## Form 990

2021

QM6 No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
Go to \*\*newcirs.gov/Form990\*\* for instructions and the latest information.

or tax year beginning , 2021, and ending

Α	For the 2021 calen	dar year, or tax year beginning , 2021, and ending			**************************************	<u>د د د د د د د د د د د د د د د د د د د </u>	auaunimmen omi
В	Check d applicable:	C	ם	Employ	er identifi	ication number	
	Address change	ACCESSITY	į.	33-(	06204	115	
	Name change	404 EUCLID AVENUE, STE 271	Ē	Telepho			
	1-1	SAN DIEGO, CA 92114		610.	_705_	-7250	
	Indual return		-	OLD	134	12,50	
	Final return/terminated						ABB
	Amended return			Giossire			,275.
	Application pending	t treate and management of beautiful conserve.	H(#) Is this 5 gi			laund 194	
	: Moreone	404 EUCLID AVENUE, STE 271 SAN DIEGO, CA 92114	H(b) Are all sul if "No," at	bordinates tach a list	included	? Yes	No No
I	Tax-exempt status:	X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527	11 1107 111	tigeri et mati	Crista Frigat	ing popular	
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K	Form of organization:		OH: 1334		Hate OF R	de namen. (*)	i.r
14	art I Summa	N. Commission of the Commissio					
	1 Briefly descr	ibe the organization's mission or most significant activities: See Sched	iule_Q_		**************************************	n in man no and nois m	C AND MAD MAD WATER
ø		و الله الله الله الله الله الله الله الل					o mar ann ann inne.
Activities & Governance		والمراقب المراقب المرا	سايف سايد بياب		پورانسي عقد س	ته متن تشد. بهند موت صده م	
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- A	2 Check this b	ox > if the organization discontinued its operations or disposed of more	e than 25%	of its ne	et øsse	ls.	
Ğ	3 Number of v				3		16
66 65	4 Number of in	ten A language and a second account of the second and a second and a second account of the second account of t	**		4	************************	16
Ę.	5 Total numbe	r of individuals employed in calendar year 2021 (Part V, line 2a)			5		34
<u> </u>	6 Total number	r of volunteers (estimate if necessary)			6		3.
AC	7a Total unrela	ed business revenue from Part VIII, column (C), line 12			7a		0.
	b Net unrelate	d business taxable income from Form 990-T, Part I, line 11			7b		0,
	A CONTRACTOR OF THE PROPERTY O	Ministration of the Control of the C	Pri	or Year	-	Current \	rear :
	8 Contribution	s and grants (Part VIII, line 1h)	5,	096,1	27.	2,89	),484,
3		vice revenue (Part VIII, line 2g)		216,9		1,30	3,368.
Revenue		ncome (Part VIII, column (A), lines 3, 4, and 7d).		10,0	182		3,423.
e		ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
٠.		e add lines 8 through 11 (must equal Part VIII, column (A), line 12)		323,1	93.	4.19	1,275.
<del></del>		similar amounts paid (Part IX, column (A), lines 1-3)				71 - 3	1 1 12 1 10 0
			***************************************	Mikrop Pagenter con tra Angel		UNIONED NO HOLD VIOLENCE VIOLE	
		d to or for members (Part IX, column (A), line 4).		· · · · · · · · · · · · · · · · · · ·	***************************************	Annerent Statement and the control of the control o	***************************************
ø	15 Salaries, oth	er compensation, employee benefits (Part IX, column (A), lines 5-10)	$\mathbb{Z}_{I}$	266,1	<u>. U b</u>	2,61	8,459,
Š	16a Professional	fundraising fees (Part IX, column (A), line 11e)					
Expenses	. b Total fundra	using expenses (Part IX, column (D), line 25) ► 21, 792.					
й	17 Other owner	ses (Part IX, column (A), lines 11a-11d, 11f-24e)	SAMMAN X STATE AND THE SAME AND	991,7	720	TO ANTONIO CONTROLLED BUT AND A STATE OF THE	4,164.
:							
		ses. Add lines 13-17 (must equal Part IX, column (A), line 25)		257,8			2,623.
	19 Revenue les	s expenses. Subtract line 18 from line 12		065,3			4,652.
à			Beginning			End of \	
Agreets	20 Total assets	(Part X, line 16)		556,0			5,169.
9.0	21 Total liabiliti	es (Part X, line 26)	7,	611,2	256.	7,17	5,728.
4	22 Net assets of	or fund balances. Subtract line 21 from line 20	12.	944,	789	13.67	9,441.
To.		re Block/	The second second	***************************************			
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Jou	ter penalties of penuity, I d polete. Declaration of prep	ectare that have examined the return, including accompanying schedules and statements, and to the becarer (all) than others is passed on all information of which preparer has the knowledge.	st or my autower	fie and be	1631, 14 125 U. ≱	os, correct, and	
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: ب	Film's add					-235-213	
a		San Diego, CA 92101	}	Phone no.	ora.		
		his return with the preparer shown above? See instructions				X Yes	No
BA	A For Paperwork	Reduction Act Notice, see the separate Instructions.	EADIDIL 09/22	2/21		Form S	90 (2021)

Form 990 (2021) ACCESSITY	33-0620415	Page 2
Part III Statement of Program Service Accomplishments		itan
Check if Schedule O contains a response or note to any line in this Part III	8.66	X
Briefly describe the organization's mission:		
See Schedule 0	TO MOST CHAIR GROWN SIZE WARD STORM MAD ARMS CHAIR CHA	
AND THE WAR HER SHE	ay any you got you take take to so that were man, when ear, got for for the tow the little	the standard aims and
They was look that that the the the the the the the the the th	the way will the way with man with man wat man were from more and some way were man with these	the state after the
2 Did the organization undertake any significant program services during the year which	were not listed on the prior	
Form 990 or 990-EZ?	1mm4 P	X No
If "Yes," describe these new services on Schedule O.	fairn fair	Α 110
3 Did the organization cease conducting, or make significant changes in how it conducts	s, any program services? Yes	X No
If "Yes," describe these changes on Schedule O.	المسل	
4 Describe the organization's program service accomplishments for each of its three land Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grand revenue, if any, for each program service reported.	gest program services, as measured by expe ants and allocations to others, the total expen	nses. Ises,
4a (Code: ) (Expenses \$ 3,104,412, including grants of \$	· ) (Revenue \$	3
Stimulated local economic growth by providing access		ort.
services to micro-enterprises.	the same of the sa	
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A CONTROL OF THE PROPERTY OF T		Markey
4d Other program services (Describe on Schedule O.)		
(Expenses \$ including grants of \$	) (Revenue \$ )	
4e Total program service expenses 3,104,412.	manusaninaningo ex- , and analysis analysis and analysis analysis and	<b>D</b> DO 700771
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# Form 990 (2021) ACCESSITY RartiV 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	Х	ora propagata anama
	2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	armening to Monte
	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	- COMMANDE AND MAKE	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 Revenue Procedure 98-197: If 'Yes,' complete Schedule C, Part III.	5	***********	Х
. 1	õ	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6	N <b>PHAM</b> EL V	Х
,	7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II.	7		X
1	3	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8	envioner (v	X
4	•	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 counselling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9	<u> </u>	Х
1	).	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V	10	***************************************	X
1	1	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X, as applicable.			
		Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
		Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		X
٠		Did the organization report an amount for investments — program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes, complete Schedule D, Part VIII.	11 c		X
	ct	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 167 If Yes, complete Schedule D, Part IX.	11 d		X
::		Did the organization report an amount for other liabilities in Part X, line 253 If 'Yes,' complete Schedule D, Part X	11 e	X	
•	f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Fart X	11 f		Х
1;	2 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
	b	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		Х
13	}	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.	13		X
14	la:	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
		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 Schedula F. Parts I and IV	14b	Acre (color) and Arrive	Х
7.	;	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		X
)(	,	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	<i>‡</i>	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	an quyumalinda bala	Х
18	}	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	arrovenno reego	Х
15	)	Did the organization report more than \$15,000 of gross Income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
20	11.	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
	ь	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	an appropriate	
2		Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х
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ţ		The Allender of the Assessment Court took		["V"-	N .
	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 27 If 'Yes,' complete Schedule I, Parts I and III.	22	Yes	No X
	23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.	23	Х	PARTITION OF
	24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a.	24a		X
	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		ènemperanana
		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		an conditions
		Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	24d	- Lanconson	interviolent en
		Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization ergage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.	25a	ļ .	Х
	: b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part L.	25b		X
	26	Did the organization report any amount on Parl X. line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II.	26		X
	27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creater or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		X
		Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
		A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		X
	b	A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		X
		A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c	-	X
			29	ļ	X
		Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.	30		X X
		Did the organization figuidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part 1	31	<del> </del>	X
	32	Oud the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N; Part If	32	ļ	<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		X
	34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		X
	35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	t.	of 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	35h		
	36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
	37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Parl VI.	37		Х
	38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O.	38	X	
Signatura .	Pal	rt V Statements Regarding Other IRS Filings and Tax Compliance			<u> </u>
: *		Check if Schedule O contains a response or note to any line in this Part V		Yes	Ne
	1:	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	, jakan		
		b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	1.0	c Did the groanization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
ż	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(gambling) wirnings to prize winners?.	110		10000
	BAA	CERMODAL WASSES	110	n 990	(202)

Form 990 (2021)

Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2 a 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 . . . . bilif at least one is reported on line 2a, did the organization file all required federal employment tax returns?...... 26 Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X 3 a b If "Yes," has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O...... 3 b 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)? 4 a 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). 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X 5 b c if 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?..... 5 c 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х bilif 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b7. Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and X 7 a 7 b a Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7 c X Form 8282? e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... 71 g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 q as required?..... hilf the organization received a contribution of cars, boats, amplanes, or other vehicles, did the organization file a 71 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. 98 b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? ...... 9 b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities..... 10 b 11 Section 501(c)(12) organizations, Enter: a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state?..... 13 a Note; See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? Χ bilf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. . 141 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 X excess parachute payment(s) during the year? ..... If 'Yes,' see the instructions and file Form 4720, Schedule N. X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If 'Yes,\* complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?............ If "Yes," complete Form 6069.

Pari	Governance, Management, and Disclosure. For each 'Yes' response to lines 2 through 7b belo	w, an	d for	************					
	a 'No' response to line 8á, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.								
	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sect	ion A. Governing Body and Management			MANAGE NAME					
	Enter the number of voting members of the governing body at the end of the tax year 1a 16 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.		Yes 1	No					
	Enter the number of voting members included on line 1a. above, who are independent 1b 16								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X					
	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, 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		X					
	Did the organization become aware during the year of a significant diversion of the organization's assets?	5 6		X					
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Х					
	Are any governance decisions of the organization reserved to (or subject to approval by) members,		*************	Vigitimenta.					
	stockholders, or persons other than the governing body?	7ь		Χ					
	Oid the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			100000000 1000000000000000000000000000					
	The governing body?  Each committee with authority to act on behalf of the governing body?	8 a   8 b	<u>X</u>	Managarie					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O	9		Х					
MARKET THE PARTY OF THE PARTY O	ion B. Policies (This Section B requests information about policies not required by the Internal Rev	enue	Code.,	)					
			····	No					
	Did the organization have local chapters, branches, or affiliates?	10a		Χ					
	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?	10 <b>b</b>							
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	X						
	Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O								
	Did the organization have a written conflict of interest policy? If 'No,' go to time 13	12a	X	NEW TOWN					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х						
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done.	12 c							
	Did the organization have a written whistleblower policy?	13	Х						
	Did the organization have a written document retention and destruction policy?	14	X	· Marine					
	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	15 a	X	Jesando					
	Other officers or key employees of the organization. See Schedule 0	15 b	Х						
	If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions.	de e la							
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Χ					
	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?	16 b		11					
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed * None	······································	**************************************	20.00 An ora					
	NAS - Cold of the Same of the			ts ambs. Specif					
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 50 available for public inspection, Indicate how you made these available, Check all that apply.    X   Own website   X   Upon request   Other (explain on Schedule O)	r(c)(3)	s only)						
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available the public during the lax year.  See Schedule O	e to							
20	State the name, address, and telephone number of the person who possesses the organization's books and records 🔭 👚								
,	Craig V. Castanos, C.P.A. 401 B Street, Suite 2300 San Diego CA 92101 (619)	235	-2131	_					

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Page 7

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

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

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

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

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

Check this box if neither the organization nor ar	neck this box if neither the organization nor any related organization compensated any current officer, director, or trustee.									
(A) Name and litte	(B) Average hours per		OFF	(C) do no box, an o ector/		eck mo s perso and a re)	ie on	(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other
	per week (list any hours for related organisa-lipris betow dotted line)	or director	institutional trustee	Officer	skey employee	Highest componsated employed	Farmer	(W-27 099) MISC/1099 NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) Elizabeth Schott CEO	40	-	· · · · · · · · · · · · · · · · · · ·	X		******		1.01 576	. ^	A CO.
(2) Robert Lopez	40			X			onnunumfn).	161,566. 145,208.	0.	4,692, 4,555.
(3) Javier Islas CFO/Treasurer	40		*********	X				131,971.	0.	
(4) Victor Nava Director	0	X		Λ.				131,971.	0.	4,175
(5) Mark Emch Vice Chair	0	X		x				0.	0.	0
(6) Maria Kunac Director	0	X		,		***************************************	манаци	0.	0.	0
7) William D. Lynch Director	0	X		211111111	, ,			. 0.	0.	0
(8) Victor A. Vilaplana Director	0	X	1					0.		0
(9) Lydia Huard Director	0 0	X	W.B.5000 0v	iden of the desired		ancentron, o	millen	.0.	0.	0
(10) Reginald White Director	0	Х			(,)) - inches			0.	0.	Annin Anni
(11) Chikako Tyler Director	00	X		ip-m-vib			emina de la	0.	0	
(12) Stephen Friedman Director	0	X	, make and	consequent.				0.	0.	0,
(13) Stacie East	0	Ī			<b></b>				read is other coefficience coefficient of describble manuscrib groups manuscrib, cyclopeq a f	0.
Director (14) Joon Han	0	X			n-Massock	c-customerical in	depositor	<u>0 ;</u>	0.	0,
Director BAA	1 0 TEEAO	X 1071.	09/2:	2/23		Control of the Contro		0.	0.	Form 990 (2021

Fart VIII Section A. Officers, Directors, 12		ney	En	ence occupance		es,	an	a Fignest Coi	npensated Emp	ployees (continued)
	(B)			(C Pos	sition			755	(5)	
(A) Name and title	Average hours per	box	, unie:	55 pe	rson	than is bolt or/trus	n an	(D) Repartable	(E) Reportable	(F) Estimated amount
	week (list any		T === 1	ረ"ነ	<u></u>	F		compensation from the drawnization No.271/199	compensation from reliated enganizations (W-271059	of other compensation from
	hours lot	novidial trusice or director	istilutional Inustee	Micer	33	Highest or employed	Former	(W-2/1099- MISC/1099-NEC)	MISCHOOF VEC)	the organization and related
	related organiza	100	902	24,	cmplayee	èg	34			organizations :
	tions below dotted	J.S.	1		88	8				
	line)	18	8			Highest compensated empleyee				
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(15) Eugene Louie Director	0	X						_		
(16) Stacey Kartchner	0	^	ĺ		William was		o o interest on	0.	Carlotte Commence of the Comme	0.
Secretary	0	X		Х				0.	. 0.	0
(17) Gordon P. Boerner	0	é hannistica.	*******	(CONTRACTOR)	di mesanni	+	. purposer			
Chairman	0	X .		Х				0.	0,	0
(18) Sean Carpenter	00_	z. 5%-1 (~dana-	m						an distributed by Charles between the second and a second	ter etenth ann eten go general est side (selection de la leur et le leur et leur et le leur et leur et le leur et leur et le leur et leur et le
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(19) Alex Rodriguez	0_									
Director	0	X			ļ		<u> </u>	0.	0.	0.
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1 b Subtotal		<u>.</u>	<del>ئىسىل</del> رەرەرە	د مورد د مورد			<b>j</b> 5	438,745.	0.	13,422.
c Total from continuation sheets to Part VII, Section							Þ	0.	0.	0.
d Total (add lines 1b and 1c).							<b>&gt;</b>	438,745.	0.	13,422.
2 Total number of individuals (including but not limit	ted to tho	se lis	ted	abo.	ve) '	who	rece	sived more than \$	100,000 of reportab	le compensation
from the organization - 3	imengaway ayana ano	***********			********		والمحالية			
										Yes No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such	or, trustee 1 <i>individu</i> a	i, kes V	em.	ıploy	ee.	or h	ighe	est compensated e	employee	3 X
4 For any individual listed on line 1a, is the sum of										
the organization and related organizations greater	r than \$15	0,00	07 h	f 'Yt	es, '	comp	olete	e Schedule J for	, iii	
such individual										4 X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If Yes	compens:	atior e Sc	i froi bedii	m alı de d	My U	nel.	sted 1 m	organization or in	idividual	5 X
Section B. Independent Contractors	2 4252.001	-	***************************************		The first	***************************************	. 200	2.00 10.2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
1. Complete this table for your five bighest compens	aled inde	pend	ent c	cont	ract	ors t	nat	received more the	n \$100,000 pl	Miller Communication (Control of Control of
compensation from the organization. Report comp	ensation	ij not	те са	elen	dar	Agai.	enc	E	enterment and an enterment of the second personal personal second	0.1000F005T0.00F0000000000000
(A) Name and business addr	ess			:				Description (B)	of services	(C) Compensation
		· _ www.				- Primerina	/0000F00.17	Kantania and Antonia		
7 Tarangan (1987 P. 1984 ) (1984 ) (1984 ) (1984 ) (1984 ) (1984 ) (1984 ) (1984 ) (1984 ) (1984 ) (1984 ) (19	eroe/73030030000000000000000000000000000000	·			***********	***************************************	***************************************	*******************************		
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	namen a sandre a san	·								
2 Total number of independent contractors (including		limit	ed to	a tho	ose	listed	da t	ove) who received	I more than	The state of the s
\$100,000 of compensation from the organization	Annual relationships	oraniar oran		A			/b		Section 1	
BAA		TEEAC	11(1)(1)	09/2	2191					- Form 990 (2021)

## Form 990 (2021) ACCESSITY Part VIII Statement of Revenue

		Check if Schedule O contains a	response or not	e to any	y line in this Part VII	L		
All and the second					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ทั.≇	1 2	a Federated campaigns	1 a	N. WARRANT Professiona		***************************************		
1 5	1	b Membership dues	1 b	ar minor for the state of the s				
s, Grants	(	c Fundraising events	1 c					
Gifts, Grands,		d Related organizations.	<b>1</b> d	was an analysis of the				
		e Government grants (contributions) 🧠 🗀	le 851	,797.				
g k	f	f All other contributions, gifts, grants, and similar amounts not included above.			Charles Sand Special Control of the			
<u>,</u>	,	g Noncash contributions included in		687.	Property and a rest of the real party and the real		The state of the s	
Contributions,		lines lastf	1 g	MANAGAN CANADA C				State Secretarian Secretaria
· promised and or other	<u> </u>	h Total. Add lines 1a-1f.	***************************************		2,890,484.		Part of the second seco	
			Business (	Code			THE RESERVE OF THE PARTY OF THE	Company of the second
. <u>9</u>		a INTEREST INCOME	522200		913,592	913,592.	2°00'09 K*1000000000000000000000000000000000000	the part to an extension party or .
OT.		b LOAN FEES	522200		389,776.	389,776.		
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- B		Ed.   Staff total work: James (James Joseph		vrojskov sodomennia	in the second	A Manieto Antonio de La Carte	panden kutu v	annount the same of the same o
737	,	All other program service revenue			******************************	AND THE PROPERTY OF THE PROPER	SERVINO DE LA COMPANSIONA DEL COMPANSIONA DEL COMPANSIONA DE LA COMPANSIONA DE LA COMPANSIONA DE LA COMPANSIONA DEL COMPANSIONA DE LA COMPANSIONA DEL COMPANSIONA DE LA COMPANSIONA DEL COMPANSIONA DE LA COMPANSIONA DE LA COMPANSIONA DEL COMP	The same of the sa
Program Service Revenue	[	g Total. Add lines 2a-2i	£		1,303,368.	Table to the state of the state		
Julia Management	3				1 1/30/1/300*			
	-	other similar amounts)	acrica, interest, e	ii lu	3,423.			3,423.
	4	Income from investment of tax-ex	empt bond procee	eds 🕨				- Line and the line of the lin
	5	Royalties				,	, the real party of the real p	and the second s
		(i) Ro	ial (n) Pers	sonal			Service Control of the Control of th	
		a Gross rents	1385300000000000000000000000000000000000					LANGE OF THE PARTY
		b Less; rental expenses 6b		#9*** ***********************	The second secon	Commence of the control of the contr		
		c Rental income or (loss) 6c			The second secon			
	i t	d Net rental income or (loss)						
: .	7 a	a Gross amount from (e) Seco	ritires (II) OI	iner	American Secretary of the State			State HEAT TOWN
		other than inventory /a				CONTRACTOR OF THE PARTY OF THE	Contract Contract	And the second of the second o
	. !	b Less; cost or other basis and sales expenses 7 b						Side Andrew (18) a condition of a second second (18) and the secon
·		c Gain or (loss)					Bale I sturenting	State of the state
		d Net gain or (loss).	manuscomposition de la company de la comp	*	Winds with A service and the s	Mark White Company of the Company of		Appendix of the second
	ŀ	a Gross income from fundraising events	No department for the state of	Betrickton eller er sich	A CONTRACTOR OF THE PROPERTY O			Carrier and Market and Carrier
Revenue	0.6	(not including \$			September 1 and 1		And the second s	
e e		of contributions reported on line 1c).			The second secon			and belong the marger of the product of the control
	1	See Part IV, Dne 18.	8a		Experience of the control of the con	the state of the court of the state of the s		The second secon
Other		Less: direct expenses	8 b	***************************************		Carl Francisco (Carlos Carlos	200 A 100 A	
ਨ	. 0	: Net income or (loss) from fundrals	sing events	<b>)</b>		and the control of th		
	9 a	Gross rocome from gaming activities. See Part IV, line 19			Managaran Salah Ada da 170 Awa	artografikan di dibebebah Artokka ten kampatan di di		
			9a					
		Less: direct expenses	9Ь			Transport of the Control of the Cont	A de	
		Net income or (loss) from gaming	activities	(	Security of the second		Manager and the second	
	10 a	a Gross sales of inventory, less	10a					
		D Less: cost of goods sold	10b					
		: Net income or (loss) from sales o	himmed ham a second		PROMOBLICATION PARTICINA			
in.		Section in Anna August Anna August A	Business		AND BURNESS OF THE AND	Average of the second s		The same of the sa
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scellaneo Revenue	: 1;	Description where shows some shows some shows with more representative special			Pet Hill lanna vallee dad valanet li (Hillen) ona amator a gapharinaja	en e		***************************************
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<u> </u>	,c	All other revenue.		genel Meneral Language and			· · · · · · · · · · · · · · · · · · ·	The state of the s
Σ	e	Total, Add lines 11a-11d		<b>1</b>				
-	12	Total revenue. See instructions	- 1 . ( . 1 . 3	A CONTRACTOR AND A CONT	4,197,275.	1,303,368.	0,	3,423.

Form 990 (2021) ACCESSITY
Part IX Statement of Functional Expenses

Section 501(©)(3) and 501(©)(4) organizations must			ust complete column (A)	anninan-istaninintaisin kanannin kanannin kanannin kanannin kanannin kanannin kanannin kanannin kanannin kanan
Check if Schedule O contains a re			in familia de la companya de la comp	
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII,	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
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		PAVA-Abbish-in Meditarn and Ledon measurement and account any a successful graph gra		Section of the sectio
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	Worldwide has been been been been been been been bee			
4 Benefits paid to or for members	· · · · · · · · · · · · · · · · · · ·	The state of the s	Photographic and the state of t	
5 Compensation of current officers, directors, trustees, and key employees	293,537.	271,228.	20 254	A REE
c Compensation not included above to	23013311	L111601	20,254	2,055
disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	· 0
7 Other salaries and wages	1,913,573,	1,767,801.	132,748.	13,024
Pension plan accruals and contributions     (include section 401(k) and 403(b)     employer contributions).				
9 Other employee benefits				
10 Payroll faxes	411,349.	380,023,	28,516.	2,810
11 Fees for services (nonemployees):				
de la Management . ,			To the second state to the second	and the state of t
b Legal		and the statement of th		The state of the s
d Lobbying	61,923.	· · · · · · · · · · · · · · · · · · ·	61,923.	
e Professional fundraising services. See Part IV, line 17	Marin Zagari managarina			
f Investment management fees	AMPRICA MARIE CONTRACTOR AND			mente esta esta de la composição de la c
g Other, (If line 11g amount exceeds 10% of line 25, column		torrow with the contract of th	AND THE PROPERTY OF THE PROPER	nika arabiyoos, waxay maaniishahiidaana dasadada sadiibba sadiigga
(A), amount, list line 11g expenses on Schedule 0.).  12 Advertising and promotion	150,037.	82,941.	66,071.	1 887
13 Office expenses	7,083.	6,544.	491.	1,025 48
14 Information technology		NAMES AND ADDRESS OF STREET, S	To the second	A C
15 Royalties				
16 Occupancy	106,747.	98,618.	7,400.	729
17 Travel	1,369.	1,265.	95.	9
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	·			Men entativ ter verticativ entati visi Discottini in severi in intereste di Amerika, apper
19 Conferences, conventions, and meetings				-
20 Interest	24,889.	24,889,		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,647.	8,912.	669.	
23 Insurance 22 Insurance 23 Other expenses, Itemize expenses not	28,595.	26,417.	1,982.	196
covered above, (List miscellaneous expenses )				
on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a Lending Expense	200,590,	200,590.		
b Software Updates	118,985,	109,924.	8,248,	813
c Telephone	43,090.	41,756,	1,039	295
d Small Equipment	33,709.	31,142	2,337.	230
e All other expenses	57,500.	52,362.	4,646.	492
25 Total functional expenses, Add lines 1 through 24e	3,462,623.	3,104,412.	336,419.	21,792
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)				

Form 990 (2021) ACCESSITY
Part X Balance Sheet

Name of Street		Check if Schedule O contains a response or note to	алу line	in this Part X			<u> </u>
					(A) Beginning of year	-	(B) End of year
.PME.0000000	7	Cash - non-interest-bearing	1				
	2	Savings and temporary cash investments	7,378,008.	2	7,022,985.		
	3	Pledges and grants receivable, net		148,023.	3	51,732.	
	. 4	Accounts receivable, net		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	272,621.	4	225,462.
	5	Loans and other receivables from any current or forme trustee, key employee, creator or founder, substantial controlled entity or family mamber of any of these per	r officer contribut sons	director, or, or 35%		5	
. !	6	Loans and other receivables from other disqualified persection 4958(f)(1)), and persons described in section				6	
	7	Notes and loans receivable, net			12,697,296.	7	13,496,910.
Ø	8	Inventories for sale or use			The state of the s	8	10145035101
Assets	9	Prepaid expenses and deferred charges	l l	48,782.	9	54,404.	
AS		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	1 1				
	1		10b	140,144.	33 035	70	
		•	Auguston wagers de la com-	136,468.	11,315.	10 c	3,676,
	11	Investments — publicly traded securities			11		
	12	Investments — other securities, See Part IV, line 11.			Distriction (continues in manifes), the editor because the continues of a continue to the continues of the c	12 13	
	13	, ,				Andrews Arran for my new Arran & ( Martin and CORTICATION OF CHARLES AND	
	14	Intangible assets		14	The state of the s		
	15	Other assets. See Part IV, line 11.,			OO CECOAT	15	A A A C C A C A
•	16	Total assets, Add fines 1 through 15 (must equal line 3	3 <b>3</b> )		20,556,045.	16	20,855,169.
	17	Accounts payable and accrued expenses.			545,210	17	606,421.
	18	Grants payable				18	A Second Street Second
	19	Deferred revenue			annual contraction of the contra	19	
	20	Tax-exempt bond flabilities		The state of the s	лективного сициявальнай виканского и избальницию посиловал, в в шионе невенене чене	20	XXXXXIII XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
e S	21	Escrow or custodial account liability. Complete Part P				21	
Liabilities	22	Loans and other payables to any current or former offi key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per-	cer, director, or 35	ctor, trustee, 5%		22	
ב	23	Secured mortgages and notes payable to unrelated the				23	
	24	Unsecured notes and loans payable to unrelated third			6,650,000.	24	E 0E1 400
	25	Other habilities (including federal income tax, payable and other habilities not included on lines 17-24). Com	•		416.046.	25	5,953,408. 615,899.
	26	Total liabilities. Add lines 17 through 25			7,611,256.	26	7,175,728.
Salances		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.		[X]			
Ě	27	Net assets without donor restrictions.			11,749,989.	27	13,679,441.
30	28				1,194,800.	28	19,013,441
_	. 20	Organizations that do not follow FASB ASC 958, chec	b hara s		1,104,000.	120	
or Fund		and complete lines 29 through 33.	Search .			vonte (Mario di 1911)	
₽ An	.29	Capital stock or trust principal, or current funds	The services and a contract of Michigan Manda distribution and the description of the contract of the contra	29	Vo Valence o consecuto popular co 1900 del por popular por sono a consecuto de la consecuto de la consecuto de		
4	- 30	Paid-in or capital surplus, or land, building, or equipm			30	and the second s	
13	31	Retained earnings, endowment, accumulated income,			***************************************	31	
Net Assets	32	Total net assets or fund balances			12,944,789.	32	13,679,441.
-	33	Total liabilities and net assets/fund balances			20,556,045.	33	20,855,169.
RA	Α		TEEADITI	L (19/22/21)			Form 99ft (2021)

Forn	1 990 (2021)	ACCESSITY	3-0620415		Page 12
Pai	t XI Reco	nciliation of Net Assets	CONTRACTOR NAME OF THE PARTY OF		
	Check	if Schedule O contains a response or note to any line in this Part XI.	<u> </u>		
1	Total revenue	(must equal Part VIII, column (A), line 12)	1	4,19	7,275.
2	Total expense	es (must equal Part IX, column (A), line 25)	2	www.aaaadu.co.ra.cho	2,623.
3	Revenue less	expenses. Subtract line 2 from line 1	3		4,652.
4	Net assets or	fund balances at beginning of year (must equal Part X, line 32, column (A))	4		4.789.
5	Net unrealize	d galns (losses) on investments	5	and the same of th	
6	Donated serv	ices and use of facilities	6		THE TAX COMMENSATION OF THE PERSON OF THE PE
7		xpenses	7		
8	Prior period a	idjustments	8		
9	Other change	s in net assets or fund balances (explain on Schedule O)	9		0.
10		fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		all helders	
l Barrio	column (B)) .	to 1901 females at 1715	. 10	13,67	9,441.
l y a	ing a bridge of a process of the	icial Statements and Reporting			
· ·	Check	if Schedule O contains a response or note to any line in this Part XII	*1		
				1	Yes No
7	Accounting m	ethod used to prepare the Form 990: Cash X Accrual Other			Andrew Street St
	If the organiz	ation changed its method of accounting from a prior year or checked 'Other,' explain O.			
2 :	Were the orga	anization's financial statements compiled or reviewed by an independent accountant?		2a	X
	separate basi	k a box below to indicate whether the financial statements for the year were compiled or reviews, consolidated basis, or both:  te basis Consolidated basis Both consolidated and separate basis	ved on a		
1	lemel	anization's financial statements audited by an independent accountant?		2 b	х
,		k a box below to indicate whether the financial statements for the year were audited on a sepa		ZU	71 HAVE TENEDE
	basis, consol	idated basis, or both:	rate .	.4.4	Transport Lineary and
	X Separa	te basis Consolidated basis Both consolidated and separate basis			
	olf 'Yes' to line review, or cor	e 2a or 2b, does the organization have a committee that assumes responsibility for oversight o mpilation of its financial statements and selection of an Independent accountant?	f the audit,	2 c	X
	on Schedule		•		
3:	a As a result of Audit Act and	a federal award, was the organization required to undergo an audit or audits as set forth in the IOMB Circular A-1337	e Single	3 a	X
)		ne organization undergo the required audit or audits? If the organization did not undergo the re plain why on Schedule O and describe any steps taken to undergo such audits		3 b	х
BAA		TEEA0112L 09/22/21	ne del Micros de Milles de la companya de la compa	Form	990 (2021)

### SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

CMS No. 1545-0047

2021

Open to Public Inspection

Name of the organization Employer identification number								
AC	ACCESSITY 33-0620415							
Pa	ŧΙ	Reason for Public Cha	arity Status. (All or	ganizations must c	omblei	e this	nart ) See instructi	VOS
The	Part Reason for Public Charity Status. (All organizations must complete this part.) See instructions, the organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)							
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2	A school described in section 170(b)(1)(A)(II), (Attach Schedule E (Form 990).)							
3		A hospital or a cooperative				)(b)(1)(A	Miii).	
4		A medical research organiz	ation operated in con	unction with a hospital c	described	din sec	tion 170(b)(1)(A)(iii) Fr	fer the hospital's
		name, city, and state:						rai ino nospitai s
5		An organization operated for section 170(b)(1)(A)(iv), (C	or the benefit of a colle Complete Part II.)	ege or university owned	or opera	ted by a	governmental unit des	cobed in
6		A federal, state, or local go	vernment or governme	ental unit described in s	ection 1	70(b)(1)	(A)(v).	
7		An organization that normal in section 170(b)(1)(A)(vi).	illy receives a substant (Complete Part II.)	ial part of its support fro	om a gov	/ernmen	ital unit or from the gen	eral public described
8		A community trust describe						
9		An agricultural research org	ganization described in	section 170(b)(1)(A)(ix	) operate	ed in cor	njunction with a land-gra	ant college
		or university or a non-land-						
	\$U.5	university:	or can the same and same and same and	, mary record require with made and thinks have record and the	e vani and and i	on had mercus.	was been been and good form been been been	e their lands office county since lands gains again the contract county
-10	<u> </u>	An organization that normal from activities related to its investment income and unre June 30, 1975. See section	Ily receives (1) more the exempt functions, sub- elated business taxable	nan 33-1/3% of its suppo ject to certain exception e income fless section *	ort from	contribu	itians, membership fees	, and gross receipts
11	1	An organization organized a			tv. See	section	509(e)(4)	
12		An organization organized a	and operated exclusive	ly for the hoostit of the	ersentanioni	Clien : As concer	troops at an his many court	Base surveyance and a first
	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 times 12a. 124 and 126							
a	. [. ]	Type I. A supporting organization(s) the power to complete Part IV. Sections	zation operated, super o regularly appoint or e	dend ballasting or dending			to the second se	y giving the supported- anization. You must
Ŀ	$\Box$	Type II. A supporting organi	ization supervised or c	ontrolled in eaguection v	with ite c	vionaito	of organization(a), by be	
	ghadolog	must complete Part IV, Sect	ing organization vester tions A and C.	a in the same persons i	hat conti	ol or ma	anage the supported or	ganization(s). You
		Type III functionally integral organization(s) (see instruct	ited. A supporting erga tions). You must comp	nization operated in cor lete Part IV, Sections A	nection D. and	with, ar	nd functionally integrate	d with, its supported
d		Type III non-functionally int functionally integrated. The instructions), You must com	legrated A supposition	árháruzalion nomistad v	200000	shees mill	bulle our contact are many	-1 2 X Y1 - 1 X
e		Check this box if the organiz integrated, or Type III non-fu	zation received a writte	n deferminstion from th	an IDC II	natitis a	э Туре I, Туре II, Туре I	II functionally
f	Ent	er the number of supported	organizations	adding and order secur				
g	Pro	ivide the following informatio	on about the supported	organization(s).				
	- whiteen	ne of supported arganization	(ii) EIN	(iii) Type of organization (described on lines 1-10	T dvii	s the	(v) Amount of monetary	(vi) Amount of officer
				(described on lines 1-10 above (see instructions))	ecophiza in your c	tion lieted joverning neat?	cuppert (see instructions)	support (see instructions)
nengeline. destaura	uhamagan jigi	Enderwinesspring and dissipation of the state of the stat		38/20	Yes	No		
٠.								Anna and the contract of the c
A)			***************************************		Transport Annals Control			
B)		· .						- Anna Carlotte (M. Carlotte) year of the state of the st
				-T-A-W-Capazza zadazanea November (1994-1994)				and the second s
C)					ŀ			
D)			VO CONTRACTOR OF THE CONTRACTO					Annual Section (Section 2) Management of Section (Section 2) Secti
			, , , , , , , , , , , , , , , , , , ,	A SERVICE AND SERVICE OF THE SERVICE	> > merio medicamente commercia	200 GREEN A 1100- AT PROPERTY.	and a second of the way as a second of the second depth of the sec	
E)		PF 00 - 1-4-2-200 34-30-30-30-50-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		AND THE RESERVE OF THE PROPERTY OF THE PROPERT				
otal								- <del> </del>

33-0620415 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Se	ction A. Public Support		in the second	complete r-art m.,			A MARINE TO THE PARTY OF THE PA	
Cal beg	endar year (or fiscal year Inning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')		A CONTRACTOR OF THE PROPERTY O	<ul> <li>April 1 activity (particular) and april 2 activities (2) activities</li></ul>	THE TANK THE POST OF THE WAY OF THE WAY OF THE POST OF	and the state of t	4400-00 Adalah samayan (1984-1932) Amerikan yana da a	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		о може в под					
3	The value of services or facilities furnished by a governmental unit to the organization without charge	And the second s			£4, part 3) Webs.			
4.	Total. Add lines 1 through 3	Statement House, and the statement of th	NAME OF THE OWNER O					
5	The portion of total contributions by each person (other than a governmental unit or publicty supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						:	
6	Public support. Subtract fine 5 from line 4					799 (1990), 1 (), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990), 1 (1990)	an Maria	
Sec	tion B. Total Support				THE COLUMN THE PROPERTY OF THE PARTY OF THE	The second secon	Accessed to SMATTHEWS AND ACCESS	
Cale beg	ndar year (or fiscal year inning in) ≻	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
7	Amounts from line 4	and the state of t	accommon and the second se				· · · · · · · · · · · · · · · · · · ·	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					The second secon		
9	Net income from unrelated business activities, whether or not the business is regularly carried on		HI (Park) HI (BEEK) ( A SEE AS			-		
10	Other Income, Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						- Marie Mari	
11	Total support. Add lines 7 through 10			Tale Senting Anne Tale Senting Anne			- Artifelije (de himitelije i redefin nagaminina) i Artifelije.	
12	Gross receipts from related activi-	ties, etc. (see inst	ructions) .			12		
13	First 5 years. If the Form 990 is forganization, check this box and	or the organization stop here	's first, second, t	hird, fourth, or fifth	n tax year as a se	ction 501(c)(3)	.,	
Sec	tion C. Computation of Pul				**************************************		Event.	
14	Public support percentage for 202					14	%	
	Public support percentage from 2					15	%	
16a	16a 33-1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.							
	b 33-1/3% support test2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.							
	7a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
	10%-facts-and-circumstances tes or more, and if the organization morganization meets the facts-and-	neets trie tacts-and circumstances tes	r-circumstances t t. The organization	est, check (his bo) in qualifies as a pi	cand stop here. I ublicly supported (	Explain in Part VI organization	how the	
18	Private foundation, if the organiza	ation did not chect	ca box on line 13	, 16a, 16b, 17a, o	r 176. check this i	oox and see instru	ctions 🟲 🛅	
BAA	33344	, 200			P/A/2010	Schedule /	A (Form 990) 2021	

Part III. Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	MANATA AND AND AND AND AND AND AND AND AND AN	The second secon		1000107111		70001WW
	dar year (or fiscal year beginning in) 🗠	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
. 1	Giffs, grants, contributions, and membership fees					And the second of the second o	Make make a
	rdeeived. (Do not include any funusual grants.).	2 462 001	1 717 201	7 762 020	E 000 107	0 500 401	
2	Gross receipts from admissions, merchandise sold or services	Z, 40Z, UU1.	1, 11, 381.	1,763,039,	5,096,127.	2,890,484.	13,929,032.
	merchandise sold or services performed, or facilities						
	furnished in any activity that is						
	related to the organization's tax-exempt purpose			İ			Ü,
3	Gross receipts from activities	CONTROL OF THE PROPERTY OF THE	Communication of a series of the section of the sec			)	0.
	that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the				***************************************		<u> </u>
	organization's benefit and either paid to or expended on						
	its behalf.		-		:		0.
5	The value of services or facilities furnished by a			**************************************			
٠.	governmental unit to the	1:				***************************************	
	organization without charge						0.
	Total, Add lines 1 through 5 Amounts included on lines 1.	2,462,001.	1,717,381.	1,763,039.	5,096,127.	2,890,484.	13,929,032.
	2, and 3 received from						
	disqualified persons	0.	0	0.	0.	0.4	0.
D	Amounts included on lines 2 and 3 received from other than			IN THE PROPERTY OF THE PROPERT			
•	disqualified persons that exceed the greater of \$5,000 or						
	1% of the amount on line 13			The state of the s			
	for the year.	0.	0.	0.	0.	0.	0.
-	Add lines 7a and 7b	0.	0.	0.	0,	0.	0.
8	Public support. (Subtract line 7c from line 6.)						13,929,032.
Sec	tion B. Total Support	111111111111111111111111111111111111111	1997. 1997 (ANDERS 111) - 128 (ANDERS 111)	Livering ages		International Property of the	13, 323, 032,
Čalen	dar year (or fiscal year beginning in) 🛰	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6,	2,462,001.	1,717,381.	1,763,039.	5,096,127.	2,890,484.	13,929,032,
10a	Gross income from interest, dividends, payments received on securities loans.						
	rents, royalties, and income from						
b	similar sources	3,422.	4,609.	23,741.	10,082.	3,423.	45,277.
13	income (less section 511						
	taxes) from businesses acquired after June 30, 1975				-		
c	Add lines 10a and 10b	3,422.	4,609.	23,741.	10,082.	3,423.	45,277.
11	Net income from unrelated business				one and the state of the state	······································	The state of the s
	activities not included on line 10b, whether or not the business is						
	regularly carried on						0 %
12	Other income. Do not include gain or loss from the sale of						A STATE OF THE PROPERTY OF THE
	capital assets (Explain in	***************************************					
12	Part VI.)			anniadaen pipepini (NA) Andreas albertalismo	annonnum uppegaleten il ttori tepinisconi p	A CONTRACTOR OF THE PROPERTY O	0.
	10c, 11, and 12.)	2,465,423,	1,721,990.	1,786,780.	5,106,209.	2,893,907.	13,974,309.
14	First 5 years, If the Form 990 is forganization, check this box and	or the organization	i's first, second, t	hird, fourth, or fift	n tax year as a se	ction 501(c)(3)	- Γ
Sec	tion C. Computation of Pu		ercentage	-		Hill the second	······································
	Public support percentage for 202			e 13. column (f))	rialisa indicatori in diracatori estimatica de la companiona de la compani	15	99.68 4
	Public support percentage from 2						99.66 %
	tion D. Computation of Inv				***************************************		22.00 9
	Investment income percentage fo				nn (f)).	17	0.32 %
	Investment income percentage from	and the second s				anatom contract of the contrac	0.34 %
	33-1/3% support tests-2021. If th	ne organization did	I not check the bo	ox on line 14, and	line 15 is more th	an 33-1/3%, and i	line 17
	is not more than 33-1/3%, check	this box and stop	here. The organiz	etion qualifies as	a publicly suppor	ted organization	<b>№</b> X
b	33-1/3% support tests-2020. If the line 18 is not more than 33-1/3%	ie organization dic , check this box e	not check a box	on line 14 or line	19a, and line 16 i	s more than 33-1/	3%, and
20	Private foundation. If the organiz						addit
BAA	33213462	minipanderownikateromannikasiiiilompuysoopy	TEE A0402L	**************************************			Δ (Form 990) 2021

Schedule A (Form 990) 2021 ACCESSITY 33-0620415 Page

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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.)

Se	ection A. All Supporting Organizations			
			Yes	No
	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
2	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).	2		
1	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.	Зa		žela:
	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.	3b		July 1 submitted to the control of t
	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.	3c	Whom have	() () () () () () () () () () () () () (
1	4a Was any supported organization not organized in the United Stales ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		in inc
	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.	4b		Programme and the control of the con
:	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.	4c		
	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).	5a	AMARY MARKET AND A STATE OF THE	Service and Servic
	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?	5b	de anticipa de la companya de la com	
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
(	6. Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes.' provide detail in Part VI.	6		Banker Schmere
	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)	7	Private   girling	
	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):	8		
	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.	9a	Desired and Desire	med No. 1 mm. of the second se
	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.	9b	3.41	
	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,	9c		
10	Da Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If Yes, answer line 10b below.	10a		STATES
٠.	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.)	10b	FINE.	

3h

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.

	e A (Form 990) 2021 ACCESSITY			20415 ₽age 6
1	Type III Non-Functionally Integrated 509(a)(3) Supporting Orc Check bere if the organization satisfied the Integral Part Test as a qualifying trust Instructions. All other Type III non-functionally integrated supporting organization	<u> </u>	· · · · · · · · · · · · · · · · · · ·	Parl VI), See
Section	A — Adjusted Net Income	*********	(A) Prior Year	(B) Current Year (optional)
1 Ne	il short-term capital gain	1	Secretaria de la section de description de la companya de la proprieta de la colonidad de la c	**************************************
2 Re	coverles of prior-year distributions	2	CONCOUNTED LAND AND AND AND AND AND AND AND AND AND	No. of the contract of the con
3 Ot	her gross income (see instructions)	3		WW. V. W. W. V.
4 Ad	ld lines 1 through 3.	4		X. a Washington and a construction of the cons
5 De	preciation and depletion	5		**************************************
inc	ortion of operating expenses paid or incurred for production or collection of gross come or for management, conservation, or maintenance of property held for oduction of income (see instructions)	6		d to any or any
7 Ot	her expenses (see instructions)	7		44044040000 ASSESSA AS
8 Ac	ljusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section	n B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Ac	gregate fair market value of all non-exempt-use assets (see instructions for short year):			The second secon
a Av	erage monthly value of securities	Ja		
b Av	erage monthly cash balances	1b		
<b>ç</b> Fa	ir market value of other non-exempt-use assets	1c		
d To	tal (add lines 1a, 1b, and 1c)	1d		
	scount claimed for blockage or other factors  splain in detail inPart VI):			Fig. 1 and 1
2 Ac	quisition indebtedness applicable to non-exempt-use assets	2		
3 St	ibtract line 2 from line 1d,	3		
	ish deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, e instructions).	4	**************************************	
5 Ne	t value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 ML	altiply line 5 by 0.035.	6		
7 Re	coveries of prior year distributions	7		
8 Mi	nimum Asset Amount (add line 7 to line 6)	8		
Sectio	n C — Distributable Amount			Current Year
Contractorsonapathanapa	justed net income for prior year (from Section A, tine 8, column A)	1	Burgar La Salaranga Mala Para Salaranga Mala Salara	
2 En	ster 0.85 of line 1.	2	The second state of the second	
3 Mi	nimum asset amount for prior year (from Section B, line 8, column A)	3		
4 En	ster greater of line 2 or line 3.	4	Control of the Contro	
5 Inc	come tax imposed in prior year	5	Control of the contro	7 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).

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Schedule A (Form 990) 2021

Part V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organization	s (continued)	-002	V415 rage
Section D — Distributions		And the second s	***************************************	Current Year
1 Amounts paid to supported organizations to accomplish exempt present the property of the		200 parameter 1 40 20 - A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	Minimal Apapear of Marin Specimens
2 Amounts paid to perform activity that directly furthers exempt purp in excess of income from activity	oses of supported organiz	ations,	2	
3 Administrative expenses paid to accomplish exempt purposes of s	upported organizations	······································	3	-
4 Amounts paid to acquire exempt-use assets		······································	4	
5 Qualified set-aside amounts (prior IRS approval required - provid	le delails in Part VI)	de Alaks (right) de generale de Alaksia (right) de	5	http://www.compression.com/action/compression.com/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/action/a
6 Other distributions (describe in Part VI). See instructions.	A THE RESIDENCE OF THE PROPERTY OF THE PROPERT	n inne i trans i transcription de la company de la comp	6	200-101-101-101-101-101-101-101-101-101-
7 Total annual distributions, Add lines 1 through 6.			7	Constitution of Column Constitution Constitution of Constituti
8 Distributions to attentive supported organizations to which the organizations	inization is responsive (pro	vide details		10 mars 1
in Part VI), See instructions.  9 Distributable amount for 2021 from Section C, line 6	*		8	
10 Line 8 amount divided by line 9 amount	·····		9	the spife representations where spife respectively to grade
the bandan divided by line 5 anidan		***************************************	10	
Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2021	ns	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6	E and the second	The state of the s		· ·
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required — explain in Part VI). See instructions.				
Excess distributions carryover, if any, to 2021		All Parkers on Marie Philippin And		APPROXIMATION OF THE PROPERTY
a From 2016				(1999)
b From 2017.		portorou groupped		Augration bringing
From 2018				
₫ From 2019.		one and the second second		And the second s
e From 2020	and the state of t			
f Total of lines 3a through 3e				
g Applied to underdistributions of prior years		and the state of t		
h Applied to 2021 distributable amount	AND THE PROPERTY OF THE PROPER	A CONTRACTOR OF THE PARTY OF TH		NATIONAL STATE OF THE STATE OF
. i Carryover from 2016 not applied (see instructions)	and the second of the second s			
J Remainder, Subtract lines 3g, 3h, and 3i from line 3f.				
4 Olstributions for 2021 from Section D, line 7: \$	L de con l'arie de la companya de la			
a Applied to underdistributions of prior years				
b Applied to 2021 distributable amount				
c Remainder, Subtract lines 4a and 4b from line 4.				
5 Remaining underdistributions for years prior to 2021, if any, Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.	The control of the co			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		konduk promini Basa dapaten a		
7 Excess distributions carryover to 2022. Add lines 3j and 4c.		5		The state of the s
8 Breakdown of line 7:				Constitution of the second
a Excess from 2017				
b Excess from 2018	Explication (specific States) and Campaigness states and	parametric participation of the second secon		and the second s
© Excess from 2019	The state of the s			
d Excess from 2020				
e Excess from 2021			7. Tan 1	
BAA	And the second s	Sc	hedul	e A (Form 990) 2021

Part VI

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

### Schedule B (Form 990)

### Schedule of Contributors

OMB No. 1545:0047

2021

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information.

Name of the organization Employer identification number ACCESSITY 33-0620415 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filling 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 IL For an organization described in section 501(c)(7), (8), or (10) filling 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), it, and iti. 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).

BOSTON, MA 02210

(Complete Part II for

noncash contributions.)

Schedule Name of city	B (Form 990) (2021)		2 7 Page 2
ACCES			ridentification number 620415
**************************************	Contributors (see instructions). Use duplicate copies of Part I if additional s		AUGULO
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	CALIFORNIA BANK & TRUST FOUNDATION  1 S MAIN ST  SALT LAKE CITY, UT 84111	\$ 20,000.	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
8	CAPITAL ONE BANK  888 W 6th ST, 15th FL  LOS ANGELES, CA 90017	\$ 20,000.	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	CATHAY BANK FOUNDATION  9650 FLAIR DR, EL-1-H  EL MONTE, CA 91731	\$ 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
10	CIT BANK 75 NORTH FAIR OAKS AVE PASADENA, CA 91103	\$ 35,000.	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
1 1 m	CDFI PROGRAM , US TREASURY 1500 PENNSYLVANIA AVE N.W. WASHINGTON , DC 20220	\$ 913,133.	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
12_	CITY NATIONAL BANK 555 FLOWER ST, 19th FL LOS ANGELES, CA 90071	\$ 17,500.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
ВАА	TEEA07021, 10/06/21		Schedule B (Form 990) (2021)

NEW YORK, NY 10179

ACCES	ganization SITY	· · ·	er Identification number
	Contributors (see instructions). Use duplicate copies of Part I if		620415
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	CITY OF SAN DIEGO, COMM DEVEL. BLOCK 1200 3rd AVE, SUITE 1400, MS 56D SAN DIEGO, CA 92101	\$ 187,977.	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	ELIZABETH RUCH  404 EUCLID AVENUE, STE 271  SAN DIEGÓ, CA 92114	\$ 20,000.	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
21	EVA LONGORIA FOUNDATION 9100 WILSHIRE BLVD, STE 1000W BEVERLY HILLS, CA 90212	\$ 166,072.	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
	GUY CLUM FUND  404 EUCLID AVENUE, STE 271  SAN DIEGO, CA 92114	\$ 37,500. ** "Grant" "Note State" and State Stat	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
	PACIFIC PREMIER BANK 17901 VON KARMAN AVE, STE 1200 IRVINE, CA 92614	\$ 60,000.	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
24	HANMI BANK		Person X

BAA

3660 WILSHIRE BLVD, PH-A

LOS ANGELES, CA 90010

TEEA0702L 10/06/21

Schedule B (Form 990) (2021)

(Complete Part II for noncash contributions.)

Payroll

Noncash

10,000.

ACCES	genization SITY	1	er identification number 0620415
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>25</u>	NORDSON CORPORATION FOUNDATION		Person X
h	28601 CLEMENS RD	\$ 5,000.	Payroll Noncash
···	WESTLAKE, OH 44145	, die	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26_	SAN DIEGO GAS & ELECTRIC	The state of the s	Person X
	8335 CENTURY PARK CT	\$ 15,000.	Payroll Noncash
	SAN DIEGO, CA 92123		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	SILVERGATE BANK	3	Person X
	4250 EXECUTIVE SQUERE, STE 300	\$ 30,000.	Payroll Noncash
	LA JOLLA, CA 92037		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	THE BANK OF AMERICA CHARITABLE FOUN		Person X
	701 B ST, STE1600, CA0-816-16-08	\$ 20,000.	Payroll
	SAN DIEGO, CA 92101	was a second	(Complete Part II for noncash contributions.)
a) ło.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	BBVA	**************************************	Person X
	402 W BROADWAY, 23rd FL	\$ 12,500.	Payroll [] Noncash
	SAN DIEGO, CA 92101	9000	(Complete Part II for noncash contributions.)
a) o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2 .	THE COCA-COLA FOUNDATION		Person X
		1	Payroll

1 COCA COLA PLZ NW

ATLANTA, GA 30313

(Complete Part II for noncash contributions.)

Noncash

45,300.

Schedule B (Form 990) (2021) Name of organization		6 7 Page Employer identification number
ACCESSITY  Part Contributors (see instructions). Use duplicate	copies of Part Lif additional coace is pooded	33-0620415
(a) (b) No. Name, address, and ZIF	A CONTRACTOR OF THE PROPERTY O	butions Type of contribution
31 U.S. BANK 4000 W BROADWAY ROBBINSDALE, MN 55422	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) (b) Name, address, and ZIP	7+4 Total contrib	14-14-14-14-14-14-14-14-14-14-14-14-14-1
32 WESTERN ALLIANCE COMMUNITY FOUN  1 E WASHINGTON ST, STE 1950  PHOENIX, AZ 85004	* O'NE TOUR TOUR SIDE OUT THE THE THE THE THE THE THE THE THE TH	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) (b) No. Name, address, and ZIP	+ 4 (c) Total contrib	outions Type of contribution
33 THE PARKER FOUNDATION 404 EUCLID AVENUE, STE 271 SAN DIEGO, CA 92114		Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) (b) No. Name, address, and ZIP	+4 (c)	utions Type of contribution
CAN DIFFOR CA COLOR	\$ 500 and	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) (b) Name, address, and ZIP	+4 Total contribu	utions Type of contribution
35 CHULA VISTA COMMUNITY FOUNDATION 404 EUCLID AVENUE, STE 271 SAN DIEGO, CA 92114	The star took that was not your saw the saw had been been the saw the	Person X Payroll C Noncash Complete Part II for noncash contributions.)
(a) (b) No. Name, address, and ZIP -	(c) Total contribu	utions Type of contribution
36 UNION BANK 530 B ST, STE 1450 SAN DIEGO, CA 92101	\$ 100 A	Person X Payroll Noncash (Complete Part II for
AND CONTRACTOR OF THE PROPERTY	A07031 19(06/2)	noncash contributions.)  Schedule B (Form 990) (2021

(Complete Part II for noncash contributions.)

Payroll Noncash

Schedule	3 (Form 990) (2021)	A	1	1 Pag	ge 3
Name of orga		**************************************		itilication number	
ACCESS			33-0620	1415	******
Part I	Noncash Property (see instructions). Use duplicate copies of Part II if additional spa	ce is neede	d.		
(a) No. from Part I	(b)  Description of noncash property given	FMV (or (See ins	(c) estimate) tructions.)	(d) Date receive	ed
	N/A	errani (Mara-e) arkananan inimini (King			
	20. 40% and 10% and 10				
		\$	SUPA - ATTACK SORREY SORREY SORREY SORREY	and was the other was and and	,,,
(a) No. from Part I	(b)  Description of noncash property given	FMV (or (See ins	(c) estimate) tructions.)	(d) Date receive	ed
مدرسو بسريسي		MARIAN MARIANTAN AND AND AND AND AND AND AND AND AND A	ост «Анделия Мудей от поступент останов выстана высель	- Carlotte (Carlotte) (Carlotte) (Carlotte) (Carlotte) (Carlotte) (Carlotte) (Carlotte) (Carlotte) (Carlotte)	<u>-</u>
	The last and the l	\$		Sommer spores trade totales, Sande Rock Californ	
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	B (Form 990) (2021)	Mild and the second of the sec	1 1 Page 4					
Name of orga ACCESS			Employer Identification number 33-0620415					
Parelle	Exclusively religious, charitable, etc or (10) that total more than \$1,000 for the following line entry. For organizations of contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	r the year from any one contribut ompleting Part III, enter the total of ex (Enter this information once, See instr	s described in section 501(c)(7), (8), or. Complete columns (a) through (e) and clusively religious, charitable, etc.					
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ВАА	THE	TEEA0204L 10/06/21	Schedule B (Form 990) (2021)					

## SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization enswered 'Yes' on Form 990, Part IV, line §, 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

2021

Open to Public Inspection Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ACCESSITY

		The state of the s	33-0620415
g,	ht   Organizations Waintaining Done	or Advised Funds or Other Similar wered 'Yes' on Form 990, Part IV, I	Funds or Accounts.
(Colorano Par	Combiete if the oldatification alls	PARKET AND A STATE OF THE PARKET AND A STATE	
. 7	Total number at end of year	(a) Donor advised funds	(b) Funds and other accounts
2	Aggregate value of contributions to (during year)	THE PROPERTY OF THE PROPERTY O	MA 1-1-1 MA 201 MARIE 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	Conference and the second seco	
		TECHNOLOGICAL SEA PORTIONET COLOR DE SOCIETO SEA SOCIETO SEA SOCIETO SEA SOCIETO SEA SOCIETA SEA SEA SOCIETA SEA SEA SOCIETA SEA SOCIETA SEA SOCIETA SEA SEA SOCIETA SEA SEA SEA SEA SEA SEA SEA SEA SEA SE	
5	Did the organization inform all donors and donors are the organization's property, subject to the o	organization's exclusive legal control?	····· Yes No
6	Did the organization inform all grantees, donors for charitable purposes and not for the benefit of impermissible private benefit?	IT THE COURT OF MARKET SHOREST AT EST SELL ATTACH	rate management and a second control of
D-	Conservation Easements.	The state of the s	Yes No
	Complete if the organization and	wered 'Yes' on Form 990, Part IV, I	K
······································	Purpose(s) of conservation easements held by	the countration (check all that each)	HTTC / -
	Preservation of land for public use (for evan	mple, recreation or education) Preserv	and the same of the Section of the
	Protection of natural habitat		
:	Preservation of open space	Freserv	vation of a certified historic structure
2	Complete lines 2a through 2d if the organization last day of the tax year.	n held a qualified conservation contribution in	in the form of a conservation easement on the
	ast day of the tax year.		
	Total number of conservation easements		Held at the End of the Tax Year
	Total acreage restricted by conservation easem		2 a
	: Number of conservation easements on a certifie		
			L
	Number of conservation easements included in structure listed in the National Register		2d
3	Number of conservation easements modified, to tax year >		ated by the organization during the
4	Number of states where property subject to con-		
5	Does the organization have a written policy rega	arding the periodic monitoring, inspection, ha	andling of violations,
6	and enforcement of the conservation easements		Yes No
	Staff and volunteer hours devoted to monitoring		* *
.7	Amount of expenses incurred in monitoring, insp	pecting, handling of violations, and enforcing	g conservation easements during the year
8	Does each conservation easement reported on I and section 170(h)(4)(B)(ii)?	ine 2(d) above satisfy the requirements of se	ection 170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization report include, if applicable, the text of the footnote to conservation easements.		
Par	Organizations Maintaining Collecti Complete if the organization answ	ions of Art, Historical Treasures, or vered 'Yes' on Form 990, Part IV, Ii	Other Similar Assets. ine 8.
1 a	If the organization elected, as permitted under F historical treasures, or other similar assets hetd Part XIII the text of the footnote to its financial s	TOT DUBLIC ASSISTANT ACTIONS OF VACANCIES	statement and balance sheet works of art, in furtherance of public service, provide in
b	If the organization elected, as permitted under F historical treasures, or other similar assets held following amounts relating to these items:	ASB ASC 958, to report in its revenue state for public exhibition, education, or research	ment and balance sheet works of art, in furtherance of public service, provide the
	(i) Revenue included on Form 990, Part VIII, Im	ne 1	····························· <b>*</b> \$
-	(ii) Assets included in Form 990, Part X	en e	Pro S
2	if the organization received or held works of art, amounts required to be reported under FASB AS	historical treasures, or other similar accole (	for financial gain, provide the following
а	Revenue included on Form 990, Part VIII, line 1.	en de recominante de la companya della companya della companya de la companya della companya del	
b	Assets included in Form 990, Part X		S. S

Schedule D (Form 990) 2021 ACCESSITY			33-062	20415 Page
Part III Organizations Maintaining Coll	ections of Art, Histori	cal Treasures, or O	ther Similar Assets	(continued)
3 Using the organization's acquisition, access items (check all that apply);	ion, and other records, che	eck any of the following	that make significant us	e of its collection
a Public exhibition	d Loan	or exchange program		
b Scholarly research	e .Othei	Selection	<u> </u>	
c Preservation for future generations			The state of the s	
Provide a description of the organization's c Part XIII,	· ·			: m
5 During the year, did the organization solicit to be sold to raise funds rather than to be m	or receive donations of art aintained as part of the or	, historical treasures, o	r other similar assets	Yes No
Part IV Escrow and Custodial Arrangement line 9, or reported an amount	ints. Complete if the o	roanization ancuers	ed 'Yes' on Form 990	, Part IV,
1a is the organization an agent, trustee, custod on Form 990, Part X?	ian or other intermediary f	or contributions or othe	r assets not included	Vac
b If 'Yes,' explain the arrangement in Part XIII	and complete the following	g table:	**************	Yes No
			And the state of t	Amount
c Beginning balance	* * * * * * * * * * * * * * * * * * *	• • • • • • • • • • • • • • • • • • •	1c	MANAGEMENT COMMENT OF CONTRACT THE CONTRACT OF CONTRAC
d Additions during the year.			1 d	*Ny managana ao
e Distributions during the year.		************	1e	
f Ending balance	****************		1.1	nika manunangan mangan man
2a Did the organization include an amount on F	orm 990, Part X, line 21, t	for escrow or custodial	account liability?	Yes No
b If 'Yes,' explain the arrangement in Part XIII.	Check here if the explana	ation has been provided	on Part XIII	Married .
Part V Endowment Funds, Complete if				
No. of the second secon	<u>the organization ans</u>	wered 'Yes' on For	m 990, Part IV, line	10.
1 a Beginning of year balance (a) Curro	nt year (b) Prior year	(c) Two years bac	k (d) Three years back	(e) Four years back
b Contributions			10000 in	Defends to be seen on the second of the seco
			- William - New Section -	
c Net investment earnings, gains, and losses				
d Grants or scholarships,		The state of the s		Annual Marie Commission of the State of
e Other expenditures for facilities and programs.				The state of the s
f Administrative expenses				The second secon
g End of year balance		THE RESIDENCE OF THE PROPERTY AND THE PR	-	A SAME OF THE PROPERTY OF THE
2 Provide the estimated percentage of the curre	ent year end balance (line	1g, column (a)) held a	S:	between the control of the control o
a Board designated or quasi-endowment	alini representational de la company de la c			
	f			
c Term endowment > %	II Canas			4
The percentages on lines 2a, 2b, and 2c shot				
3 a Are there endowment funds not in the posses organization by:	and the second second second second	nat are held and admini	stered for the	Yes No
(i) Unrelated organizations		garia a silalah a karajir kang sa	**********	3a(i)
(ii) Related organizations.				3a(li)
b if 'Yes' on line 3a(ii), are the related organiza	lions listed as required on	Schedule R?		3b
4 Describe in Part XIII the intended uses of the	organization's endowmen	t funds,		parameter and the contract of the second of
Part VI Land, Buildings, and Equipmer Complete if the organization ans	nt. wered 'Yes' on Form	990. Part IV. line	11a See Form 990	Part V. line 10
Description of property	(a) Cost or other basis	(b) Cost or other	6-100-100-100-100-100-100-100-100-100-10	***************************************
	(investment)	basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land			Annual Control of the	And the second s
h Buildings.	V		tangent to the second to the s	paratitistiki kelista sakungga Arinisma ya galamanan Anggan Perhimbi
c Leasehold improvements.	Manager Anna Carlo Control Con	70,421.	70,421.	0.
d Equipment	A CONTRACTOR OF THE CONTRACTOR	69,723.	66,047.	3,676.
e Other		9		
otal. Add lines 1a through 1e. (Column (d) must ed	jual Form 990, Part X, col	lumn (B), line 10c.)		3,676.
AA .		The state of the s	Schedu	le D (Form 990) 2021

Schedule D (Form 990) 2021	ACCESSITY			33-0620415	Page
Part VII Investments -	Other Securities. organization answered	'Yes' on Form 990	N/A Part (V. line 11b. S	A STATE OF THE PROPERTY OF THE	A SAME AND A
(a) Description of security or categ	ory (including name of security)	(b) Book value	(c) Method of valuati	ion: Cost or end-of-year market v	alio iz.,
(1) Financial derivatives		ACC - A CONTROL TO THE CONTROL TO A SECURIOR CONTROL AND AND ACCESS OF THE CONTROL AND ACCESS OF	, manual de la companya de la compan		
(2) Closely held equity interests	\$			Her Halletter of a Selection of Continuous and Continuous Continuous Advantage of American Continuous Continuo	necessis (net het het het hindre-necessisses)
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(D) (E)	a come care land, now may their plant make what seems and while their	To sept remaining the state of the september of the septe			
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(F)	1 hell 150 mm mars may the great man and may be an another than	·····			······································
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Total. (Column (b) must equal Form 930	On the second se			7943999 N (10014) Land 1444 (10014)	
Part VIII Investments -	Program Palatas				
Complete if the	organization answered	'Yes' on Form 990	Part IV line 11c Sc	as Form 00/1 Dowl V	line 17
(a) Description of in	nvestment	(b) Book value	(c) Method of valuation	: Cost or end-of-year mark	nne 12:
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Total, (Column (b) must equal Form \$90,	Part X, column (8) line 13.). , 🛰				
Part X Other Assets.	organization answered 'Yo	N/A	1 1 1 1 m A 1 m	-	
Southacte II tile o	rganization answered in	es on rorm 990, Pa cription	MIV, line IId. See Fo	orm 990, Part X, line 1	5.
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Total. (Column (b) must equal F Part X Other Liabilities	orm 990, Part X, column (B)	line 15.)		*********	
Complete if the organ	nization answered 'Yes' on Fo	urm GOD Davit IV lina 11:	and the Cas Farm DOS D	land V. C or	
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(2) Deferred Revenue	**************************************	***************************************			5,899.
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Total. (Column (b) must equal Form 990, i	Part XIII. provide the best of the first	all by the	A STATE OF THE PROPERTY OF THE	61	5,899.
<ol> <li>Liability for uncertain tax positions. In F ax positions under FASB ASC 740, Check</li> </ol>	vic Airi, provide the lext of the looth here if the text of the factoria has be	ore to the organization's finance	cal statements that reports the o	rganization's hability for uncerta	in
BAA	THE P OF USE OF THE STRUCK BILL BILL			The state of the s	
eraen.		TEEA3303L 08/30/21		Schedule D (Form	990) 2021

Part XI Reconciliation of Revenue per Audited Financial Statements	With Dayanua nas Datu	) UUZUA	10 raye 4
Complete if the organization answered 'Yes' on Form 990, F	wim nevenue per netu Part IV ling 195	rn.	
1 Total revenue, gains, and other support per audited financial statements.		1 1 1	4 700 005
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		4,197,275.	
a Net unrealized gains (losses) on investments.	2 a		
b Donated services and use of facilities	2 b		
c Recoveries of prior year-grants			
d Other (Describe in Part XIII.)		C. C. C.	
e Add lines 2a through 2d			
3 Subtract line 2e from line 1		2e	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	· · · · · · · · · · · · · · · · · · ·	3	4,197,275.
a Investment expenses not included on Form 990, Part VIII, line 7b			
b Other (Describe in Part XIII.)	4 b	2.2	
c Add lines 4a and 4b.			•
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		AC.	
			4,197,275.
Reconciliation of Expenses per Audited Financial Statements	with Expenses per Re	turn.	
Complete if the organization answered 'Yes' on Form 990, F	artiv, line iza.	ng at 1 Miles in species gas species and	Advantable and the second seco
		1	3,462,623.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		Lyties D	
a Donated services and use of facilities			
b. Prior year adjustments.			r ·
c Other losses	26		
d Other (Describe in Part XIII.)	2 d		
e Add lines 2a through 2d	>	2 e	
3 Subtract line 2e from line 1	Karran kanan kanan dalam d	3	3,462,623.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1;			
a linvestment expenses not included on Form 990, Part VIII, line 7b	4 a		
b Other (Describe in Part XIII.);	4b		
c Add lines 4a and 4b	**************	4¢	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	esan on angla esa popular a constituit o	5	3,462,623.
Part XIII Supplemental Information.			COMMUNICATION PROPERTY AND ADDRESS OF THE PROPERTY OF THE PROP

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,

#### **SCHEDULE J**

Department of the Treasury Internal Revenue Service

Mame of the organization

(Form 990).

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

2021

Employer identification number

OMS No. 1545-0047

Attach to Form 990.

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

Open to Public Inspection

33-0620415 Part I Questions Regarding Compensation Yes No 1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or relimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/ Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant X Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 52 5 b X If 'Yes' on line 5a or 5b, describe in Part III. 6. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6 a b Any related organization? X If 'Yes' on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 67 If 'Yes,' describe in Part III. X Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III X If 'Yes' on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2021

Schedule J from 990) 2021 ACCESSITY
Partill Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

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	(A) Name and Title	,	(j) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	CO Retirement and other deferred compensation	benefits	columns(B)(()-(D)	in column (B) reported as deferred on prior Form 990
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ВАА				TEE44102 10/27/21	57			Schedule J (	Schedule J (Form 990) 2027

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

ACCESSITY

| Part III | Supplemental Information

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021

#### SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

## 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.

2021

Open to Public Inspection

Name of the organization
ACCESSITY

Employer identification numbe 33-0620415

## Form 990, Part I, Line 1 - Organization Mission or Significant Activities

Accessity's mission is to open doors of financial opportunity to those historically with less access to capital and business support: primarily entrepreneurs of color, women, immigrant, and low-to-moderate income entrepreneurs, so they can build a prosperous business and livelihood for themselves and their families, while also strengthening our communities.

### Form 990, Part III, Line 1 - Organization Mission

Accessity's mission is to open doors of financial opportunity to those historically with less access to capital and business support: primarily entrepreneurs of color, women, immigrant, and low-to-moderate income entrepreneurs, so they can build a prosperous business and livelihood for themselves and their families, while also strengthening our communities.

### Form 990, Part VI, Line 11b - Form 990 Review Process

The 990 is provided to the Finance Committee for its review. As a process, the tax return is then sent to full board for review.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees Compensation for all employees, including the executive director, is determined by the Human Resources Committee, which is comprised of three board members. Many factors are taken into consideration, including performance, funding availability, comparable salaries, economic factors.

## Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Governing documents, policies and financial statements are made available to various partners per grant and/or loan agreements. In addition, these documents are made available to other interested parties upon request. Our annual report

Page 1	33-0620415	Current		magal kepi pash biyang paga	C.S. C	es es	<i>€:&gt; €</i> 2		<b>⇔</b>	6.1. 44. 5X3	(2) (5)	446	600	- C.	9,647			**************************************		-
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