Form 8879-TE

Name of filer

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB	NO.	1545-0047	

Department of the Treasury Internal Revenue Service

, 2021, and ending For calendar year 2021, or fiscal year beginning

JAMES G. BECKNER

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

ACCESS NOW, INC.

26-1695468

EIN or SSN

Name and title of officer or person subject to tax EX DIR-RAM, CCVS,

AN, SC, RAM TR

Part	I Type of Return and Ret	urn Information	
Form 5 or 10a whiche	330 filers may enter dollars and cents. below, and the amount on that line for	using this Form 8879-TE and enter the applicable amount, if any, from the return all other forms, enter whole dollars only. If you check the box on line 1a, 2 the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 4). But, if you entered -0- on the return, then enter -0- on the applicable line belo	ta, 3a, 4a, 5a, 6a, 7a, 8a, 9a 5b, 6b, 7b, 8b, 9b, or 10b, w. Do not complete more
1a	Form 990 check here	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>620,608</u> .
2a	Form 990-EZ check here >	b Total revenue, if any (Form 990-EZ, line 9)	2b
За	Form 1120-POL check here	b Total tax (Form 1120-POL, line 22)	3b
4a	Form 990-PF check here >	b Tax based on investment income (Form 990-PF, Part V, line 5)	
5a	Form 8868 check here 🕨	b Balance due (Form 8868, line 3c)	5b
6a	Form 990-T check here >	b Total tax (Form 990-T, Part III, line 4)	6b
7a	Form 4720 check here >	b Total tax (Form 4720, Part III, line 1)	7b
8a	Form 5227 check here >	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a	Form 5330 check here	b Tax due (Form 5330, Part II, line 19)	9b
10a	Form 8038-CP check here	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b
Part	II Declaration and Signat	ure Authorization of Officer or Person Subject to Tax	
Under	penalties of perjury, I declare that X	I am an officer of the above entity or I am a person subject to tax with re	spect to (name
of entit	y)	, (EIN) and that I ha	ve examined a copy of the
compleinterme acknow of any entry to financial later the payme	ete. I further declare that the amount in ediate service provider, transmitter, or evelogement of receipt or reason for rejerefund. If applicable, I authorize the U.S. of the financial institution account indicated institution account indicated institution to debit the entry to this account indicated in a 2 business days prior to the payment of taxes to receive confidential informatical infor	edules and statements, and, to the best of my knowledge and belief, they are to Part I above is the amount shown on the copy of the electronic return. I consert lectronic return originator (ERO) to send the return to the IRS and to receive from the transmission, (b) the reason for any delay in processing the return. Treasury and its designated Financial Agent to initiate an electronic funds with the tax preparation software for payment of the federal taxes owed on the count. To revoke a payment, I must contact the U.S. Treasury Financial Agent at (settlement) date. I also authorize the financial institutions involved in the pronation necessary to answer inquiries and resolve issues related to the payment that the electronic return and, if applicable, the consent to electronic fundaments.	nt to allow my om the IRS (a) an or refund, and (c) the date thdrawal (direct debit) nis return, and the at 1-888-353-4537 no cessing of the electronic i. I have selected a
	neck one box only I authorize BROWN, EDWAR	DS & COMPANY, LLP to enter my ERO firm name	PIN 10487 Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my FIN on the return's disclosure consent screen.

Signature of officer or person subject to tax Certification and Authentication

51221459240

number (EFIN) followed by your five-digit self-selected PIN.

ERO's EFIN/PIN. Enter your six-digit electronic filing identification

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature BROWN, EDWARDS & COMPANY, LLP

Date > 05/09/22

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2021)

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the	e 2021 calendar year, or tax year beginning and	ending		
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addre	SE ACCESS NOW, INC.			
	Name chang			26-16954	68
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	•
	Final return	2821 EMERYWOOD PARKWAY, SUITE 200		(804) 64	
	termir ated			G Gross receipts \$	620,608.
	Amen return	RICHMOND, VA 23294		H(a) Is this a group re	eturn
	Application	F Name and address of principal officer: JAMES G. BECKNER		for subordinates	? Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
<u>ı</u>	Tax-ex	empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions
		te: > WWW.ACCESSNOWRVA.ORG		H(c) Group exemption	n number 🕨
K	Form of	organization: X Corporation Trust Association Other	L Year	of formation: 2007 N	1 State of legal domicile: VA
P	art I	Summary			
4	1	Briefly describe the organization's mission or most significant activities: ACCE	SS NOW	IS A COMMUN	NITY
Š		PARTNERSHIP TO IMPROVE ACCESS TO HEALTH O			
Governance	2	Check this box if the organization discontinued its operations or dispositions.	sed of more	than 25% of its net ass	ets.
ove.	3	Number of voting members of the governing body (Part VI, line 1a)		3	16
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			<u> 16</u>
80	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		5	0
)iţi	6	Total number of volunteers (estimate if necessary)		6	1160
Activities &	7 a	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		7b	0.
				Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)		397,585.	463,510.
Revenue	9	Program service revenue (Part VIII, line 2g)		152,034.	155,750.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,754.	1,348.
<u> </u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		551,373.	620,608.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u></u>	0.	0.
X	. b	Total fundraising expenses (Part IX, column (D), line 25) 8,2			
Ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		502,279.	511,473.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		502,279.	511,473.
	19	Revenue less expenses. Subtract line 18 from line 12		49,094.	109,135.
Net Assets or	4		Ве	ginning of Current Year	End of Year
sset	20	Total assets (Part X, line 16)		772,466.	873,472.
at Ag	21	Total liabilities (Part X, line 26)		14,558.	6,613.
	22	Net assets or fund balances. Subtract line 21 from line 20		757,908.	866,859.
	art II				
		Ilties of perjury, I declare that I have examined this return, including accompanying schedule		· · ·	knowledge and belief, it is
true	, correc	tt, and complete. Declaration of preparer (other than officer) is based on all information of w	nich preparer	nas any knowledge.	
0		Signature of officer		I Date	
Sig		JAMES G. BECKNER, EX. DIRRAM, CCVS,	ANT CC		
Hei	re	Type or print name and title	AIV, BC	, KAN IK	
		Print/Type preparer's name Preparer's signature	Īſ	Date Check	T PTIN
Pai	d	MELISSA A. SIKES	I	5/09/22 self-employ	
	u parer	Firm's name BROWN, EDWARDS & COMPANY, LLP		Firm's EIM	54-0504608
	Only	Firm's address 1802 BAYBERRY COURT, SUITE 300		I IIIII 9 EIIV	<u> </u>
036	Jilly	RICHMOND, VA 23226		Phone no 80	4-282-6000
Ma	v the II	RS discuss this return with the preparer shown above? See instructions		[1 Holle Ho. 9 0	X Yes No

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$

Total program service expenses ► 466,805.

Form 990 (2021) ACCESS NOW, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	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			l
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			٦,
	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	١		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		Х	
	Part VI	11a	Λ	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		x
ч	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	110		1
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

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Part IV	Checklist of Required Schedules	(continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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 organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			7.7
	Schedule K. If "No," go to line 25a	24a		<u>X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	OEL		х
26	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		х
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
_	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			77
	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			7.7
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		77	
Pai	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
ı aı				
	Check if Schedule O contains a response or note to any line in this Part V			NI-
4 -	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 2 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c		
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Form	990 (2021) ACCESS NOW, INC. 26-1695	468	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		ı	
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
		2b		
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	20		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	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).			37
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	l _		_~
	to file Form 8282?	7c		X
a	If "Yes," indicate the number of Forms 8282 filed during the year	7.		х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
'	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
y h	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/!!		
Ü	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	1		
C	Enter the amount of reserves on hand	44-		v
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? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		X
	excess parachute payment(s) during the year? If "Ves " see the instructions and file Form 4720. Schedule N.	15		
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
10	If "Yes," complete Form 4720, Schedule O.	10		
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
••	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		100	110
··u	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.			
L	1.			
b	, , , ,			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			Х
_	officer, director, trustee, or key employee?	2		
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	77	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	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No." go to line 13	12a	X	
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	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	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		х
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	onlv)	availal	ole
-	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)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	ial	
.0	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE CORPORATION - (804) 622-8132			
	2821 EMERYWOOD PARKWAY, SUITE 200, RICHMOND, VA 23294			

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

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

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

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

(A)	(B)			(((D)	(E)	(F)
Name and title	Average	(do		Posi heck i) than (one	Reportable	Reportable	Estimated
	hours per	box,	unles	ss per	son i	s both or/trus	n an	compensation	compensation	amount of
	week	_	or an	u a u		174443		from	from related	other
	(list any hours for	director						the	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	tee			sated		organization (W-2/1099-MISC/	1099-NEC)	organization
	organizations	ruste	ıl trustee		ee/	m pen		1099-NEC)	1099-1120)	and related
	below	dualt	utio na	_	oldm	st co	<u></u>	.555		organizations
	line)	Individual trustee or	Institutional t	Officer	Key employee	Highest compensated employee	Former			3
(1) JAMES G. BECKNER	7.00									
EX. DIR RAM, CCVS, AN,	33.00			Х				0.	166,233.	22,362.
(2) W. MATTHEW SCOTT	1.00									
CHAIR		Х		Х				0.	0.	0.
(3) JOHN MCCURLEY, MD	1.00									
VICE -CHAIR		Х		Х				0.	0.	0.
(4) DEBORAH TRAINER, PHD	1.00									
SECRETARY		Х		Х				0.	0.	0.
(5) HAZLE S. KONERDING, MD	1.00									
TREASURER		Х		Х				0.	0.	0.
(6) STEPHEN D. ROSENTHAL, ESQ.	1.00									
IMMEDIATE PAST CHAIR		Х						0.	0.	0.
(7) JULIE BENMOSCHE	1.00									
DIRECTOR		Х						0.	0.	0.
(8) JOSEPH W. BOATWRIGHT, III, MD	1.00									
DIRECTOR		Х						0.	0.	0.
(9) RICHARD F. CARTER, MD	1.00									
DIRECTOR		Х						0.	0.	0.
(10) JEFFREY S. CRIBBS	1.00									
DIRECTOR		Х						0.	0.	0.
(11) SUMAC D. DIAZ, MD	1.00									
DIRECTOR		Х						0.	0.	0.
(12) PAM JONES, RN	1.00									
DIRECTOR		Х						0.	0.	0.
(13) CHARLIE JUNG, MD	1.00									
DIRECTOR		Х						0.	0.	0.
(14) KAREN LEGATO, MPS, MSW	1.00									
DIRECTOR		Х						0.	0.	0.
(15) MARK RYAN, MD	1.00									
DIRECTOR		Х						0.	0.	0.
(16) SHREYANK TRIPATHI, MD	1.00									
DIRECTOR		Х						0.	0.	0.
(17) OMAR WATSON, MD FACS	1.00									
DIRECTOR		Х			l	1		0.	0.	0.

Par	Section A. Officers, Directors, Trus		oloy	ees,			ghes	st C						
	(A)	(B)	(C) Position			,		(D)	(E)			(F)		
	Name and title	Average	(do not check more than one			Reportable Reporta				stimate				
		hours per week	box, unless persor officer and a direct					compensation	compensation		ar	nount	of	
		(list any		<u> </u>			Π	,	from the	from relate organizatior		000	other	tion
		hours for	Individual trustee or director				_		organization	(W-2/1099-MI			pensa om the	
		related	e or 0	stee			satec		(W-2/1099-MISC/	1099-NEC			anizati	
		organizations	truste	Institutional trustee		/ee	m per		1099-NEC)	10001120	,		d relate	
		below	idual	ution	72	Key employee	sst co	er					anizatio	
		line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former						
			1											
			1											
			1											
			1											
			1											
1b	Subtotal	•						▶	0.	166,2	33.	2	2,30	62.
	Total from continuation sheets to Part VI							•	0.	•	0.			0.
	Total (add lines 1b and 1c)							•	0.	166,2	33.	2	2,30	62.
2	Total number of individuals (including but n							o re	eceived more than \$100.	000 of reportabl	<u>е</u>			
	compensation from the organization						,		,	,				0
													Yes	No
3	Did the organization list any former officer,	director, trust	ee, k	еу е	empl	oye	e, or	hig	hest compensated emp	loyee on				
	line 1a? If "Yes," complete Schedule J for si	uch individual		•		•	•	Ū				3		Х
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150											4	х	
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes." com	•				•			· ·			5		Х
Sect	tion B. Independent Contractors	proto Corrogan	<i>30</i> / (0, 00	, , , ,	<i>3010</i>	011							
1	Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of com	pensa	tion fro	om	
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
	(A)	_							(B)			((
	Name and business	address	NC	ONE	3				Description of s	ervices	_ c		nsatio	n
										<u></u>				
2	Total number of independent contractors (ii \$100,000 of compensation from the organiz		ot lin	nited	d to t	thos		ted	above) who received mo	ore than				

II	Statement of	of Revenue
----	--------------	------------

		Check if Schedule O contains a response o	r note to any lin	e in this Part VIII			
		Check il Concadie C contains a response o	in Hote to arry line	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under
							sections 512 - 514
ts ts	1 :	a Federated campaigns 1a					
irai	- 1	Membership dues 1b					
Ä,		Fundraising events1c					
ar /		d Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts	,	Government grants (contributions)	97,227.				
Sig	1	All other contributions, gifts, grants, and	-				
uti her			366,283.				
Q Ë		Noncash contributions included in lines 1a-1f					
no.				463,510.			
OB		1 Total. Add lines 1a-1f	Business Code	403,310.			
		MEDICAL CADE		155 750	155 750		
<u>ce</u>		MEDICAL CARE	621400	155,750.	155,750.		
erv Ie	ı	·					
Program Service Revenue	•						
ar ev		d					
og B							
Ā	1	All other program service revenue					
		Total. Add lines 2a-2f		155,750.			
	3	Investment income (including dividends, interes					
		other similar amounts)		1,348.			1,348.
	4	Income from investment of tax-exempt bond pro					
	5	Royalties					
	3	(i) Real	(ii) Personal				
	•		(ii) i ersoriai				
		a Gross rents 6a					
		Less: rental expenses 6b					
	•	Rental income or (loss) 6c					
	•	d Net rental income or (loss)					
	7 :	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	ı	Less: cost or other basis					
ē		and sales expenses 7b					
Revenue		Gain or (loss) 7c					
Şe.		d Net gain or (loss)	•				
er F		a Gross income from fundraising events (not					
ď	0	including \$ of					
٥		contributions reported on line 1c). See					
		Part IV, line 18					
		Less: direct expenses 8b					
		Net income or (loss) from fundraising events	····· •				
	9 :	a Gross income from gaming activities. See					
		Part IV, line 199a					
		Less: direct expenses 9b					
	•	Net income or (loss) from gaming activities					
	10 :	Gross sales of inventory, less returns					
		and allowances 10a					
	ı	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory	•				
			Business Code				
ns	44 -	,					
e e	11 :						
Miscellaneous Revenue							
Sce Be	(All all all and an analysis					
Ξ̈́	(d All other revenue					
		Total. Add lines 11a-11d		600 600	155 550	^	1 242
	12	Total revenue. See instructions		620,608.	155,750.	0.	1,348.

Form 990 (2021) ACCESS NOW, INC. Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
	Legal				
С	Accounting	10,700.		10,700.	
d		,		,	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch O.)	149,500.	126,937.	18,702.	3,861.
12	Advertising and promotion	·		,	•
13	Office expenses	21,759.	21,423.	239.	97.
14	Information technology	17,882.	17,681.	201.	
15	Royalties	,	,		
16	Occupancy	19,780.	19,497.	142.	141.
17	Travel	,	- , -		
18	Payments of travel or entertainment expenses				
.5	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,927.	3,129.	2,388.	410.
20	Interest	- ,	.,==-	, , , , , ,	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,453.	2,417.	18.	18.
23	Insurance	6,160.	5,016.	1,141.	3.
24	Other expenses. Itemize expenses not covered	,	,	,	
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PAYROLL	208,904.	205,916.	1,494.	1,494.
b	BENEFITS AND PAYROLL TA	44,796.	44,156.	320.	320.
c	VAFCC GRANT ADMINSTRATI	10,861.	10,861.		
d	EQUIPMENT LEASE	7,000.	6,900.	50.	50.
	All other expenses	5,751.	2,872.	998.	1,881.
25	Total functional expenses. Add lines 1 through 24e	511,473.	466,805.	36,393.	8,275.
26	Joint costs. Complete this line only if the organization	,		20,3300	-,-,-,
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
10001	11-01-04-21	L		L_	Form 990 (2021)

Part .	A	Balance Sneet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	493,776		
	2	Savings and temporary cash investments			692,843.	2	1,285
	3	Pledges and grants receivable, net		69,791.	3	62,812	
	4	Accounts receivable, net		4	50,949		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqu	alified pei	rsons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
ध	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	Prepaid expenses and deferred charges			4,167.	9	4,080
1	l0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	44,811.			
	b	Less: accumulated depreciation	. 10b	40,793.	5,665.	10c	4,018 256,552
1	1	Investments - publicly traded securities				11	256,552
1	2	Investments - other securities. See Part IV, line			12		
1	3	Investments - program-related. See Part IV, lin	e 11			13	
1	14	Intangible assets		14			
1	15	Other assets. See Part IV, line 11		15			
1	6	Total assets. Add lines 1 through 15 (must ed			772,466.	16	873,472
1	17	Accounts payable and accrued expenses	14,558.	17	6,613		
1	8	Grants payable			18		
1	9	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
- 1	21	Escrow or custodial account liability. Complet				21	
မ္မ 2	22	Loans and other payables to any current or fo					
≜		trustee, key employee, creator or founder, suk					
Liabilities		controlled entity or family member of any of the				22	
2	23	Secured mortgages and notes payable to unre		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrela				24	
2	25	Other liabilities (including federal income tax,	•				
		parties, and other liabilities not included on lin	es 17-24)	. Complete Part X			
		of Schedule D			1/ 550	25	6 612
- 2	26	Total liabilities. Add lines 17 through 25		▶ ▼	14,558.	26	6,613
ဖွ		Organizations that follow FASB ASC 958, c	neck her	e ▶ △			
ءِ ءِ	_	and complete lines 27, 28, 32, and 33.			722 000	0=	0/1 050
를 2	27				732,908.	27	841,859 25,000
8 2 7	28	Net assets with donor restrictions			23,000.	28	23,000
<u>.</u>		Organizations that do not follow FASB ASC	958, cne	eck nere			
<u>ا</u> ۾		and complete lines 29 through 33.	1-			00	
ş 2	29	Capital stock or trust principal, or current fund				29	
388	30	Paid-in or capital surplus, or land, building, or				30	
-	31	Retained earnings, endowment, accumulated			757,908.	31	866 850
_	32	Total net assets or fund balances			772,466.	32	866,859
3	33	Total liabilities and net assets/fund balances			114,400.	33	873,472

Pai	T 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			08.
2	Total expenses (must equal Part IX, column (A), line 25)	2			73.
3	Revenue less expenses. Subtract line 2 from line 1	3			35.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	75	7,9	08.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7		-1	84.
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	86	6,8	59.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2021)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization ACCESS NOW 26-1695468 INC. Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990) 2021 A0	CCESS NOW	, INC.			26-169	5468 Page 2
Part II Support Schedule for C	Organizations	Described in	•		170(b)(1)(A)(vi)
(Complete only if you checked fails to qualify under the tests			•	n failed to qualify u	inder Part III. If the	organization
Section A. Public Support	listed below, plea	ise complete Part i				
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2019	(a) 2010	(4) 2020	(a) 2021	(f) Total
1 Gifts, grants, contributions, and	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
membership fees received. (Do not						
include any "unusual grants.")						
2 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
3 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions						
by each person (other than a						
governmental unit or publicly						
supported organization) included						
on line 1 that exceeds 2% of the						
amount shown on line 11,						
column (f)						
6 Public support. Subtract line 5 from line 4. Section B. Total Support						
	(-) 0017	(h) 0010	(-) 0010	(4) 0000	(=) 0001	(f) Tatal
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 48 Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources						
9 Net income from unrelated business						
activities, whether or not the						
business is regularly carried on						
10 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities,	etc. (see instruction	ons)			12	
13 First 5 years. If the Form 990 is for the	J		· · · · · · · · · · · · · · · · · · ·		(/(/	
organization, check this box and stop	here					>
Section C. Computation of Public	Support Per	centage				

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))

15 Public support percentage from 2020 Schedule A, Part II, line	e 14	15		%
16a 33 1/3% support test - 2021. If the organization did not che	eck the box on line 13, and line 14 is 33 1/3% or m	ore, c	check this box and	
stop here. The organization qualifies as a publicly supported	l organization		> □	
b 33 1/3% support test - 2020. If the organization did not che	eck a box on line 13 or 16a, and line 15 is 33 1/3%	or m	ore, check this box	
and stop here. The organization qualifies as a publicly suppo	orted organization		> □	
17a 10% -facts-and-circumstances test - 2021. If the organiza	ation did not check a box on line 13, 16a, or 16b, a	nd lir	ne 14 is 10% or more,	
and if the organization meets the facts-and-circumstances tes	st, check this box and stop here. Explain in Part	VI ho	w the organization	
meets the facts-and-circumstances test. The organization qua	alifies as a publicly supported organization		> □	
b 10% -facts-and-circumstances test - 2020. If the organiza	ation did not check a box on line 13, 16a, 16b, or 1	7a, a	nd line 15 is 10% or	
more, and if the organization meets the facts-and-circumstan	ices test, check this box and stop here. Explain in	n Par	t VI how the	
organization meets the facts-and-circumstances test. The org	ganization qualifies as a publicly supported organiz	ation	▶ □	

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2021

14

%

%

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	,,	•				
	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	F20 770	F42 060	200 750	207 505	462 F10	2241692
_	include any "unusual grants.")	538,770.	542,060.	399,758.	397,585.	463,510.	2341683.
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			153,501.	152,034.	155,750.	461,285.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	538,770.	542,060.	553,259.	549,619.	619,260.	2802968.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
С	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						2802968.
	ction B. Total Support	1					
	ndar year (or fiscal year beginning in)	(a) 2017 538,770.	(b) 2018 542,060.	(c) 2019 553, 259.	(d) 2020 549,619.	(e) 2021 619,260.	(f) Total 2802968.
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,032.	6,193.	6,542.	1,754.	1,348.	16,869.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	1,032.	6,193.	6,542.	1,754.	1,348.	16,869.
12	other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	539,802.	548,253.	559,801.	551,373.	620,608.	2819837.
14	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	on,
	check this box and stop here	- 0					>
	ction C. Computation of Publi						00.40
	Public support percentage for 2021 (li		•	.,,		15	99.40 %
	Public support percentage from 2020 etion D. Computation of Inves					16	99.18 %
	•			40 1 (0)		4=	60 %
	Investment income percentage for 20		***			17	.60 % .60 %
	Investment income percentage from 2			un line 14 and line		18	
туа	33 1/3% support tests - 2021. If the						► V
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2020. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	ck this hox and st	on here. The organ	nization qualifies a	s a publicly suppor	rted organization	

Т..

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	•		
	6		
	7		
	7		
	8		
	3		
	9a		
	9b		
	9с		
	10a		
	10b		
_		- 000	

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	-	elow, the governing body of a supported organization?	11a		
b		illy member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
·		in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1	Did th	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or		163	140
•		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
0		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	•		
2		ne organization operate for the benefit of any supported organization other than the supported			
		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,	•		
Sec	supen tion (vised, or controlled the supporting organization. C. Type II Supporting Organizations	2		
000	LIOIT	5. Type it Supporting Organizations		1	·
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
800	the su	upported organization(s). D. All Type III Supporting Organizations	1		
Sec	LIOIT L	5. All Type III Supporting Organizations			l
	D: III			Yes	No
1		ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	-	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
•	-	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
2	•	ganization maintained a close and continuous working relationship with the supported organization(s). ason of the relationship described on line 2, above, did the organization's supported organizations have a			
3	•	icant voice in the organization's investment policies and in directing the use of the organization's			
	•	·			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	2		
Sec	<i>suppo</i> tion E	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations	3		
1 a		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization satisfied the Additions rest. <i>Complete line 2 pelow.</i> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	ام	
2		ties Test. Answer lines 2a and 2b below.	uction	Yes	No
		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of		100	140
u		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organization(s) to which the organization was responsive: If Tes, trief if the triadentity esupported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined			
		nee activities constituted substantially all of its activities.	2a		
h		ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,	u		
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		If the reasons for the organization's position that its supported organization(s) would have engaged in			
			2b		
3		activities but for the organization's involvement. It of Supported Organizations. Answer lines 3a and 3b below.	د.		
		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
	-, 4010	1 163 OF THE SUPPORTED OF GAME AND THE TES OF THE PROVIDE CECANIS IT! AND THE	<u> </u>	\vdash	

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

3b

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ing Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on I	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting orga	inization (see

Schedule A (Form 990) 2021

instructions).

Schedule A (Form 990) 2021

e Excess from 2021

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Employer identification number

Name of the organization

26-1695468 ACCESS NOW, INC.

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v		ed funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose of	conferring
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreat	ion or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form of	of a conservation easement on the last
	day of the tax year.		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	cture 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, rele		
	year ▶		
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
	>		
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and enforcing conservat	ion easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's financial stateme	ents that describes the
	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Otl	her Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement ar	nd balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in fu	rtherance of public
	service, provide in Part XIII the text of the footnote to its finan	cial statements that describes these items	S.
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and b	alance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance 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 trea		
	the following amounts required to be reported under FASB AS		
а	Revenue included on Form 990, Part VIII, line 1	_	
			L .
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2021

132051 10-28-21

Pai	t III	Organizations Maintaining C	ollections of Art	, Histo	orical Tre	asures, o	r Other	Similar	Assets	(contir	nued)	
3	Using	the organization's acquisition, accession	on, and other records	, check	any of the f	ollowing that	make sig	nificant us	se of its			
	collec	ction items (check all that apply):										
а		Public exhibition	d		Loan or exc	hange progra	am					
b		Scholarly research	е		Other							
С		Preservation for future generations										
4	Provi	de a description of the organization's co	ollections and explain	how the	ey further th	ne organizatio	n's exem	ot purpos	e in Part	XIII.		
5		g the year, did the organization solicit o	=		•	-						
	to be	sold to raise funds rather than to be ma	aintained as part of th	e organ	ization's co	llection?				Yes		No
Par	t IV	Escrow and Custodial Arrang	gements. Comple	te if the	organizatio	n answered '	'Yes" on F	orm 990,	Part IV, I	ine 9, or		
		reported an amount on Form 990, Par			_							
1a	Is the	organization an agent, trustee, custodi	an or other intermedia	ary for c	ontributions	s or other ass	ets not in	cluded				
	on Fo	orm 990, Part X?								Yes		No
b		es," explain the arrangement in Part XIII										
										Amoun	t	
С	Begir	nning balance						1c				
d	Addit	ions during the year						1d				
е		butions during the year						1e				
f		ng balance						1f				
2a		ne organization include an amount on Fo						y?		Yes		No
b	If "Ye	es," explain the arrangement in Part XIII.	Check here if the exp	olanatio	n has been	provided on I	Part XIII					
Pai	τV	Endowment Funds. Complete i	f the organization ans	swered	"Yes" on Fo	rm 990, Part	IV, line 10).				
			(a) Current year		rior year	(c) Two year		d) Three ye	ears back	(e) Four	years	back
1a	Begir	nning of year balance										
b		ributions										
С		nvestment earnings, gains, and losses										
d	Gran	ts or scholarships										
е		expenditures for facilities										
	and p	programs										
f	Admi	nistrative expenses										
g		of year balance										
2	Provi	de the estimated percentage of the curr	ent year end balance	(line 1g	, column (a)) held as:						
а	Board	d designated or quasi-endowment		%								
b		anent endowment >										
С			<u>~</u> %									
	The p	percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
За	Are th	nere endowment funds not in the posse	ssion of the organizat	ion that	are held ar	nd administer	ed for the	organizat	tion	_		
	by:										Yes	No
	(i) L	Inrelated organizations								3a(i)		
		lelated organizations								3a(ii)		
b		s" on line 3a(ii), are the related organiza								3b		
4	Desc	ribe in Part XIII the intended uses of the		vment fu	unds.							
Par	t VI	Land, Buildings, and Equipm	ent.									
		Complete if the organization answered	d "Yes" on Form 990,	Part IV	, line 11a. S	ee Form 990	, Part X, li	ne 10.				
		Description of property	(a) Cost or ot	her	(b) Cost	or other	(c) Ac	cumulated	b	(d) Boo	k valu	е
			basis (investm	ent)	basis	(other)	dep	reciation				
1a	Land											
b		ings										
С		ehold improvements				3,844.		3,84				0.
d		oment				6,136.		12,11		-	4,01	18.
е		·			2	4,831.		24,83	1.			0.
Total	ι Δ44 	lines 1a through 1e (Column (d) must o	avial Farm 000 Dart V	/ aalum	n (D) line 1	0-1				_	4.01	18.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 ACCESS NOW,	INC.	26	-1695468 Page
Part VII Investments - Other Securities.	Farm 000 Part IV line	44h Osa Farra 200 Bark V Page 40	
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
	(b) Book value	(C) Method of Valuation. Cost of end	J-01-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B) (C)			
(D)			
(E)			
(F) (G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	l		
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
(1)	(-)	(0)	
(2)			
(3)			
(4)			
(5)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	•		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)	>	
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	1
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			-
(3)			-
(4)			-
(5)			+
(6)			1

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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

(7) (8) (9)

Schedule D (Form 990) 2021

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

► Attach to Form 990.

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

2021

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

ACCESS NOW, INC.

Employer identification number 26-1695468

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			l
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			l
				l
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			l
	organization or a related organization:			
а		4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			l
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			37
		5a		X
b	, , ,	5b		<u> </u>
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			v
		6a		X
b	, , ,	6b		
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			37
_	· · · · · · · · · · · · · · · · · · ·	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			37
_	1	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		i

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

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

	(B) Breakdown of V	V-2 and/or 1099-MISO compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JAMES G. BECKNER (i)	0.	0.	0.	0.	0.	0.	0.
EX. DIR RAM, CCVS, AN,		13,500.	0.	6,109.	16,253.	188,595.	0.
(i)							
(ii)							
(i)							
(ii							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii							
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(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii							
(i) (ii)							
(i)							
(1) (ii)							
(i)							
(1) (ii)							

Page 2

Schedule J (Form 990) 2021

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

SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Open to Public ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Inspection

Internal Revenue Service Name of the organization

> ACCESS NOW INC.

Employer identification number 26-1695468

OMB No. 1545-0047

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: UNINSURED RESIDENTS OF THE GREATER RICHMOND METROPOLITAN AREA. WE CONNECT THE CARE RECEIVED IN A SAFETY-NET CLINIC OR HEALTH SYSTEM WITH DONATED PHYSICIAN CARE IN A COORDINATED REFERRAL PROGRAM.

FORM 990, PART VI, SECTION A, LINE 6:

THE RICHMOND ACADEMY OF MEDICINE, THE ORGANIZATION HAS ONE MEMBER, INC.

FORM 990, PART VI, SECTION A, LINE 7A:

ACCESS NOW NOMINATES DIRECTORS SUBJECT TO AN ELECTION AT THE ANNUAL MEETING OF THE MEMBER OF THE CORPORATION.

FORM 990, PART VI, SECTION A, LINE 7B:

THE BYLAWS PROVIDE FOR CERTAIN RESERVED POWERS FOR THE SOLE MEMBER OF THE CORPORATION INCLUDING APPROVAL OR ADOPTION OF AMENDMENTS TO THE ARTICLES OF INCORPORATION, MERGER OR CONSOLIDATION OF THE CORPORATION, AMENDMENTS TO ANNUAL AND CAPITAL BUDGETS, INCURRENCE OF DEBT, APPOINTMENT AND REMOVAL OF BOARD MEMBERS, DISPOSITION OR TRANSFER OF ASSETS OF THE CORPORATION, AND OTHER MATTERS.

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

THE FINANCE COMMITTEE OF ACCESS NOW RECEIVES THE DRAFT FILING IN SUFFICIENT TO REVIEW AND MAKE ANY CHANGES BEFORE THE ACTUAL FILING IS DONE. THE FULL BOARD OF ACCESS NOW RECEIVES AN APPROVED COPY OF THE 990 BEFORE FILING.

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2

Name of the organization **Employer identification number** 26-1695468 ACCESS NOW, INC. FORM 990, PART VI, SECTION B, LINE 12C: EACH BOARD MEMBER IS REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT ANNUALLY. FORM 990, PART VI, SECTION B, LINE 15: IN 2011, AN INDEPENDENT STUDY OF THE COMPENSATION PAID AND CLASSIFICATION OF EVERY POSITION IN ACCESS NOW WAS CONDUCTED. THIS CONSTITUTED A THIRD-PARTY REVIEW OF COMPENSATION FOR ALL JOB GROUPS. COMPENSATION COMPARABILITY DATA FOR ALL POSITIONS WAS RECEIVED AND REVIEWED BY A COMPENSATION-SETTING BODY COMPOSED OF MEMBERS OF THE BOARD OF DIRECTORS. THE COMPARABILITY DATA USED WAS BASED ON INDUSTRY SURVEYS, DOCUMENTED COMPENSATION OF PERSONS HOLDING SIMILAR POSITIONS IN SIMILAR ORGANIZATIONS, EXPERT COMPENSATION STUDIES, AND OTHER COMPARABLE DATA. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION PROVIDES FORMS 1023 AND 990 TO ANYONE WHO REQUESTS TO SEE THE DOCUMENTS AND FORM 990 IS POSTED ON THE ACCESS NOW WEBSITE. THE FORMS ARE AVAILABLE FOR INSPECTION AT AN AGREED UPON TIME. THE ORGANIZATION WILL ALSO PROVIDE POLICIES THAT ARE REQUESTED FOR INSPECTION. FORM 990, PART IX, LINE 11G, OTHER FEES: MANAGEMENT FEE: PROGRAM SERVICE EXPENSES 126,937. MANAGEMENT AND GENERAL EXPENSES 18,702. FUNDRAISING EXPENSES 3,861. 149,500. TOTAL EXPENSES TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 149,500.

Schedule O (Form 990) 2021

Name of the organization ACCESS NOW, INC.	Employer identification number 26-1695468
SCHEDULE R, PART V, LINE 2, (1) (D)	
ALLOCATION IS BASED UPON SERVICES PROVIDED FOR ACCOUNTING,	FINANCIAL
MANAGEMENT, ADMINSTRATIVE SUPPORT INCLUDING HUMAN RESOURCE	S AND
PAYROLL, PUBLIC RELATIONS AND MARKETING, AND EXECUTIVE DIR	ECTOR'S
OVERSIGHT IN ADDITION TO ACTUAL COSTS OF PERSONNEL ASSIGNE	D TO
ORGANIZATION.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

26-1695468

Part I Identification of Disregarded Entities. Complete	te if the organization answered "Yes"	on Form 990, Part IV, line 33	3.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) Total inco	me End-of-year		(f) t controllin entity	ng
	-						
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization a	nswered "Yes" on Form 990), Part IV, line 34, b	pecause it had one	or more related tax-e	kempt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	con er	(g) 512(b)(13) atrolled atity?
RICHMOND ACADEMY OF MEDICINE, INC 54-0356395, 2821 EMERYWOOD PARKWAY, SUITE	PROMOTE SCIENCE & PRACTICE			301(0)(3))		Yes	No

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

ACCESS NOW,

INC.

OF MEDICINE

CREDENTIALING

PLANNING

PROVIDE CENTRALIZED

PROMOTING AWARENESS OF

ADVANCE CARE PLANNING

ENCOURAGE AND IMPLEMENT

THOUGHTFUL ADVANCE CARE

Schedule R (Form 990) 2021

N/A

RICHMOND ACADEMY

OF MEDICINE, INC.

RICHMOND ACADEMY

OF MEDICINE, INC.

RICHMOND ACADEMY

OF MEDICINE, INC.

X

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Х

RICHMOND, VA 23294

200 RICHMOND VA 23294

200 RICHMOND VA 23294

CENTRALIZED CREDENTIALS VERIFICATION
SERVICE, INC. - 54-2004980, 2821 EMERYWOOD

RICHMOND ACADEMY OF MEDICINE TRUST 51-0160045, 2821 EMERYWOOD PARKWAY, SUITE

2821 EMERYWOOD PARKWAY, SUITE 200

PARKWAY, SUITE 200, RICHMOND, VA 23294

HONORING CHOICES VIRGINIA, INC. - 83-2503091

VIRGINIA

VIRGINIA

VIRGINIA

VIRGINIA

501(C)(6)

501(C)(6)

501(C)(3)

501(C)(3)

LINE 8

LINE 7

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	rect controlling Predominant income Share of total Share of Dispressionate Code V		Dienroportionata		Code V-UBI	General c	Percentage	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	<u> </u>
	1										
	1										
	1										
	1										
	1			1					1		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	tion b)(13) rolled tity?
RICHMOND ACADEMY OF MEDICINE SERVICES CORPORATION - 54-1401064, 2821 EMERYWOOD PARKWAY, SUITE 200, RICHMOND, VA 23294	MEDICAL MANAGEMENT SERVICES		RICHMOND ACADEMY OF MEDICINE, INC.	C CORP	0.	0.		res	X
	-								

Page 3

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity **b** Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)				1c		X	
d Loans or loan guarantees to or for related organization(s)				1d		X	
e Loans or loan guarantees by related organization(s)				1e		X	
f Dividends from related organization(s)				1f		_X_	
g Sale of assets to related organization(s)				1g		_X_	
h Purchase of assets from related organization(s)				1h		X	
i Exchange of assets with related organization(s)				1i		X	
j Lease of facilities, equipment, or other assets to related organization(s)				1j		_X_	
k Lease of facilities, equipment, or other assets from related organization(s)				1k	X		
I Performance of services or membership or fundraising solicitations for related organ				11		_X	
m Performance of services or membership or fundraising solicitations by related organ	nization(s)			1m		X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization	ion(s)			1n	X		
Sharing of paid employees with related organization(s)				10	X		
p Reimbursement paid to related organization(s) for expenses				1 p	X		
q Reimbursement paid by related organization(s) for expenses							
r Other transfer of cash or property to related organization(s)				1r		X	
s Other transfer of cash or property from related organization(s)				1s		X	
2 If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered re	elationships and transaction thresholds.				
(a) Name of related organization	(b)	(c)	(d)				
Name of related organization	Transaction	Amount involved	Method of determining amount in	olved			
	type (a-s)						
DIGINIONE LOLDENIN OF MEDICANE. THE		402 000					
(1) RICHMOND ACADEMY OF MEDICINE, INC.	0	403,200.	SEE SCHEDULE O FOR THE M	ET'H(עכ		
(2)							
(3)							
(4)							
(4)							
(F)							
(5)							
(6)				D /F - :	- 000	0004	
132163 11-17-21	2.0		Schedule	K (Forr	n 990)	2021	

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprotion allocat	por- ate ions?		General manage partner	(k) Al or Percentage ging ownership
	-									
										-
	_							Ochodolo		