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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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



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

AF	or th	e 2021 calendar year, or tax year beginning and	ending					
B c a	heck if pplicab	le: C Name of organization		D Employer identific	cation number			
	Address change AXYS							
	Name Change Doing business as SEE SCHEDULE O 33-039599							
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number				
	Final returr	V FO BOX 039		267-338-4	4262			
	termii ated	ⁿ⁻ City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	226,129.			
	Amer returr	PAOLI, PA 19301-0059		H(a) Is this a group re	turn			
	Appli tion	F Name and address of principal officer. CAROL MEERSCHAERT		for subordinates	? Yes 🔀 No			
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No			
		xempt status: 🗴 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) c	or 527	If "No," attach a	list. See instructions			
		ite: HTTP://WWW.GENETIC.ORG		H(c) Group exemption				
		f organization: 🔀 Corporation Trust Association Other 🕨	L Year	of formation: 1989 N	I State of legal domicile: PA			
Pa	rt I	Summary						
Ð	1	Briefly describe the organization's mission or most significant activities:						
anc.		INDIVIDUALS WITH ONE OR MORE EXTRA X AND/	OR Y C	CHROMOSOMES	AND THEIR			
Activities & Governance	2	Check this box F if the organization discontinued its operations or dispos	ed of more					
Ň	3				12			
ي م	4	Number of independent voting members of the governing body (Part VI, line 1b)			11			
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			1			
iviti	6	Total number of volunteers (estimate if necessary)			57			
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
	_			Prior Year 157,378.	Current Year 192,223.			
ne	8	Contributions and grants (Part VIII, line 1h)		22,500.	10,000.			
Revenue	9	Program service revenue (Part VIII, line 2g)		1,296.	2,760.			
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		8,189.	2,700.			
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		189,363.	226,129.			
	12 13	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.			
	13 14	Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
		Salaries, other compensation, employee benefits (Part IX, column (A), line 4)		84,047.	94,136.			
ses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Expenses		Total fundraising expenses (Part IX, column (A), line 116)	39.					
Ă		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		67,388.	90,519.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		151,435.	184,655.			
	19	Revenue less expenses. Subtract line 18 from line 12		37,928.	41,474.			
or				ginning of Current Year	End of Year			
ets (Total assets (Part X, line 16)		297,664.	348,999.			
Assets Balanc		Total liabilities (Part X, line 26)		2,586.	1,635.			
Net -uno	22	Net assets or fund balances. Subtract line 21 from line 20		295,078.	347,364.			
Pa	rt II			• • •	•			

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.

Sign Here	Signature of officer Date CAROL MEERSCHAERT, EXECUTIVE DIRECTOR Type or print name and title	
Paid Preparer	Print/Type preparer's name Preparer's signature Date Check if DANELLE R. STEWART CPA DANELLE R. STEWART C 05/02/22 self-em Firm's name S. R. SNODGRASS, P.C. Firm's EIN	PTIN ployed ₽00535522 25-1616561
Use Only	Firm's address 2009 MACKENZIE WAY, SUITE 340	724) 934-0344
May the II	RS discuss this return with the preparer shown above? See instructions	X Yes No
132001 12-0	LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2021)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	n 990 (2021) AXYS	33-0395993	Page 2
	rt III Statement of Program Service Accomplishments		, age
	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 MC		
	AND/OR Y CHROMOSOMES AND THEIR FAMILIES TO LEAD FULLER, M	IORE	
	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 [A No
•	If "Yes," describe these new services on Schedule O.	Yes	V N
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.	accured by expenses	
4	Describe the organization's program service accomplishments for each of its three largest program services, as m Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others		4
	revenue, if any, for each program service reported.	, the total expenses, and	J
4a	115 010	<u>31.1</u>	46.)
	CONTINUED DELIVERY OF MULTIPLE PROGRAMS THAT PROVIDE SERV		/
	EDUCATION, RESEARCH AND SUPPORT FOR FAMILIES AND INDIVIDU	-	ND
	Y CHROMOSOME VARIATIONS.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	>\$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	e\$)
44	Other program services (Describe on Schedule O.)		
4d		١	
4e	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 115,810.)	
		Form 99	0 (2021)
132002)2 12-09-21		()

Par	t IV Checklist of Required Schedules			<u> </u>
			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? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
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	<u>11a</u>		_X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
a	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	444		х
•	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e		X
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	lie		
	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	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	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			77
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
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AXYS

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Pa	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 individu	uals 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 or	-			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Y	es, " complete			
	Schedule J		23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	n \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24	d and complete			
	Schedule K. If "No," go to line 25a		24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		. 24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during th	e year to defease			
	any tax-exempt bonds?		24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year		. 24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess				37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		. 25 a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	lf "Yes," complete			77
	Schedule L, Part I		25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any	y current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				v
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		. 26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trus				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member,				x
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete		. 27		
28	Was the organization a party to a business transaction with one of the following parties (see the Sche	edule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):	1. O			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contribu		00-		x
	"Yes," complete Schedule L, Part IV		28a	X	<u> </u>
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		. 28b	~	<u> </u>
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?		00.		x
00	"Yes," complete Schedule L, Part IV		28c	X	
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Sched</i>		. 29	Λ	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualificant treasures of the second		20		x
24	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Sched</i>		<u>30</u> 31		X
31 32	Did the organization inquidate, terminate, or dissolve and cease operations? If "Yes," complete Sched Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		. 31		
32		•	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Reg		32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part	t II III or IV and	. 55		<u> </u>
U T	Part V, line 1		34		x
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?				X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with				<u> </u>
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitab				
	If "Yes," complete Schedule R, Part V, line 2		36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization conduct more than 5% of its activities through an entity that is not a related organization conduct more than 5% of its activities through an entity that is not a related organization conduct more than 5% of its activities through an entity that is not a related organization conduct more than 5% of its activities through an entity that is not a related organization conduct more than 5% of its activities through an entity that is not a related organization conduct more than 5% of its activities through an entity that is not a related organization conduct more than 5% of its activities through an entity that is not a related organization conduct more than 5% of its activities through an entity that is not a related organization conduct more than 5% of its activities through an entity that is not a related organization conduct more than 5% of its activities through an entity that is not a related organization conduct more than 5% of its activities through an entity that is not a related organization conduct more than 5% of its activities through an entity that is not a related organization conduct more than 5% of its activities through an entity that is not a related organization conduct more than 5% of its activities through an entity that is not a related organization conduct more than 5% of its activities through an entity that is not a related organization conduct more than 5% of its activities through an entity that is not a related organization conduct more than 5% of its activities through an entity that is not a related organization conduct more than 5% of its activities through an entity that is not a related organization conduct more than 5% of its activities through an entity that is not a related organization conduct more than 5% of its activities through an entity that is not activities through an entity that is not activities through an entity that is not activities through an entity that				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines				
			38	х	
Pa	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		<u></u>		
				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 on line 1a. Enter -0- if not applicable	1b	0		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gaming			
	(gambling) winnings to prize winners?		1c	Х	
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Form	990 (2021) AXYS 33-0395 t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	993	Р	_{age} 5
r ai	Statements Regarding Other INS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		103	
	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.			
	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			
_	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
F -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	50 50		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		
0u	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	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 year7d			
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
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	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			
0	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	8		
9 a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:]		
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40		
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>		
h	Note: See the instructions for additional information the organization must report on Schedule O. 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			
c	Enter the amount of reserves on hand	1		
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 the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			1
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.		0000	
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2021.03040 AXYS

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Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	a "No" i	respor	ise
	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			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 1a 12	2		
	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 11	-		
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	
	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
0a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
a	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	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
3	Did the organization have a written whistleblower policy?	13	Х	
4	Did the organization have a written document retention and destruction policy?	14	Х	
5	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
ec	tion C. Disclosure	1.00		
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	,HI	,IL	,KS
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)			
	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 finan	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			
2006	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	9 90	(2021
	6			
05	06 758448 33-0395993 2021.03040 AXYS		33	-03

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Form 990 (2021) AXYS	33-0395993	Page 1
Part VII Compensation of Officers, Direct	ors, Trustees, Key Employees, Highest Compensated	
Employees, and Independent Cor	ntractors	
Check if Schedule O contains a response or	note to any line in this Part VII	
Section A. Officers, Directors, Trustees, Key Employ	yees, and Highest Compensated Employees	
1a Complete this table for all persons required to be list	ted. Report compensation for the calendar year ending with or within the organization's t	tax year.
 List all of the organization's current officers, direc 	tors, trustees (whether individuals or organizations), regardless of amount of compensat	tion.

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

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

Name and title Average Position Reportable Reportable	e Esti	
		mated
hours per box, unless person is both an compensation compensat		ount of
		ther
(list any hours for related organizations 1000 1000 1000 1000 1000 1000 1000 100		ensation m the
related a set of the s		nization
	· •	related
related organizations below line) li		nizations
hours for related organizations below line) hours for related organizations below line) hours for related below line) hours ho		
(1) CAROL MEERSCHAERT 40.00		
EXECUTIVE DIRECTOR X 69,657.	0. 16	,600.
(2) HANNAH ACEVEDO 2.00		
DIRECTOR X O.	0.	0.
(3) ERIN FRITH 5.00		
CHAIR X X O.	0.	0.
(4) STUART HOWARDS 2.00		
DIRECTOR X X O.	0.	0.
(5) GAIL DECKER 2.00		
DIRECTOR X O.	0.	0.
(6) CARRIE CURTIS 5.00		
SECRETARY X X O.	0.	0.
(7) DALENE BASDEN 2.00		
DIRECTOR X O.	0.	0.
(8) JUSTIN DAUSCH 5.00		
TREASURER X O.	0.	0.
(9) SUSAN HOWELL 2.00		
DIRECTOR X O.	0.	0.
(10) SILVIA MANN 2.00		
DIRECTOR X O.	0.	0.
(11) ANDREA MILLETT 2.00		
DIRECTOR X O.	0.	0.
(12) JOHN SLOSS 2.00		
DIRECTOR X O.	0.	0.
(13) ERIN TORRES 5.00		
VICE CHAIR X O.	0.	0.

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Form 990 (2021) AXYS									33-03	9599	93	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	anc	d Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average			Pos				Reportable	Reportable		Estima	
	hours per					than c s both		compensation	compensatior	n	amour	
	week					r/trust		from	from related	.	othe	
	(list any	tor						the	organizations		compension	
	hours for	lirect						organization	(W-2/1099-MIS		from f	
	related	9 O C	fee			satec		(W-2/1099-MISC/	1099-NEC)			
	organizations	ustee	trus		9	ben		1099-NEC)	1099-NEC)		organiz	
	below	ual tr	ional		ploye	t con		1099-INEC)				
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organiza	alions
	1110)	lno	ű	9	, Å	e <u>T</u> i	Ъ					
		1										
		1										
1b Subtotal								69,657.		0.	16,0	500.
c Total from continuation sheets to Part VI								0.		0.		0.
								69,657.		0.	16	500.
d Total (add lines 1b and 1c)											<u> </u>	
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			•
compensation from the organization												0
										_	Yes	s No
3 Did the organization list any former officer,	director, trust	ee. k	ev e	Iame	ove	e. or	hia	hest compensated empl	ovee on			
5	-		-	•	-		Ŭ				3	X
line 1a? If "Yes," complete Schedule J for s										··· -•	5	
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150),000? If "Yes,	" co	mple	ete S	Sche	dule	Jf	for such individual		卢	4	X
5 Did any person listed on line 1a receive or a	ccrue comper	Isatio	on fr	om	any	unre	late	ed organization or individ	lual for services			
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or sı	ich i	bers	on .				! !	5	X
Section B. Independent Contractors												
1 Complete this table for your five highest co	mpensated inc	lene	nder	nt co	ontra	actor	's th	nat received more than \$	100 000 of comp	ensatior	n from	
the organization. Report compensation for	•	•							•	Shoutor	- nom	
	ne calendar ye	ear e	nun	ig w	iun c						(0)	
(A)				-				(B)		0.00	(C)	
Name and business	address	NC	ONE	5			_	Description of s	ervices	Con	npensat	ion
							-					
							-1					
2 Total number of independent contractors (in	ncluding but no	ot lin	nitec	d to			ted	above) who received mo	ore than			
\$100,000 of compensation from the organized	zation 🕨				0)						
										Fo	rm 990	(2021)

		(2021) AXYS				33-0395	993 Page 9
Pa	rt VI	III Statement of Revenue					
		Check if Schedule O contains a response or no	ote to any line		(B)	(C)	
				(A) Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	k	b Membership dues 1b					
s, G	c	c Fundraising events 1c					
Gift lar	C	d Related organizations 1d					
ns, Simi	e		2,837.				
utio er S	f	f All other contributions, gifts, grants, and	0 206				
Oth			9,386.				
Sont	ç F			192,223.			
0 0			isiness Code	19272231			
e	2 8		00099	10,000.	10,000.		
vic		b			,		
am Ser	c	c [
am eve	C	d					
Program Service Revenue	e	ə [
ē	f			10 000			
		g Total. Add lines 2a-2f		10,000.			
	3	Investment income (including dividends, interest, a		2,760.			2,760.
	4	other similar amounts) Income from investment of tax-exempt bond proce		2,700.			2,700.
	5	Royalties	Г				
	-		i) Personal				
	6 a	a Gross rents 6a					
	k	b Less: rental expenses 6b					
	C	c Rental income or (loss) 6c					
		d Net rental income or (loss)					
	7 a		(ii) Other				
		assets other than inventory 7a b Less: cost or other basis					
e		and sales expenses 7b					
venue	c	c Gain or (loss)					
		d Net gain or (loss)	🕨				
Other Re	8 8	a Gross income from fundraising events (not					
Ğ		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
		b Less: direct expenses8b c Net income or (loss) from fundraising events					
		c Net income or (loss) from fundraising events a Gross income from gaming activities. See	····· 🚩				
	50	Part IV, line 19					
	k	b Less: direct expenses					
		c Net income or (loss) from gaming activities	►				
	10 a	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					
sn	11 a		siness Code	21,146.	21,146.		
neo	11 â 			<u> </u>	<u> </u>		<u> </u>
ella sver		c					
Miscellaneous Revenue		d All other revenue					
2		e Total. Add lines 11a-11d	►	21,146.			
	12	Total revenue. See instructions	►	226,129.	31,146.	0.	2,760.
13200	9 12-0	9-21					Form 990 (2021)

_	Check if Schedule O contains a respons	e or note to any line in t (A)		(C)	<u>X</u> (D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	06 050	CA COA	15 506	c
	trustees, and key employees	86,258.	64,694.	15,526.	6,038
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	7 070	F 010	1 410	
10	Payroll taxes	7,878.	5,910.	1,418.	550
11	Fees for services (nonemployees):				
а	Management				
b	Legal	11 007		11 007	
	Accounting	11,807.		11,807.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	20.001	20 802	1 100	
	column (A), amount, list line 11g expenses on Sch 0.)	39,921.	38,723.	1,198.	
12	Advertising and promotion	10,499.	1 1 2 5	10,499.	
13	Office expenses	12,945.	1,135.	4,459.	7,351
14	Information technology	8,773.	4,701.	4,072.	
15	Royalties				
16	Occupancy	11	1.1		
17	Travel	11.	11.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1 = 6 0			
23	Insurance	1,563.	636.	927.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount list line 24e expenses on Schedule 0.)				
-	amount, list line 24e expenses on Schedule 0.)	5,000.			5,000
a h		5,000.			5,000
b					
c C					
d	All other expenses				
	All other expenses	184,655.	115,810.	49,906.	18,939
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	101,000.	±±5,0±0•		±0,333
26					
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here Figure 160 if following SOP 98-2 (ASC 958-720)				

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Form 990 (2021)

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

11

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		Check if Schedule O contains a response or no				
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		23,886.	1	5,000.
	2	2 Savings and temporary cash investments		153,041.	2	210,422.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		26,727.	4	785.
	5	Loans and other receivables from any current o				
		trustee, key employee, creator or founder, subs	tantial contributor, or 35%			
		controlled entity or family member of any of the			5	
	6	Loans and other receivables from other disgual				
		under section 4958(f)(1)), and persons describe			6	
ú	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9				9	
		Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b				10c	
	11	Investments - publicly traded securities		94,010.	11	132,792.
	12	Investments - other securities. See Part IV, line			12	
	13	Investments - program-related. See Part IV, line			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equ		297,664.	16	348,999.
	17	Accounts payable and accrued expenses	2,586.	17	1,635.	
	18	Grants payable		/	18	/ • • • •
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete			21	
	22	Loans and other payables to any current or for				
Liabilities		trustee, key employee, creator or founder, subs				
ilidi		controlled entity or family member of any of the			22	
Lia	23	Secured mortgages and notes payable to unrel			23	
	24	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on line	•			
			, ,		25	
	26	Total liabilities. Add lines 17 through 25		2,586.	26	1,635.
		Organizations that follow FASB ASC 958, cho	eck here 🕨 🔀			
ses		and complete lines 27, 28, 32, and 33.				
anc	27	Net assets without donor restrictions		187,440.	27	253,694.
Bal	28	Net assets with donor restrictions		107,638.	28	93,670.
pu		Organizations that do not follow FASB ASC 9				
Net Assets or Fund Balances		and complete lines 29 through 33.	·			
ŗ	29	Capital stock or trust principal, or current funds			29	
sets	30	Paid-in or capital surplus, or land, building, or e			30	
As	31	Retained earnings, endowment, accumulated ir			31	
Vet	32	Total net assets or fund balances		295,078.	32	347,364.
~	33	Total liabilities and net assets/fund balances		297,664.	33	348,999.

Form 990 (2021)
Part X Balance Sheet

AXYS

Form	AXYS	33-039	5993	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	226		
2	Total expenses (must equal Part IX, column (A), line 25)	2	184		
3	Revenue less expenses. Subtract line 2 from line 1	3		<u> </u>	74.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		-	78.
5	Net unrealized gains (losses) on investments	5	10	, 8:	12.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	347	,3	64.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	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		X
	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		X
	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	<u></u>	3b		
			_ (DOC.	

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

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.

l	OMB No. 1545-0047
	2021
	Open to Public Inspection

Nam	e of t	the organization						Employer	identification number
		AXYS							3-0395993
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The o	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in sect	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Forn	n 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in so	ection 170	(b)(1)(A)(i	ii).		
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substar	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general j	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
		university:							
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment
		income and unrelated busir		(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Con							
11		An organization organized a	-	•	•				_
12		An organization organized a	-	-	-			•	
		more publicly supported or	-						Sheck the box on
-		lines 12a through 12d that						-	
а		Type I. A supporting orga	-	-	• • • •	-			
		the supported organization			i majority c	of the alrea	ctors or truste	es of the su	ipporting
b		organization. You must c Type II. A supporting org	-		tion with it	e cuenorto	od organizatio	n(c) by boy	ling
D		control or management o	-				-		-
		organization(s). You mus						ye the supp	Joned
с		Type III functionally inte	-		in connect	tion with.	and functional	lv integrate	ed with
-		its supported organization						.,	
d		Type III non-functionally		-				ted organiz	zation(s)
		that is not functionally int						-	
		requirement (see instructi			•		-		
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-functior	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 organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see ir	,	(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No		istructions	
Tota									

AXYS

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	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	160,212.	150,898.	178,463.	157,378.	151,103.	798,054.		
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	160,212.	150,898.	178,463.	157,378.	151,103.	798,054.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)						147,613.		
6	Public support. Subtract line 5 from line 4.						650,441.		
Sec	tion B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
7	Amounts from line 4	160,212.	150,898.	178,463.	157,378.	151,103.	798,054.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	16.	78.	22.	1,296.	2,760.	4,172.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)			1,796.	8,189.	21,146.	31,131.		
11	Total support. Add lines 7 through 10						833,357.		
12	Gross receipts from related activities,	etc. (see instructio	ins)			12			
	First 5 years. If the Form 990 is for th			ourth, or fifth tax y	ear as a section 50	01(c)(3)			
	organization, check this box and stop	here							
Sec	tion C. Computation of Public	c Support Per	centage						
14	Public support percentage for 2021 (li	ne 6, column (f), di	ivided by line 11, c	olumn (f))		14	78.05 %		
15	Public support percentage from 2020	Schedule A, Part I	II, line 14			15	<u>79.52 %</u>		
16a	33 1/3% support test - 2021. If the c	organization did no	t check the box or	n line 13, and line 1	4 is 33 1/3% or m	ore, check this box			
	stop here. The organization qualifies	as a publicly suppo	orted organization				X		
b	33 1/3% support test - 2020. If the c								
	and stop here. The organization quali	fies as a publicly s	upported organiza	tion			►		
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,		
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	'e. Explain in Part '	VI how the organiz	ation		
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	ganization				
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	10% or		
	more, and if the organization meets th	e facts-and-circum	istances test, cheo	k this box and st	op here. Explain ir	n Part VI how the			
	organization meets the facts-and-circu	imstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation			
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions			

Schedule A (Form 990) 2021

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 Schedule A (Form 990) 2021
 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e	e) 2021	(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 hehalf								
5	The value of services or facilities								
5	furnished by a governmental unit to								
	the organization without charge								
~						+			
	Total. Add lines 1 through 5								
78	Amounts included on lines 1, 2, and								
h	3 received from disqualified persons					+			
L	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					+			
	Add lines 7a and 7b							<u> </u>	
	Public support. (Subtract line 7c from line 6.)							<u> </u>	
		() 0017	(1) 0010	() 0010	(1) 0000	<u> </u>	<u> </u>	(0 T))	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(6	e) 2021	(f) Total	
	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								
	Add lines 10a and 10b								
	Net income from unrelated business activities not included on 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								
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)			1				1	
	First 5 years. If the Form 990 is for th	Le organization's f	irst second third	fourth or fifth tax	vear as a section !	- 501(c)(3) organizatio	<u>ו</u> מר	
•••	check this box and stop here	-			-			· –	
Sec	ction C. Computation of Publi	c Support Pe	rcentage						
	Public support percentage for 2021 (I			column (f))		15			%
	Public support percentage from 2020		•	.,,		16			<u>%</u>
	ction D. Computation of Inves								70
	Investment income percentage for 20		•	ing 12 golumn (f))		17			0/
									<u>%</u>
18	Investment income percentage from 22 1/2% even extracted 2021 If the			on line 14 and line		18			%
198	33 1/3% support tests - 2021. If the	-							_
	more than 33 1/3%, check this box ar	•	•	. ,					
b	33 1/3% support tests - 2020. If the								_
	line 18 is not more than 33 1/3%, che			•	. ,		•	> _	\exists
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	his box and see in				
13202	23 01-04-22						Schedule A	A (Form 990) 20	021

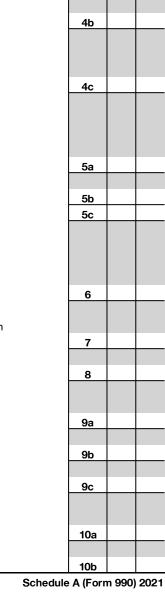
AXYS

(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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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1

2

3a

3b

3c

4a

Yes No

Sche	edule A (Form 990) 2021 AXYS	33-039599	3 Ра	age 5
	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion 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 more supported organizations have the power to regularly appoint or elect at least a majority of the organization's or directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among organization.	fficers,		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
-	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		

the organization maintained a close and continuous working relationship with the supported organization(s).
By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's*

<u>supported organizations played in this regard.</u> Section E. Type III Functionally Integrated Supporting Organizations

1 C	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see instructions).
------------	---	---------------------

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с	[The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
C	L] The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	

- 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 on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **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) 2021

3

2a

2b

3a

3b

Yes No

art V Type III Non-Functionally Integrated 509(a)(3) Support	ting Organi	zations	
Check here if the organization satisfied the Integral Part Test as a qualif			Part VI). See instruction
All other Type III non-functionally integrated supporting organizations m	ust complete S	Sections A through E.	1
ction A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3.	4		
Depreciation and depletion	5		
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		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d.	3		
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 0.035.	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
ction C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1		
Enter 0.85 of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, column A)	3		
Enter greater of line 2 or line 3.	4		
Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		

Schedule A (Form 990) 2021

Sche Par	dule A (Form 990) 2021 AXYS t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}		3-0395993	Page 7
	on D - Distributions	<u></u>		eu)	Current Ye	ar
1	Amounts paid to supported organizations to accomplish exer	mot purposes		1	Odirentie	
2	Amounts paid to perform activity that directly furthers exemp					
_	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	5	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 (<i>describe in</i> 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 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	s	(iii) Distributab Amount for 2	
_1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
<u>a</u>	From 2016					
b	From 2017					
C	From 2018					
d	From 2019					
e	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
<u> i</u>	Carryover from 2016 not applied (see instructions)					
_ <u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
e	Excess from 2021					

Schedule A (Form 990) 2021

chedule A (Form 990) 2021	AXYS	33-0395993 Page
	Part IV, Section A, lines line 1; Part IV, Section D,	rmation. Provide the explanations required by Part II, line 10; Part II, line 17, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Pat 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any add	es 1 and 2; Part IV, Section C, art V, Section B, line 1e; Part V,

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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Organization ty

Filers of:

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

33-0395993

AXYS		
pe (check one):		
Section:		

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

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

General Rule

For an organization 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), 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.

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

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

Schedule B (Form 990) (2021)

Schedule E	3 (Form 990) (2021)			Page 2
Name of or	rganization		Employ	yer identification number
AXYS			33	-0395993
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.		
(a) No.	(b) (c) Name, address, and ZIP + 4 Total contribu		าร	(d) Type of contribution
1		\$20,0	<u>31.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	ns	(d) Type of contribution
2		\$5,0		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	าร	(d) Type of contribution
3		\$5,0	00.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	าร	(d) Type of contribution
4		\$10,0	<u>00.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	าร	(d) Type of contribution
5		\$10,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	าร	(d) Type of contribution
<u>6</u>		\$5,5		Person Payroll Noncash X (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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Schedule	B (Form 990) (2021)		Page 2
Name of o	rganization	Emplo	over identification number
AXYS		33	8-0395993
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

33-03951

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	B (Form 990) (2021)			Page
Name of o	rganization		Emplo	yer identification number
AXYS			33	-0395993
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed	d.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
	INVESTMENT SECURITIES			
		\$20,0	31.	12/22/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
	INVESTMENT SECURITIES	_		
<u> </u>		\$5,5	69.	_12/16/21_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received

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AXYS 33-03955 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$ from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part II entry table declawady religious, charitable, etc., contributions of \$1,000 or less for the year. (Entry this into one.) ▶ \$ (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift (a) No. (e) Transfer of gift (e) Transfer of gift (f) Transferor to transfer <tr< th=""><th>ication number</th></tr<>	ication number
Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c(7), (8), or (10) that total more than \$ from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part II, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. one).) ► \$	993
(a) No. From Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift (a) No. from Part I (c) Use of gift (e) Transfer of gift (e) Transfer of gift (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift (e) Transfer of gift (c) Use of gift (d) Description of how gift (e) Transfer of gift (e) Transfer of gift (c) Use of gift (e) Transfer of gift (e) Transfer of gift (c) Use of gift (e) Transfer of gift (c) Use of gift (c) Use of gift (e) Transfer of gift (c) Use of gift (c) Use of gift (e) Transfer of gift (c) Use of gift (c) Use of gift (b) Purpose of gift (c) Use of gift (c) Use of gift (c) Transfer of gift (c) Use of gift (c) Use of gift (b) Purpose of gift (c) Use of gift (c) Use of gift (b) Purpose of gift (c) Use of gift (c) Use of gift (e) Transfer of g	1,000 for the year
Image: Transferee's name, address, and ZIP + 4 Relationship of transferor to transfer Image: Relationship of transferor to transfer Image: Relationship of transferor to transfer (a) No. from Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift Image: Relationship of transferor to transfer Image: Relationship of transferor to transfer Image: Relationship of transferor to transfer Image: Relationship of transferee's name, address, and ZIP + 4 Relationship of transferor to transfer Image: Relationship of transferor to transfer Image: Relationship of transferor to transfer	t is held
Transferee's name, address, and ZIP + 4 Relationship of transferor to transfer (a) No. from Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift (a) No. from Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift (b) Purpose of gift (c) Use of gift (d) Description of how gift (b) Purpose of gift (c) Use of gift (d) Description of how gift (e) Transfer of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transfer	
(a) No. from Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transfer	
Part I Image: Constraint of the cons	ee
Part I Image: Constrained of the constra	
Transferee's name, address, and ZIP + 4 Relationship of transferor to transfer	t is held
Transferee's name, address, and ZIP + 4 Relationship of transferor to transfer	
(a) No.	ee
(a) No.	
(a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift Part I	t is held
(e) Transfer of gift	
Transferee's name, address, and ZIP + 4 Relationship of transferor to transfer	ee
(a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift	t is held
(e) Transfer of gift	
Transferee's name, address, and ZIP + 4 Relationship of transferor to transfer	·ee
123454 11-11-21 Schedule E	

SCHEDULE [)
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Department of the Treasury

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 Nam

Nam	e of the organization AXYS			Employer identification number 33-0395993
Par			s or Ac	
	organization answered res on Form 990, Part IV, in	(a) Donor advised funds	(1	b) Funds and other accounts
1 2 3	Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year)			
4	Aggregate value of grants non (during year)			
5 6	Did the organization inform all donors and donor advisors in v are the organization's property, subject to the organization's	exclusive legal control?		Yes 🗌 No
U	Did the organization inform all grantees, donors, and donor ad for charitable purposes and not for the benefit of the donor of impermissible private benefit?		conferri	ng
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV,	line 7.
1 2	Purpose(s) of conservation easements held by the organization Preservation of land for public use (for example, recreated Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified day of the tax year.	tion or education) Preservation of Preservatio	of a certif	rically important land area ied historic structure <u>iservation easement on the last</u> Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
с	Number of conservation easements on a certified historic stru	ucture included in (a)		2c
d	Number of conservation easements included in (c) acquired a			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, relevant ►		e organiz	zation during the tax
4 5	Number of states where property subject to conservation eas Does the organization have a written policy regarding the peri		-	
5	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, and enforcing con	servatior	n easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand \$	ling of violations, and enforcing conserva	ation eas	ements during the year
8	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footn			
	organization's accounting for conservation easements.	-		
Par	t III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form		ther Si	milar Assets.
1a	If the organization elected, as permitted under FASB ASC 956	8, not to report in its revenue statement	and bala	nce sheet works
	of art, historical treasures, or other similar assets held for pub			
	service, provide in Part XIII the text of the footnote to its finan	icial statements that describes these iter	ns.	
b	If the organization elected, as permitted under FASB ASC 956	8, to report in its revenue statement and	balance	sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	herance	of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			► \$
-				► \$
2	If the organization received or held works of art, historical treat the following amounts required to be reported under FASB AS		al gain, p	provide

Schedule D (Form 990) 2021

\$ ►

\$

132051	10-28-21

a Revenue included on Form 990, Part VIII, line 1

Sche	dule D (Form 990) 2021 AXYS						33-03			age 2
Par	t III Organizations Maintaining C	collections of Ar	t, Historical	Treasures, o	r Othei	r Simila	r Assets	contii	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of	the following that	t make si	ignificant ι	use of its			
	collection items (check all that apply):									
а	Public exhibition	d	I 🗌 Loan o	r exchange progr	am					
b	Scholarly research	e	e 🗌 Other _							
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how they furth	ner the organization	on's exer	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, historical	treasures, or othe	er similar	assets		_		_
_	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran		ete if the organi	zation answered	"Yes" on	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.								
1 a	Is the organization an agent, trustee, custod						_	-	_	_
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:					•	<u> </u>	
								Amoun	t	
С	Beginning balance									
d	Additions during the year									
-	Distributions during the year									
t Or	Ending balance									
	Did the organization include an amount on F					ity?	L	Yes		_ No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete					10				
		(a) Current year	(b) Prior yea			(d) Three y	ears back	(e) Fou	r vears	hack
10	Beginning of year balance	(u) ourrone your			ino buon	(u) 11100)	burb buon	(0) + 04	youro	buon
1a b	Contributions									
0	Net investment earnings, gains, and losses									
о А	Grants or scholarships									
e	Other expenditures for facilities									
Ũ	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur		e (line 1a. colun	nn (a)) held as:	•					
a	Board designated or quasi-endowment	-	%							
b	Permanent endowment									
	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	- ould equal 100%.								
3a	Are there endowment funds not in the posse		ation that are he	eld and administe	red for th	e organiza	ation			
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	ed on Schedule	e R?				3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990								
	Description of property	(a) Cost or o basis (investr	. ,	Cost or other asis (other)		ccumulate preciation	ed	(d) Boo	k valu	e
1a	Land									
b	Buildings									
с	Leasehold improvements									
d	Equipment									
e	Other									
Tota	. Add lines 1a through 1e. <i>(Column (d) must e</i>	equal Form 990, Part	<u>X. column (B). I</u>	ine 10c.)						0.

Schedule D (Form 990) 2021

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Part VII	Investments - Other Securities.			
(a) Decori	Complete if the organization answered "Yes"	on Form 990, Part IV, line (b) Book value		d of your market yolyo
	ption of security or category (including name of security)		(c) Method of valuation: Cost or end	u-oi-year market value
	ial derivatives			
(2) Closely (3) Other	held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	(b) must equal Form 990, Part X, col. (B) line 12.)			
Part VII	I Investments - Program Related.			
	Complete if the organization answered "Yes"			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)				
(2)				
(3)				
<u>(4)</u>				
(5)				
<u>(6)</u> (7)				
(8)				
<u>(8)</u> (9)				
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX				
	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)				
<u>(9)</u>				
Part X	umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	e 15.)	·····	
Turtx	Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
1.	(a) Description of liability			(b) Book value
	deral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	umn (b) must equal Form 990, Part X, col. (B) line	e 25.)		
	y for uncertain tax positions. In Part XIII, provide		the organization's financial statements t	
organiz	zation's liability for uncertain tax positions under	FASB ASC 740. Check he	ere if the text of the footnote has been pr	ovided in Part XIII X

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

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AXYS Schedule D (Form 990) 2021

Sche	dule D (Form 990) 2021 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	.)	
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,
2021, 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
132054 10-28-21 Schedule D (Form 990) 2021

Part XIII Supplemental Information (continued)

YEARS SINCE 2018 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) 2021

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SCHEDULE L		٦	[ra	Insactior	າs W	'ith	Interested	Persons			0	MB No.	1545-004	17
Form 990)						2021								
							EZ, Part V, line 38a				_		UL	
epartment of the Treasury ternal Revenue Service		► Ge	o to v				990 or Form 990-E2 Instructions and the					pen To spect		ic
ame of the organizati	ion								Emp	loyer	ident	ificati	on nu	mbei
		XYS									959	93		
Part I Excess	Benef	it Transa	ictio	ONS (section 5	01(c)(3),	secti	on 501(c)(4), and se	ction 501(c)(29) orga	anizatio	ns on	ly).			
Complete	e if the or	ganization	ansv	vered "Yes" on	Form 99	90, Pa	rt IV, line 25a or 25b	, or Form 990-EZ, P	art V, lii	ne 40	b.			
1 (a) Name of disqua	alified ne	arson	(b) F	Relationship bet			ified (c) Description of trai	heaction	2		(d)	Corre	cted
				person and o	rganizati	ion			ISaction			<u> </u>	es	No
												_		
2 Enter the amount	of tax in	curred by t	ne or	rganization man	agers or	r disq	ualified persons dur	ing the year under						
4050										▶ \$				
)	▶ \$				
3 Enter the amount	: of tax, if	any, on lin	e 2, a	above, reimburs	ed by th)	▶ \$				
3 Enter the amount	: of tax, if to and/	any, on lin	e 2, a	above, reimburs erested Pers	sed by the sons.	he org)	▶ \$				
3 Enter the amount Part II Loans 1 Complete	: of tax, if to and/ e if the or	any, on lin for From ganization	e 2, a Inte answ	above, reimburs erested Pers vered "Yes" on	sed by th sons. Form 99	he org)	▶ \$				
3 Enter the amount Part II Loans to Complete reported to	t of tax, if to and/ if the or an amou	any, on lin or From ganization nt on Form	e 2, a Inte answ 990.	above, reimburs erested Pers vered "Yes" on , Part X, line 5, (sed by th sons. Form 99 <u>6, or 22.</u>	he org	Part V, line 38a or F	Form 990, Part IV, lir	ne 26; o	► \$	e orga	nizatic	on	
3 Enter the amount Part II Loans to Complete reported to (a) Name of	to f tax, if to and/ e if the or an amou	any, on lin or From ganization nt on Form (b) Relation	e 2, a Inte answ 990. ship	above, reimburs erested Pers vered "Yes" on , Part X, line 5, ((c) Purpose	sed by the sons. Form 99 6, or 22.	he org 90-EZ, n to or the	panization Part V, line 38a or F (e) Original		ne 26; o	► \$	e orga (h) Ap by bo	nizatic proved ard or	on (i) W	/ritten
3 Enter the amount Part II Loans to Complete reported to	to f tax, if to and/ e if the or an amou	any, on lin or From ganization nt on Form	e 2, a Inte answ 990. ship	above, reimburs erested Pers vered "Yes" on , Part X, line 5, (sed by the sons. Form 99 6, or 22. (d) Loar from to organiza	90-EZ, n to or the ation?	Part V, line 38a or F	Form 990, Part IV, lir	ne 26; o (g) defai	▶ \$ r if the In ult?	e orga (h) Ap by bo comm	nizatic proved ard or hittee?	on (i) W agree	/ritten ment?
Enter the amount art II Loans t Complete reported (a) Name of	to f tax, if to and/ e if the or an amou	any, on lin or From ganization nt on Form (b) Relation	e 2, a Inte answ 990. ship	above, reimburs erested Pers vered "Yes" on , Part X, line 5, ((c) Purpose	sed by the sons. Form 99 6, or 22. (d) Loar from to organiza	he org 90-EZ, n to or the	panization Part V, line 38a or F (e) Original	Form 990, Part IV, lir	ne 26; o	► \$	e orga (h) Ap by bo	nizatic proved ard or	on (i) W	ritten ment
B Enter the amount Complete reported (a) Name of	to f tax, if to and/ e if the or an amou	any, on lin or From ganization nt on Form (b) Relation	e 2, a Inte answ 990. ship	above, reimburs erested Pers vered "Yes" on , Part X, line 5, ((c) Purpose	sed by the sons. Form 99 6, or 22. (d) Loar from to organiza	90-EZ, n to or the ation?	panization Part V, line 38a or F (e) Original	Form 990, Part IV, lir	ne 26; o (g) defai	▶ \$ r if the In ult?	e orga (h) Ap by bo comm	nizatic proved ard or hittee?	on (i) W agree	ritten ment
3 Enter the amount 2 art II Loans to Complete reported (a) Name of	to f tax, if to and/ e if the or an amou	any, on lin or From ganization nt on Form (b) Relation	e 2, a Inte answ 990. ship	above, reimburs erested Pers vered "Yes" on , Part X, line 5, ((c) Purpose	sed by the sons. Form 99 6, or 22. (d) Loar from to organiza	90-EZ, n to or the ation?	panization Part V, line 38a or F (e) Original	Form 990, Part IV, lir	ne 26; o (g) defai	▶ \$ r if the In ult?	e orga (h) Ap by bo comm	nizatic proved ard or hittee?	on (i) W agree	ritten ment
3 Enter the amount 2 art II Loans to Complete reported (a) Name of	to f tax, if to and/ e if the or an amou	any, on lin or From ganization nt on Form (b) Relation	e 2, a Inte answ 990. ship	above, reimburs erested Pers vered "Yes" on , Part X, line 5, ((c) Purpose	sed by the sons. Form 99 6, or 22. (d) Loar from to organiza	90-EZ, n to or the ation?	panization Part V, line 38a or F (e) Original	Form 990, Part IV, lir	ne 26; o (g) defai	▶ \$ r if the In ult?	e orga (h) Ap by bo comm	nizatic proved ard or hittee?	on (i) W agree	ritten ment
3 Enter the amount Part II Loans to Complete reported (a) Name of	to f tax, if to and/ e if the or an amou	any, on lin or From ganization nt on Form (b) Relation	e 2, a Inte answ 990. ship	above, reimburs erested Pers vered "Yes" on , Part X, line 5, ((c) Purpose	sed by the sons. Form 99 6, or 22. (d) Loar from to organiza	he org 90-EZ, n to or the ation?	panization Part V, line 38a or F (e) Original	Form 990, Part IV, lir	ne 26; o (g) defai	▶ \$ r if the In ult?	e orga (h) Ap by bo comm	nizatic proved ard or hittee?	on (i) W agree	ritten ment
3 Enter the amount Part II Loans to Complete reported (a) Name of	to f tax, if to and/ e if the or an amou	any, on lin or From ganization nt on Form (b) Relation	e 2, a Inte answ 990. ship	above, reimburs erested Pers vered "Yes" on , Part X, line 5, ((c) Purpose	sed by the sons. Form 99 6, or 22. (d) Loar from to organiza	he org 90-EZ, n to or the ation?	panization Part V, line 38a or F (e) Original	Form 990, Part IV, lir	ne 26; o (g) defai	▶ \$ r if the In ult?	e orga (h) Ap by bo comm	nizatic proved ard or hittee?	on (i) W agree	ritten ment
3 Enter the amount Part II Loans to Complete reported (a) Name of	to f tax, if to and/ e if the or an amou	any, on lin or From ganization nt on Form (b) Relation	e 2, a Inte answ 990. ship	above, reimburs erested Pers vered "Yes" on , Part X, line 5, ((c) Purpose	sed by the sons. Form 99 6, or 22. (d) Loar from to organiza	he org 90-EZ, n to or the ation?	panization Part V, line 38a or F (e) Original	Form 990, Part IV, lir	ne 26; o (g) defai	▶ \$ r if the In ult?	e orga (h) Ap by bo comm	nizatic proved ard or hittee?	on (i) W agree	ritten ment
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990) 2021

132131 11-02-21

Schedule L (Form 990) 2021 AXYS						33-0395	5993	Page 2
Part IV Business Transactions Invol	-							
Complete if the organization answere	d "Yes" on Form	990, F	Part IV, line 2	8a, 28		1		
(a) Name of interested person	(b) Relationsh person ar		ween interes organization		(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	
RICHARD FRITH	MARRIED	то	BOARD	СН	26,541.	CONSULTING	Yes	No X
					-			
Part V Supplemental Information.				, .			•	•
Provide additional information for res	ponses to questio	ons on	Schedule L	(see i	nstructions).			
SCH L, PART IV, BUSINESS	TRANSACTI	ONS	INVOL	VIN	G INTEREST	ED PERSONS:		
(A) NAME OF PERSON: RICHAN	RD FRITH							
		ת תי	EDCON	7 810				
(B) RELATIONSHIP BETWEEN	INTERESTE	ים חי	ERSON	AND	ORGANIZAT			
MARRIED TO BOARD CHAIR ER	IN FRITH							
(D) DESCRIPTION OF TRANSA	CTION: CO	NSU	LTING	SER	VICES - CON	MUNICATIONS	5	
NANA GED								
MANAGER								
						Schedule L	(Form 99	90) 202
132132 11-02-21								

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	

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

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



Name of the organization

Employer	identification	number

	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	X		25,843.	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 \ldots				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ► ()				
26	Other ► ()				
27	Other ► ()				
28	Other 🕨 ()				

Number of Forms 8283 received by the organization during the tax year for contributions 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		x
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.			
ι μλ	For Panerwork Reduction Act Notice, see the Instructions for Form 990	M (Eorr	n 990)	2021

work Reduction Act Notice, see the Instructions for Form 990.

dule M (Form 990) 20

132141 11-17-21

Schedule M	(Form 990) 2021	AXYS						33-0	395993	Page	2
Part II	Supplemental is reporting in Part this part for any ac	Information. I, column (b), the dditional information	Provide the inf number of con ion.	formation req htributions, th	uired by Par e number of	t I, lines 30b, items receive	32b, and 33, d, or a comb	and wheth ination of b	er the organi both. Also coi	zation nplete	

33-03951

10060506 758448 33-0395993

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information. Employer identification number 33-0395993

OMB No. 1545-0047

AXYS

FORM 990, ITEM C, 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:

1. HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY.

2. 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.

ame of the organization	Employer identification number
AXYS	33-0395993
. UNDERSTANDING AXYS IS CHARITABLE AND IN OR	DER TO MAINTAIN ITS FEDERAL
AX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACT	IVITIES WHICH ACCOMPLISH ONE
OR MORE OF ITS TAX-EXEMPT PURPOSES.	

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	38,723.
MANAGEMENT AND GENERAL EXPENSES	1,198.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	39,921.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	39,921.