PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 1813187 **Return of Organization Exempt From Income Tax**

Form **99**

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.



A For the 2020 calendary year, or tax year beginning and ending B orce # intervent C Name of organization D Employer identification number Order # intervent AXYS 33-0395993 Doing business as SEE SCHEDULE O 33-0395993 Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number PO BOX 659 Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number Provement File address of principal officer: CAROL MEERSCHAERT Bit (a) Is this a group return For subordinates include? Yes X Number of address of principal officer: COROL MEERSCHAERT SAME AS C ABOVE Soft (X) 501(c) Soft (inset no.) 4947(a)(1) GIZ HC) Group exemption number I Briefly describe the organization 's mission or most significant activities: THE MISSION OF AXYS IS TO HELP PartII Summary I Briefly describe the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of volumeers (with WN GENETIC ORG Soft (a) IS Not Soft (a) IS NOT HELP I Briefly describe the organization 's mission or most significant activities: THE MISSION OF AXYS IS TO HELP I NUMber of volumeers of the governing body (Part VI, line 1a) I Soft (a) IS NOT SOFT (A) S			of the Treasury nue Service	 Go to www.irs.gov/Form990 for instructions an 	d the latest	information.	Inspection
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Sector Doing business as SEE SCHEDULE O 33-0395993 Interview Number and street (of P.O. box if mail is not delivered to street address) Room/sulte E Telephone number Openance 267-338-4262 City or town, state or province, country, and ZIP or foreign postal code G Goussecepts 5 189,363 Ammente FADLI, PA 19301-0659 FName and address of principal office: CAROL MEERSCHAERT H(a) Is this a group return for subcorinates? Ves X Not I Tacexempt status: X501(0(3) 501(0) () (insert no.) 4947(a)(1) or 527 I Tacexempt status: X501(0(3) 501(0) () (insert no.) 4947(a)(1) or 527 I Briefly describe the organization: X Comporation Trust Association Other Lever or formation: 1989 M State of legal domice: P. INDIVIDUALS WITH ONE OR MORE EXTRA X AND/OR Y CHROMOSOMES AND THEIR 1 1 1 Briefly describe the organization discontinued its operations or disposed of more than 25% of its net assets. 3 1 2 Check this box > I''' the organization discontinued its operations or disposed of more than 25% of its net assets. 3 1 3 Number of voting members of the govern							
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Part II Signature Block			Signature Block				

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. T.

Sign	Signature of officer			Date
Here	CAROL MEERSCHAERT , ΕΣ	XECUTIVE DIRECTOR		
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	BRIAN E. BENDER, CPA			self-employed P01305467
Preparer	Firm's name 🕒 S. R. SNODGRASS	5, P.C.		Firm's EIN 🕨 25-1616561
Use Only	Firm's address 2009 MACKENZIE	WAY, SUITE 340		
	CRANBERRY TOWNS	SHIP, PA 16066		Phone no. (724) 934-0344
May the II	RS discuss this return with the preparer shown a	above? See instructions		X Yes No
032001 12-2	3-20 LHA For Paperwork Reduction Act N	otice, see the separate instructions.		Form 990 (2020)
~		CARTON MEGATON ARA		

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	THE MISSION OF AXYS IS TO HELP INDIVIDUALS WITH ONE OR MORE E	XTRA X	
	AND/OR Y CHROMOSOMES AND THEIR FAMILIES TO LEAD FULLER, MORE		
	PRODUCTIVE LIVES.		
2	Did the organization undertake any significant program services during the year which were not listed on the		37
	prior Form 990 or 990-EZ?	Yes	X No
•	If "Yes," describe these new services on Schedule O.		XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	
4	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the tot		d
	revenue, if any, for each program service reported.	ai experises, ar	iu ii
4a	(Code:) (Expenses \$109, 082including grants of \$) (Revenue \$)	30.	689.)
	CONTINUED DELIVERY OF MULTIPLE PROGRAMS THAT PROVIDE SERVICES		,
	EDUCATION, RESEARCH AND SUPPORT FOR FAMILIES AND INDIVIDUALS		AND
	Y CHROMOSOME VARIATIONS.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4d	Other program services (Describe on Schedule O.)		
4u	(Expenses \$ including grants of \$) (Revenue \$	١	
4e	Total program service expenses ► 109,082.	/	
10		Form 9	90 (2020)
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Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
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 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	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		<u> </u>
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		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
1 2 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
120		12a		х
h	Schedule D, Parts XI and XII	120		
U		12b		х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			77
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
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		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
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Par	t IV Checklist of Required Schedules (continued)				
				Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals	s on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organ				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes	," complete			
	Schedule J		23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$	\$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d a	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		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the	ear to defease			
	any tax-exempt bonds?		24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess	benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "				
	Schedule L, Part I		25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any c	urrent			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trusted				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, o				
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Sc		27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L				
	instructions, for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributo	r? If			
	"Yes," complete Schedule L, Part IV		28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		28b	Х	
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?				
	"Yes," complete Schedule L, Part IV		28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule		29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified				
	contributions? If "Yes," complete Schedule M		30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedul	le N. Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," co				
	Schedule N, Part II	•	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regula				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II				
	Part V, line 1		34		Х
35a	· · · · · · · · · · · · · · · · · · ·		35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a c				
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable				
	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 organi				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Pa		37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11t				
	• • • • • • • • • • • • • • • • • • • •		38	х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 2			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b (2		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and report				
	(gambling) winnings to prize winners?		1c	X	
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			37
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
D	If "Yes," enter the name of the foreign country			
5 -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			x
-	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	50 50		- 23
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50		
Ua		6a		x
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	00		
D	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	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 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
40-	amounts due or received from them.)	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.	15a		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
D	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
			000	

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Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No" re	espon	se
	to line 8a, 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	<u></u>		X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a1	3		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 12	2		
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
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
3	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b		X
)	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		x
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
)a	Did the organization have local chapters, branches, or affiliates?	10a		X
	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?	10b		
а	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	110		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	12.0		
Ŭ	in Schedule O how this was done	12c	х	
;	Did the organization have a written whistleblower policy?	13	X	
ţ	Did the organization have a written document retention and destruction policy?	14	X	
5	Did the process for determining compensation of the following persons include a review and approval by independent	14		
,	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
~	The organization's CEO, Executive Director, or top management official	15a		x
		15a		X
D	Other officers or key employees of the organization	150		- 23
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
oa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10-		x
Ŀ	taxable entity during the year?	<u>16a</u>		
D	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	10		
~~	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure		T T	77.0
7	List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, FL, GA			
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only)	availa	lble
	for public inspection. Indicate how you made these available. Check all that apply.			
_	X Own website Another's website X Upon request Other (explain on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d financ	cial	
_	statements available to the public during the tax year.			
0	State the name, address, and telephone number of the person who possesses the organization's books and records			
	CAROL MEERSCHAERT, EXECUTIVE DIRECTOR - 267-338-4262			
	P.O. BOX 659, PAOLI, PA 19301-0659		000	
2006	S 12-23-20 SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2020
~ -	6		~ ~	
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Con	npensated	
Employees, and Independent Contractors		
Check if Schedule O contains a response or note to any line in this Part VII		
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with	th or within the organization's	s tax year.
• List all of the organization's current officers, directors, trustees (whether individuals or organizations), rega	rdless of amount of compens	ation.

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

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

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

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

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

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

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

(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	(do		Pos		l than d	ane	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar	id a d	recto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	rustee	l trus		ee	npen		(00-2/1099-00130)		and related
	below	dual t	utiona	_	nploy	st cor	1			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CAROL MEERSCHAERT	40.00	_	-							
EXECUTIVE DIRECTOR	0.00	1		Х				64,828.	Ο.	14,105.
(2) GARY GLISSMAN	2.00									
PAST CHAIR	0.00	х		х				0.	Ο.	0.
(3) HANNAH ACEVEDO	2.00									
DIRECTOR	0.00	х						0.	Ο.	Ο.
(4) ERIN FRITH	5.00									
CHAIR	0.00	х		х				0.	Ο.	Ο.
(5) STUART HOWARDS	2.00									
TRASURER	0.00	Х		Х				0.	0.	0.
(6) GAIL DECKER	5.00									
DIRECTOR	0.00	Х						0.	0.	0.
(7) CARRIE CURTIS	5.00									
SECRETARY	0.00	Х		Х				0.	0.	0.
(8) DALENE BASDEN	2.00									
DIRECTOR	0.00	Х						0.	0.	0.
(9) JUSTIN DAUSCH	2.00									
DIRECTOR	0.00	Х						0.	0.	0.
(10) SUSAN HOWELL	2.00									
DIRECTOR	0.00	Х						0.	0.	0.
(11) SILVIA MANN	2.00									
DIRECTOR	0.00	Х						0.	0.	0.
(12) ANDREA MILLETT	2.00									
DIRECTOR	0.00	Х						0.	0.	0.
(13) JOHN SLOSS	2.00									
DIRECTOR	0.00	Х						0.	0.	0.
(14) ERIN TORRES	2.00									-
DIRECTOR	0.00	х						0.	0.	0.
		<u> </u>								
		<u> </u>	<u> </u>							
		-								

Form 990 (2020) AXYS									33-03	3959	993	Pa	.ge 8
Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	box	not cl , unles	Pos heck i ss per	more rson i) than o s both pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensatio from related		Esti amo	(F) mateo ount o ther	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	s	compo froi orgai	ensat m the nizatio relate	e on ed
		-											
										_			
		-											
		-								_			
		_						<u></u>					
1b Subtotal c Total from continuation sheets to Part								64,828.		0.	14	,10	<u>05.</u> 0.
d Total (add lines 1b and 1c)								64,828.		0.	14	,10	5.
2 Total number of individuals (including but compensation from the organization	not limited to th	iose	liste	d ab	oove) wh	o re	eceived more than \$100,	000 of reportable	•			0
										Г	١	/es	No
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for			•	•	-		Ŭ	• • •			3		х
4 For any individual listed on line 1a, is the													
and related organizations greater than \$1											4	_	Х
5 Did any person listed on line 1a receive or rendered to the organization? <i>If "Yes," cc</i>											5		Х
Section B. Independent Contractors	<u>mpiete Scheaul</u>	eJĭ	or su	icn į	oers	on .					5		
1 Complete this table for your five highest of		•							•	ensat	ion fron	n	
the organization. Report compensation for (A)	r the calendar y	eare	nuir	ig w				(B)			(C)		
Name and busines	s address	NC	ONE	2				Description of s	ervices	C	ompens	sation	
2 Total number of independent contractors		ot lir	nitec	d to t			ted	above) who received mo	ore than				
\$100,000 of compensation from the organ	nization 🕨				(J					Form 9	90 (2	020)

figure 1 a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d	A) evenue Re fu	(B) elated or exempt unction revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
(A Total re	A) evenue Re fu	elated or exempt	Unrelated	Revenue excluded from tax under
Total re	evenue Refi	elated or exempt	Unrelated	Revenue excluded from tax under
state 1 a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d	270			
b Membership dues c Fundraising events d Related organizations 1b 1c 1d 12 12 12 12 12 12 12 12 12 12	220			
C Fundraising events 1c Image: C Fundraising events 1d Image: C Image: C 10	250			
d Related organizations 10 10 101	270			
	270			
e Government grants (contributions) 1e 12,121.	270			
f All other contributions, gifts, grants, and	270			
similar amounts not included above If 145,257. g Noncash contributions included in lines 1a-1f Ig \$ 30,356.	270			
g Noncash contributions included in lines 1a-1f 1g \$ 30,356. h Total. Add lines 1a-1f	3/X I			
Business Code	, 3701			
	,500.	22,500.		
b	·			
b b b b b b b b b b b b b b b b b b b				
2 a SPONSORSHIPS ACRC 900099 22 b				
	,500.			
g Total. Add lines 2a-2f ≥ 22 3 Investment income (including dividends, interest, and	, 500.			
other similar amounts) 1	,296.			1,296.
4 Income from investment of tax-exempt bond proceeds	·			
5 Royalties				
(i) Real (ii) Personal				
6 a Gross rents 6a				
b Less: rental expenses 6b				
c Rental income or (loss) 6c				
d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other				
assets other than inventory 7a				
b Less: cost or other basis				
and sales expenses 7b c Gain or (loss)				
d Net gain or (loss)				
a Gross income from fundraising events (not including \$ of				
contributions reported on line 1c). See Part IV, line 18				
b Less: direct expenses 8b				
c Net income or (loss) from fundraising events				
9 a Gross income from gaming activities. See				
Part IV, line 19 9a				
b Less: direct expenses 9b				
c Net income or (loss) from gaming activities				
10 a Gross sales of inventory, less returns				
and allowances 10a b Less: cost of goods sold 10b				
c Net income or (loss) from sales of inventory				
Business Code				
ទី d 11 a OTHER INCOME 900099 8	,189.	8,189.		
I1 a OTHER INCOME 900099 8 b				
d All other revenue	100			
	<u>,189.</u> ,363.	30,689.	0.	1,296.
<u>12 Total revenue. See instructions</u> 032009 12-23-20 ► 189	, 505 •	50,009.	0.	Form 990 (2020)

	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
~	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
~	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors,				
5		78,494.	59,200.	13,769.	5,525
6	trustees, and key employees Compensation not included above to disqualified	/0,1/1.	55,200.	13,705.	5,525
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7					
8	Other salaries and wages Pension plan accruals and contributions (include				
5	section 401(k) and 403(b) employer contributions				
9	Other employee benefits				
0	Payroll taxes	5,553.	4,165.	1,000.	388
1	Fees for services (nonemployees):			_,	
a	Management				
b	Legal				
	Accounting	4,690.		4,690.	
	Lobbying			_,	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
Ű	column (A) amount, list line 11g expenses on Sch 0.)	28,550.	27,286.	1,264.	
2	Advertising and promotion				
3	Office expenses	11,543.	2,099.	5,539.	3,905
4	Information technology	12,802.	8,072.	4,730.	
5	Royalties				
6	Occupancy				
7	Travel	7,596.	7,596.		
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Insurance	1,632.	664.	968.	
4	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MISCELLANEOUS EXPENSE	575.			575
b					
c					
d					
e	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	151,435.	109,082.	31,960.	10,393
6	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				

11360325 758448 33-0395993

Form 990 (2020)

Form 990 (2020) AXYS
Part IX Statement of Functional Expenses

11360325 758448 33-0395993

Total liabilities and net assets/fund balances

295,078. 297,664.

233,878.

33

Form 990 (2020)

187,440.

107,638.

23 24 25 0. and complete lines 27, 28, 32, and 33. 190,732. 27 Net assets without donor restrictions Net assets with donor restrictions 43,146. 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 233,878. Total net assets or fund balances 32

7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 Intangible assets 14 14 Other assets. See Part IV, line 11 15 15 233,878. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other 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 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀

AXYS

Form 990 (2020)

1

2 3

4

5

6

17

Liabilities

Net Assets or Fund Balances

27

28

29

30

31

32

33

Assets

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 181,982. 23,886. 1 Cash - non-interest-bearing 51,896. 153,041. Savings and temporary cash investments 2 Pledges and grants receivable, net 3 26,727. Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 94,010. 297,664. 2,586. 2,586.

Form	AXYS	33-039	5993	Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	189		
2	Total expenses (must equal Part IX, column (A), line 25)	2	151		
3	Revenue less expenses. Subtract line 2 from line 1	3		,92	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	233	<u> </u>	
5	Net unrealized gains (losses) on investments	5	12	,62	20.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	10	,65	<u>52.</u>
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	295	,07	78.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
			_ (<i>،</i> ۵۵	

Form **990** (2020)

SCH	EDU	LE A
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Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2020
Open to Public Inspection

Nan	Name of the organization Employer identification num								
Do	rtl	AXYS Reason for Public (Charity Statue			aia mant \ O			3-0395993
		Reason for Public (-		ee instructior	IS.	
	organ	ization is not a private found							
1		A church, convention of chu					1)(A)(I).		
2		A school described in section							
3		A hospital or a cooperative					-	VIII) Enter	the beautitely served
4		A medical research organiza	ation operated in col	njunction with a nospital	described	in sectio	A)(1)(a)011 no)(III). Enter	the hospital's name,
-		city, and state:	with a banafit of a cal				waramantal	nit describe	
5		An organization operated for		liege of university owned	i or operat	eu by a go	vernmentaru	nit describe	
~		section 170(b)(1)(A)(iv). (C		e e set e la combinada e e suble e el tre		70/1-1/41/41	4.5		
6		A federal, state, or local gov	-						and the state of the state of the
7	X	An organization that norma	-	ntial part of its support if	rom a gove	ernmental	unit or from ti	ne general p	Dudiic described in
•		section 170(b)(1)(A)(vi). (C		(1)(A)(ui) (Complete Der	• 11 \				
8 9		A community trust describe			-	od in ooniu	unation with a	land grant	
9		An agricultural research org	-			-		-	-
		or university or a non-land-g	grant college of agric			name, city	, and state of	the college	
10		university: An organization that norma		than 22 1/204 of its supr	ort from o	ontribution	as momboret	in food and	d gross receipts from
10		activities related to its exem							
		income and unrelated busir		-					-
		See section 509(a)(2). (Cor				sses acqui		janization a	inter oune oo, 1970.
11		An organization organized a		ively to test for public sa	fetv See	section 5() 9(a)(4)		
12	\square	An organization organized a	•					rry out the	purposes of one or
		more publicly supported or	-	•	-			•	
		lines 12a through 12d that	-						
а		Type I. A supporting orga	• ·			-		-	aivina
		the supported organization	-	-	• • •	-			
		organization. You must c			, ,				
b		Type II. A supporting org	-		tion with it	s supporte	ed organizatio	n(s), by hav	ring
		control or management o	-				•		•
		organization(s). You mus			•			• • • •	
с] Type III functionally inte	-		in connect	tion with, a	and functiona	lly integrate	d with,
		its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	v integrated. A supp	porting organization oper	ated in co	nnection v	vith its suppo	rted organiz	zation(s)
		that is not functionally int	egrated. The organiz	zation generally must sat	isfy a distr	ibution red	quirement and	an attentiv	/eness
		requirement (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	v .		
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.			
f	Ente	er the number of supported o	organizations						
g		vide the following information			(iv) to the error	anization listed			
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	anization listed ing document?	(v) Amount o	-	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ii	istructions)	support (see instructions)
Tota	nl								
		aperwork Reduction Act N	lotice, see the Instr	uctions for Form 990 or	990-EZ.	. 032021 01-	25-21 Sche	dule A (For	m 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 AXYS

33-0395993 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	72,756.	160,212.	150,898.	178,463.	157,378.	719,707.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	72,756.	160,212.	150,898.	178,463.	157,378.	719,707.
					-		
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						138,292.
6	Public support. Subtract line 5 from line 4.						581,415.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	72,756.	160,212.	150,898.	178,463.	157,378.	719,707.
8	Gross income from interest,						
-	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	13.	16.	78.	22.	1,296.	1,425.
9	Net income from unrelated business					_,	_,
5	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)				1,796.	8,189.	9,985.
44	Total support. Add lines 7 through 10				1,150.	0,105.	731,117.
	Gross receipts from related activities,	oto (coo instructio				12	///////////////////////////////////////
	First 5 years. If the Form 990 is for th			ourth or fifth tax y			
10	organization, check this box and stop	-		-			
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2020 (li					14	79.52 %
	Public support percentage from 2019					15	91.34 %
	33 1/3% support test - 2020. If the c						
100	stop here. The organization qualifies						►X
h	33 1/3% support test - 2019. If the c		-				······································
~	and stop here. The organization qual	-					
17a	10% -facts-and-circumstances test						or more
	and if the organization meets the facts						
	meets the facts-and-circumstances te						
h	10% -facts-and-circumstances test	-		• • • •		7a and line 15 is ⁻	
U.	more, and if the organization meets th	-					
	organization meets the facts-and-circu						
10	-						
18	Private foundation. If the organizatio	IT UIU HOL CHECK à I		a, 100, 17a, or 17b	, check this box al		

Schedule A (Form 990 or 990-EZ) 2020

032022 01-25-21

Schedule A (Form 990 or 990-EZ) 2020 AXYS Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨 📘	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 202	20 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
D	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨 📘	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 202	20 (f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) org	anization,
	check this box and stop here						>
Sec	ction C. Computation of Public	: Support Pe	rcentage				
15	Public support percentage for 2020 (lin	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2019					16	%
Sec	ction D. Computation of Invest	tment Incom	e Percentage				
17	Investment income percentage for 202	20 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	019 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and	d line 17 is not
	more than 33 1/3%, check this box and	d stop here. The	e organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2019. If the						1/3%, and
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization						
	23 01-25-21						orm 990 or 990-EZ) 2020

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1

Yes No

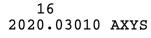
Part IV Supporting Organizations

(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.)

Section A. All Supporting Organizations

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

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

Schedule A (Form 990 or 990-EZ) 2020

_			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> Part VI <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1 1		

Section	D. All Type III	Supporting	Organizations					

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that th	organization used to satis	y the Integral Part Test during	g the year (see instructions).
---	--	----------------------------	---------------------------------	--------------------------------

a The organization satisfied the Activities Test. Complete line 2 below.

b		The organization	is the parent of	of each of its	supported of	organizations.	Complete line 3 be	elow.
---	--	------------------	------------------	----------------	--------------	----------------	--------------------	-------

с		The organization supported a governmental entity.	Describe in Part VI how	you supported a	governmental entity	(see instruction <u>s).</u>
---	--	---	-------------------------	-----------------	---------------------	-----------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

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

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Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

No

Yes

	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	_	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.

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

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A	(Form	990 or	990-EZ) 2020	AXYS	

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Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V

	Schedule A (Form 990 or 990-EZ) 2020 AXYS 33-0395993 Page 7				
Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)				
<u>Sect</u>	ion D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	;	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
_3	Excess distributions carryover, if any, to 2020				
<u>a</u>	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A	(Form 990 or 990-EZ) 2020 AXYS		33-0395993 Page 8
Part VI	Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3c line 1; Part IV, Section D, lines 2 and	Provide the explanations required by Part II, line 10; Part II, line 17a or , 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 d 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V rt V, Section E, lines 2, 5, and 6. Also complete this part for any additio	[.] 17b; Part III, line 12; and 2; Part IV, Section C, /, Section B, line 1e; Part V,

Schedule B

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

Or

File

Fo

Name of the organization

** PUBLIC DISCLOSURE COPY *

Schedule of Contributors

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

OMB No. 1545-0047

2020

Employer identification number

AZ	XYS	33-0395993
ganization type (check o		
ers of:	Section:	
rm 990 or 990-EZ	X 501(c)(3) (enter number) organization	

	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

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

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Name of organization			mployer identification number
AXYS			33-0395993
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$10,310	Person Payroll Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$20,400	Person Payroll Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$25,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$22,500	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$5,000	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	· · · · · ·	\$20,000	Person X Payroll

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

023452 11-25-20

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

	3 (Form 990, 990-EZ, or 990-PF) (2020)			Page 3
Name of or	rganization		Employ	yer identification number
AXYS			33	-0395993
Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I if additional space is needed	d.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
1	INVESTMENT SECURITIES	—		
		\$10,3	16.	12/18/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
2	INVESTMENT SECURITIES			
<u>∠</u>		\$20,4	00.	12/28/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions	· ·	(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
023453 11-25		\$	B (Form (990, 990-EZ, or 990-PF) (2020)

023453 11-25-20

Name of or	ganization		Employer identification number
AXYS			33-0395993
Part III	from any one contributor. Complete columns (a) through (e) and the following line entry charitable, etc., contributions of \$1,000 or le	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year r. For organizations ss for the year. (Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
023454 11-25-			Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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Department of the Treasury

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



Internal Revenue Service Na

Name of the organization AXYS	Employer identification number 33-0395993
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds	
organization answered "Yes" on Form 990, Part IV, line 6.	
(a) Donor advised funds	(b) Funds and other accounts
Total number at end of year Aggregate value of contributions to (during year)	
Aggregate value of grants from (during year)	
4 Aggregate value at end of year	
 5 Did the organization inform all donors and donor advisors in writing that the assets held in dono 	r advised funde
are the organization's property, subject to the organization's exclusive legal control?	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds of	
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other pu	
impermissible private benefit?	
Part II Conservation Easements. Complete if the organization answered "Yes" on Form	1 990. Part IV. line 7.
1 Purpose(s) of conservation easements held by the organization (check all that apply).	
	ation of a historically important land area
	ation of a certified historic structure
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	e form of a conservation easement on the last
day of the tax year.	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic	
listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated	
year 🕨	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handli	ing of
violations, and enforcement of the conservation easements it holds?	Yes 🛄 No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcin	g conservation easements during the year
▶	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	nservation easements during the year
▶\$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
and section 170(h)(4)(B)(ii)?	
9 In Part XIII, describe how the organization reports conservation easements in its revenue and ex	•
balance sheet, and include, if applicable, the text of the footnote to the organization's financial s	statements that describes the
organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures,	or Other Similar Assets
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue state	ment and balance sheet works
of art, historical treasures, or other similar assets held for public exhibition, education, or researce	
service, provide in Part XIII the text of the footnote to its financial statements that describes the	-
 b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statemen 	
art, historical treasures, or other similar assets held for public exhibition, education, or research	
provide the following amounts relating to these items:	······
(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	
2 If the organization received or held works of art, historical treasures, or other similar assets for fi	······
the following amounts required to be reported under FASB ASC 958 relating to these items:	
a Bevenue included on Form 990 Part VIII line 1	► \$

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b Assets included in Form 990, Part X

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

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2020.03010	AXYS

Schedule D (Form 990) 2020

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Sche	dule D (Form 990) 2020 AXYS						33-03			age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historica	I Treasure	es, or Othe	r Simila	r Assets	contii	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any o	f the followir	ng that make s	significant i	use of its			
	collection items (check all that apply):									
а	Public exhibition	c	l 🗌 Loan d	or exchange	program					
b	Scholarly research	e	• Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how they furt	her the orga	nization's exe	mpt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, historica	l treasures, o	or other simila	r assets		_		_
_	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran		ete if the orgar	ization answ	vered "Yes" or	n Form 990), Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contrib	utions or oth	ner assets not	included		_		_
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:							
								Amoun	<u>t</u>	
С	Beginning balance									
d	Additions during the year									
е	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on F					• • • • • • •	L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII.									
Fai	t V Endowment Funds. Complete							()[
4-	De sinsis e fas estados e	(a) Current year	(b) Prior ye	ar (c)	wo years back	(d) Three y	/ears dack	(e) Fou	years	раск
	Beginning of year balance									
b	Contributions									
ر ام	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
g	End of year balance Provide the estimated percentage of the curr			mp (a)) hold	<u></u>					
2		-	%	nn (a)) neiù a	as.					
a h	Board designated or quasi-endowment ► Permanent endowment ►		70							
		⁹⁰								
U	The percentages on lines 2a, 2b, and 2c sho	-								
39	Are there endowment funds not in the posse		ation that are h	eld and adm	ninistered for t	he organiz:	ation			
ou	by:					no organiza			Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	ed on Schedu	e R?				3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 1	1a. See For	m 990, Part X	, line 10.				
	Description of property	(a) Cost or c basis (investr	other (b)	Cost or oth basis (other)	ier (c) A	Accumulate		(d) Boo	k value	e
1a	Land		,							
b	Buildings									
	Leasehold improvements									
d	Equipment									
	Other									
-	. Add lines 1a through 1e. (Column (d) must e		Y column (B)	line 10c)	1					0.
1010	i , laa intoo ta antoogri to. (Columni (a) must e	iyuai ruiiii 990, Pan	<u>, coluitiiti (B).</u>				0.1	D (5		0000

Schedule D (Form 990) 2020

AXYS

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990. Part X. col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990 Part IV line 11d, See Form 990, Part X, line 15

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part	t X Other Liabilities.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25,	
1.		(b) Book value
1. (1)	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25,	
1.	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability	
1. (1)	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability Federal income taxes	
1. (1) (2)	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability Federal income taxes	
1. (1) (2) (3)	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability Federal income taxes	
1. (1) (2) (3) (4)	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability Federal income taxes	
1. (1) (2) (3) (4) (5)	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability Federal income taxes	
1. (1) (2) (3) (4) (5) (6)	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability Federal income taxes	
1. (1) (2) (3) (4) (5) (6) (7)	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability Federal income taxes	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

X

Schedule D (Form 990) 2020

032053 12-01-20

Sche	dule D (Form 990) 2020 AXYS		33-0395993 Page 4
	t XI Reconciliation of Revenue per Audited Financial State	ements With Reven	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Sta	•	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	<u>2</u> a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	<u>)</u>	
Pa	rt XIII Supplemental Information.		

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

PART X, LINE 2:

THE ORGANIZATION ACCOUNTS FOR UNCERTAINTIES IN INCOME TAXES IN ACCORDANCE
WITH AUTHORITATIVE GUIDANCE, WHICH PRESCRIBES A RECOGNITION THRESHOLD OF
MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE
TAXING AUTHORITY. MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE
RECOGNITION THRESHOLD HAS BEEN MET. DURING THE YEAR ENDED DECEMBER 31,
2020, THE ORGANIZATION DID NOT IDENTIFY ANY UNCERTAIN TAX POSITIONS THAT
QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS
TAX RETURNS FILED BY THE ORGANIZATION ARE SUBJECT TO EXAMINATION BY THE
INTERNAL REVENUE SERVICE FOR A PERIOD OF THREE YEARS. WHILE NO INCOME TAX
RETURNS ARE CURRENTLY BEING EXAMINED BY THE INTERNAL REVENUE SERVICE, TAX
032054 12-01-20 Schedule D (Form 990) 2020

Part XIII Supplemental Information (continued)

YEARS SINCE 2017 REMAIN OPEN. THE ORGANIZATION'S POLICY IS TO RECOGNIZE

INTEREST RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST EXPENSE AND

PENALTIES IN INCOME TAX EXPENSE ON THE STATEMENT OF FUNCTIONAL EXPENSES.

Schedule D (Form 990) 2020

SCHEDULE L		Tra	insactior	ıs V	Vith	Inter	ested	Pe	ersons			O	MB No.	1545-00)47	
(Form 990 or 990-EZ)	Complete if	the o	rganization ans 28b, or 28c, o						line 25a, 25b, 2 40b.	6, 27,	28a,		2	02	20	
Department of the Treasury							rm 990-EZ		-1 :				pen T spect		olic	
Internal Revenue Service Name of the organization	-	20 to 1	www.irs.gov/Fo	orm99	U TOP II	istruction	s and the	late	st information.	Em	alover	r ident	•		mber	
	AXYS										-	959			iniber	
Part I Excess E	Benefit Trans	actio	ONS (section 50	01(c)(3), secti	ion 501(c)(4), and sec	ctior	n 501(c)(29) orga							
	f the organizatio															
1 (a) Name of disquali	ified person	(b) F	Relationship betv person and or			ified	(0	c) De	escription of tran	sactio	n				ected?	
				yaniza				,	•				<u> </u>	es	No	
													+			
2 Enter the amount o	ftax incurred by	the e	ragnization man	20010	or disc		areone duri	ina t	he vear under							
	i tax incurred by		0	Ũ				Ũ			▶ \$					
3 Enter the amount o											► \$					
		<u> </u>														
	and/or From							_								
	f the organization amount on Fori					, Part V, Iir	ie 38a or F	-orm	990, Part IV, lin	e 26; d	or if th	e orga	nizatio	on		
(a) Name of	(b) Relation		(c) Purpose	(d) Lo	an to or	(e) OI	riginal	(f) Balance due	(g)	In	(h) Ap		(i) V	Vritten	
interested person	with organ	ization	of loan		n the zation?	principal	amount				ult?	by board or committee? ag		agree	preement?	
				То	From					Yes	No	Yes	No	Yes	No	
															+	
Total							🕨 \$				1				1	
	or Assistance		-													
·	f the organization				,	<u> </u>			()) =						,	
(a) Name of intere	sted person		(b) Relationship interested pers the organiza	son an			mount of istance		(d) Type assistan) Purp assista		ιt	
		_														
		_														
-																

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

Schedule L (Form 990 or 990-EZ) 2020

032131 12-09-20

Schedule L (Form 990 or 990-EZ) 2020 AX	Υ	2	5
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Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

33-0395993	Page 2

(a) Name of interested person	(b) Relationship between interested person and the organization (c) Amount of transaction (d) Description of transaction		(e) Sharing of organization?		
				Yes	No
RICHARD FRITH	MARRIED TO BOARD CH	16,861.	CONSULTING		X
				1	

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: RICHARD FRITH

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

MARRIED TO BOARD CHAIR ERIN FRITH

(D) DESCRIPTION OF TRANSACTION: CONSULTING SERVICES - COMMUNICATIONS

MANAGER

Schedule L (Form 990 or 990-EZ) 2020

032132 12-09-20

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

21

22

23

24 25

26

27

28

29

Other 🕨

Other 🕨

►

Other

Other

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

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

2020 **Open to Public** Inspection

Name of the organization	Name of the organization	

►

Taxidermy

Historical artifacts

Scientific specimens

Archeological artifacts

(

(

(

	Inspection
Employer	identification number
3	3-0395993

	AXYS				33-0395993
Pa	rt I Types of Property				·
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	Х	428	30,356.	FAIR MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				

	for which the organization completed Form 8283, Part V, Donee Acknowledgement 29			
			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it			
	must hold for at least three years from the date of the initial contribution, and which isn't required to be used for			
	exempt purposes for the entire holding period?	30a		Х
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		Х
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash			
	contributions?	32a		Х
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,			
	describe in Part II.			
	For Demonstrate Deduction Act Nation and the Instructions for Form 000	M /Com	- 000V	0000

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

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Number of Forms 8283 received by the organization during the tax year for contributions

____)

Schedule M (Form 990) 2020

032141 11-23-20

Schedule M	l (Form 990) 2020	AXYS	33-0395993	Page 2
Part II	Supplemental is reporting in Part this part for any ac	Information. Provide the information required by Part I, lines 30b, 32b I, column (b), the number of contributions, the number of items received, or ditional information.), and 33, and whether the organizat or a combination of both. Also comp	tion blete

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

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



Employer identification number 33-0395993

AXYS

FORM 990, PART I, DOING BUSINESS AS:

SEE SCHEDULE O

ASSOCIATION FOR X AND Y CHROMOSOME VARIATIONS

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

FAMILIES TO LEAD FULLER, MORE PRODUCTIVE LIVES.

FORM 990, PART VI, SECTION A, LINE 8B:

MINUTES ARE RECORDED FOR ALL BOARD OF DIRECTORS MEETINGS. THERE ARE NO

COMMITTEES THAT HAVE THE AUTHORITY TO ACT ON BEHALF OF THE BOARD OF

DIRECTORS

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

TREASURER WILL REVIEW AND PROVIDE COPY TO BOARD MEMBERS PRIOR TO FILING.

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

EACH DIRECTOR, PRINCIPAL OFFICER, AND MEMBER OF A COMMITTEE WITH GOVERNING

BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS SUCH

PERSON:

HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY.

HAS READ AND UNDERSTANDS THE POLICY.

3. HAS AGREED TO COMPLY WITH THE POLICY, AND

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization AXYS	Employer identification number 33-0395993
4. UNDERSTANDING AXYS IS CHARITABLE AND IN ORDER TO MAINTA	IN ITS FEDERAL
TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH	ACCOMPLISH ONE
OR MORE OF ITS TAX-EXEMPT PURPOSES.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, LA, MA, MD, ME, MI, MN, M	S, MO, NC, NH, NJ, NM
ND, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI	
FORM 990, PART VI, SECTION C, LINE 19:	
NO OTHER DOCUMENTS AVAILABLE TO THE PUBLIC.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTANTS:	
PROGRAM SERVICE EXPENSES	27,286.
MANAGEMENT AND GENERAL EXPENSES	825.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	28,111.
HEALTHCARE MANAGEMENT FEE:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	439.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	439.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	28,550.
FORM 990, PART XI, LINE 8, PRIOR PERIOD ADJUSTMENTS:	

AXYS IDENTIFIED ERRORS RELATED TO CONTRIBUTIONS THAT SHOULD HAVE BEEN

RECORDED DURING THE YEAR ENDED DECEMBER 31, 2019 OF \$10,652, AND

032212 11-20-20

11360325 758448 33-0395993

Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020

Page 2

Schedule O (Form 990 o Name of the organizatior										Page Employer identification number 33-0395993
RECLASSIFIED	\$35	,987	IN	NET	ASSETS	AS	DONOR	RESTRIC	TED.	