

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

ΑF	or the	e 2022 calendar year, or tax year beginning and	ending					
	heck if oplicable	C Name of organization		D Employer identific	cation number			
	Addres	SERVANTS AT WORK, INC.						
	Name change	Doing business as		45-3825509				
	Initial return Final return/	8427 ZIONSVILLE ROAD	Room/suite	E Telephone number 317-844-				
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,018,127.			
	Ameno return	INDIANAPOLIS, IN 40200		H(a) Is this a group re	eturn			
	Application pending	F Name and address of principal officer: IIM INORSION		for subordinates	? Yes X No			
		SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No			
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 527	1 '	list. See instructions			
	Vebsit		1	H(c) Group exemption				
	orm of I rt I	organization: X Corporation Trust Association Other Summary	L Year	of formation: 2003 N	1 State of legal domicile: IN			
Га		Briefly describe the organization's mission or most significant activities: SAWS	TC A	FATTH-BACED	NONDROFTT			
စ္ပ		ORGANIZATION DEDICATED TO PROVIDING FREED						
Governance		Check this box if the organization discontinued its operations or dispos						
Ver				3	11			
		Number of independent voting members of the governing body (Part VI, line 1b)			10			
οğ		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			6			
흹		Total number of volunteers (estimate if necessary)			200			
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
^		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
				Prior Year	Current Year			
<u>o</u>		Contributions and grants (Part VIII, line 1h)		740,058.	1,016,527.			
Revenue		Program service revenue (Part VIII, line 2g)		0.	0.			
ě		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		326.	1,056.			
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		24,346.	544.			
-		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		764,730.	1,018,127.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
		Benefits paid to or for members (Part IX, column (A), line 4)		189,636.	242,164.			
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Expenses		Total fundraising expenses (Part IX, column (A), line 25) 105, 05	52.	•	<u> </u>			
Ä		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		598,312.	654,910.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		787,948.	897,074.			
		Revenue less expenses. Subtract line 18 from line 12		-23,218.	121,053.			
5g			Ве	ginning of Current Year	End of Year			
t Assets or id Balances	20	Total assets (Part X, line 16)		682,969.	820,208.			
BES	21	Total liabilities (Part X, line 26)		74,810.	93,812.			
휦	22	Net assets or fund balances. Subtract line 21 from line 20		608,159.	726,396.			
	rt II	Signature Block						
	-	Ities of perjury, I declare that I have examined this return, including accompanying schedules		· · ·	knowledge and belief, it is			
rue,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.				
Sia.		Signature of officer		I Date				
Sigr Here		TIM THURSTON, EXECUTIVE DIRECTOR						
101	-	Type or print name and title						
		Print/Type preparer's name Preparer's signature	1	Date Check	PTIN			
aid			CPA 1	0/31/23 if self-employ	P01329619			
	arer	Firm's name GREENWALT CPAS, INC			5-1489521			
Jse	Only	Firm's address 5342 W. VERMONT STREET						
		INDIANAPOLIS, IN 46224		Phone no. 31	7-241-2999			
Мау	the IF	RS discuss this return with the preparer shown above? See instructions			Yes No			

Page 2

Pa	Statement of Program Service Accomplishine		(
	Check if Schedule O contains a response or note to any line	n this Part III	X
1	Briefly describe the organization's mission:		
	SAWS IS A FAITH-BASED NONPROFIT OF		
	FREEDOM TO PEOPLE WITH PERMANENT I		JSEHOLDS
	THROUGH THE CONSTRUCTION OF WHEELO	HAIR RAMPS.	
	CONTINUED ON SCHEDULE O:		
2	Did the organization undertake any significant program services du	ring the year which were not listed on the	
	prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant change	s in how it conducts, any program services?	Yes X No
•	If "Yes," describe these changes on Schedule O.	Tirriow it defiduote, any program dervices:	
4	Describe the organization's program service accomplishments for e	each of its three largest program convince, as measured by	ovnoncoo
4			· ·
	Section 501(c)(3) and 501(c)(4) organizations are required to report	the amount of grants and allocations to others, the total ex	xpenses, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 688,603. including g	rants of \$) (Revenue \$)
	TO PROVIDING FREEDOM TO PEOPLE WIT		
	LOW-INCOME HOUSEHOLDS THROUGH THE	CONSTRUCTION OF WHEELCHAIR RA	MPS.
4b	(Code:) (Expenses \$ including g	rants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including g	rants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 688,603	•	
_			Form 990 (2022)

Form 990 (2022) SERVANTS AT WORK, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	L,		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		X
•	Schedule D, Part III	├°		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	ا		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	<u>. </u>		<u></u>
.5		19		X
20a	complete Schedule G, Part III	20a		X
zua b		20a		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	domoctio government on trait ix, column (-y, interm in yes, complete scriedule i, Parts I and II	41		

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
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			l
	Schedule J	23		<u>X</u>
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			l
	Schedule K. If "No," go to line 25a	24a		_X_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
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		<u>X</u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			l
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			l
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule 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? If			l
	"Yes," complete Schedule L, Part IV	28a		<u>X</u>
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			l
	"Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			l
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			77
	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		7.7	
Pa	Note: All Form 990 filers are required to complete Schedule 0	38	X	
ra				
	Check if Schedule O contains a response or note to any line in this Part V			
٠.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
_	The state of the s	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1		
С		1c	Х	
23200	(gambling) winnings to prize winners? 4 12-13-22		990	(2022)

SERVANTS AT WORK, INC.
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_		37
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	0.		
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7-		Х
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? If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a_		Λ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b		
С	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		21
e	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		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	A
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A
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? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders N/A 11a			
D	Gross income from other sources. (Do not net amounts due or paid to other sources against			
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZa		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	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	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17		
	If "Yes," complete Form 6069.			

SERVANTS AT WORK, INC. 45-3825509 Form 990 (2022) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 11 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 10 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Another's website __ Other (explain on Schedule O) Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

Form **990** (2022)

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

BYRON CHAPLIN - 317-844-7664

8427 ZIONSVILLE ROAD, INDIANAPOLIS,

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(do	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable	Reportable	Estimated			
	hours per					compensation	compensation	amount of other		
	week (list any	_						from the	from related organizations	otner compensation
	hours for	direc				, ,		organization	(W-2/1099-MISC/	from the
	related	tee or	ustee			ensate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	altrus	nal tr		loyee	comp		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MIKE THOMPSON	40.00	=	=	0		王也	4			
EXECUTIVE DIRECTOR		Х		х				60,654.	0.	0.
(2) ROBERT RICHMOND	40.00							·		
PAST EXECUTIVE DIRECTOR		Х		Х				26,769.	0.	0.
(3) DAVID BODLE	3.00									
BOARD MEMBER		Х						0.	0.	0.
(4) DIANE HYATT	5.00									
VICE CHAIRMAN		Х		Х				0.	0.	0.
(5) ERIC BURTON-KRIEGER	5.00									
BOARD MEMBER		Х						0.	0.	0.
(6) MARK BRYSON	4.00									
BOARD MEMBER		X						0.	0.	0.
(7) MEREDITH LANGHORST	3.00									
BOARD MEMBER		X						0.	0.	0.
(8) ROB FRENCH	3.00								_	_
TREASURER		Х		Х				0.	0.	0.
(9) RYAN LYNCH	5.00								_	
CHARIMAN OF BOARD	 	Х		Х				0.	0.	0.
(10) AL ERICKSON	15.00	l								
BOARD MEMBER		Х						0.	0.	0.
(11) ANDY MOSIER	3.00	l								
BOARD MEMBER	1 2 2 2	Х						0.	0.	0.
(12) SCOTT ENRIGHT	3.00									
BOARD MEMBER		Х						0.	0.	0.
		-								
	-	-								
		-								
		-								
				\vdash			_			
		1								
	•	•	_		_	_	_	•	•	- 000 (2222)

Form 990 (2022)

	(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			than dis both	n an	(D) (E) Reportable Reportable compensation compensation from from related			(F) Estimate amount other			
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)			om the anizati I relate	e ion ed
			•											
			•											
	Subtotal Total from continuation sheets to Part VI								87,423.		0.			0.
<u>d</u>	Total (add lines 1b and 1c)								87,423.	(0.			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	oove	e) wh	io re	eceived more than \$100	,000 of reportable				0
3	Did the organization list any former officer,	director, truste	ee, k	еу е	empl	loye	e, or	hig	hest compensated emp	loyee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for so For any individual listed on line 1a, is the su											3		X
_	and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	for such individual			4		X
5	rendered to the organization? If "Yes," com tion B. Independent Contractors											5		Х
1	Complete this table for your five highest co	•	•							•	 nsatio	on fro	m	
	the organization. Report compensation for (A)	the calendar ye	ear e	ndir	ng w	ith c	or wi	thin 	the organization's tax y (B)	ear.		(C	;)	
	Name and business	address	NO	ONE	3				Description of s	services	Co		sation	1
	Takal assumb as as in day as about a subset of	a alcoalia e lecet	-1"	_:1-	J 1 -	4 15 -	!'		ale accel·cule a constitution	and the are				
2	Total number of independent contractors (in \$100,000 of compensation from the organization)	•	oτ lin	nited	of to		se lis	ted	above) who received m	ore tnan				
											F	orm	990 (2	2022)

	Statement of Revenue
Form 990 (2022	SERVAN'

		Check if Schedule O contains a	a response o	or note to any lin	e in this Part VIII			
				,	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
S S	1 a	Federated campaigns	1a					
ants					-			
جَ ق		Membership dues	1c					
fts,		Fundraising events	1d					
Contributions, Gifts, Grants and Other Similar Amounts		Related organizations			-			
ns, Sim		Government grants (contributions)	1e		-			
atio er 9	Ť	All other contributions, gifts, grants, and		016 527				
^듩		similar amounts not included above \dots		016,527.	-			
ont		Noncash contributions included in lines 1a-1f	1g \$		1 016 527			
<u>0 a</u>	h	Total. Add lines 1a-1f			1,016,527.			
				Business Code				
ce	2 a	·						
e Z	b							
Sch	С	· .						
ran Sev	d	·						
Program Service Revenue	е	·						
ڇ	f	All other program service revenue						
	g	Total. Add lines 2a-2f						
	3	Investment income (including divide	ends, intere	st, and				
		other similar amounts)			1,056.			1,056.
	4	Income from investment of tax-exer	mpt bond p	roceeds				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents6a						
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c						
	d	Not rental income or (loca)						
		, ,	Securities	(ii) Other				
		assets other than inventory 7a						
	b	Less: cost or other basis						
<u>o</u>	-	and sales expenses 7b						
Revenue	c	Gain or (loss) 7c						
ě		Net gain or (loss)						
her F		Gross income from fundraising events	I					
ŎĘ.	o u	including \$	•					
Ŭ		contributions reported on line 1c). §	_					
		Part IV, line 18						
	h	Less: direct expenses			-			
		Net income or (loss) from fundraisir						
		Gross income from gaming activitie	_					
	Ja	Part IV, line 19	I .					
	h	Less: direct expenses			-			
		 Net income or (loss) from gaming a Gross sales of inventory, less return 						
	то а	• • • • • • • • • • • • • • • • • • • •	I					
		and allowances	I .		-			
		Less: cost of goods sold						
\longrightarrow	С	Net income or (loss) from sales of in	iventory	Rueinosa Cad-				
ရှ		MTCCELL ANDCHE DEVE	יזוואי	Business Code	544.	544.		
ne e	11 a	MISCELLANEOUS REVE			344.	344.		
Miscellaneous Revenue	b							
Sce	C							
Ĕ	d	All other revenue			544.			
		Total. Add lines 11a-11d			1,018,127.	544.	0.	1 056
	12	Total revenue. See instructions			μ,υ±0,±4/•	J44•	ı ∪•	1,056.

232009 12-13-22

Form **990** (2022)

Form 990 (2022) SERVANTS AT WORK, INC. Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must compl	lete all columns. All othe	r organizations must con	nplete column (A)	
30011	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 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				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	0.7. 400	26 22	22 - 22	22 - 22
	trustees, and key employees	87,423.	26,227.	30,598.	30,598.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	126 222	05.405	05.040	0.4.000
7	Other salaries and wages	136,082.	86,496.	25,249.	24,337.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	10 (50	0 411	4 660	4 506
10	Payroll taxes	18,659.	9,411.	4,662.	4,586.
11	Fees for services (nonemployees):				
a	Management				
b	Legal				
C	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
40	column (A), amount, list line 11g expenses on Sch 0.)				
12 13	Advertising and promotion	26,965.		13,482.	13,483.
14	Office expenses	20,303.		13, 102.	13, 103.
15	Royalties				
16	Occupancy	45,597.	31,398.	8,039.	6,160.
17	Traval	23 / 33 / 4	32,3300	0,0000	0,200
18	Payments of travel or entertainment expenses				
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	20,888.	20,888.		
23	Insurance	12,852.	8,310.	4,542.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	AFFILIATE CONSTRUCTION	323,850.	323,850.		
b	INDIANAPOLIS CONSTRUCTI	160,457.	160,457.		
С	CONTRACT SERVICES	29,545.	9,848.	9,848.	9,849.
d	FINANCIAL DEVELOPMENT	13,979.			13,979.
е	All other expenses	20,777.	11,718.	6,999.	2,060.
25	Total functional expenses. Add lines 1 through 24e	897,074.	688,603.	103,419.	105,052.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				000

Form 990 (2022)

Part X | Balance Sheet

Pai	rt 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	343,787.	1	316,687
	2	Savings and temporary cash investments	60,313.		60,393
	3	Pledges and grants receivable, net	152,501.	3	280,226
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		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)		6	
ι	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	21,187
ğ	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 139,	337.		
	b	Less: accumulated depreciation 10b 97,3	57,607.	10c	42,226
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	1,006.	14	732
	15	Other assets. See Part IV, line 11	47,998.	15	98,757
	16	Total assets. Add lines 1 through 15 (must equal line 33)	682,969 .	16	820,208
	17	Accounts payable and accrued expenses	40,080.	17	21,000
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ş	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iabi		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D			72,812
	26	Total liabilities. Add lines 17 through 25	74,810.	26	93,812
"		Organizations that follow FASB ASC 958, check here			
Š		and complete lines 27, 28, 32, and 33.	0.50 4.04		464 684
ılan	27	Net assets without donor restrictions		27	164,671
Ba	28	Net assets with donor restrictions	348,678.	28	561,725
n n		Organizations that do not follow FASB ASC 958, check here			
Ē		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
t As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Š	32	Total net assets or fund balances		32	726,396
	33	Total liabilities and net assets/fund balances	682,969.	33	820,208

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,01			
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,0		
3	Revenue less expenses. Subtract line 2 from line 1	3	12	1,0	53.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	60	8,1	59.	
5	Net unrealized gains (losses) on investments	5	-	2,8	16.	
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	72	6,3	96.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				X	
				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	0.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	X 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	X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.				
За	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	ed audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b			
			Form	990	(2022)	

232012 12-13-22

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

Open Instructions

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization SERVANTS AT WORK, INC. 45-3825509 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
	tion B. Total Support		T	Т	T	T	1
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10	-1- (>			40	
	Gross receipts from related activities,			f		12	
13	First 5 years. If the Form 990 is for the	· ·		*	•	. , . ,	
Sec	organization, check this box and stopertion C. Computation of Publi				•••••		
	Public support percentage for 2022 (I			column (f))		14	%
	Public support percentage from 2021		•	.,,		15	<u> </u>
	33 1/3% support test - 2022. If the c						
100	stop here. The organization qualifies					iore, ericeit triis se	
h	33 1/3% support test - 2021. If the c		-				
_	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	_	-				
	meets the facts-and-circumstances te			=			
b	10% -facts-and-circumstances test	•	•		•		
_	more, and if the organization meets the	_	-				
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization		-		•		
				<u> </u>			(Form 990) 2022

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.)

3 et	ction A. Public Support		·				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not	(1)	(2) = 2 × 2	(=) ====	(1)	(=)	(-)
	include any "unusual grants.")	560,351.	528,271.	859,586.	735,738.	1016527.	3700473.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	13,821.	22,519.	1,839.	0.	0.	38,179.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	574,172.	550,790.	861,425.	735,738.	1016527.	3738652.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
С	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						3738652.
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	574,172.	550,790.	861,425.	735,738.	1016527.	3738652.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,664.	3,556.	760.	326.	1,056.	7,362.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	1,664.	3,556.	760.	326.	1,056.	7,362.
	whether or not the business is						
	whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	F7F 026	917.	925.	462.	544.	2,848.
13	whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	575,836.	555,263.	863,110.	736,526.	1018127.	3748862.
13	whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the	e organization's fir	555,263. est, second, third, f	863,110. ourth, or fifth tax y	736,526. ear as a section 50	1018127. 01(c)(3) organizatio	3748862.
13 14	whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here	e organization's fir	555,263. st, second, third, f	863,110. ourth, or fifth tax y	736,526. ear as a section 50	1018127. 01(c)(3) organizatio	3748862.
13 14 Se c	whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here	e organization's fir	555,263. st, second, third, f	863,110.	736,526. ear as a section 50	1018127. 01(c)(3) organizatio	3748862.
13 14 Sec 15	whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public Public support percentage for 2022 (I	e organization's fir c Support Per ne 8, column (f), d	555,263. est, second, third, for centage	863,110. Courth, or fifth tax y	736,526. ear as a section 50	1018127 • O1(c)(3) organizatio	3748862. on, 99.73 %
13 14 Sec 15 16	whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here cition C. Computation of Public Public support percentage for 2022 (I	e organization's fir c Support Per ne 8, column (f), d Schedule A, Part	555,263. st, second, third, f	863,110.	736,526. ear as a section 50	1018127. 01(c)(3) organizatio	3748862.
13 14 Sec 15 16 Sec	whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here cotion C. Computation of Public Public support percentage for 2022 (Incomputation D. Computation of Investigation D. Computation of Investigation D. Computation of Investigation C. Computation of Investigation D. Computation D. Computati	e organization's fir c Support Per ne 8, column (f), d Schedule A, Part tment Income	st, second, third, f centage ivided by line 13, coll, line 15 Percentage	863,110. Courth, or fifth tax y	736,526. ear as a section 50	1018127. 01(c)(3) organizatio	3748862. 99.73 % 99.71 %
13 14 Sec 15 16 Sec 17	whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here etion C. Computation of Public Support percentage for 2022 (Included in the public support percentage from 2021 etion D. Computation of Investing Investment income percentage for 2022 (Investment income percentage for 2021)	e organization's fir c Support Per ne 8, column (f), d Schedule A, Part tment Income 22 (line 10c, colun	555,263. est, second, third, f centage ivided by line 13, c III, line 15 Percentage nn (f), divided by lire	863,110. courth, or fifth tax y column (f))	736,526. Pear as a section 50	1018127 • O1(c)(3) organizatio	3748862. 99.73 % 99.71 %
13 14 Sec 15 16 Sec 17 18	whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here cotion C. Computation of Public Public support percentage for 2022 (Incomputation D. Computation of Investigation D. Computation of Investigation D. Computation of Investigation C. Computation of Investigation D. Computation D. Computati	e organization's fire c Support Per ne 8, column (f), di Schedule A, Part treent Income 122 (line 10c, colun 2021 Schedule A,	st, second, third, f centage ivided by line 13, c III, line 15 Percentage nn (f), divided by line Part III, line 17	863,110. courth, or fifth tax y column (f))	736,526. Pear as a section 50	1018127. 01(c)(3) organizatio	3748862. 99.73 % 99.71 % .20 % .22 %
13 14 15 16 Sec 17 18 19a	whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here extinction C. Computation of Public Public support percentage for 2022 (Included in D. Computation of Investment income percentage from 2021 investment income percentage from 2031 1/3% support tests - 2022. If the more than 33 1/3%, check this box and stop here 2031 investment income percentage from 2031 investment income 2031 investment i	e organization's fire c Support Per ne 8, column (f), described A, Part tment Income 122 (line 10c, column 12021 Schedule A, organization did ne stop here. The	st, second, third, for the state of the stat	ourth, or fifth tax y folumn (f)) ne 13, column (f)) on line 14, and line lies as a publicly su	736,526. Pear as a section 50	1018127. 01(c)(3) organizatio 15 16 17 18 3 1/3%, and line 17 ion	3748862. 99.73 % 99.71 % .20 % .22 % 7 is not
13 14 15 16 Sec 17 18 19a	whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here extinction C. Computation of Public Public support percentage for 2022 (Public support percentage from 2021 extinon D. Computation of Investment income percentage from 2021 Investment income percentage from 2031 1/3% support tests - 2022. If the	c Support Perne 8, column (f), dischedule A, Partitment Income 122 (line 10c, column 2021 Schedule A, organization did ned stop here. The organization did ned stop did not stop did ned stop did not stop did ned st	st, second, third, f centage ivided by line 13, c Percentage in (f), divided by line Part III, line 17 ot check the box corganization qualif ot check a box on	863,110. courth, or fifth tax y column (f)) ne 13, column (f)) on line 14, and line ries as a publicly su line 14 or line 19a	736,526. Pear as a section 50 15 is more than 33 Upported organizate, and line 16 is more	1018127. 01(c)(3) organization 15 16 17 18 3 1/3%, and line 17 ion	3748862. 99.73 % 99.71 % .20 % .22 % 7 is not X

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	•		
	2		
	3a		
	3b		
	-		
	3c		
	4a		
	4b		
	40		
	4c		
	5a		
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	10b		
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Schedule A (Form 990) 2022

Par	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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		
	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,			
Sact	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
OCOL	tion of Type it oupporting organizations		V	NI.
4	Ware a majority of the examination's divectors by twistons during the toy year also a majority of the divectors		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations	•		
	<i>7</i> • •		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			
Caat	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	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 2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins Activities Test. Answer lines 2a and 2b below.	truction	yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	NO
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Schedule A (Form 990) 2022

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

instructions).

Schedule A (Form 990) 2022

e Excess from 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2022

Schedule B (Form 990) (2022)

Employer identification number

45-3825509 SERVANTS AT WORK, INC. Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Name of organization Employer identification number

SERVANTS AT WORK, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>125,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$8,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$6,000.	Person X Payroll

Name of organization Employer identification number

SERVANTS AT	r work	, INC
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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$10,947.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

SERVANTS AT WORK, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	Name, address, and ZIF + 4	\$ 22,300.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$18,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

SERVANTS AT WORK, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$16,046.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$ <u>12,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	Name, address, and ZIF + 4	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$9,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

SERVA	NTS AT WORK, INC.	45	5-3825509
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$6,571.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27_		\$5,600.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28_		\$\$,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

SERVANTS	\mathtt{AT}	WORK,	INC
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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions \$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	Hamo, addi ooo, and Eir 1 1	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$5,000.	Person X Payroll

Page 3

Name of organization Employer identification number

SERVANTS AT WORK, INC.

	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space 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

- 4

Schedule B (Form 990) (2022) Page 4 Name of organization **Employer identification number** SERVANTS AT WORK, INC. 45-3825509 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

223454 11-15-22 Schedule B (Form 990) (2022)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

SERVANTS AT WORK, INC.

Employer identification number 45-3825509

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the						
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(h) Funds ar	nd other accounts		
4	Total number at end of year	(a) Donor advised funds	(b) i dilas ai	d other accounts		
1 2	Total number at end of year					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor adv	sed funds			
Ū	are the organization's property, subject to the organization's	_		Yes No		
6	Did the organization inform all grantees, donors, and donor a					
_	for charitable purposes and not for the benefit of the donor o					
			· ·	Yes No		
Par						
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).				
	Preservation of land for public use (for example, recrea	tion or education) Preservation	f a historically impo	rtant land area		
	Protection of natural habitat	Preservation of	f a certified historic	structure		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the forn				
	day of the tax year.		Held	at the End of the Tax Year		
а	Total number of conservation easements		2a			
	Number of conservation easements on a certified historic stru		2c			
d	Number of conservation easements included in (c) acquired a					
	historic structure listed in the National Register					
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization durin	g the tax		
_	year					
4	Number of states where property subject to conservation eas					
5	Does the organization have a written policy regarding the per			Yes No		
6	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting,			. — —		
Ū	otali and volunteer flours devoted to morntoning, inspecting,	rianding of violations, and emoreing con	scrvation cascinent	3 during the year		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements du	ring the vear		
-	,ca 5. 5. ps. 1555ca 52			9 ,		
8	Does each conservation easement reported on line 2(d) above	re satisfy the requirements of section 170	(h)(4)(B)(i)			
				Yes No		
9	In Part XIII, describe how the organization reports conservation					
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stater	ents that describes	the		
	organization's accounting for conservation easements.					
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or C	ther Similar As	sets.		
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement	and balance sheet v	vorks		
	of art, historical treasures, or other similar assets held for public	olic exhibition, education, or research in	urtherance of public	;		
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.					
b	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of					
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,					
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1					
2	If the organization received or held works of art, historical tre-		al gain, provide			
	the following amounts required to be reported under FASB A					
	Revenue included on Form 990, Part VIII, line 1					
	Assets included in Form 990, Part X			dula D (Faura 200) 2002		
LHA	For Paperwork Reduction Act Notice, see the Instructions	5 IUI FUIIII 99U.	Scne	edule D (Form 990) 2022		

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

3. Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection telms (check all that apply): a	Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	er Simila	r Assets	(continu	ued)
a Public exhibition d Loan or exchange program b Scholarly researation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 4 Baginning dalance 1b Additions during the year 1c Additions during the year 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2b If "Yes," explain the arrangement in Part XIII. The Part of the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization in has been provided on Part XIII 1a Baginning of year balance 1b Contributions 1c Amount 1c C do do line years back (e) Four years 1c) If you years back (d) line years back (e) Four years back 1c) If you years back (d) line years back (e) Four years back 1d Carrent year (b) Prior year (c) I you years back (log line years back (e) Four years (e) I you years back (log line years back log line years back (log line years back log line years back log	3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make	significant	use of its	,	
b Scholarly research e Other Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds retarted has been braintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?									
b Scholarly research e Other Provide a description of the organization is collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar asserts to be sold to raise funder starther than to be maintained asp and rich organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is I be organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is I be organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. I be organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If Yes; explain the arrangement in Part XIII and complete the following table: I be	а								
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collection? I yes No Part IV Escrow and Custodial Arrangements. Complete if the organization's collection? 1 Is Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part IV, line 9, or reported an amount on Form 900, Part XIII. 1 Is Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X? 1 Is Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X? 2 Is Beginning balance 3 Is Part Y Is Ending balance 4 Additions during the year 5 Ending balance 4 Distributions during the year 6 Distributions during the year 7 Endowment Funds. Complete if the organization has been provided on Part XIII Part Y Is Endowment Funds. Complete if the explanization answered "Yes" on Form 900, Part IV, line 10. 1 Is Beginning of year balance 3 Is 8,607, 2 29,927, 28,367, 3,592, 25,000, Not introduced an amount on Form 900, Part X, line 21, for escrow or custodial account liability? 1 Is Beginning of year balance 3 Is 8,607, 2 29,927, 28,367, 3,592, 25,000, Not investment earnings, gains, and losses 4 Is Beginning of year balance 3 Is 8,607, 2 29,927, 28,367, 3,592, 22,225, 000, Not investment earnings, gains, and losses 4 Is 8 Is	b	Scholarly research	е						
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an aspart, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization and the arrangement in Part XIII and complete the following table:	С	Preservation for future generations							
To be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is it the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21 and the following table: C Beginning balance It c	4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's ex	empt purpo	se in Part	XIII.	
Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part Xy, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XY	5	During the year, did the organization solicit or	r receive donations o	of art, historical treas	sures, or other simil	ar assets			
Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part Xy, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XY		to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's col	lection?			Yes	☐ No
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 1f "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance 38,607, 29,927, (2) Two years back (d) Three years back (e) Four years back	Par							ine 9, or	
on Form 990, Part X? Yes No				-					
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance	1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contributions	or other assets no	t included			
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance		on Form 990, Part X?						Yes	☐ No
C Beginning balance 1 1 1 1 1 1 1 1 1	b								
d Additions during the year 1d 1e 1e 1e 1e 1e 1e 1e 1e 1e 1e		· · ·	·	-				Amount	
d Additions during the year 1d 1e 1e 1e 1e 1e 1e 1e 1e 1e	С	Beginning balance				1c			
Extributions during the year 16									
## Finding balance ## Finding ba									
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the erganization answered "Yes" on Form 990, Part IV, line 10. Can Current year (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four year	_								
Description Part V Endowment Fund Check here if the explanation has been provided on Part XIII Check here if the explanation Part XIII Check here if the explanation has been provided on Part XIII Part	2a					oility?		Yes	No No
Calcument year Caccapt		_				•			
Calcument year Caccapt	Par	t V Endowment Funds. Complete it	f the organization an	swered "Yes" on Fo	rm 990, Part IV, line	10.			
b Contributions		·					years back	(e) Four y	years back
b Contributions	1a	Beginning of year balance	38,607.	29,927.	28,367		24,775.		
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 35,790, 38,607, 29,927, 28,367, 24,775. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 100 % b Permanent endowment % c Term endowment	_								25,000.
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 35,790, 38,607, 29,927, 28,367, 24,775. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 100 % b Permanent endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements 6 R8,355. 67,739. 20,616. d Equipment 7 Equipment 7 Equipment 8 R8,355. 67,739. 20,616.	С		-2,817.	8,680.	1,560		3,592.		-225.
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 35,790. 38,607. 29,927. 28,367. 24,775. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 100 % b Permanent endowment	d								
and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 100 Permanent endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (ii) Related organizations 5b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements 4 Equipment 8 8 8 3 5 5 . 67 , 73 9 . 20 , 616 . d Equipment c Leasehold improvements 5 0 , 9 8 2 . 29 , 37 2 . 21 , 610 .									
f Administrative expenses g End of year balance 35,790. 38,607. 29,927. 28,367. 24,775. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 100 % Permanent endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value b Buildings c Leasehold improvements 488,355. 67,739. 20,616. d Equipment 50,982. 29,372. 21,610.									
g End of year balance 35,790, 38,607, 29,927, 28,367, 24,775. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 100	f								
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 100 % b Permanent endowment			35,790.	38,607.	29,927		28,367.		24,775.
a Board designated or quasi-endowment		•	ent vear end balance	(line 1g. column (a)) held as:				
b Permanent endowment		·	1 1 1 1		,				
The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iv) In related organizations (iv) Related organizations (iv) Related organizations (iv) Related organizations (ivi) Related organization (ivi) Related organ									
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements 6 88,355. 67,739. 20,616. d Equipment 50,982. 29,372. 21,610.	С								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements 6 88,355. 67,739. 20,616. c Lequipment 5 0,982. 29,372. 21,610.			uld equal 100%.						
organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements 4 Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 88,355. 67,739. 20,616. 4 Equipment 50,982. 29,372. 21,610.	За	, ,	•	tion that are held an	d administered for	the			
(ii) Unrelated organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land b Buildings c Leasehold improvements 88,355. 67,739. 20,616. d Equipment 50,982. 29,372. 21,610.			3					[·	Yes No
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment 3a(ii) X 3b		-						3a(i)	X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land b Buildings c Leasehold improvements d Equipment 88,355. 67,739. 20,616. 150,982. 29,372.		V							
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements A Ba, 355. Band Band Band Band Band Band Band Band	b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?					
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment 88,355. 67,739. 20,616.									
Description of property (a) Cost or other basis (investment) 1a Land b Buildings c Leasehold improvements d Equipment (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 88,355. 67,739. 20,616.	Par								
tal Land basis (investment) basis (other) depreciation b Buildings 88,355. 67,739. 20,616. c Leasehold improvements 50,982. 29,372. 21,610.		Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part 2	K, line 10.			
b Buildings c Leasehold improvements 88,355. 67,739. 20,616. d Equipment 50,982. 29,372. 21,610.		Description of property	1 ' '		' '			(d) Book	value
b Buildings c Leasehold improvements 88,355. 67,739. 20,616. d Equipment 50,982. 29,372. 21,610.	1a	Land							
c Leasehold improvements 88,355. 67,739. 20,616. d Equipment 50,982. 29,372. 21,610.									
d Equipment 50,982. 29,372. 21,610.				8	8,355.	67,7	39.	20	,616.
					• • • •	- , -			
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)				X column (R) line 10	Oc.)			42	,226.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 SERVANTS AT Part VII Investments - Other Securities.	WORK, INC.	4	5-3825509 Page 3
Complete if the organization answered "Yes"	on Form 990. Part IV. line	e 11b. See Form 990. Part X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)			•
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	a 11d See Form 990 Part Y line 15	
	Description	FITA. See Form 930, Fart X, line 13.	(b) Book value
(1) RENT DEPOSITS	2 000p.1.0		10,052.
(2) BENEFICIAL INTEREST IN AS	SETS HELD BY	OTHERS	35,790.
(3) RIGHT OF USE ASSET			52,915.
(4)			, , , , , , , , , , , , , , , , , , , ,
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	e 15.)		98,757.
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 2	5.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) LEASE LIABILITY			72,812.

1.	(a) Description of liability	(b) Book value
(1)) Federal income taxes	
(2)	LEASE LIABILITY	72,812.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total	· (Column (b) must equal Form 990. Part X. col. (B) line 25.)	72,812.

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

Schedule D (Form 990) 2022

4c

Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) Part XIII Supplemental Information.

b Other (Describe in Part XIII.) c Add lines 4a and 4b

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

PART V, LINE 4:

FUNDS ARE INVESTED IN CENTRAL INDIANA COMMUNITY FOUNDATION'S POOLED ENDOWMENT FUND AND SAWS(R) SPENDING FROM THE FUND IS SUBJECT TO THE TERMS OF THE AGREEMENT WITH CICF. THE AGREEMENT STATES THAT THE PORTION OF ANNUAL EARNINGS, INCLUDING NET INCOME AND NET APPRECIATION, BOTH REALIZED AND UNREALIZED, ALLOCATED TO THE FUNDS IS AVAILABLE FOR SPENDING. THE SPENDABLE AMOUNT IS TYPICALLY CALCULATED AS 5% OF THE PRIOR YEAR'S ENDING FUND BALANCE AS OF DECEMBER 31, PLUS ANY CARRY-FORWARD AMOUNTS FROM PRIOR YEARS. THE BOARD OF DIRECTORS REVIEWS THE AMOUNT THAT IS AVAILBLE FOR SPENDING, AND DETERMINES HOW MUCH OF A DISTRIBUTION WILL BE TAKEN FOR OPERATIONS, IF ANY.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 Part XIII Supplemental Inform	SERVANTS AT WOR	K, INC.	45-3825509 Page 5
Part XIII Supplemental Infor	mation (continued)		
,	(Gornanaea)		

SCHEDULE 0 (Form 990)

Department of the Treasury

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.

Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Employer identification number

SERVANTS AT WORK, INC.	45-3825509
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSI	ON:
DISABILITIES IN LOW-INCOME HOUSEHOLDS THROUGH THE CONSTRUCT	ION OF
WHEELCHAIR RAMPS.	
OUR RAMPS SERVE AS THEIR GATEWAY TO THE WORLD, RE- OPENING	CONNECTIONS
WITH NEIGHBORS AND THE LARGER COMMUNITY WHILE PROVIDING INC	EPENDENCE
AND ACCESSIBILITY.	_
WE SEEK TO TRANSFORM THE LIVES OF OUR RECIPIENTS AND THE LI	VES OF OUR
VOLUNTEERS THROUGH MEANINGFUL SERVICE.	
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
OUR RAMPS SERVE AS THEIR GATEWAY TO THE WORLD, RE- OPENING	CONNECTIONS
WITH NEIGHBORS AND THE LARGER COMMUNITY WHILE PROVIDING INC	EPENDENCE
AND ACCESSIBILITY.	
WE SEEK TO TRANSFORM THE LIVES OF OUR RECIPIENTS AND THE LI	VES OF OUR
VOLUNTEERS THROUGH MEANINGFUL SERVICE.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 IS REVEIWED BY MANAGEMENT BEFORE BEING PRESENT	ED TO THE
FINANCE COMMITTEE FOR FURTHER REVIEW. UPON APPROVAL FROM BC	TH MANAGEMENT
AND THE FINANCE COMMITTEE, THE FORM 990 IS SENT TO THE EXEC	UTIVE BOARD FOR
APPROVAL BEFORE BEING REVEIEWED BY THE BOARD OF DIRECTORS.	
FORM 990, PART VI, SECTION B, LINE 12C:	

232211 10-28-22

MEMBER WITH A CONFLICT SHALL LEAVE THE MEETING WHILE THE MATTER CREATING

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

BOARD MEMBERS ARE REQUIRED TO DISCLOSE POSSIBLE CONFLICTS.

ANY BOARD

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** SERVANTS AT WORK, INC. 45-3825509 THE CONFLICT IS DISCUSSED AND VOTED UPON. FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS MUST APPROVE COMPENSATION. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART XII, LINE 2C THE OVERSIGHT PROCESS FOR THE ANNUAL AUDIT HAS NOT CHANGED SINCE THE PRIOR YEAR.