                |                                       |
| Sec   | ction C. Computation of Publ   | ic Support Pe             | rcentage            |                       |                       |                |                                       |
| 15    | Public support percentage for 2019 (   | ine 8, column (f), d      | divided by line 13  | , column (f))         |                       | 15             | %                                     |
|       | Public support percentage from 2018  |                           |                     |                       |                       | 16             | %                                     |
| Sec   | ction D. Computation of Inves  | stment Incom              | e Percentage        | 9                     |                       |                |                                       |
| 17    | Investment income percentage for 20  | 19 (line 10c, colur       | mn (f), divided by  | line 13, column (f)   | )                     | 17             | %                                     |
| 18    | Investment income percentage from a  | 2018 Schedule A,          | Part III, line 17   |                       |                       | 18             | %                                     |
| 19a   | 1 33 1/3% support tests - 2019. If the   | -                         |                     |                       |                       |                | line 17 is not                        |
|       | more than 33 1/3%, check this box a  | nd <b>stop here.</b> The  | organization qua    | lifies as a publicly  | supported organiz     | ation          | ▶∟                                    |
| b     | 33 1/3% support tests - 2018. If the   | •                         |                     |                       | •                     |                | · · · · · · · · · · · · · · · · · · · |
|       | line 18 is not more than 33 1/3%, che  | ck this box and <b>st</b> | op here. The org    | anization qualifies   | as a publicly supp    | orted organiz  | ation                                 |
| 20    | Private foundation. If the organization  | n did not check a         | box on line 14, 19  | 9a, or 19b, check     |                       |                |                                       |
| 93202 | 23 09-25-19  |                           |                     | 15                    | Sch                   | edule A (For   | m 990 or 990-EZ) 2019                 |

<sup>2019.05040</sup> AYUDA, INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

Yes No

## Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 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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|       |   |           | 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 in (b) and (c)                  |           |          |      |
|       | below, the governing body of a supported organization?  | 11a       |          |      |
|       | A family member of a person described in (a) above?   | 11b       |          |      |
|       | A 35% controlled entity of a person described in (a) or (b) above?If "Yes" to a, b, or c, provide detail in Part VI.          | 11c       |          |      |
| Sec   | tion B. Type I Supporting Organizations   |           | <b>N</b> |      |
|       |   |           | Yes      | No   |
| 1     | Did the directors, trustees, or membership of one or more supported organizations have the power to                           |           |          |      |
|       | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the            |           |          |      |
|       | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or                 |           |          |      |
|       | controlled the organization's activities. If the organization had more than one supported organization,                       |           |          |      |
|       | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported                     |           |          |      |
|       | organizations and what conditions or restrictions, if any, applied to such powers during the tax year.                        | 1         |          |      |
| 2     | Did the organization operate for the benefit of any supported organization other than the supported                           |           |          |      |
|       | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in                    |           |          |      |
|       | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,                   |           |          |      |
|       | supervised, or controlled the supporting organization.  | 2         |          |      |
| Sec   | tion C. Type II Supporting Organizations  |           |          |      |
|       |   |           | Yes      | No   |
| 1     | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors              |           |          |      |
|       | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control                 |           |          |      |
|       | or management of the supporting organization was vested in the same persons that controlled or managed                        |           |          |      |
|       | the supported organization(s).  | 1         |          |      |
| Sec   | tion D. All Type III Supporting Organizations   |           |          |      |
|       |   |           | Yes      | No   |
| 1     | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the                |           |          |      |
|       | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax         |           |          |      |
|       | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the        |           |          |      |
|       | organization's governing documents in effect on the date of notification, to the extent not previously provided?              | 1         |          |      |
| 2     | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported              |           |          |      |
|       | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how            |           |          |      |
|       | the organization maintained a close and continuous working relationship with the supported organization(s).                   | 2         |          |      |
| 3     | By reason of the relationship described in (2), did the organization's supported organizations have a                         |           |          |      |
|       | significant voice in the organization's investment policies and in directing the use of the organization's                    |           |          |      |
|       | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's                  |           |          |      |
|       | supported organizations played in this regard.  | 3         |          |      |
| Sec   | tion E. Type III Functionally Integrated Supporting Organizations   |           |          |      |
| 1     | Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instructions | s).       |          |      |
| а     | The organization satisfied the Activities Test. Complete line 2 below.  |           |          |      |
| b     | The organization is the parent of each of its supported organizations. Complete line 3 below.                                 |           |          |      |
| с     | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins          | struction | s).      |      |
| 2     | Activities Test. Answer (a) and (b) below.  |           | Yes      | No   |
| а     | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of            |           |          |      |
|       | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify                    |           |          |      |
|       | those supported organizations and explain how these activities directly furthered their exempt purposes,                      |           |          |      |
|       | how the organization was responsive to those supported organizations, and how the organization determined                     |           |          |      |
|       | that these activities constituted substantially all of its activities.  | 2a        |          |      |
| b     | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more           |           |          |      |
|       | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the                  |           |          |      |
|       | reasons for the organization's position that its supported organization(s) would have engaged in these                        |           |          |      |
|       | activities but for the organization's involvement.  | 2b        |          |      |
| 3     | Parent of Supported Organizations. Answer (a) and (b) below.  |           |          |      |
|       | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or                   |           |          |      |
|       | trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>                                    | 3a        |          |      |
| b     | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each           |           |          |      |
| -     | of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.      | 3b        |          |      |
| 93202 | 5 09-25-19 Schedule A (Form   |           | 90-EZ    | 2019 |

<sup>17</sup> 2019.05040 AYUDA, INC.

Schedule A (Form 990 or 990-EZ) 2019 AYUDA, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

| 1   | Check here if the organization satisfied the Integral Part Test as a qualifyin |    |                | Part VI). See instruction      |
|-----|--|----|----------------|--------------------------------|
| Sec | other Type III non-functionally integrated supporting organizations must co    |    | (A) Prior Year | (B) Current Year<br>(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  |                |                                |
| Sec | tion B - Minimum Asset Amount  |    | (A) Prior Year | (B) Current Year<br>(optional) |
| 1   | Aggregate fair market value of all non-exempt-use assets (see                  |    |                |                                |
|     | instructions for short tax year or assets held for part of year):              |    |                |                                |
| а   | Average monthly value of securities  | 1a |                |                                |
| b   | Average monthly cash balances  | 1b |                |                                |
| с   | Fair market value of other non-exempt-use assets                               | 1c |                |                                |
| d   | Total (add lines 1a, 1b, and 1c)   | 1d |                |                                |
| е   | Discount claimed for blockage or other   |    |                |                                |
|     | factors (explain in detail in <b>Part VI</b> ):                                |    |                |                                |
| 2   | Acquisition indebtedness applicable to non-exempt-use assets                   | 2  |                |                                |
| 3   | Subtract line 2 from line 1d.  | 3  |                |                                |
| 4   | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,   |    |                |                                |
|     | see instructions).   | 4  |                |                                |
| 5   | Net value of non-exempt-use assets (subtract line 4 from line 3)               | 5  |                |                                |
| 6   | Multiply line 5 by .035.   | 6  |                |                                |
| 7   | Recoveries of prior-year distributions   | 7  |                |                                |
| 8   | Minimum Asset Amount (add line 7 to line 6)                                    | 8  |                |                                |
| Sec | tion C - Distributable Amount  |    |                | Current Year                   |
| 1   | Adjusted net income for prior year (from Section A, line 8, Column A)          | 1  |                |                                |
| 2   | Enter 85% of line 1.   | 2  |                |                                |
| 3   | Minimum asset amount for prior year (from Section B, line 8, Column A)         | 3  |                |                                |
| 4   | Enter greater of line 2 or line 3.   | 4  |                |                                |
| 5   | Income tax imposed in prior year   | 5  |                |                                |
| 6   | Distributable Amount. Subtract line 5 from line 4, unless subject to           |    |                |                                |
|     | emergency temporary reduction (see instructions).                              | 6  |                |                                |

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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| Pa   | rt V Type III Non-Functionally Integrated 509  | (a)(3) Supporting Orga        | anizations (continued)                 | <u>_</u>                                  |
|------|--|-------------------------------|--|---|
| Sect | ion D - Distributions  |                               |  | Current Year                              |
| 1    | Amounts paid to supported organizations to accomplish exe                            |                               |  |   |
| 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 organization  | S                                      |   |
| 4    | Amounts paid to acquire exempt-use assets  |                               |  |   |
| 5    | Qualified set-aside amounts (prior IRS approval required)                            |                               |  |   |
| 6    | Other distributions (describe in Part VI). See instructions.                         |                               |  |   |
| 7    | Total annual distributions. Add lines 1 through 6.                                   |                               |  |   |
| 8    | Distributions to attentive supported organizations to which the                      | ne organization is responsive | 9                                      |   |
|      | (provide details in Part VI). See instructions.                                      |                               |  |   |
| 9    | Distributable amount for 2019 from Section C, line 6                                 |                               |  |   |
| 10   | Line 8 amount divided by line 9 amount   |                               |  |   |
| Sect | ion E - Distribution Allocations (see instructions)                                  | (i)<br>Excess Distributions   | (ii)<br>Underdistributions<br>Pre-2019 | (iii)<br>Distributable<br>Amount for 2019 |
| 1    | Distributable amount for 2019 from Section C, line 6                                 |                               |  |   |
| 2    | Underdistributions, if any, for years prior to 2019 (reason-                         |                               |  |   |
|      | able cause required- explain in Part VI). See instructions.                          |                               |  |   |
| 3    | Excess distributions carryover, if any, to 2019                                      |                               |  |   |
| a    | From 2014  |                               |  |   |
| b    | From 2015  |                               |  |   |
| c    | From 2016  |                               |  |   |
| d    | From 2017  |                               |  |   |
| e    | From 2018  |                               |  |   |
| f    | Total of lines 3a through e  |                               |  |   |
| g    | Applied to underdistributions of prior years   |                               |  |   |
| h    | Applied to 2019 distributable amount   |                               |  |   |
| i    | Carryover from 2014 not applied (see instructions)                                   |                               |  |   |
| j    | Remainder. Subtract lines 3g, 3h, and 3i from 3f.                                    |                               |  |   |
| 4    | Distributions for 2019 from Section D,<br>line 7: \$                                 |                               |  |   |
| а    | Applied to underdistributions of prior years   |                               |  |   |
| b    | Applied to 2019 distributable amount   |                               |  |   |
| с    | Remainder. Subtract lines 4a and 4b from 4.  |                               |  |   |
| 5    | Remaining underdistributions for years prior to 2019, if                             |                               |  |   |
|      | any. Subtract lines 3g and 4a from line 2. For result greater                        |                               |  |   |
|      | than zero, explain in <b>Part VI.</b> See instructions.                              |                               |  |   |
| 6    | Remaining underdistributions for 2019. Subtract lines 3h                             |                               |  |   |
|      | and 4b from line 1. For result greater than zero, explain in                         |                               |  |   |
|      | Part VI. See instructions.   |                               |  |   |
| 7    | Excess distributions carryover to 2020. Add lines 3j                                 |                               |  |   |
|      | and 4c.<br>Breakdown of line 7:  |                               |  |   |
| 8    |  |                               |  |   |
|      | Excess from 2015   |                               |  |   |
| -    | Excess from 2016   |                               |  |   |
|      | Excess from 2017   |                               |  |   |
|      | Excess from 2018   |                               |  |   |
| e    | Excess from 2019   |                               |  | (Form 000 or 000 EZ) 2010                 |

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| Part IV, Section A, lines 1, 2, 3b, 3c<br>line 1: Part IV, Section D, lines 2 an | <ul> <li>Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;</li> <li>4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C d 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.</li> </ul> |
|--|---|
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| 32028 09-25-19   | Schedule A (Form 990 or 990-EZ  |
|  | 20  |

## Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

## Schedule of Contributors

\*\* PUBLIC DISCLOSURE COPY \*\*

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

OMB No. 1545-0047

2019

Employer identification number

| 52-0971440 |
|------------|

| AYUDA | , INC. |
|-------|--------|

| Filers of:         | Section:   |
|--------------------|--|
| Form 990 or 990-EZ | X 501(c)( 3 ) (enter number) organization  |
|                    | 4947(a)(1) nonexempt charitable trust <b>not</b> 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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) 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, II, and III.

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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

| Schedule B<br>Name of or | 8 (Form 990, 990-EZ, or 990-PF) (2019)                                      | Em                          | Page <b>2</b><br>ployer identification number                                      |
|--------------------------|---|-----------------------------|--|
|                          | -   |                             |  |
| AYUDA,                   |   |                             | 52-0971440   |
| Part I                   | <b>Contributors</b> (see instructions). Use duplicate copies of Part I if a | additional space is needed. |  |
| (a)<br>No.               | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions  | (d)<br>Type of contribution  |
| 1                        |   | \$144,357.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.               | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions  | (d)<br>Type of contribution  |
| 2                        |   | \$509,000.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.               | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions  | (d)<br>Type of contribution  |
| 3                        |   | \$420,000                   | Person X<br>Payroll  |
| (a)<br>No.               | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions  | (d)<br>Type of contribution  |
| 4                        |   | \$ <u>1,073,924</u>         | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.               | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions  | (d)<br>Type of contribution  |
| 5                        |   | \$633,758.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.               | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions  | (d)<br>Type of contribution  |
| 6                        |   | \$564,089                   | (Complete Part II for noncash contributions.)                                      |
| 923452 11-06-            | - 19  | Schedule B (Fo              | rm 990, 990-EZ, or 990-PF) (2019)  |

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

22 2019.05040 AYUDA, INC.

| Schedule B    | ; (Form 990, 990-EZ, or 990-PF) (2019)                             |                               | Page <b>2</b><br>mployer identification number  |
|---------------|--|-------------------------------|---|
| INAME OF OR   | ganization   | E                             |   |
| AYUDA,        |  |                               | 52-0971440  |
| Part I        | Contributors (see instructions). Use duplicate copies of Part I in | f additional space is needed. |   |
| (a)<br>No.    | (b)<br>Name, address, and ZIP + 4                                  | (c)<br>Total contributions    | (d)<br>Type of contribution   |
| 7             |  | \$933,44                      | Person     X       Payroll  |
| (a)<br>No.    | (b)<br>Name, address, and ZIP + 4                                  | (c)<br>Total contributions    | (d)<br>Type of contribution   |
| 8             |  | \$225,00                      | 0.     Person     X       Payroll     Image: Complete Part II for noncash contributions.)                             |
| (a)           | (b)  | (c)<br>Total contributions    | (d)   |
| <u>9</u>      | Name, address, and ZIP + 4   | \$200,92                      | Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash contributions.) |
| (a)<br>No.    | (b)<br>Name, address, and ZIP + 4                                  | (c)<br>Total contributions    | (d)<br>Type of contribution   |
|               |  | \$484,16                      | Person     X       Payroll     Image: Complete Part II for noncash contributions.)                                    |
| (a)<br>No.    | (b)<br>Name, address, and ZIP + 4                                  | (c)<br>Total contributions    | (d)<br>Type of contribution   |
| 11            |  | \$250,00                      | Person     X       Payroll  |
| (a)<br>No.    | (b)<br>Name, address, and ZIP + 4                                  | (c)<br>Total contributions    | (d)<br>Type of contribution   |
| 923452 11-06- |  | \$                            | Person Payroll Noncash (Complete Part II for noncash contributions.)  |

Schedule B (Form 990, 990-I -PF) (2019)

23 2019.05040 AYUDA, INC.

| Schedule E<br>Name of or     | B (Form 990, 990-EZ, or 990-PF) (2019)                                  |   | Page <b>3</b><br>Employer identification number |
|------------------------------|---|---|---|
|                              |   |   |   |
| AYUDA                        | , INC . Noncash Property (see instructions). Use duplicate copies of Pa | rt II if additional space is needed             | 52-0971440                                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                            | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received                            |
|                              |   | \$  |   |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                            | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received                            |
|                              |   | \$  |   |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                            | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received                            |
|                              |   | \$  |   |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                            | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received                            |
|                              |   | \$  |   |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                            | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received                            |
|                              |   | \$  |   |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                            | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received                            |
| 923453 11-06                 |   | \$Schedule B                                    |   |

16440210 745960 00418 2019.05040 AYUDA, INC.

| art III                  |   |                                     |                            |                                     |
|--------------------------|---|-------------------------------------|----------------------------|-------------------------------------|
|                          | from any one contributor. Complete columns (a) t<br>completing Part III, enter the total of exclusively religious, ch | hrough (e) and the following line e | ntry. For organizatio      | IS .                                |
|                          | Use duplicate copies of Part III if additional s  |                                     | r less for the year. (Ente | this info. once.) 💌 🍟               |
| a) No.                   |   |                                     |                            |                                     |
| rom<br>Part I            | (b) Purpose of gift   | (c) Use of gift                     |                            | (d) Description of how gift is held |
|                          |   |                                     |                            |                                     |
| _                        |   |                                     |                            |                                     |
| F                        |   | (e) Transfer of g                   | ift                        |                                     |
|                          | Transferee's name, address, and   | 1 <b>ZI</b> P + 4                   | Relationsh                 | ip of transferor to transferee      |
| Γ                        |   |                                     |                            |                                     |
|                          |   |                                     |                            |                                     |
| a) No.<br>from           | (b) Purpose of gift   | (c) Use of gift                     |                            | (d) Description of how gift is held |
| Part I                   |   | (0, 000 0. g                        |                            |                                     |
|                          |   |                                     |                            |                                     |
| +                        |   | (e) Transfer of g                   |                            |                                     |
|                          |   |                                     |                            |                                     |
| ŀ                        | Transferee's name, address, and   | 1 ZIP + 4                           | Relationsh                 | ip of transferor to transferee      |
|                          |   |                                     |                            |                                     |
|                          |   |                                     |                            |                                     |
| a) No.<br>From<br>Part I | (b) Purpose of gift   | (c) Use of gift                     |                            | (d) Description of how gift is held |
|                          |   |                                     |                            |                                     |
|                          |   |                                     |                            |                                     |
| F                        |   | (e) Transfer of g                   | ift                        |                                     |
|                          | Transferee's name, address, and   | 1 ZIP + 4                           | Relationsh                 | ip of transferor to transferee      |
| Γ                        |   |                                     |                            | -                                   |
|                          |   | [                                   |                            |                                     |
|                          |   |                                     | 1                          |                                     |
| a) No.<br>From<br>Part I | (b) Purpose of gift   | (c) Use of gift                     |                            | (d) Description of how gift is held |
|                          |   |                                     |                            |                                     |
|                          |   |                                     |                            |                                     |
| F                        |   | (e) Transfer of g                   | ift                        |                                     |
|                          | Transferee's name, address, and   | 1 ZIP + 4                           | Relationsh                 | ip of transferor to transferee      |
|                          |   |                                     |                            |                                     |
| ļ                        |   |                                     |                            |                                     |
|                          |   | [                                   |                            |                                     |

Department of the Treasury Internal Revenue Service

| (Form 9 | 90) |
|---------|-----|
|---------|-----|

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.



Employer identification number

52-0971440

| Name of th | e organization   |             |           |
|------------|------------------|-------------|-----------|
|            |                  | AYUDA,      | INC.      |
| Part I     | Organizatior     | ns Maintaii | ning Do   |
|            | organization ans | wered "Yes" | on Form § |
|            |                  |             |           |

| Pa         | rt I Organizations Maintaining Donor Advise                        | ed Funds or Other Similar Fund                  | s or Accounts. Complete if the         |
|------------|--|---|--|
|            | organization answered "Yes" on Form 990, Part IV, li               | ne 6.   |  |
|            |  | (a) Donor advised funds                         | (b) Funds and other accounts           |
| 1          | Total number at end of year  |   |  |
| 2          | Aggregate value of contributions to (during year)                  |   |  |
| 3          | Aggregate value of grants from (during year)                       |   |  |
| 4          | Aggregate value at end of year                                     |   |  |
| 5          | Did the organization inform all donors and donor advisors in       | writing that the assets held in donor advis     | sed funds                              |
|            | are the organization's property, subject to the organization's     | s exclusive legal control?                      |  |
| 6          | Did the organization inform all grantees, donors, and donor        | advisors in writing that grant funds can be     | e used only                            |
|            | for charitable purposes and not for the benefit of the donor       | or donor advisor, or for any other purpose      | econferring                            |
|            | impermissible private benefit?                                     |   | Yes No                                 |
| Pa         | rt II Conservation Easements. Complete if the or                   | ganization answered "Yes" on Form 990,          | Part IV, line 7.                       |
| 1          | Purpose(s) of conservation easements held by the organization      | tion (check all that apply).                    |  |
|            | Preservation of land for public use (for example, recre            | ation or education)                             | f a historically important land area   |
|            | Protection of natural habitat                                      | Preservation of                                 | f a certified historic structure       |
|            | Preservation of open space   |   |  |
| 2          | Complete lines 2a through 2d if the organization held a qual       | ified conservation contribution in the form     | of a conservation easement on the last |
|            | day of the tax year.   |   | Held at the End of the Tax Year        |
| а          | Total number of conservation easements                             |   |  |
| b          |  |   |  |
| с          | Number of conservation easements on a certified historic st        | ructure included in (a)                         |  |
| d          | Number of conservation easements included in (c) acquired          | after 7/25/06, and not on a historic struct     | ture                                   |
|            | listed in the National Register                                    |   | 2d                                     |
| 3          | Number of conservation easements modified, transferred, re         |   |  |
|            | year 🕨   |   |  |
| 4          | Number of states where property subject to conservation ea         | asement is located                              |  |
| 5          | Does the organization have a written policy regarding the pe       | eriodic monitoring, inspection, handling of     |  |
|            | violations, and enforcement of the conservation easements          | it holds?                                       | Yes No                                 |
| 6          | Staff and volunteer hours devoted to monitoring, inspecting        | , handling of violations, and enforcing cor     | servation easements during the year    |
|            | ►  |   |  |
| 7          | Amount of expenses incurred in monitoring, inspecting, han         | dling of violations, and enforcing conservation | ation easements during the year        |
|            | ▶\$  |   |  |
| 8          | Does each conservation easement reported on line 2(d) abo          |   |  |
|            | and section 170(h)(4)(B)(ii)?                                      |   |  |
| 9          | In Part XIII, describe how the organization reports conservation   | -   |  |
|            | balance sheet, and include, if applicable, the text of the foot    | tnote to the organization's financial staten    | nents that describes the               |
| De         | organization's accounting for conservation easements.              | Ant Illistania al Tus soumes au C               | Albert Office Har Acceste              |
| Pa         | rt III Organizations Maintaining Collections of                    |   | other Similar Assets.                  |
|            | Complete if the organization answered "Yes" on Forr                |   |  |
| <b>1</b> a | If the organization elected, as permitted under FASB ASC 9         | · ·   |  |
|            | of art, historical treasures, or other similar assets held for pu  | , ,   | •                                      |
|            | service, provide in Part XIII the text of the footnote to its fina |   |  |
| b          | If the organization elected, as permitted under FASB ASC 9         | -   |  |
|            | art, historical treasures, or other similar assets held for publi  | ic 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 tro  |   | al gain, provide                       |
|            | the following amounts required to be reported under FASB           | -   |  |
| 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. 932051 10-02-19

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26 2019.05040 AYUDA, INC.

| _  | dule D (Form 990) 2019 AYUDA ,  |                                 |  |                          |                     |             |                         | 52-09       |                   |         | age <b>2</b> |
|--|---|---------------------------------|--|--------------------------|---------------------|-------------|-------------------------|-------------|-------------------|---------|--------------|
| Par  | t III Organizations Maintaining C   | Collections of A                | rt, Hist   | orical Tr                | easures, o          | or Othe     | er Simila               | ar Asse     | <b>ts</b> (contir | nued)   |              |
| 3  | Using the organization's acquisition, access  | ion, and other record           | ls, chec⊧  | any of the               | following that      | at make s   | ignificant              | use of its  |                   |         |              |
|  | collection items (check all that apply):  |                                 |  |                          |                     |             |                         |             |                   |         |              |
| а  | Public exhibition   | d                               | י 🛄 ו  | oan or excl              | hange progra        | am          |                         |             |                   |         |              |
| b  | Scholarly research  | e                               | . 🗆 (  | Other                    |                     |             |                         |             |                   |         |              |
| с  | Preservation for future generations   |                                 |  |                          |                     |             |                         |             |                   |         |              |
| 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. |   |                                 |  |                          |                     |             |                         |             |                   |         |              |
| 5  | During the year, did the organization solicit of  |                                 | -  |                          |                     |             |                         | _           | -                 |         | -            |
|  | to be sold to raise funds rather than to be m   |                                 |  |                          |                     |             |                         |             | Yes               |         | No           |
| Par  | t IV Escrow and Custodial Arran   |                                 | ete if the   | organizatio              | n answered          | "Yes" on    | Form 990                | ), Part IV, | line 9, or        |         |              |
|  | reported an amount on Form 990, Pa  |                                 |  |                          |                     |             |                         |             |                   |         |              |
| 1a   | Is the organization an agent, trustee, custod   |                                 | •  |                          |                     |             |                         | _           | 7                 |         | ٦            |
|  | on Form 990, Part X?  |                                 |  |                          |                     |             |                         | L           | Yes               |         | No           |
| b  | If "Yes," explain the arrangement in Part XIII  | and complete the fo             | llowing t  | able:                    |                     |             | <b></b>                 |             |                   |         |              |
|  |   |                                 |  |                          |                     |             |                         |             | Amoun             | t       |              |
|  | Beginning balance   |                                 |  |                          |                     |             |                         |             |                   |         |              |
|  | Additions during the year   |                                 |  |                          |                     |             |                         |             |                   |         |              |
|  | Distributions during the year   |                                 |  |                          |                     |             |                         |             |                   |         |              |
| t  | Ending balance  |                                 |  |                          |                     |             |                         |             | N                 |         |              |
|  | Did the organization include an amount on F   |                                 |  |                          |                     |             |                         |             | Yes               |         | J No<br>∣    |
| Par  | If "Yes," explain the arrangement in Part XIII.<br><b>t V</b> Endowment Funds. Complete i |                                 |  |                          |                     |             |                         |             |                   |         |              |
|  |   | (a) Current year                |  |                          |                     |             |                         | ears hack   | (e) Four          | vears   | hack         |
| 19   | Beginning of year balance   | (a) Ourient year                | ) Current year (b) Prior year (c) Two years back ( |                          |                     |             | <b>(u)</b> mice y       |             | (e) 1 001         | yours   | DUCK         |
|  | Contributions   |                                 |  |                          |                     |             |                         |             |                   |         |              |
|  | Net investment earnings, gains, and losses  |                                 |  |                          |                     |             |                         |             |                   |         |              |
|  | Grants or scholarships  |                                 |  |                          |                     |             |                         |             |                   |         |              |
|  | Other expenditures for facilities   |                                 |  |                          |                     |             |                         |             |                   |         |              |
| •  | and programs  |                                 |  |                          |                     |             |                         |             |                   |         |              |
| f  | Administrative expenses   |                                 |  |                          |                     |             |                         |             |                   |         |              |
|  | End of year balance   |                                 |  |                          |                     |             |                         |             |                   |         |              |
| 2  | Provide the estimated percentage of the cur   |                                 | ce (line 1)  | g, column (a             | a)) held as:        |             |                         |             |                   |         |              |
|  | Board designated or quasi-endowment   |                                 | %  |                          |                     |             |                         |             |                   |         |              |
|  | Permanent endowment   | %                               |  |                          |                     |             |                         |             |                   |         |              |
| с  | Term endowment  | %                               |  |                          |                     |             |                         |             |                   |         |              |
|  | The percentages on lines 2a, 2b, and 2c sho   | uld equal 100%.                 |  |                          |                     |             |                         |             |                   |         |              |
| 3a   | Are there endowment funds not in the posse  | ession of the organization      | ation tha  | t are held a             | nd administe        | ered for tl | he organiz              | zation      |                   |         |              |
|  | by:   |                                 |  |                          |                     |             |                         |             |                   | Yes     | No           |
|  | (i) Unrelated organizations   |                                 |  |                          |                     |             |                         |             | 3a(i)             |         |              |
|  | (ii) Related organizations  |                                 |  |                          |                     |             |                         |             |                   |         |              |
| b  | If "Yes" on line 3a(ii), are the related organization                                     | ations listed as requi          | red on S   | chedule R?               |                     |             |                         |             | 3b                |         |              |
| 4  | Describe in Part XIII the intended uses of the  | Q                               | owment f   | unds.                    |                     |             |                         |             |                   |         |              |
| Par  | t VI Land, Buildings, and Equipm  |                                 |  |                          |                     |             |                         |             |                   |         |              |
|  | Complete if the organization answere  | d "Yes" on Form 990             | 0, Part IV   |                          |                     |             |                         |             |                   |         |              |
|  | Description of property   | (a) Cost or o<br>basis (investr |  | <b>(b)</b> Cost<br>basis | or other<br>(other) | ,           | ccumulate<br>preciation | ed          | ( <b>d)</b> Boo   | k value | Э            |
| 1a   | Land  |                                 |  |                          |                     |             |                         |             |                   |         |              |
|  | Buildings   |                                 |  | -                        |                     |             |                         |             | ,                 |         |              |
| с  | Leasehold improvements  |                                 |  |                          | 2,196.              |             | 40,0                    |             |                   |         | 88.          |
| d  | Equipment   |                                 |  |                          | 2,955.              |             | 19,8                    |             |                   | 3,1     |              |
|  | Other   |                                 |  |                          | 5,521.              |             | 30,1                    | 38.         |                   | 5,3     |              |
| Tota   | . Add lines 1a through 1e. (Column (d) must e   | equal Form 990, Part            | X, colun   | nn (B), line 1           | 0c.)                |             |                         |             | 4                 | 0,6     | 98.          |

Schedule D (Form 990) 2019

932052 10-02-19

| (a) Description of security or category (including name of security)   | (b) Book value                            | (c) Method of valuation: Cost or e  | nd-of-vear market value         |
|--|---|-------------------------------------|---------------------------------|
| (4) Elemental elementer a  |   | (c) Method of Valdation. Cost of e  | nu-or-year market value         |
| 1) Financial derivatives   |   |                                     |                                 |
| 2) Closely held equity interests   |   |                                     |                                 |
| 3) Other   |   |                                     |                                 |
| (A)  |   |                                     |                                 |
| (B)  |   |                                     |                                 |
| (C)  |   |                                     |                                 |
| (D)  |   |                                     |                                 |
| (E)  |   |                                     |                                 |
| (F)  |   |                                     |                                 |
| (G)  |   |                                     |                                 |
| (H)  |   |                                     |                                 |
| fotal. (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 e  | nd-of-year market value         |
| (1)  |   |                                     | -                               |
| (2)  |   |                                     |                                 |
| (3)  |   |                                     |                                 |
| • •  |   |                                     |                                 |
| (4)  |   |                                     |                                 |
| (5)  |   |                                     |                                 |
| (6)  |   |                                     |                                 |
| (7)  |   |                                     |                                 |
| (8)  |   |                                     |                                 |
|  |   |                                     |                                 |
|  |   |                                     |                                 |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►<br>Part IX Other Assets.<br>Complete if the organization answered "Yes"  | on Form 990, Part IV, line<br>Description | 11d. See Form 990, Part X, line 15. | (b) Book value                  |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX         Other Assets.         Complete if the organization answered "Yes"  |   | 11d. See Form 990, Part X, line 15. | (b) Book value                  |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)  |   | 11d. See Form 990, Part X, line 15. | (b) Book value                  |
| iotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)   |   | 11d. See Form 990, Part X, line 15. | (b) Book value                  |
| iotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)   |   | 11d. See Form 990, Part X, line 15. | (b) Book value                  |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)  |   | 11d. See Form 990, Part X, line 15. | (b) Book value                  |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)  |   | 11d. See Form 990, Part X, line 15. | (b) Book value                  |
| total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)   |   | 11d. See Form 990, Part X, line 15. | (b) Book value                  |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)  |   | 11d. See Form 990, Part X, line 15. | (b) Book value                  |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)  |   | 11d. See Form 990, Part X, line 15. | (b) Book value                  |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX         Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)  | Description                               |                                     | (b) Book value                  |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line   | Description                               |                                     | (b) Book value                  |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) lime 13.)         Part X  | Description                               |                                     |                                 |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) lim Part X Other Liabilities. Complete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) lim (c)  | Description                               |                                     | 25.                             |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         otal. (Column (b) must equal Form 990, Part X, col. (B) lime         Part X         Other Liabilities.         Complete if the organization answered "Yes"         .   | Description                               |                                     |                                 |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)<br>Part IX Other Assets.<br>Complete if the organization answered "Yes"<br>(a)<br>(1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>Total. (Column (b) must equal Form 990, Part X, col. (B) line<br>Part X Other Liabilities.<br>Complete if the organization answered "Yes"<br>(a) Description of liability<br>(1) Federal income taxes   | Description                               |                                     | 25. (b) Book value              |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         other Liabilities.         Complete if the organization answered "Yes"         (a) Description of liability         (1) Federal income taxes         (2) DEFERRED RENT   | Description                               |                                     | 25.<br>(b) Book value<br>167,40 |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         other Liabilities.         Complete if the organization answered "Yes"         .         (a) Description of liability         (1) Federal income taxes         (2) DEFERRED RENT         (3) REFUNDABLE ADVANCES   | Description                               |                                     | 25.<br>(b) Book value<br>167,40 |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         otal. (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) DEFERRED RENT         (3) REFUNDABLE ADVANCES         (4)                                     | Description                               |                                     | 25.<br>(b) Book value<br>167,40 |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         other Liabilities.         Complete if the organization answered "Yes"         .         (a) Description of liability         (1) Federal income taxes         (2) DEFERRED RENT         (3) REFUNDABLE ADVANCES   | Description                               |                                     | 25.<br>(b) Book value<br>167,40 |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         other Liabilities.         Complete if the organization answered "Yes"         .         (a) Description of liability         (1) Federal income taxes         (2) DEFERRED RENT         (3) REFUNDABLE ADVANCES         (4)   | Description                               |                                     | 25.<br>(b) Book value<br>167,40 |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         otal. (Column (b) must equal Form 990, Part X, col. (B) lim         Part X         Other Liabilities.         Complete if the organization answered "Yes"         .         (a) Description of liability         (1) Federal income taxes         (2) DEFERRED RENT         (3) REFUNDABLE ADVANCES         (4)         (5)                          | Description                               |                                     | 25. (b) Book value              |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         otal. (Column (b) must equal Form 990, Part X, col. (B) lime         Part X         Other Liabilities.         Complete if the organization answered "Yes"         .         (a) Description of liability         (1) Federal income taxes         (2) DEFERRED RENT         (3) REFUNDABLE ADVANCES         (4)         (5)         (6)             | Description                               |                                     | 25.<br>(b) Book value<br>167,40 |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         cotal. (Column (b) must equal Form 990, Part X, col. (B) lim         Part X         Other Liabilities.         Complete if the organization answered "Yes"         .         (a) Description of liability         (1) Federal income taxes         (2) DEFERRED RENT         (3) REFUNDABLE ADVANCES         (4)         (5)         (6)         (7) | Description                               |                                     | 25.<br>(b) Book value<br>167,40 |

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) 2019

932053 10-02-19

| Sche | dule D (Form 990) 2019 AYUDA, INC.   |            |                  | 52-     | 0971440 | Page <b>4</b> |
|------|--|------------|------------------|---------|---------|---------------|
| Pa   | t XI Reconciliation of Revenue per Audited Financial Stateme   | ents Wi    | th Revenue per R | etur    | n.      |               |
|      | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a   |            |                  |         |         |               |
| 1    | Total revenue, gains, and other support per audited financial statements   |            |                  | 1       | 12,405, | ,307.         |
| 2    | Amounts included on line 1 but not on Form 990, Part VIII, line 12:  |            |                  |         |         |               |
| а    | Net unrealized gains (losses) on investments   | 2a         |                  |         |         |               |
| b    | Donated services and use of facilities   | <b>2</b> b | 5,371,721.       |         |         |               |
| с    | Recoveries of prior year grants  |            |                  |         |         |               |
| d    | Other (Describe in Part XIII.)   |            |                  |         |         |               |
| е    | Add lines 2a through 2d  |            |                  | 2e      | 5,371,  | ,721.         |
| 3    | Subtract line 2e from line 1   |            |                  | 3       | 7,033,  | ,586.         |
| 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 <b>4a</b> and <b>4b</b>  |            |                  | 4c      |         | 0.            |
| 5    | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  |            |                  | 5       | 7,033,  | ,586.         |
| Pa   | rt XII Reconciliation of Expenses per Audited Financial Statem   |            | ith Expenses per | Retu    | urn.    |               |
|      | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a   |            |                  |         |         |               |
| 1    | Total expenses and losses per audited financial statements   |            |                  | 1       | 12,132, | ,961.         |
| 2    | Amounts included on line 1 but not on Form 990, Part IX, line 25:  |            |                  |         |         |               |
| а    | Donated services and use of facilities   | . 2a       | 5,371,721.       |         |         |               |
| b    | Prior year adjustments   | . 2b       |                  |         |         |               |
| с    | Other losses   | . 2c       |                  |         |         |               |
| d    | Other (Describe in Part XIII.)   | 2d         |                  |         |         |               |
| е    | Add lines 2a through 2d  |            |                  | 2e      | 5,371,  |               |
| 3    | Subtract line 2e from line 1   |            |                  | 3       | 6,761,  | ,240.         |
| 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.)   | . 4b       |                  |         |         |               |
| ~    |  |            |                  | 4-      | 1       | ~             |
| C    | Add lines 4a and 4b  |            |                  | 4c      |         | 0.            |
| 5    | Add lines <b>4a</b> and <b>4b</b><br>Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> )<br><b>rt XIII</b> Supplemental Information. |            |                  | 4c<br>5 | 6,761,  | ,240.         |

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, 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 SEPTEMBER 30, 2020, AYUDA, INC. 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 FINANCIAL STATEMENTS.

932054 10-02-19

| SCHEDULE I<br>(Form 990)<br>Department of the Treasury<br>Internal Revenue Service  | Go                              | irants and Oth<br>vernments, ar<br>ete if the organizatio<br>Go to www.ir | nd Individua                          | <b>ls in the Un</b> i<br>" on Form 990, Pa<br>m 990. | ited States<br>Irt IV, line 21 or 22.                                 |                                       | OMB No. 1545-0047                     |
|---|---------------------------------|---|---------------------------------------|--|---|---------------------------------------|---------------------------------------|
| Name of the organization  | NG                              |   |                                       |  |   |                                       | Employer identification number        |
| AYUDA, I<br>Part I General Information on Grants  |                                 |   |                                       |  |   |                                       | 52-0971440                            |
| 1 Does the organization maintain record<br>criteria used to award the grants or as  | s to substantiate the sistance? |   | · · · · · · · · · · · · · · · · · · · |  |   |                                       |                                       |
| 2 Describe in Part IV the organization's p<br>Part II Grants and Other Assistance t   |                                 |   |                                       |  | anization answered "  | (as" on Form 000 Dar                  | t IV line 21 for any                  |
| recipient that received more that   |                                 |   |                                       |  | anization answered  | res on form 990, Far                  | t IV, III e 2 I, IOF any              |
| <b>1 (a)</b> Name and address of organization or government   | (b) EIN                         | (c) IRC section<br>(if applicable)  | (d) Amount of cash grant              | (e) Amount of<br>non-cash<br>assistance              | <b>(f)</b> Method of<br>valuation (book,<br>FMV, appraisal,<br>other) | (g) Description of noncash assistance | (h) Purpose of grant<br>or assistance |
|   |                                 |   |                                       |  |   |                                       |                                       |
|   |                                 |   |                                       |  |   |                                       |                                       |
|   |                                 |   |                                       |  |   |                                       |                                       |
|   |                                 |   |                                       |  |   |                                       |                                       |
|   |                                 |   |                                       |  |   |                                       |                                       |
|   |                                 |   |                                       |  |   |                                       |                                       |
| <ul> <li>2 Enter total number of section 501(c)(3)</li> <li>3 Enter total number of other organization</li> <li>LHA For Paperwork Reduction Act Notice</li> </ul> | ons listed in the line          | 1 table   | he line 1 table                       |  |   | •                                     | Schedule I (Form 990) (2019)          |

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance   | (b) Number of recipients | (c) Amount of<br>cash grant | (d) Amount of non-<br>cash assistance | <b>(e)</b> Method of valuation<br>(book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---|--------------------------|-----------------------------|---------------------------------------|---|---------------------------------------|
| DEDIM CADDO CELL DUONE CADDO DENMAL ACCIONANCE  |                          |                             |                                       |   |                                       |
| REDIT CARDS, CELL PHONE CARDS, RENTAL ASSISTANCE,<br>EDICAL ASSISTANCE, MEDICINE, TRANSPORTATION, ESL |                          |                             |                                       |   |                                       |
| JITION, AND COVID RELIEF  | 293                      | 363,549.                    | 0.                                    |   |                                       |
|   | 255                      | 505,545.                    |                                       |   |                                       |
|   |                          |                             |                                       |   |                                       |
|   |                          |                             |                                       |   |                                       |
|   |                          |                             |                                       |   |                                       |
|   |                          |                             |                                       |   |                                       |
|   |                          |                             |                                       |   |                                       |
|   |                          |                             |                                       |   |                                       |
|   |                          |                             |                                       |   |                                       |
|   |                          |                             |                                       |   |                                       |
|   |                          |                             |                                       |   |                                       |
|   |                          |                             |                                       |   |                                       |
|   |                          |                             |                                       |   |                                       |
|   |                          |                             |                                       |   |                                       |
|   |                          |                             |                                       |   |                                       |
|   |                          |                             |                                       |   |                                       |
|   |                          |                             |                                       |   |                                       |
| Part IV Supplemental Information. Provide the information re-   | quired in Part I, lir    | e 2; Part III, column       | (b); and any other a                  | dditional information.  |                                       |
| ·   |                          |                             | -                                     |   |                                       |
| ART I, LINE 2:  |                          |                             |                                       |   |                                       |
|   |                          |                             |                                       |   |                                       |

TRANSPORTATION, GIFT CARDS TO SUPERMARKETS AND DEPARTMENT STORES, AND FOR

MEDICAL TREATMENT. THEY ARE PROCESSED THROUGH THE SOCIAL SERVICES INTAKES

SYSTEM AT AYUDA IN ORDER TO ASSESS THEIR STATUS. VICTIMS OF HUMAN

TRAFFICKING MUST HAVE BEEN IDENTIFIED AS A VICTIM OF TRAFFICKING, HAVE A

COMPLETED SOCIAL SERVICES INTAKE, AND BE ACTIVELY RECEIVING COMPREHENSIVE

CASE MANAGEMENT. IN ADDITION, IMMIGRANT VICTIMS OF CRIME RECEIVING

COMPREHENSIVE CASE MANAGEMENT CAN RECEIVE RENTAL ASSISTANCE, GIFT CARDS FOR

|            |            | tal Information |      |
|------------|------------|-----------------|------|
| Schedule I | (Form 990) | AYUDA,          | INC. |

GROCERY/CLOTHING, AND TRANSPORTATION. CLIENTS ALSO RECEIVED SUPPORT DUE TO

THE COVID-19 PANDEMIC.

Schedule I (Form 990)

932291 04-01-19

## SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

| Department of the Treasury |  |
|----------------------------|--|
| Internal Revenue Service   |  |

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

Open to Public Inspection

| Name | of the | organization |
|------|--------|--------------|

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

| Employer identification number |
|--------------------------------|
| 52-0971440                     |

AYUDA, INC.

| Par     | tΙ    | Types of Property  |   |   |  |   |     |     |    |
|---------|-------|--|---|---|--|---|-----|-----|----|
|         |       |  | <b>(a)</b><br>Check if<br>applicable    | (b)<br>Number of<br>contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of de<br>noncash contribu |     | •   | 5  |
| 1       | Art - | Works of art   |   |   |  |   |     |     |    |
| 2       |       | Historical treasures   |   |   |  |   |     |     |    |
| 3       |       | Fractional interests   |   |   |  |   |     |     |    |
| 4       |       | ks and publications  |   |   |  |   |     |     |    |
| 5       |       | hing and household goods   |   |   |  |   |     |     |    |
| 6       |       | and other vehicles   |   |   |  |   |     |     |    |
| 7       |       | ts and planes  |   |   |  |   |     |     |    |
| 8       |       | lectual property   |   |   |  |   |     |     |    |
| 9       |       | urities - Publicly traded  | X                                       | 3   | 27,235.  |   |     |     |    |
| 10      |       | urities - Closely held stock   |   |   |  |   |     |     |    |
| 11      |       | urities - Partnership, LLC, or   |   |   |  |   |     |     |    |
|         |       | interests  |   |   |  |   |     |     |    |
| 12      |       | urities - Miscellaneous  |   |   |  |   |     |     |    |
| 13      |       | lified conservation contribution -   |   |   |  |   |     |     |    |
|         | Hist  | pric structures  |   |   |  |   |     |     |    |
| 14      |       | lified conservation contribution - Other   |   |   |  |   |     |     |    |
| 15      | Rea   | estate - Residential   |   |   |  |   |     |     |    |
| 16      |       | estate - Commercial  |   |   |  |   |     |     |    |
| 17      |       | estate - Other   |   |   |  |   |     |     |    |
| 18      |       | ectibles   |   |   |  |   |     |     |    |
| 19      |       | d inventory  |   |   |  |   |     |     |    |
| 20      |       | s and medical supplies   |   |   |  |   |     |     |    |
| 21      | Taxi  | dermy  |   |   |  |   |     |     |    |
| 22      | Hist  | orical artifacts   |   |   |  |   |     |     |    |
| 23      | Scie  | ntific specimens   |   |   |  |   |     |     |    |
| 24      | Arch  | eological artifacts  |   |   |  |   |     |     |    |
| 25      | Othe  | er 🕨 ()  |   |   |  |   |     |     |    |
| 26      | Othe  | er 🕨 ()  |   |   |  |   |     |     |    |
| 27      | Othe  | er 🕨 ()  |   |   |  |   |     |     |    |
| 28      | Othe  | er 🕨 ( )   |   |   |  |   |     |     |    |
| 29      |       | ber of Forms 8283 received by the organiz  |   |   |  |   |     |     |    |
|         | for v | which the organization completed Form 828  | 33, Part IV, I                          | Donee Acknowled   | gement 29  |   |     |     |    |
|         |       |  |   |   |  |   | `   | Yes | No |
| 30a     |       | ng the year, did the organization receive by   |   |   |  |   |     |     |    |
|         |       | t hold for at least three years from the date  |   |   |  |   |     |     | v  |
|         |       | npt purposes for the entire holding period?  | • |   |  |   | 30a |     | X  |
|         |       | es," describe the arrangement in Part II.  |   | an dua a dia a mand                                       | of any management of the sector  | tioneQ                                  |     |     | х  |
| 31      |       | s the organization have a gift acceptance p  |   |   |  | tions?                                  | 31  |     |    |
| 32a     |       | s the organization hire or use third parties or the structure of the struc |   | 0   | · •  |   | 20- |     | х  |
| h       |       | ributions?<br>es," describe in Part II.  |   |   |  |   | 32a |     |    |
| ы<br>33 |       | e organization didn't report an amount in c  | olumn (c) fo                            | r a type of proport                                       | v for which column (a) is cho  | rked                                    |     |     |    |
| 33      |       | ribe in Part II.   |   | a type of propert   | y for writen column (a) is che   |   |     |     |    |
|         | 4530  |  |   |   |  |   |     |     |    |

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

Schedule M (Form 990) 2019

932141 09-27-19

## Schedule M (Form 990) 2019 AYUDA, INC.

Part II

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

### THE NUMBER IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS.

Schedule M (Form 990) 2019

932142 09-27-19

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service 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 990-EZ. Go to www.irs.gov/Form990 for the latest information.



52-0971440

AYUDA, INC.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

D.C. METROPOLITAN AREA. WITH OFFICES IN WASHINGTON, D.C., MARYLAND AND

VIRGINIA, AYUDA ENDEAVORS TO GIVE A VOICE TO CLIENTS WHO CANNOT

NAVIGATE OUR COUNTRY'S LEGAL SYSTEM BY THEMSELVES, EMPOWER INDIVIDUALS

TRYING TO LEAD A NEW LIFE AWAY FROM ABUSE AND TRANSFORM COMMUNITIES BY

ENSURING THAT OUR CLIENTS HAVE THE OPPORTUNITY TO BUILD SELF-SUSTAINING

LIVES AND BE ABLE TO PROVIDE FOR THEIR LOVED ONES AND THEMSELVES.

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

INDIVIDUALS WHO ARE LIMITED-ENGLISH PROFICIENT, AND DEAF OR HARD OF

HEARING. AYUDA'S PRIMARY INTERPRETATION/TRANSLATION PROJECTS PROVIDE

INTERPRETATION SERVICES FOR IMMIGRANTS SEEKING LEGAL REPRESENTATION AND

IMMIGRANT VICTIMS OF CRIME WHO ARE SEEKING VICTIM SERVICES. AYUDA

OFFERED OUTREACH AND TRAINING TO THE COMMUNITY, SERVICE PROVIDERS AND

OTHER PARTNERS THROUGHOUT THE D.C. METROPOLITAN AREA.

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

THE 990 WAS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM AND REVIEWED BY

AYUDA'S EXECUTIVE DIRECTOR. THE RETURN WAS THEN DISTRIBUTED TO AYUDA'S

BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS.

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

EACH EMPLOYEE SIGNS A CONFLICT OF INTEREST STATEMENT ON HIS/HER FIRST DAY

OF EMPLOYMENT AND EVERY BOARD AND STAFF MEMBER ANNUALLY COMPLETES A

CONFLICT OF INTEREST DISCLOSURE QUESTIONNAIRE AND AFFIRMATION OF

 COMPLIANCE.
 PURSUANT
 TO
 THE
 POLICY
 EACH
 PERSON
 IS
 UNDER
 THE
 OBLIGATION
 TO

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2019)
 Schedule O (Form 990 or 990-EZ) (2019)

 932211
 09-06-19
 Schedule O (Form 990 or 990-EZ) (2019)
 Schedule O (Form 990 or 990-EZ) (2019)

| Schedule O (Form 990 or 990-EZ) (2019)                    | Page <b>2</b>                  |  |  |
|---|--------------------------------|--|--|
| Name of the organization                                  | Employer identification number |  |  |
| AYUDA, INC.   | 52-0971440                     |  |  |
|   |                                |  |  |
| DISCLOSE ANY CONFLICTS THAT ARISE DURING THE COURSE OF TH | E YEAR. PROCEDURES             |  |  |
|   |                                |  |  |

HAVE BEEN DEVELOPED FOR REVIEWING AND ADDRESSING CONFLICTS OF INTEREST THAT ARISE.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD OF DIRECTORS IS RESPONSIBLE FOR EVALUATING AND SETTING THE SALARY OF THE EXECUTIVE DIRECTOR. IN ORDER TO DO THIS, THE BOARD MEASURES RESULTS ACHIEVED BY THE EXECUTIVE AND RESEARCHES SALARIES OF EXECUTIVES AT SIMILAR NON-PROFIT ORGANIZATIONS IN ORDER TO ESTABLISH A REASONABLE SALARY. THE LAST COMPENSATION REVIEW TOOK PLACE IN DECEMBER 2020.

FOR STAFF, SENIOR MANAGEMENT RESEARCHES SALARIES FOR SIMILAR POSITIONS AT SIMILAR NON-PROFIT ORGANIZATIONS TO ENSURE THAT ALL SALARIES ARE WITHIN AN APPROPRIATE RANGE.

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

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. THE FINANCIAL STATEMENTS ARE ALSO POSTED ON AYUDA'S WEBSITE. THE ANNUAL REPORT IS CIRCULATED PRIMARILY TO INSTITUTIONAL AND INDIVIDUAL FUNDERS AND INCLUDES AUDITED FINANCIAL INFORMATION. THIS REPORT IS ALSO AVAILABLE ON AYUDA'S WEBSITE.

 FORM 990 PART X LINE 24 UNSECURED NOTES PAYABLE TO UNRELATED THIRD PARTIES:

 ON APRIL 14, 2020, AYUDA, INC. RECEIVED LOAN PROCEEDS IN THE AMOUNT OF

 \$813,200 UNDER THE PAYCHECK PROTECTION PROGRAM. THE PROMISSORY NOTE

 CALLS FOR MONTHLY PRINCIPAL AND INTEREST PAYMENTS AMORTIZED OVER THE

 TERM OF THE PROMISSORY NOTE WITH A DEFERRAL OF PAYMENTS FOR THE FIRST

 SIX MONTHS. UNDER THE CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY

 932212 09-06-19

 36

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 2019.05040 AYUDA, INC.

| Schedule O (Form 990 or 990-EZ) (2019)<br>Name of the organization | Page 2 Employer identification number |
|--|---------------------------------------|
| AYUDA, INC.  | 52-0971440                            |
| ACT (CARES ACT), THE PROMISSORY NOTE MAY BE FORGIVEN BY T          | HE SMALL                              |
| BUSINESS ADMINISTRATION IN WHOLE OR IN PART. AYUDA, INC.           | INTENDS TO USE                        |
| THE PROCEEDS FOR PURPOSES CONSISTENT WITH THE PAYCHECK PR          | OTECTION                              |
| PROGRAM AND BELIEVES THAT ITS USE OF THE LOAN PROCEEDS WI          | LL MEET THE                           |
| CONDITIONS FOR FORGIVENESS OF THE LOAN. AYUDA, INC. INTEN          | IDS TO APPLY                          |
| FOR FORGIVENESS AFTER COMPLETING THE 24 WEEK PERIOD. IF F          | ORGIVENESS IS                         |
| GRANTED, AYUDA, INC. WILL RECORD REVENUE FROM DEBT EXTING          | UISHMENT                              |
| DURING THE PERIOD THAT FORGIVENESS WAS APPROVED.                   |                                       |
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|  | dule O (Form 990 or 990-EZ) (2019)    |
| 37<br>440210 745960 00418 2019.05040 AYUDA, INC.                   | 004181                                |