Form **8868**

(Rev. January 2024)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I — Identification Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) Type or Print Asian Mental Health Collective Inc XX-XXX6622 Number, street, and room or suite no. If a P.O. box, see instructions. File by the 613 Park Lane due date for City, town or post office, state, and ZIP code. For a foreign address, see instructions. filing your return. See Friendswood, TX 77546 instructions 01 Application Is For Return Application Is For Return Code Code 01 09 Form 990 or Form 990-EZ Form 4720 (other than individual) Form 4720 (individual) 03 Form 5227 10 Form 990-PF Λ4 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 12 Form 5330 (individual) Form 990-T (trust other than above) 06 13 Form 5330 (other than individual) Form 990-T (corporation) 07 14 Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II — Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of Laura Luo Telephone No. (832) 743-8370 Fax No. If the organization does not have an office or place of business in the United States, check this box. If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) for the whole group, check this box. If it is for part of the group, check this box. a list with the names and TINs of all members the extension is for. 11/15 , 20 24 , to file the exempt organization return I request an automatic 6-month extension of time until for the organization named above. The extension is for the organization's return for: calendar year 20 tax year beginning , 20 , and ending , 20 . 2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 3a any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

Form 8868	(Rev. 1-2024) Asian Mental Health Collective Inc	>	XX-XXX6622	Page 2
Part III	— Extension of Time To File Form 5330 (see instructions)			
1	I request an extension of time until, 20, to file Form 5330.			
	You may be approved for up to a 6-month extension to file Form 5330, after the normal due date o	f Forn	n 5330.	
а	Enter the Code section(s) imposing the tax.		ı	
b	Enter the payment amount attached.	1b	\$	
С	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date (MM/DD/YYYY).	1c		
2	State in detail why you need the extension.			
	alties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, this application.	and tha	t I am authorized	
Signatur	re Date			

Form **8868** (Rev. 1-2024)

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

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

Α	For the	2023 ca	lendar year, or tax year beginning		, and er			
В	Check if a	applicable:	C Name of organization Asian Mental	Health Collective Inc		D Employer	identificatio	n number
	Address	change	Doing business as					
$\overline{\Box}$			Number and street (or P.O. box if mail is not	delivered to street address)	Room/suite	85-2046622	<u>.</u>	
Ш	Name cha	ange	613 Park Lane			E Telephone	number	
	Initial retu	ırn	City or town	State	ZIP code	(005) 200 4	445	
\equiv			Friendswood	TX	77546	(605) 269-1	115	
Ш	Final return	/terminated	Foreign country name Foreign	province/state/county	Foreign postal	code		
	Amended	l return		•		G Gross rece	eipts \$	570,261
<u> </u>								
Ш	Application	n pending	F Name and address of principal officer:			H(a) Is this a group return for	or subordinates	? Yes X No
			Ayesha Meer 920 Franklin Street, Ra	apid City, SD 57701		H(b) Are all subordinate	s included?	Yes No
1	Tax-exer	npt status:	X 501(c)(3) 501(c) ((insert no.) 4947(a)(1	or 527	If "No," attach a lis	t. See instruc	tions
		·		(, 0 02.			
J	Website	: nup	os://www.asianmhc.org/			H(c) Group exemption r	lumber	
K	Form of o	organizatior	n: X Corporation Trust Associa	ation Other	L Yea	r of formation: 2020	M State of	of legal domicile: TX
:	Part I	Su	mmary		•			
	1		lescribe the organization's mission or	most significant activitie	e· To no	ormalize and de-stig	m atiza m	ental
ø	'	-	within the Asian community.	most significant activitie	3. <u>191</u> 1	imalize and de-stig	Jillauze III	
Ĕ		nealin w	All ill the Asian community.					
Activities & Governance			<u></u>					
Š	2	Check to	his box if the organization dis	continued its operations	or disposed	of more than 25% of	of its net a	ssets.
Ö	3	Number	of voting members of the governing I	oody (Part VI, line 1a) 🗻			3	9
≪ර්	4		of independent voting members of th		VI line 1b)		4	9
ies	5		imber of individuals employed in caler				5	2
¥							6	<u>_</u>
둉	6		imber of volunteers (estimate if neces					
⋖	7a		related business revenue from Part V				7a	0
	b	Net unre	elated business taxable income from I	orm 990-T, Part I, line	11		7b	
						Prior Year		Current Year
<u>o</u>	8		utions and grants (Part VIII, line 1h) .			546	5,624	565,896
ũ	9	Program	n service revenue (Part VIII, line 2g)			0	0
Revenue	10		ent income (Part VIII, column (A), line				106	4,365
ď	11		evenue (Part VIII, column (A), lines 5,				0	0
	12		venue—add lines 8 through 11 (must equ			546	5,730	570,261
	13					<u> </u>	0	0
			and similar amounts paid (Part IX, col		1			
	14		s paid to or for members (Part IX, colu				0	0
es	15		, other compensation, employee benefits			3	3,500	94,821
Su	16a	Professi	ional fundraising fees (Part IX, columr	n (A), line 11e)			0	0
Expenses	b	Total fur	ndraising expenses (Part IX, column (D), line 25)	0			
ш	17	Other ex	xpenses (Part IX, column (A), lines 11	a-11d, 11f-24e)		130	,227	219,597
	18		penses. Add lines 13–17 (must equal	-	*	133	3,727	314,418
	19		e less expenses. Subtract line 18 fron		- /		3,003	255,843
- «	3	rtovona	S loca experiesce, editation into 10 fresh			Beginning of Current		End of Year
Net Assets or	20	Total ac	sets (Part X, line 16)		†	1,762		2,021,742
\sse	20					1,702		
et/	21					4 700	0	3,404
			ets or fund balances. Subtract line 21	from line 20		1,762	,495	2,018,338
		ei^						
Und	art II		nature Block					
	ler penalti	es of perjur	nature Block y, I declare that I have examined this return, inclu			•	•	
	ler penalti	es of perjur	nature Block			•	•	
and	ler penalti belief, it i	es of perjur	nature Block y, I declare that I have examined this return, inclu			•	•	
and Sig	ler penalti belief, it i	es of perjury s true, corre	nature Block y, I declare that I have examined this return, inclu			•	•	
and	ler penalti belief, it is	es of perjur s true, corre Sign	gnature Block y, I declare that I have examined this return, incluent, and complete. Declaration of preparer (other		ormation of which	preparer has any knowle	•	
and Sig	ler penalti belief, it is	es of perjur s true, corre Sign Aye	y, I declare that I have examined this return, includent, and complete. Declaration of preparer (other ature of officer esha Meer		ormation of which	preparer has any knowle	•	
and Sig	ler penalti belief, it is	es of perjur s true, corre Sign Aye Type	y, I declare that I have examined this return, includent, and complete. Declaration of preparer (other ature of officer esha Meer e or print name and title	than officer) is based on all info	ormation of which	preparer has any knowled by the preparer has a preparer ha	•	PTIN
Siç He	er penalti belief, it is gn ere	es of perjur s true, corre Sign Aye Type	y, I declare that I have examined this return, includent, and complete. Declaration of preparer (other ature of officer esha Meer		ormation of which	preparer has any knowled Date Utive Director Date	•	PTIN
Sig He Pa	ler penalti belief, it is gn ere	es of perjur s true, corre Sign Aye Type	y, I declare that I have examined this return, includent, and complete. Declaration of preparer (other ature of officer esha Meer e or print name and title	than officer) is based on all info	ormation of which	preparer has any knowled Date Utive Director Date Ci	edge.	f
Sig He Pa	ler penalti belief, it is gn ere id eparer	es of perjur s true, corre Sign Aye Type Prin	y, I declare that I have examined this return, included, and complete. Declaration of preparer (other ature of officer esha Meer e or print name and title tt/Type preparer's name and L Bentley	than officer) is based on all info	ormation of which	Date Utive Director Date CI 6/17/2024	neck i	f XXXXXXXXX
Sig He Pa	ler penalti belief, it is gn ere	s of perjures true, correstrue, correstrue	y, I declare that I have examined this return, included, and complete. Declaration of preparer (other ature of officer esha Meer et or print name and title tt/Type preparer's name and L Bentley the name and L Bentley the name and L Bearded Bookkeeper.	than officer) is based on all info	ormation of which	Date Utive Director Date 6/17/2024 Firm's EIN	neck if-employed	f XXXXXXXXXX 699
Sig He Pa	ler penalti belief, it is gn ere id eparer	s of perjures true, correstrue, correstrue	y, I declare that I have examined this return, included, and complete. Declaration of preparer (other ature of officer esha Meer e or print name and title tt/Type preparer's name and L Bentley	than officer) is based on all info	ormation of which	Date Utive Director Date CI 6/17/2024	neck i	f XXXXXXXXXX 699

	rt III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly de	escribe the organization's mission:	
	AMHC is	a national nonprofit with the mission to destigmatize mental health within the	
	Asian cor	mmunity. AMHC offers both online and in-person events for mental health, aspiring	
	to make r	mental health more accessible, approachable, available to the Asian community.	
2		rganization undertake any significant program services during the year which were not listed on	V .
		Form 990 or 990-EZ?	X No
2		rganization cease conducting, or make significant changes in how it conducts, any program	
3		Yes	X No
		describe these changes on Schedule O.	<u> </u>
4		the organization's program service accomplishments for each of its three largest program services, as measured by	
		s. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
		expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$118,281 including grants of \$) (Revenue \$)
		erapy Fund Program has 350 active therapists and has provided more than 1200 individual	
		essions for over 150 individuals within Asian communities across the country. The	
		also has a directory of Asian therapists within the US that contains over 2500 activie	
	therapists	S	
4b	(Code:) (Expenses \$ 37,297 including grants of \$) (Revenue \$)
		fers round-table and community support groups for those in need, hosted by professional	
	thoroniete	n in our nativarly ANUC further provides resources through its therepist directory	
		s in our network. AMHC further provides resources through its therapist directory,	
	professio	nal workshops, and podcast series to help facilitate difficult conversations to	
	professio destigma	nal workshops, and podcast series to help facilitate difficult conversations to tize mental health within the Asian community. The facebook support group has over 61600	
	professio destigma	nal workshops, and podcast series to help facilitate difficult conversations to tize mental health within the Asian community. The facebook support group has over 61600 and over 125 people have benefited from in-person support groups.	
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4c	professio destigma members	nal workshops, and podcast series to help facilitate difficult conversations to tize mental health within the Asian community. The facebook support group has over 61600 and over 125 people have benefited from in-person support groups. (Expenses \$ 42,577 including grants of \$) (Revenue \$)
4c	professio destigma members (Code: AMHC ho	nal workshops, and podcast series to help facilitate difficult conversations to tize mental health within the Asian community. The facebook support group has over 61600 and over 125 people have benefited from in-person support groups. (Expenses \$ 42,577 including grants of \$) (Revenue \$ osts an annual virtual conference called Transformasian, which invites speakers in the Asian)
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1 is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation?)* If "Yes," complete Schedule A. Schedule of Contributors' See instructions. 2 Is the organization required to complete Schedule B. Schedule of Contributors' See instructions. 3 In the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C. Part I. 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) delection in effect during the tax year? If "Yes," complete Schedule C. Part II. 5 Is the organization section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-1921 "Yes," complete Schedule C. Part III. 5 List the organization maintain any denor advised funds or any similar funds or accounts for which debots have the right to provide active on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D. Part II. 7 Did the organization receives or hold a conservation easement, including easements to preserve dien space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part III. 7 Did the organization receive or hold as conservation easement, including easements to preserve dien space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part III. 8 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 VII. 9 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. Part VII. 9 Did the organization report an amount for land, buildings, and equipment in		990 (2023) Asian Mental Health Collective Inc 85-2046	622	P	age 3
1 is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation?)* If "Yes," complete Schedule A. Schedule of Contributors' See instructions. 2 Is the organization required to complete Schedule B. Schedule of Contributors' See instructions. 3 In the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C. Part I. 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) delection in effect during the tax year? If "Yes," complete Schedule C. Part II. 5 Is the organization section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-1921 "Yes," complete Schedule C. Part III. 5 List the organization maintain any denor advised funds or any similar funds or accounts for which debots have the right to provide active on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D. Part II. 7 Did the organization receives or hold a conservation easement, including easements to preserve dien space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part III. 7 Did the organization receive or hold as conservation easement, including easements to preserve dien space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part III. 8 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 VII. 9 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. Part VII. 9 Did the organization report an amount for land, buildings, and equipment in	Part	V Checklist of Required Schedules			
complete Schedule A. 2 Is the organization required to complete Schedule B. Schedule of Contributors? See instructions 3 Id the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? "Yes," complete Schedule C. Part II. 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) delection in effect during the tax year? If "Yes," complete Schedule C. Part II. 5 Is the organization as section 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-197 If "Yes," complete Schedule C, Part III. 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which debris have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D. Part I. 7 Did the organization receive or hold a conservation essement, including essements to preserve dient space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part I. 8 Did the organization maintain collections of works of ant, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part I. 9 Did the organization maintain or levels of the part IV. 10 Did the organization directly or through a related organization, hold assets in donoraesthold endowments or in quasi-endowments? If "Yes," complete Schedule D. Part IV. 10 Did the organization directly or through a related organization, hold assets in donoraesthold endowments or in quasi-endowments? If "Yes," complete Schedule D. Part V. 10 Did the organization circumstance in the following questions is "Yes," they complete Schedule D. Part V. 11 If the organization seport an amount for investments—orbor securities in dan oraesthold endowments or in title to a particular transport of the total seases reported in Part X, line 10? If "Yes," complete	4	Letter annualization described in section 504/s/(2) on 4047/s/(4) (attendables a universe formed time) 2 (5 (1)/s (1)		Yes	No
2 Is the organization required to complete Schedule B. Schedule of Contributors? See instructions 2 Did the organization engage in indered or indirect political campeling activities on behalf of or in opposition to candidates for jublic office? If "Yes," complete Schedule C, Part II. 4 Section 519(C(5) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part III. 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III. 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide active on the distribution or investment of amounts in such funds or accounts for "Yes," complete Schedule D. Part II. 5 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part III. 6 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part III. 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part III. 8 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 doth negotiation services? If "Yes," complete Schedule D. Part V. 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. Part V. 11 Did the organization report an amount for investments—program related in Part X, line 10? If "Yes," complete Schedule D. Part V. 12 Did the organization report an amount for investments—program related in Part X, line	'		1	x	
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11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X, as applicable. 2 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII. 2 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 VIII. 3 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. 4 Did the organization report an amount for other assets 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. 5 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 6 Did the organization amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 7 Did the organization amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 8 Did the organization is liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 9 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII. 10 Did the organization answered "No to line 12a, then completing Schedule D, Part X and XII is optional. 11 Did the organization answered "No to line 12a, then completing Schedule D, Part X and XII is optional. 12 Did the organization maintain an office, employees, or agents outside the United States? 13 X Y Did the organization maintain an office, employees, or agents outside the United States, or aggregate foreign investments yalued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV. 15 Did the organization report on Pa	10				
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assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions. 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. 20a 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			15		Χ
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions. 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. 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 If "Yes," complete Schedule G, Part III. 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. 20 If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?.	16				
on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions. 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. 20a 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?	47	- · · · · · · · · · · · · · · · · · · ·	16		Х
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	17		17		×
Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	·	—		^
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	-		18		Х
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19				
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?					X
					Χ
		If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	∠UD		
	-'		21		Х

Part IV

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on

85-204	6622	P	age 4
		Yes	No
	22		Х
	23		Х
	24a 24b		X
•	24c 24d		
it	25a		Х
	25b		X
t 	26		Х
	27		X
	20-		V
	28a 28b		X
	28c 29		X X X X
	30		
art I	31		X
	32		X
	33		X
	34 35a		X X X
illed ed	35b		
ed 	36		Х

	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
~	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	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		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		
21	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule	21		<u> </u>
20	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Yes," complete Schedule L, Part IV	28a		v
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
b	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		^
С	"Yes," complete Schedule L, Part IV	28c		_
20	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29		X
29 20	Did the organization receive more than \$25,000 in noncash contributions? If Yes, complete schedule in	29		^
30	conservation contributions? If "Yes," complete Schedule M	30		_
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .	31		X
32	Did the organization required the complete schedule N, Fart 1	31		^
32	complete Schedule N, Part II	32		Х
22	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		^
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
24		33		^
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		_
250				X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	254		
26	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? <i>If</i> "Yes," <i>complete Schedule R, Part V, line</i> 2	36		_
27		36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		_
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and		.,	
	19? Note: All Form 990 filers are required to complete Schedule O	38	Χ	
Par	· · · · · · · · · · · · · · · · · · ·			
	Check if Schedule O contains a response or note to any line in this Part V		٠	Щ
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
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		Х
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial 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		Х
C	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 any contributions that were not tax deductible as charitable contributions?	6-		_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		Х
D	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
-	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b 15	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	4-		Х
	excess parachute payment(s) during the year?	15		Ĥ
	If "Yes," see the instructions and file Form 4720, Schedule N.			V.
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

	•	
Dart \	/	

	Check if Schedule O contains a response of note to any line in this Part VI	•	•	
Sect	ion A. Governing Body and Management		Vaa	Na
10	Enter the number of voting members of the governing body at the end of the tax year		Yes	No
ıa	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Χ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Χ	
b	Each committee with authority to act on behalf of the governing body?	8b	Χ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Χ
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	ode.)	
40-	Did the conservation have been been been been also as \$600 to \$600.	40-	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	40h		
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a		
11a	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	TTa	^	
b 12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes,"	120	^	
·	describe on Schedule O how this was done	12c	Χ	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official.	15a		Х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a				
	with a taxable entity during the year?	16a		Χ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed	.044		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 5	01(c)		
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
10	Own website Another's website X Upon request Other (explain on Schedule O)	iov.		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest pol	icy,		
20	and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records			
20				
	Laura Luo (832) 743-8370 613 Park Lane. Friendswood. TX 77546			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any	/ related organiz	ation	con	npei	nsat	ed ar	ту с	urrent officer, di	ector, or trustee	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er an	Pos neck ss pe d a d	rson irecto	than o is both is both employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Ayesha Meer	40.00									
Executive Director	0.00				Х	Χ		84,228		
(2) Jeanie Chang	1.00									
Board Chairperson	0.00	Х		Χ						
(3) DJ Chuang	1.00									
Board Member	0.00	Χ		Χ						
(4) Laura Luo	1.00									
Board Treasurer	0.00	Χ		Χ						
(5) Kaila Tang	1.00									
Board Secretary	0.00	Х		Χ						
(6) Christian De Luna	5.00									
Board Member	0.00	Х		Χ						
(7) Linda Thai	1.00									
Board Member	0.00	Х		Χ						
(8) James Wu	1.00									
Board Member	0.00	Х		Χ						
(9) Krystle Canare	1.00									
Vice Chair	1.00	Χ								
(10)										
(11)										
(12)										
(13)										
(14)										

(15)

(16)

(18)

(22)

(23)

Total (add lines 1b and 1c)

Total from continuation sheets to Part VII, Section A

reportable compensation from the organization

(19)

(21)

(24)

(25)

3

(17)

Part VII

Asian Mental Health Collective	Inc								\$	35-2040	6622	Page 8
Section A. Officers, Directors, Tru		ploye	es,	and	iH t	ghes	t C	ompensated Em				Fage O
(A) Name and title	(B) Average	(do r	not ch	Pos neck	C) ition more	than o	one	(D) Reportable	(E) Reportable		(1	F)
	hours per week (list any hours for related organizations below dotted line)					Highest compensated employee		compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	compens from rela organizatior 1099-Mi 1099-Ni	ation ated ns (W-2/ ISC/	of o compe from organiza	other ensation n the ation and ganizations
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) [9				
		•									<u> </u>	
											<u> </u>	
		X									<u></u>	
								94 229			<u> </u>	
continuation sheets to Part VII, Solines 1b and 1c)								84,228 0 84,228		0	-	0 0
per of individuals (including but not lin	mited to those lis	ted a	Ibov	· · ·	vho	recei	ved		,000 of			
compensation from the organization											Тү	es No
anization list any former officer, direction line 1a? <i>If "Yes," complete Sched</i>					or h	nighes	st co	ompensated			3	X
lividual listed on line 1a, is the sum of ation and related organizations greated organizations.	of reportable con	npens	satio	n a					ר' .	·		
rson listed on line 1a receive or accr rendered to the organization? <i>If "Ye</i>	•			-			_				5	X
pendent Contractors	ss, complete st	, ieuu	iie J	101	Suc	ıı per	301	1			J	<u> </u>
his table for your five highest compe ion from the organization. Report co											ax year	
(A) Name and business addr								(B) Description of serv			(C) Compensat	
												0
										<u> </u>		0

4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such							
	individual		. 4		Х			
5	Did any person listed on line 1a receive or accrue compensation from any unrelated	organization or individual						
	for services rendered to the organization? If "Yes," complete Schedule J for such per	son	. 5		Х			
Sec	tion B. Independent Contractors							
1	Complete this table for your five highest compensated independent contractors that compensation from the organization. Report compensation for the calendar year end			ear.				
	(A)	(B)	(C)				
	Name and business address	Description of services	Compe	nsation				
					0			
					0			
					0			
					0			
					0			
2	Total number of independent contractors (including but not limited to those listed about more than \$100,000 of compensation from the organization 0	ve) who received						
	<u> </u>	_	Forn	990	(2023)			

Total number of individuals (including but not limited to those listed above) who received more than \$1

Did the organization list any **former** officer, director, trustee, key employee, or highest compensated

Part VIII	Statement of	of	Revenue
-----------	--------------	----	---------

		Check if Schedule O contains a response	or note to any line in	this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d	Membership dues	Ia 0 Ib 0 Ic 0 Id 0				
tributions, (Other Simil	e f g	All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in	1f 565,896			3	
Con	h	lines 1a–1f	1g \$ 0 	565,896			
Program Service Revenue	2a b c d e f g	All other program service revenue		0 0 0 0 0 0			
	3 4 5 6a	Investment income (including dividends, interother similar amounts)		4,365 0 0			
	b c d 7a	Less: rental expenses . 6b Rental income or (loss) Net rental income or (loss)	0 0 	0			
Revenue	b c	other than inventory	0 0 0 0 0 0				
Other I	d 8a	Net gain or (loss)	3a 0	0			
	С	Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19.	3b 0 	0			
	10a b	Net income or (loss) from gaming activities . Gross sales of inventory, less returns and allowances	0a 0 0b 0	0			
Miscellaneous Revenue	11a b c		Business Code	0 0			
Misce	d	All other revenue		0 0 570.261	0	0	(

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to any line in this Part IX							
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to domestic organizations							
	and domestic governments. See Part IV, line 21	0						
2	Grants and other assistance to domestic							
	individuals. See Part IV, line 22	0						
3	Grants and other assistance to foreign							
	organizations, foreign governments, and foreign							
	individuals. See Part IV, lines 15 and 16	0						
4	Benefits paid to or for members	0						
5	Compensation of current officers, directors,							
	trustees, and key employees	76,191	53,334	22,857				
6	Compensation not included above to disqualified							
	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)	0						
7	Other salaries and wages	0						
8	Pension plan accruals and contributions (include							
	section 401(k) and 403(b) employer contributions)	6,000		6,000				
9	Other employee benefits	6,801		6,801				
10	Payroll taxes	5,829	4,080	1,749				
11	Fees for services (nonemployees):	*						
а	Management	22,981	22,981					
b	Legal	7,100		7,100				
С	Accounting	8,577	1,242	7,335				
d	Lobbying	0						
е	Professional fundraising services. See Part IV, line 17	0						
f	Investment management fees	567		567				
g	Other. (If line 11g amount exceeds 10% of line 25, column							
	(A), amount, list line 11g expenses on Schedule O.)	41,328		31,188				
12	Advertising and promotion	11,443						
13	Office expenses	13,540	5,344	8,196				
14	Information technology	0						
15	Royalties	0						
16	Occupancy	0						
17	Travel	19,435		19,435				
18	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials	0						
19	Conferences, conventions, and meetings	0						
20	Interest	0						
21	Payments to affiliates	0						
22	Depreciation, depletion, and amortization	0 170	0	0 170	0			
23	Insurance	3,170		3,170				
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 O.)	60.406	60.406					
a	Therapist Compensation - Individual Sessions	68,496						
b	Therapist Compensation - Group Sessions	4,675 16,420						
C C	Speaker / Performer Fees Bank and Processing Fees		10,420	1 005				
d	All other expenses	1,865		1,865				
e 25	Total functional expenses. Add lines 1 through 24e	314,418		116,263	0			
25 26	Joint costs. Complete this line only if the	314,410	190,100	110,203	U			
20	organization reported in column (B) joint costs							
	from a combined educational campaign and							
	fundraising solicitation. Check here if							
	following SOP 98-2 (ASC 958-720)							

85-2046622

Form 990 (2023) Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part	X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	742,389	1	1,517,055
	2	Savings and temporary cash investments	1,000,106	2	504,187
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	20,000	4	500
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%		4	
		controlled entity or family member of any of these persons	0	5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	- 0	6	
ts	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	0	8	-
Ä	9	Prepaid expenses and deferred charges	0	9	
	10a	Land, buildings, and equipment: cost or			
			0		
	b	· · · · · · · · · · · · · · · · · · ·	0 0	10c	0
	11	Investments—publicly traded securities	0		0
	12	Investments—other securities. See Part IV, line 11			0
	13	Investments—program-related. See Part IV, line 11	0		0
	14	Intangible assets	0	14	0
	15		0		0
	16	Other assets. See Part IV, line 11	1,762,495		2,021,742
	17	Accounts payable and accrued expenses	0	17	3,404
	18	Grants payable	0		3,101
	19	Deferred revenue	0		
	20	Tax-exempt bond liabilities	0		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			
Ś	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
Ē		controlled entity or family member of any of these persons	0	22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	0
	24	Unsecured notes and loans payable to unrelated third parties			0
	25	Other liabilities (including federal income tax, payables to related third	0	27	0
	25	parties, and other liabilities not included on lines 17–24). Complete			
		Part X of Schedule D	. 0	25	0
	26	Total liabilities. Add lines 17 through 25			3,404
^	20		U	20	5,707
Ö		Organizations that follow FASB ASC 958, check here X			
<u>a</u>		and complete lines 27, 28, 32, and 33.	4 700 405	07	0.040.000
Ba	27	Net assets without donor restrictions			2,018,338
Þ	28	Net assets with donor restrictions	0	28	
Ē		Organizations that do not follow FASB ASC 958, check here			
Net Assets or Fund Balances		and complete lines 29 through 33.			
ţş	29	Capital stock or trust principal, or current funds	0		
Se	30	Paid-in or capital surplus, or land, building, or equipment fund			
As	31	Retained earnings, endowment, accumulated income, or other funds			
<u>let</u>	32	Total net assets or fund balances			2,018,338
~	33	Total liabilities and net assets/fund balances	1,762,495	33	2.021.742

	90 (2023) ASIAN MENTAL HEALTH COLLECTIVE INC	00-20	40022	Pag	ge IZ
Part	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		570),261
2	Total expenses (must equal Part IX, column (A), line 25)	2		314	1,418
3	Revenue less expenses. Subtract line 2 from line 1	3		255	5,843
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1,762	2,495
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8		8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
		10		2,018	3,338
Part					
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	Separate basis 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 audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		Х

Form **990** (2023)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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. Employer identification number

Inspection

Asia	n M	ental Health Collective Inc					85-20	46622	
Par	t I	Reason for Public Char	ity Status. (All or	ganizations must co	mplete t	his part.)	See instructions.		
The	orga	anization is not a private foundat	ion because it is: (F	or lines 1 through 12, o	check only	one box.)		
1		A church, convention of church	es, or association o	f churches described in	n section	170(b)(1)	(A)(i).		
2		A school described in section 1	1 70(b)(1)(A)(ii). (Atta	ach Schedule E (Form	990).)		•		
3		A hospital or a cooperative hos	pital service organiz	zation described in sec	tion 170(l	o)(1)(A)(ii).		
4		A medical research organizatio	n operated in conjui	nction with a hospital d	lescribed	in section	170(b)(1)(A)(iii), En	iter the	
		hospital's name, city, and state	· · ·						
5		An organization operated for th section 170(b)(1)(A)(iv). (Com		e or university owned	or operate	ed by a go	vernmental unit desc	cribed in	
6		A federal, state, or local govern	ment or governmen	ital unit described in se	ection 170	(b)(1)(A)(v).		
7	Χ	An organization that normally redescribed in section 170(b)(1)(m a gove	rnmental u	unit or from the gene	ral public	;
8		A community trust described in		•	II.)				
9	H	An agricultural research organiz				d in coniur	nction with a land-gra	ant collec	ie
	ш	or university or a non-land-gran							, -
10		university: An organization that normally re	aceives (1) more tha	an 33 1/3% of its supply	ort from co	ontribution	e membershin fees	and gro	
10	Ш	receipts from activities related t							55
		support from gross investment acquired by the organization af	income and unrelate	ed business taxable in	come (les	s section !	511 tax) from busine		
11		An organization organized and	operated exclusivel	y to test for public safe	ety. See s e	ection 509	0(a)(4).		
12		An organization organized and							
		one or more publicly supported Check the box on lines 12a thro							
а		Type I. A supporting organiz the supported organization(s	s) the power to regu	larly appoint or elect a					
L	ĺ	organization. You must con	•		an with ita	. aunnarta	d arganization(a) by	, having	
b		Type II. A supporting organized control or management of the organization(s). You must c	e supporting organi	zation vested in the sa					d
С		Type III functionally integra			n connect	ion with, a	and functionally integ	rated wit	h,
	,	its supported organization(s)							
d		Type III non-functionally in that is not functionally integr	ated. The organizat	ion generally must sati	isfy a distr	ibution red	quirement and an att		
_	I	requirement (see instruction		•				- III	
е		Check this box if the organize functionally integrated, or Ty					Type I, Type II, Typ	e III	
f		Enter the number of supported	rganizationa						0
g		Provide the following information							
	(i)	Name of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary		mount of
				(described on lines 1–10 above (see instructions))	-	ir governing ment?	support (see instructions)		upport (see ructions)
				, ,,		1	,		•
					Yes	No			
(A)									
(B)									
(C)									
· · ·									
(D)									
/E\									
(E)									
Tota	ı						0		0

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.)

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		7,723	1,434,997	546,624	565,896	2,555,240
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 5	Total. Add lines 1 through 3	0	7,723	1,434,997	546,624	565,896	2,555,240
6	Public support. Subtract line 5 from line 4						2,555,240
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 8	Amounts from line 4	0	7,723	1,434,997	546,624	565,896	2,555,240
9	Net income from unrelated business activities, whether or not the business is regularly carried on	•					0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	Ç					0
11	Total support. Add lines 7 through 10						2,555,240
12	Gross receipts from related activities, etc. (s					12	
13	First 5 years. If the Form 990 is for the organization, check this box and stop here			or fifth tax year as a			<u>X</u>
	tion C. Computation of Public Su						0.000/
	Public support percentage for 2023 (line 6, c		-			14	0.00%
15 16a	Public support percentage from 2022 Sched 33 1/3% support test—2023. If the organiz and stop here. The organization qualifies as	ation did not check	the box on line 13	, and line 14 is 33	1/3% or more, che		0.00%
b	33 1/3% support test—2022. If the organiz box and stop here. The organization qualifie	ation did not check	a box on line 13 o	r 16a, and line 15 i	s 33 1/3% or more	, check this	
17a	10%-facts-and-circumstances test—2023 10% or more, and if the organization meets the facts organization.	the facts-and-circur -and-circumstance	nstances test, che s test. The organiz	ck this box and sto ation qualifies as a	pp here . Explain in publicly supported	i	
b	10%-facts-and-circumstances test—2022 15 is 10% or more, and if the organization m in Part VI how the organization meets the fac organization	eets the facts-and- cts-and-circumstan	circumstances tes ces test. The orga	t, check this box ar nization qualifies as	nd stop here . Expl s a publicly suppor	ain ted	
18	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		,
	instructions						

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	tion A. Public Support			· 1	,		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")						0
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid to						_
	or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						•
_	organization without charge	0		0		0	0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0
L	·						U
D	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						0
c	Add lines 7a and 7b	0	. • 0	0	0	0	0
8	Public support (Subtract line 7c from	-					<u> </u>
	line 6.)						0
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,	♦					
	payments received on securities loans, rents,	_1					
	royalties, and income from similar sources						0
b	Unrelated business taxable income (less	4					
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included on line 10b, whether						0
12	or not the business is regularly carried on . Other income. Do not include gain or						0
12	loss from the sale of capital assets						
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	0	0	0	0	0	0
14	First 5 years. If the Form 990 is for the orga	nization's first, sec					
	organization, check this box and stop here						
Sec	tion C. Computation of Public Su	pport Percenta	age				
15	Public support percentage for 2023 (line 8, c			(f))		15	0.00%
16	Public support percentage from 2022 Sched	ule A, Part III, line	15	<u> </u>		16	0.00%
Sec	tion D. Computation of Investmer	nt Income Perc	entage				
17	Investment income percentage for 2023 (line	e 10c, column (f), d	ivided by line 13, c	olumn (f))		17	0.00%
18	Investment income percentage from 2022 S					18	0.00%
19a	33 1/3% support tests—2023. If the organi						г—
	not more than 33 1/3%, check this box and s	-			-		<u>L</u>
b	33 1/3% support tests—2022. If the organi						Г
20	line 18 is not more than 33 1/3%, check this		=				
20	Private foundation. If the organization did it	IOL CHECK a DOX ON	mie 14, 198, 0f 19	D, CHECK THS DOX 8	mu see mstructions		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

Are all of the organization's supported organizations listed by name in the organization's governing 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.

Asian Mental Health Collective Inc

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
24		
3b		
3с		
00		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
0		
9a		
9b		
9с		
10a		
10b		
 A /=		

Page **5**

	Addit Mettal Today Collective IIIc			age 🛡
Part	Supporting Organizations (continued)		1	
44	Here the consideration are the least the state of the fellowing are the fellowing ar		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	110		
h	11c below, the governing body of a supported organization? A family member of a person described on line 11a above?	11a 11b		
b C	A 35% controlled entity of a person described on line 11a above? If "Yes" to line 11a, 11b, or 11c, provide	110		
C	detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations	1110		l
Jecu	on B. Type i Supporting Organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		103	NO
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers.			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			l
	The supplies of the supplies o	-	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in 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		
Secti	on D. All Type III Supporting Organizations			1
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr	uction	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 governmental entity (see	e instruct	ions)	
		J IIIOLI GOL		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
L	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	26		
•	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
b	trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
IJ	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
			1	

1 Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organization.	g tru:	st on Nov. 20, 1970 <i>(explain l</i>	•
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	0
5 Depreciation and depletion	5	A	
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	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 0.035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		0
2 Enter 0.85 of line 1.	2		0
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
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		0
7 Check here if the current year is the organization's first as a non-functional instructions).	ly inte	egrated Type III supporting o	organization (see

Scriedul	ASIAN MENTAL HEALTH CONECTIVE	ITIC		00-2040022 Page I
Part '			zations (continued)	
Section	on D - Distributions	, <u> </u>	•	Current Year
	Amounts paid to supported organizations to accomplish exe	amnt nurnoses	1 1	
	Amounts paid to supported organizations to accomplish exemples and to perform activity that directly furthers exemple to the control of the c			
_	organizations, in excess of income from activity	pr purposes or supported	ʻ 2	,
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza		
4	Amounts paid to acquire exempt-use assets	oo or supported organize	4	
	Qualified set-aside amounts (prior IRS approval required—	provide details in Part V		
6	Other distributions (describe in Part VI). See instructions.	orovido dotano ni i die vi	6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	he organization is respon	-	
·	(provide details in Part VI). See instructions.	no organization to respon	8	
9	Distributable amount for 2023 from Section C, line 6		9	-
10	Line 8 amount divided by line 9 amount		10	
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii)
1	Distributable amount for 2023 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2023			
	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
С	From 2020			
d	From 2021 0			
е	From 2022			
f	Total of lines 3a through 3e	0		
g	Applied to underdistributions of prior years			0
h	Applied to 2023 distributable amount			0
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
4	Distributions for 2023 from			
	Section D, line 7: \$ 0			
a	Applied to underdistributions of prior years			0
b	Applied to 2023 distributable amount			0
c	Remainder. Subtract lines 4a and 4b from line 4.	0		
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			0
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain			
	in Part VI. See instructions.			0
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.	0		
8	Breakdown of line 7:			
<u>a</u>	Excess from 2019			
<u>b</u>	Excess from 2020 0			
C	Excess from 2021 0			
<u>d</u>	Excess from 2022 0			
<u> </u>	Excess from 2023 0			

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

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service Attach to Form 990, 990-EZ, or 990-PF.

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

Name of the organization
Asian Mental Health Collective Inc

Organization type (check one):

Employer identification number
85-2046622

31 (,	
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
Check if your organization is cov	ered by the General Rule or a Special Rule.
	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
	operty) from any one contributor. Complete Parts I and II. See instructions for determining a
contributor's total contrib	
Special Rules	
•	
For an organization desc	cribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the
	ns 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or
	om 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.
	cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one
	ear, total contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, urposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering
	ad of the contributor name and address), II, and III.
TW/ Till Column (b) moto	ad orate contributor name and address), ii, and iii.
For an organization desc	cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one
	ear, contributions exclusively for religious, charitable, etc., purposes, but no such
	re than \$1,000. If this box is checked, enter here the total contributions that were received
	clusively religious, charitable, etc., purpose. Don't complete any of the parts unless the
	this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions
totaling \$5,000 or more of	during the year.......................... \$

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

Name of organization	Employer identification number
Asian Mental Health Collective Inc	85-2046622

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
Asian Mental Health Collective Inc

Employer identification number
85-2046622

Part II	Noncash Property (see instructions). Use duplicate co	pies of Part II if additional spa	ce is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of org				Employer identification number						
Part III	al Health Collective Inc Exclusively religious, charitable, etc., co	ontributions to	organizations describe	85-2046622						
i ait iii	(10) that total more than \$1,000 for the y		_							
	the following line entry. For organizations of	_								
	contributions of \$1,000 or less for the year									
	Use duplicate copies of Part III if additional	space is need	ed.							
(a) No.	41.5	,		(0.5						
from Part I	(b) Purpose of gift	(с) Use of gift	(d) Description of how gift is held						
				•						
		(e) T	ransfer of gift							
	Transferee's name, address, and a	ZIP + 4	Relationsh	ip of transferor to transferee						
(a) No.	For. Prov. Country									
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
Part I	(1)	,-		(1)						
										
		(a) T	ransfer of gift							
		(e) ·	rausier or gift							
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee									
			Relationsh	ip of transferor to transferee						
		•								
	For. Prov. Country									
(a) No.										
from Part I	(b) Purpose of gift	(с) Use of gift	(d) Description of how gift is held						
		(e) T	ransfer of gift							
	Transferee's name, address, and a	ZIP + 4	Relationsh	ip of transferor to transferee						
(a) No.	For. Prov. Country									
from	(b) Purpose of gift	(с) Use of gift	(d) Description of how gift is held						
Part I		,		.,						
		(a) T	ransfer of gift							
		(e) i	ianorei oi yiit							
	Transferee's name, address, and 2	7IP + 4	Relationeh	ip of transferor to transferee						
	Transieree 3 flame, audress, and 2	-11 ' 7	Neiationsii	יף טי המווסופוטו נט המווסופופפ						
	For. Prov. Country									

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number Asian Mental Health Collective Inc 85-2046622 Form 990, Part IX, Line 11g: Fees for Services: Business and Event/Conference Consulting Expense (for TransformAsian event and business growth/investment managment)

Schedule O (Form 990) 2023	Page 2
Name of the organization	Employer identification number
Asian Mental Health Collective Inc	85-2046622
. (7)	

Form 8879-TE

Department of the Treasury Internal Revenue Service

IRS E-file Signature Authorization for a Tax Exempt Entity

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For calendar year 2023, or fiscal year beginning _____, 2023, and ending

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information. OMB No. 1545-0047

2023

Name of filer EIN or SSN Asian Mental Health Collective Inc XX-XXX6622 Name and title of officer or person subject to tax Ayesha Meer **Executive Director** Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12). . . . 2a Form 990-EZ check here **b Total revenue,** if any (Form 990-EZ, line 9) . . . Form 1120-POL check here . . . **b Total tax** (Form 1120-POL, line 22). **b** Tax based on investment income (Form 990-PF, Part V, line 5) . . . 4a Form 990-PF check here 5a Form 8868 check here **b Balance due** (Form 8868, line 3c) . . **b Total tax** (Form 990-T, Part III, line 4) 6a Form 990-T check here 6b **b Total tax** (Form 4720, Part III, line 1) . 7a Form 4720 check here 7b b FMV of assets at end of tax year (Form 5227, Item D) 8a Form 5227 check here 8b 9a Form 5330 check here 9b **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a Form 8038-CP check here 10b Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above entity or of entity)

Asian Mental Health Collective Inc , (EIN) XX-XXX6622 and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only I authorize The Bearded Bookkeepers, LLC to enter my PIN XXXXX as my signature **ERO firm name** Enter five numbers, but do not enter all zeros on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. XXXXXXXXXX Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature Date **ERO Must Retain This Form—See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

Form 8879-TE

IRS F-file Signature Authorization

 •	0.5	
for a	Tax Exemp	ot Entity

, 2023, and ending

2023

EIN or SSN

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of filer

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

For calendar year 2023, or fiscal year beginning

Asian Mental Health Collective Inc XX-XXX6622 Name and title of officer or person subject to tax Ayesha Meer **Executive Director** Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12). . . 1b 2a Form 990-EZ check here **b Total revenue,** if any (Form 990-EZ, line 9). . Form 1120-POL check here . . . **b Total tax** (Form 1120-POL, line 22). b Tax based on investment income (Form 990-PF, Part V, line 5) . . . Form 990-PF check here **5a Form 8868** check here **b Balance due** (Form 8868, line 3c). **b Total tax** (Form 990-T, Part III, line 4) 6a Form 990-T check here 6b b Total tax (Form 4720, Part III, line 1) . 7a Form 4720 check here 7b b FMV of assets at end of tax year (Form 5227, Item D) 8a Form 5227 check here 8b **b Tax due** (Form 5330, Part II, line 19). 9a Form 5330 check here 9b **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a Form 8038-CP check here 10b Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of periury. I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name _ , (EIN) XX-XXX6622 of entity) Asian Mental Health Collective Inc and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only I authorize The Bearded Bookkeepers, LLC to enter my PIN as my signature **ERO firm name** Enter five numbers, but do not enter all zeros on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. XXXXXX do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. Brandon L Bentley FRO's signature Date **ERO Must Retain This Form—See Instructions**

Do Not Submit This Form to the IRS Unless Requested To Do So

The following questions should be answered in the context of the **FEDERAL** return being electronically filed. Responses for state efiles are below.

	Fo	orm family	applicabil	ity	
Check ("x") this column to see more information, when available.	1065	1120/F	1120S	990	1041
Name of signing officer or fiduciary <u>Ayesha</u> Meer					
Check ("X") if foreign officer and does not have a SSN/TIN					
OR					
Check ("X") if officer opts not to provide SSN/ITIN OR					
Enter SSN/EIN of signing officer or fiduciary	Υ '	Y	Υ	Y	Y
Enter Cott/Ent of digning chicor of haddaly			· ·	'	· ·
			•		
Total Income from Prior Year return	Y	Y	Υ		Υ
If claiming deduction for Salary & Wages on current year return, mark this box		.,			
and enter the COUNT of original W2's reported to SSA for this tax year.	Y	Y	Y		
If claiming Compensation of Officers on current year return, mark this box					
and enter the number of officers		Y	Υ		
	7				
Parent Company Name					
Parent Company EIN	Y	Υ	Y		
During and a Drivery Blanciant Address					
Business's Primary Physical Address: Street					
Line 2					
City St Zip					
Country Province Postal Code	Υ	Υ	Υ		
Grantor Name					
Grantor SSN					Y
Indicate which, if any, of the following forms this entity is required to file.					
720 990 1042					
940 941 943 944 945	Υ	Υ	Υ		Υ
Were estimated tax payments made for this entity towards the current tax year's liability?		\ \ \	V		V
Yes No Note: For EFTPS Confirmation Number, if more than 15 digits, enter the first 15 digits.		ΙΥ	Y		Y
First Payment, regardless of quarter or date paid.					
Method Direct Debit/ACH Cash Check EFTPS					
Amount paid with first quarter					
Date payment was requested to be debited					
For Cash payments, date cash was deposited. For Check payments, date on check.					
Last 4 digits of account number for Direct Debit/ACH or EFTPS payment					
EFTPS Confirmation Number					
Note: For EFTPS Confirmation Number, if more than 15 digits, enter the first 15 digits.					
Last Payment, regardless of quarter or date paid.					
Do NOT use if only one estimated payment was made.					
Method Direct Debit/ACH Cash Check EFTPS					
Amount of last payment					
Date payment was requested to be debited					
For Cash payments, date cash was deposited. For Check payments, date on check.					
Last 4 digits of account number for Direct Debit/ACH or EFTPS payment					
EFTPS Confirmation Number					

Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

			Cash	Noncash
1	Federated Campaigns	1		
2	Membership dues	2		
3	Fundraising events	3		
	Related organizations	4		
	Government grants (contributions)	5		
	All other contributions, gifts, grants, and similar amounts not included above:			
	Corporate and Foundation Grants		347,386	
	Donations Directed by Individuals		218,510	
	Other contributions total	6	565,896	0
7	Total	7	565,896	0

Part X, Line 4 (990) - Accounts Receivable

, , ,	Account	s receivable	Allowance for dou	ibtful accounts
	Beginning	End	Beginning	End
1 Corporate Grant Receivable 1	20,000	500	0	
2	0		0	
3 3	0		0	
4 4	0		0	
5 5	0		0	_
6	0		0	
7 7	0		0	
8 8	. 0		0	
9	0		0	
10	0		0	
11 Total accounts receivable	20,000	500	0	0