

2019 Exempt Org. Return
prepared for:

ACCESS
PO BOX 4666
MEDFORD, OR 97501

**KDP CERTIFIED PUBLIC ACCOUNTANTS, LLP
841 O'HARE PKWY STE 200
MEDFORD, OR 97504
(541) 773-6633**

May 14, 2021

ACCESS
PO BOX 4666
MEDFORD, OR 97501

Dear Laurie:

Your 2019 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Enclosed is your 2019 Oregon Form CT-12. The original should be signed at the bottom of page two. Please include a copy of your Federal form 990 and its accompanying schedules, the auditor's report, and a check in the amount of \$848.00 made payable to the Oregon Department of Justice. Mail your Form CT-12 on or before May 17, 2021 to:

OREGON DEPARTMENT OF JUSTICE
CHARITABLE ACTIVITIES SECTION
100 SW MARKET ST
PORTLAND, OR 97201-5702

Please be sure to call us if you have any questions.

Sincerely,

A handwritten signature in black ink that reads "Susan St. Range". The signature is written in a cursive, flowing style.

SUSAN E. ST.RANGE, CPA

ACCESS

93-0665396

	2019	2018	DIFF
REVENUE			
CONTRIBUTIONS AND GRANTS.....	19,598,928	17,189,672	2,409,256
PROGRAM SERVICE REVENUE.....	561,144	507,107	54,037
INVESTMENT INCOME.....	49,366	45,794	3,572
OTHER REVENUE.....	354,569	189,370	165,199
TOTAL REVENUE.....	20,564,007	17,931,943	2,632,064
EXPENSES			
GRANTS AND SIMILAR AMOUNTS PAID.....	9,977,781	9,214,588	763,193
SALARIES, OTHER COMPEN., EMP. BENEFITS...	4,183,222	3,699,559	483,663
OTHER EXPENSES.....	4,932,615	4,890,864	41,751
TOTAL EXPENSES.....	19,093,618	17,805,011	1,288,607
NET ASSETS OR FUND BALANCES			
REVENUE LESS EXPENSES.....	1,470,389	126,932	1,343,457
TOTAL ASSETS AT END OF YEAR.....	11,798,757	9,503,298	2,295,459
TOTAL LIABILITIES AT END OF YEAR.....	1,866,441	1,225,608	640,833
NET ASSETS/FUND BALANCES AT END OF YEAR.	9,932,316	8,277,690	1,654,626

2019

GENERAL INFORMATION

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93-0665396

FORMS NEEDED FOR THIS RETURN

FEDERAL: 990, SCH A, SCH B, SCH D, SCH G, SCH I, SCH J, SCH M, SCH O, SCH R
8868

CARRYOVERS TO 2020

NONE

SPECIAL EVENTS WORKSHEET

<u>SPECIAL EVENT</u>	<u>GROSS RECEIPTS</u>	<u>LESS CONTRI-BUTIONS</u>	<u>GROSS REVENUE</u>	<u>LESS DIRECT EXPENSES</u>	<u>NET INCOME OR LOSS</u>
COMMUNITY FUNDRAISERS	\$ 103,813.	\$ 135.	\$ 103,678.	\$ 3,254.	\$ 100,424.
OFB DONATION PASS THROUGH	85,778.	0.	85,778.	10,664.	75,114.
SUBTOTAL	\$ 189,591.	\$ 135.	\$ 189,456.	\$ 13,918.	\$ 175,538.
MAYORS UNITED	76,711.	250.	76,461.	18,777.	57,684.
GOLF TOURNAMENT	39,950.	0.	39,950.	2,020.	37,930.
SENIOR FAIR	15,700.	0.	15,700.	3,740.	11,960.
OTHER EVENTS	12,717.	0.	12,717.	1,110.	11,607.
GREYSTONE EVENT	12,041.	0.	12,041.	1,299.	10,742.
*SUBTOTAL	\$ 157,119.	\$ 250.	\$ 156,869.	\$ 26,946.	\$ 129,923.
TOTAL	\$ 346,710.	\$ 385.	\$ 346,325.	\$ 40,864.	\$ 305,461.

*EVENTS COMBINED ON THE RETURN AS THE THIRD EVENT.

**FORM 990, PART III, LINE 4E
PROGRAM SERVICES TOTALS**

	<u>PROGRAM SERVICES TOTAL</u>	<u>FORM 990</u>	<u>SOURCE</u>
TOTAL EXPENSES	17,494,578.	17,494,578.	PART IX, LINE 25, COL. B
GRANTS	9,977,781.	9,977,781.	PART IX, LINES 1-3, COL. B
REVENUE	171,569.	561,144.	PART VIII, LINE 2, COL. A

**FORM 990, PART IX, LINE 24E
OTHER EXPENSES**

	(A) <u>TOTAL</u>	(B) <u>PROGRAM SERVICES</u>	(C) <u>MANAGEMENT & GENERAL</u>	(D) <u>FUNDRAISING</u>
LESS: REPORTED ON SCH G	-40,864.			-40,864.
TOTAL	\$ -40,864.	\$ 0.	\$ 0.	\$ -40,864.

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning 7/01, 2019, and ending 6/30, 2020▶ **Do not send to the IRS. Keep for your records.**▶ **Go to www.irs.gov/Form8879EO for the latest information.****2019**Department of the Treasury
Internal Revenue Service

Name of exempt organization

Employer identification number

ACCESS93-0665396

Name and title of officer

J. R. WHEELERCHAIRMAN**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1 a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1 b <u>20,564,007.</u>
2 a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2 b _____
3 a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3 b _____
4 a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4 b _____
5 a Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5 b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize KDP CERTIFIED PUBLIC ACCOUNTANTS, LLP to enter my PIN 11740 as my signature

ERO firm name

Enter five numbers, but
do not enter all zeros

on the organization's tax year 2019 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 of the organization, I will enter my PIN as my signature on the organization's tax year 2019 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 PIN on the return's disclosure consent screen.

Officer's signature ▶ _____

Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN

93015710319

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization 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 ▶ Susan St. RangeDate ▶ 5/15/2021

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

BAA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

**Application for Automatic Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-0047

► **File a separate application for each return.**
 ► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
	ACCESS	93-0665396
	Number, street, and room or suite number. If a P.O. box, see instructions.	
	PO BOX 4666	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	MEDFORD, OR 97501	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► LAURIE MCKENZIE-CARTER

Telephone No. ► (541) 779-6691 Fax No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ► ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ► ☐. If it is for part of the group, check this box ... ► ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 5/15, 20 21, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☐ calendar year 20 ____ or
 ► ☒ tax year beginning 7/01, 20 19, and ending 6/30, 20 20.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2020)

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

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

OMB No. 1545-0047

2019**Open to Public
Inspection****A** For the 2019 calendar year, or tax year beginning 7/01, 2019, and ending 6/30, 2020**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C
ACCESS
PO BOX 4666
MEDFORD, OR 97501**D** Employer identification number

93-0665396

E Telephone number

(541) 779-6691

G Gross receipts \$ 20,604,871.**F** Name and address of principal officer: J.R. WHEELER
SAME AS C ABOVE**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: WWW.ACCESSHELPS.ORG**H(c)** Group exemption number ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1976 **M** State of legal domicile: OR**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO PROVIDE ASSISTANCE TO LOW-INCOME INDIVIDUALS AND FAMILIES.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	11
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	98
	6	Total number of volunteers (estimate if necessary)	6	610
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	17,189,672.	19,598,928.
	9	Program service revenue (Part VIII, line 2g)	507,107.	561,144.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	45,794.	49,366.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	189,370.	354,569.
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,931,943.	20,564,007.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,214,588.	9,977,781.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,699,559.	4,183,222.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 419,980.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,890,864.	4,932,615.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	17,805,011.	19,093,618.
	19	Revenue less expenses. Subtract line 18 from line 12	126,932.	1,470,389.
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)	9,503,298.
21		Total liabilities (Part X, line 26)	1,225,608.	1,866,441.
22		Net assets or fund balances. Subtract line 21 from line 20	8,277,690.	9,932,316.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	J.R. WHEELER Type or print name and title	CHAIRMAN			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	SUSAN E. ST.RANGE, CPA	Susan St. Range	5/15/2021		P00541289
	Firm's name	KDP CERTIFIED PUBLIC ACCOUNTANTS, LLP			Firm's EIN ▶ 93-0745639
	Firm's address	841 O'HARE PKWY STE 200 MEDFORD, OR 97504			Phone no. (541) 773-6633

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:TO PROVIDE ASSISTANCE TO LOW-INCOME INDIVIDUALS AND FAMILIES.**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 7,033,464. including grants of \$ 6,253,307.) (Revenue \$ 64,431.)SEE SCHEDULE O**4b** (Code:) (Expenses \$ 5,270,500. including grants of \$ 1,488,051.) (Revenue \$ 2,450.)SEE SCHEDULE O**4c** (Code:) (Expenses \$ 3,946,401. including grants of \$ 2,230,113.) (Revenue \$)SEE SCHEDULE O**4d** Other program services (Describe on Schedule O.) SEE SCHEDULE O(Expenses \$ 1,244,213. including grants of \$ 6,310.) (Revenue \$ 104,688.)**4e** Total program service expenses 17,494,578.

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)? <i>If 'Yes,' complete Schedule A.</i>	1	X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</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? <i>If 'Yes,' complete Schedule C, Part II.</i>	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 Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III.</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I.</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? <i>If 'Yes,' complete Schedule D, Part II.</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>	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? <i>If 'Yes,' complete Schedule D, Part IV.</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i>	11a	X
b Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i>	11b	X
c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII.</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX.</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i>	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI and XII.</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
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? <i>If 'Yes,' complete Schedule F, Parts I and IV.</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If 'Yes,' complete Schedule F, Parts II and IV.</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV.</i>	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? <i>If 'Yes,' complete Schedule G, Part I (see instructions).</i>	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? <i>If 'Yes,' complete Schedule G, Part II.</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i>	20a	X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	21	X

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? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>	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? <i>If 'Yes,' complete Schedule J.</i>	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? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
25b 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? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
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% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
b A family member of any individual described in line 28a? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		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? <i>If 'Yes,' complete Schedule R, Part I.</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b 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)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V. ☐

	Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	141	
1 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 98		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a		X
b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O. 3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a		X
b If 'Yes,' enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c 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).		
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
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year. 7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8		
9 Sponsoring organizations maintaining donor advised funds.		
a 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:		
a Initiation fees and capital contributions included on Part VIII, line 12. 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders. 11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
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. 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? 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. 13b		
c Enter the amount of reserves on hand 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. 14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15		X
If 'Yes,' see instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16		X
If 'Yes,' complete Form 4720, Schedule O.		

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI. ☒ **X**

Section A. Governing Body and Management

	Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year. 1 a 11 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b Enter the number of voting members included on line 1a, above, who are independent. 1 b 11		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
7 a 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?	7 a	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?	7 b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8 a	X
b Each committee with authority to act on behalf of the governing body?	8 b	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

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10 a Did the organization have local chapters, branches, or affiliates?	10 a	X
b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b	
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.	12 a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. SEE SCHEDULE O	12 c	X
13 Did the organization have a written whistleblower policy?	13	X
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?		
a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O	15 a	X
b Other officers or key employees of the organization.	15 b	X
If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).		
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a	X
b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16 b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ☐ OR ☐

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 only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☒ Other (explain on Schedule O) SEE SCH. O

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O

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

Laurie Mckenzie-Carter PO BOX 4666 MEDFORD OR 97501 (541) 779-6691

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1 a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PAMELA NORR EXECUTIVE DIR.	40 0			X				111,608.	0.	39,396.
(2) ERIC FOSTER TREASURER	0 0	X		X				0.	0.	0.
(3) KATHY SPERLE DIRECTOR	0 0	X						0.	0.	0.
(4) BRAD EARL DIRECTOR	0 0	X						0.	0.	0.
(5) JULIE BROWN CHAIR	0 0	X		X				0.	0.	0.
(6) DENNIE CONRAD DIRECTOR	0 0	X						0.	0.	0.
(7) MICHAEL ZAROSINSKI DIRECTOR	0 0	X						0.	0.	0.
(8) CATHIE DAVIS PAST-CHAIR	0 0	X		X				0.	0.	0.
(9) LILIA CABALLERO DIRECTOR	0 0	X						0.	0.	0.
(10) J.R. WHEELER VICE CHAIR	0 0	X		X				0.	0.	0.
(11) JONATHAN BILDEN SECRETARY	0 0	X		X				0.	0.	0.
(12) DANIEL BUNN DIRECTOR	0 0	X						0.	0.	0.
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) _____	_____									
(16) _____	_____									
(17) _____	_____									
(18) _____	_____									
(19) _____	_____									
(20) _____	_____									
(21) _____	_____									
(22) _____	_____									
(23) _____	_____									
(24) _____	_____									
(25) _____	_____									

1 b Subtotal 111,608. 0. 39,396.

c Total from continuation sheets to Part VII, Section A 0. 0. 0.

d Total (add lines 1b and 1c) 111,608. 0. 39,396.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If 'Yes,' complete Schedule J for such individual.*

	Yes	No
3		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If 'Yes,' complete Schedule J for such individual.*

4	X	
----------	---	--

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If 'Yes,' complete Schedule J for such person.*

5		X
----------	--	---

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
S&B JAMES CONSTRUCTION MANAGEMENT CO 8425 AGATE RD WHITE CITY, OR 97	CONSTRUCTION MANAGEMENT	622,980.
SOUTHERN OREGON INSULATION 402 SIERRA LODGE DR GRANTS PASS, OR 97527	WEATHERIZATION	604,725.
ALL PHASE WEATHERIZATION & CONSTRUCTION PO BOX 966 EAGLE POINT, OR 9	WEATHERIZATION	455,289.
EXPRESS EMPLOYMENT PROFESSIONALS PO BOX 844277 LOS ANGELES, CA 90084	TEMP EMPLOYEES	178,921.
CAVEMAN HEATING & AIR CONDITIONING, INC 1010 SE MILBANK GRANTS PASS,	WEATHERIZATION	159,504.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **5**

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c 385.				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e 11,687,539.				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 7,911,004.				
	g Noncash contributions included in lines 1a-1f	1 g 5,105,344.				
	h Total. Add lines 1a-1f		19,598,928.			
	Program Service Revenue	Business Code				
2 a RENTAL INCOME	531110	392,027.	392,027.			
b PROGRAM INCOME	900099	169,117.	169,117.			
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f		561,144.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		49,366.	49,366.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	6 a				
	b Less: rental expenses	6 b				
	c Rental income or (loss)	6 c				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	7 a				
	b Less: cost or other basis and sales expenses	7 b				
	c Gain or (loss)	7 c				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ 385. of contributions reported on line 1c). See Part IV, line 18	8 a 346,325.				
	b Less: direct expenses	8 b 40,864.				
	c Net income or (loss) from fundraising events		305,461.			305,461.
	9 a Gross income from gaming activities. See Part IV, line 19	9 a				
	b Less: direct expenses	9 b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less	10 a					
b Less: cost of goods sold	10 b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a MISCELLANEOUS	900099	198,539.	198,539.		
	b BARNETT TOWNHOMES LP	531110	-149,431.	-149,431.		
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		49,108.			
12 Total revenue. See instructions		20,564,007.	659,618.	0.	305,461.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	1,789,162.	1,789,162.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	8,188,619.	8,188,619.		
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.	169,004.	140,009.	28,995.	0.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	4,014,218.	3,060,781.	669,664.	283,773.
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):				
a Management.				
b Legal.				
c Accounting.				
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	3,147,414.	2,952,496.	189,273.	5,645.
12 Advertising and promotion.	45,832.	20,213.	13,442.	12,177.
13 Office expenses.	265,944.	139,340.	68,317.	58,287.
14 Information technology.				
15 Royalties.				
16 Occupancy.	779,540.	632,739.	128,111.	18,690.
17 Travel.	49,705.	45,090.	4,615.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.	22,326.	22,326.		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	191,691.	175,281.	16,410.	
23 Insurance.	46,297.	33,764.	12,003.	530.
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 O.)				
a <u>NON-CASH GOODS, EQUIPMENT</u>	263,596.	189,968.		73,628.
b <u>VEHICLE EXPENSES</u>	94,887.	83,742.	11,145.	
c <u>TAXES & LICENSES</u>	43,279.	10,657.	25,720.	6,902.
d <u>MISCELLANEOUS</u>	22,968.	10,391.	11,365.	1,212.
e All other expenses.	-40,864.			-40,864.
25 Total functional expenses. Add lines 1 through 24e.	19,093,618.	17,494,578.	1,179,060.	419,980.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X. ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash — non-interest-bearing	1,307,752.	1	2,842,535.
	2 Savings and temporary cash investments	142,639.	2	143,726.
	3 Pledges and grants receivable, net	957,203.	3	1,057,924.
	4 Accounts receivable, net	40,230.	4	73,653.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	1,503,448.	7	1,541,003.
	8 Inventories for sale or use	54,462.	8	241,218.
	9 Prepaid expenses and deferred charges	69,433.	9	10,638.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,945,907.		
	b Less: accumulated depreciation	10b 2,493,062.		
		5,009,224.	10c	5,452,845.
	11 Investments — publicly traded securities		11	
	12 Investments — other securities. See Part IV, line 11		12	
	13 Investments — program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	418,907.	15	435,215.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	9,503,298.	16	11,798,757.	
Liabilities	17 Accounts payable and accrued expenses	621,151.	17	756,046.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	522,737.	23	1,110,395.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	81,720.	25	
	26 Total liabilities. Add lines 17 through 25	1,225,608.	26	1,866,441.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/>			
	and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	7,340,210.	27	7,869,077.
	28 Net assets with donor restrictions	937,480.	28	2,063,239.
	Organizations that do not follow FASB ASC 958, check here ▶ <input type="checkbox"/>			
	and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	8,277,690.	32	9,932,316.	
33 Total liabilities and net assets/fund balances	9,503,298.	33	11,798,757.	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI. ☒ X

1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,564,007.
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,093,618.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,470,389.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,277,690.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O). SEE SCHEDULE O	9	184,237.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	9,932,316.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII. ☒ X

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		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:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
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:		
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c 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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. SEE SCHEDULE O		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

SCHEDULE A
(Form 990 or 990-EZ)

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

2019

**Open to Public
Inspection**

Name of the organization

ACCESS

Employer identification number

93-0665396

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ 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: _____
- 5 ☐ 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)**.
- 7 ☒ 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.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ 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 university: _____
- 10 ☐ 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **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.**
- 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.**
- 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.**
- d ☐ **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.**
- e ☐ 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.
- f Enter the number of supported organizations: _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	14248528.	15259718.	14958613.	17189672.	19598928.	81,255,459.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	14248528.	15259718.	14958613.	17189672.	19598928.	81,255,459.
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).						0.
6 Public support. Subtract line 5 from line 4.						81,255,459.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4.	14248528.	15259718.	14958613.	17189672.	19598928.	81,255,459.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	53,270.	45,847.	34,686.	45,794.	49,366.	228,963.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.) SEE PART VI	107,225.	711,858.	1,152,190.	842,519.	1,106,393.	3,920,185.
11 Total support. Add lines 7 through 10.						85,404,607.
12 Gross receipts from related activities, etc. (see instructions).					12	0.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)).	14	95.14 %
15 Public support percentage from 2018 Schedule A, Part II, line 14.	15	95.83 %
16a 33-1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
b 33-1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here . Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here . Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
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. ▶ <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization'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. ...						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
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.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. ...						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. ▶ ☐**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)).	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶ ☐**b 33-1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶ ☐**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶ ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If 'Yes,' answer (b) and (c) below.</i>		
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)? <i>If 'Yes,' describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ('foreign supported organization')? <i>If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If 'Yes,' answer (b) and (c) 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).</i>		
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? <i>If 'Yes,' provide detail in Part VI.</i>		
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? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If 'Yes,' provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If 'Yes,' provide detail in Part VI.</i>		
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)? <i>If 'Yes,' answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI .	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

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

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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		

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 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 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

BAA

Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**Section D – Distributions**

	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)

	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

BAA

Schedule A (Form 990 or 990-EZ) 2019

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

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2019	2018	2017	2016	2015
MISCELLANEOUS	\$ 198,539.	\$ 66,555.	\$ 153,910.	\$ 104,998.	\$ 107,225.
PROGRAM INCOME	169,117.	185,816.	412,322.	322,918.	
RENTAL INCOME	392,027.	321,291.	323,525.	303,674.	
FUNDRAISING INCOME	346,710.	254,809.	247,932.	-28,782.	
GAMING INCOME		14,048.	14,501.	9,050.	
TOTAL	<u>\$1,106,393.</u>	<u>\$ 842,519.</u>	<u>\$1,152,190.</u>	<u>\$ 711,858.</u>	<u>\$ 107,225.</u>

Schedule B**(Form 990, 990-EZ,
or 990-PF)**Department of the Treasury
Internal Revenue Service**Schedule of Contributors**► **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
► **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2019

Name of the organization

ACCESS

Employer identification number

93-0665396

Organization type (check one):**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

Form 990-PF

☐ 527 political organization☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

Special Rules

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

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

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

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

Name of organization

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Employer identification number

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	OREGON FOOD BANK PO BOX 55370 PORTLAND, OR 97238	\$ 2,594,414.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	BIMBO BAKERIES 717 ERHMAN WAY MEDFORD, OR 97501	\$ 661,089.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	COSTCO 3075 HAMRICK ROAD CENTRAL POINT, OR 97502	\$ 521,346.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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Employer identification number

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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	FOOD COMMODITIES	\$ 2,594,414.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	FOOD COMMODITIES	\$ 661,089.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	FOOD COMMODITIES	\$ 521,346.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

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Employer identification number

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Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ N/A
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

BAA

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

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

2019**Open to Public
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

	(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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2 a
b Total acreage restricted by conservation easements	2 b
c Number of conservation easements on a certified historic structure included in (a)	2 c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2 d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1. ► \$

(ii) Assets included in Form 990, Part X. ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1. ► \$

b Assets included in Form 990, Part X. ► \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange program

e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance.....	1 c
d Additions during the year.....	1 d
e Distributions during the year.....	1 e
f Ending balance.....	1 f

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. ☐

Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance.....	256,876.	251,644.	230,673.	205,068.	212,373.
b Contributions.....					
c Net investment earnings, gains, and losses.....	-10,631.	5,232.	23,142.	27,459.	-6,281.
d Grants or scholarships.....					
e Other expenditures for facilities and programs.....				0.	
f Administrative expenses.....			2,171.	1,854.	1,024.
g End of year balance.....	246,245.	256,876.	251,644.	230,673.	205,068.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ _____ %

b Permanent endowment ▶ _____ %

c Term endowment ▶ _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations.....

(ii) Related organizations.....

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?.....

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land.....		1,582,848.		1,582,848.
b Buildings.....		5,014,866.	1,321,613.	3,693,253.
c Leasehold improvements.....				
d Equipment.....		1,348,193.	1,171,449.	176,744.
e Other.....				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.).....				5,452,845.

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Schedule D (Form 990) 2019

Part VII Investments – Other Securities.

N/A

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

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

Part VIII Investments – Program Related.

N/A

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ..		

Part IX Other Assets.

N/A

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)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 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. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2 a	
b	Donated services and use of facilities	2 b	
c	Recoveries of prior year grants	2 c	
d	Other (Describe in Part XIII.)	2 d	
e	Add lines 2 a through 2 d	2 e	
3	Subtract line 2 e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b.	4 a	
b	Other (Describe in Part XIII.)	4 b	
c	Add lines 4 a and 4 b	4 c	
5	Total revenue. Add lines 3 and 4 c . (This must equal Form 990, Part I, line 12.)	5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2 a	
b	Prior year adjustments	2 b	
c	Other losses	2 c	
d	Other (Describe in Part XIII.)	2 d	
e	Add lines 2 a through 2 d	2 e	
3	Subtract line 2 e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b.	4 a	
b	Other (Describe in Part XIII.)	4 b	
c	Add lines 4 a and 4 b	4 c	
5	Total expenses. Add lines 3 and 4 c . (This must equal Form 990, Part I, line 18.)	5	

Part XIII Supplemental Information.

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

PART X - FASB ASC 740 FOOTNOTE

THE ORGANIZATION IS A NON-PROFIT ENTITY EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES ON RELATED ACTIVITIES. NO PROVISION HAS BEEN MADE IN THE ACCOMPANYING CONSOLIDATED STATEMENT OF ACTIVITIES. THE ORGANIZATION RECOGNIZES THE TAX BENEFIT FROM UNCERTAIN TAX POSITIONS ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITIONS WILL BE SUSTAINED ON EXAMINATION BY THE TAX AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFIT IS MEASURED BASED ON THE LARGEST

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Schedule D (Form 990) 2019

Part XIII Supplemental Information *(continued)*

PART X - FASB ASC 740 FOOTNOTE (CONTINUED)

BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE ORGANIZATION RECOGNIZES INTEREST AND PENALTIES RELATED TO INCOMET TAX MATTERS AS OPERATING EXPENSES.

AT JUNE 30, 2020, THERE WERE NO UNCERTAIN TAX POSITIONS.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

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Employer identification number

93-0665396

Part I Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☒ Special fundraising events

d ☐ In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No

b If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total.....▶						0.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

OR

Part II Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 COMMUNITY FUND (event type)	(b) Event #2 OFB DONATION P (event type)	(c) Other events 5 (total number)	(d) Total events (add column (a) through column (c))
	1 Gross receipts	103,813.	85,778.	157,119.	346,710.
	2 Less: Contributions	135.		250.	385.
	3 Gross income (line 1 minus line 2)	103,678.	85,778.	156,869.	346,325.
DIRECT EXPENSES	4 Cash prizes		10,664.		10,664.
	5 Noncash prizes				
	6 Rent/facility costs			3,021.	3,021.
	7 Food and beverages			32.	32.
	8 Entertainment				
	9 Other direct expenses	3,254.		23,893.	27,147.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				40,864.
	11 Net income summary. Subtract line 10 from line 3, column (d)				305,461.

Part III Gaming. Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If 'No,' explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If 'Yes,' explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|-------------|---|
| a The organization's facility | 13 a | % |
| b An outside facility | 13 b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If 'Yes,' enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE I
(Form 990)Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019**Open to Public
Inspection**

Name of the organization

Employer identification number

ACCESS

93-0665396

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) HEARTS WITH A MISSION 521 EDWARDS STREET MEDFORD, OR 97504	20-8678122		15,000.	0.			SUPPORT FOR SHELTERING
(2) ROGUE VALLEY VETERANS COMMUN 601 N GRAPE STREET MEDFORD, OR 97501	93-0779926		74,076.	0.			SUPPORT FOR VETERANS
(3) UNITED COMMUNITY ACTION NETWO 280 KENNETH FORD DR ROSEBURG, OR 97470	93-0587136		511,206.	0.			SUPPORT FOR VETERANS & FAMILIES
(4) OREGON COST COMMUNITY ACTION PO BOX 899 COOS BAY, OR 97420	93-0547036		483,530.	0.			SUPPORT FOR VETERANS & FAMILIES
(5) ROGUE RETREAT 711 E MAIN STREET #25 MEDFORD, OR 97504	93-1261998		215,526.	0.			SUPPORT FOR SHELTERING
(6) MASLOW PROJECT 500 MONROE ST MEDFORD, OR 97501	27-0734969		160,102.	0.			SUPPORT FOR SHELTERING & OUTREACH
(7) OPTIONS FOR HELPING RESIDENTS PO BOX 1133 ASHLAND, OR 97520	61-1693223		246,189.	0.			OUT OF THE COLD
(8) ROGUE VALLEY FOOD SYS NETWORK PO BOX 1255 MEDFORD, OR 97501	93-1226444		17,821.	0.			IMPROVEMENT OF FOOD ENVIRONMENT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 10
- 3 Enter total number of other organizations listed in the line 1 table 0

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

TEEA3901L 07/10/19

Schedule I (Form 990) (2019)

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 ENERGY ASSISTANCE	13,039	1,205,785.		FMV	
2 SHELTER ASSISTANCE	1,753	483,632.		FMV	
3 EMERGENCY ASSISTANCE	7,676	263,716.		FMV	
4 FOOD ASSISTANCE & FOOD CONTRIBUTION	38,178	193,106.	6,042,380.	EST VALUE, INDUSTRY-BASED	COMMODITIES
5					
6					
7					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.**PART IV - ADDITIONAL SUPPLEMENTAL INFORMATION**

PROCEDURES HAVE BEEN IMPLEMENTED TO DETERMINE THE ELIGIBILITY OF PROGRAM

PARTICIPANTS FOR ALL GRANT FUNDED PROGRAMS OPERATED BY THE ORGANIZATION. INTAKE AND

CERTIFICATION OF PARTICIPANT ELIGIBILITY IS DONE BASED UPON THE REQUIREMENTS SET

FORTH BY EACH INDIVIDUAL GRANT FUNDED PROGRAM. EXPENDITURES ARE MONITORED TO ENSURE

COMPLIANCE WITH PROGRAM REQUIREMENTS, BUDGETARY RESTRICTIONS AND ALLOWABILITY.

2019

Continuation Page 1 of 1

Employer identification number	
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93-0665396

[illegible]

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

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

OMB No. 1545-0047

2019

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Inspection**

ACCESS

Employer identification number

93-0665396

Part I Questions Regarding Compensation

1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

☐ First-class or charter travel

☐ Housing allowance or residence for personal use

☐ Travel for companions

☐ Payments for business use of personal residence

☐ Tax indemnification and gross-up payments

☐ Health or social club dues or initiation fees

☐ Discretionary spending account

☐ Personal services (such as maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain.

1 b

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 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

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

4 a

X

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

4 b

X

c Participate in, or receive payment from, an equity-based compensation arrangement?

4 c

X

If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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:

a The organization?

5 a

X

b Any related organization?

5 b

X

If 'Yes' on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

6 a

X

b Any related organization?

6 b

X

If 'Yes' on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If 'Yes,' describe in Part III.

7

X

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)?
If 'Yes,' describe in Part III.

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

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

Schedule J (Form 990) 2019

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	PAMELA NORR EXECUTIVE DIR.	111,608.	0.	0.	6,414.	32,982.	151,004.	0.
		0.	0.	0.	0.	0.	0.	0.
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								

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 M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

- ▶ **Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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**Open to Public
Inspection**

Name of the organization

ACCESS

Employer identification number

93-0665396

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods			64,467.	
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory	X	3	4,841,596.	\$ PER LB
20 Drugs and medical supplies			142,529.	FAIR VALUE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (ADVERTISING)			33,315.	FAIR VALUE
26 Other ▶ (EVENT PRIZES)			23,437.	FAIR VALUE
27 Other ▶ (.....)				
28 Other ▶ (.....)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If 'Yes,' describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If 'Yes,' describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X
33		

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

Schedule M (Form 990) 2019

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

ACCESS

93-0665396

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

NUTRITION PROGRAMS:

FOOD SHARE - PROVIDES EMERGENCY AND SUPPLEMENTAL FOOD TO THE HUNGRY IN JACKSON COUNTY. FOOD SHARE SUPPLIES TWENTY-FOUR FOOD PANTRIES, OVER 20 SUPPLEMENTAL FOOD PROGRAMS AND OVER 10 RESIDENTIAL FEEDING SITES (I.E. SALVATION ARMY AND DUNN HOUSE) WITH FOOD DONATED THROUGH LOCAL COMMUNITY DONATIONS, OREGON FOOD BANK, AND USDA.

FRESH ALLIANCE - FRESH ALLIANCE RECOVERS MILK, PRODUCE, DAIRY AND FROZEN MEAT FROM AREA GROCERY STORES ON OR BEFORE THE PRODUCT PULL DATE. THIS PRODUCT IS TRANSPORTED IN A REFRIGERATED TRUCK, SORTED, REBOXED AND DISTRIBUTED TO PEOPLE IN NEED ACROSS JACKSON COUNTY.

COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP) - A FEDERAL COMMODITY PROGRAM TARGETING INCOME QUALIFYING SENIORS OVER THE AGE OF 60. COMMODITY FOOD BOXES ARE PROVIDED MONTHLY TO QUALIFYING CLIENTS.

ACCESS FOOD SHARE GARDENS - SEVEN LARGE COMMUNITY GARDENS, RUN BY VOLUNTEERS GROWING HEALTHY PRODUCE FOR ACCESS FOOD PANTRIES AND AGENCIES.

PLANT-A-ROW - LOCAL GARDENERS GROW EXTRA ROWS OF HEALTHY PRODUCE AND DONATE TO ACCESS FOOD PANTRIES AND AGENCIES.

COOKING SKILLS EDUCATION PROGRAM - INSPIRES AND EDUCATES COMMUNITY MEMBERS TO EAT MORE FRESH, LOCAL FRUITS, VEGETABLES AND WHOLE FOODS WITH THE ASSISTANCE OF A GROUP OF TRAINED VOLUNTEERS.

Name of the organization

Employer identification number

ACCESS

93-0665396

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

HEALTHY CORNER STORE INITIATIVE - A COLLABORATIVE PROJECT OF JACKSON COUNTY PUBLIC HEALTH DEPARTMENT, OSU EXTENSION, AND ACCESS TO MAKE HEALTHY FOODS MORE ACCESSIBLE THROUGH NEIGHBORHOOD MARKETS IN OUR COMMUNITY'S FOOD DESERTS.

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

SUPPORT SERVICE PROGRAMS:

ACCESS IS A PARTNER WITH DHS, EMPLOYMENT DIVISION, JACKSON COUNTY HEALTH DEPARTMENT, ON-TRACK, AND AREA SCHOOLS AT VARIOUS SERVICE INTEGRATION SITES IN JACKSON COUNTY.

HOME TENANT BASED ASSISTANCE (HTBA), HOUSING STABILITY PROGRAM (HSP), AND LOW INCOME RENTAL HOUSING FUND (LIRHF) - PROVIDES UP TO TWO YEARS RENTAL SUBSIDY DEPENDING UPON HOUSING NEED IDENTIFIED IN PARTNERSHIP WITH JACKSON COUNTY HOUSING AUTHORITY. THE MAXIMUM AMOUNT OF HOME FUNDS THAT MAY BE PAID FOR A SECURITY DEPOSIT IS NO GREATER THAN THE EQUIVALENT OF TWO MONTHS' RENT FOR THE UNIT.

EMERGENCY SOLUTIONS GRANT (ESG) PROGRAM - THE (ESG) PROVIDES FEDERAL FUNDS TO ASSIST INDIVIDUALS AND FAMILIES TO QUICKLY REGAIN STABILITY IN PERMANENT HOUSING AFTER EXPERIENCING A HOUSING CRISIS OR HOMELESSNESS. ESG FUNDS ARE AVAILABLE FOR FIVE PROGRAM COMPONENTS: STREET OUTREACH, EMERGENCY SHELTER, HOMELESSNESS PREVENTION, RAPID RE-HOUSING ASSISTANCE, AND DATA COLLECTION THROUGH THE HOMELESS MANAGEMENT INFORMATION SYSTEM; AS WELL AS ADMINISTRATIVE ACTIVITIES.

SUPPORT SERVICES FOR VETERAN FAMILIES (SSVF) - THE SSVF PROGRAM ASSISTS VETERANS WHO ARE HOMELESS OR AT-RISK OF HOMELESSNESS END THEIR HOUSING CRISIS AND STABILIZE IN HOUSING. THERE ARE TWO PRIMARY FORMS OF ASSISTANCE: HOMELESSNESS PREVENTION AND RAPID RE-HOUSING

Name of the organization

ACCESS

Employer identification number

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FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

NAVIGATOR PROGRAM: SENIOR & DISABLED - PROVIDES IN-HOME ASSESSMENTS FOR SENIORS OR PERSONS WITH DISABILITIES TO HELP THEM NAVIGATE THROUGH RESOURCES FOR IMPORTANT ISSUES THEY FACE ON A DAY-TO-DAY BASIS INCLUDING REMAINING INDEPENDENT IN THEIR HOMES. COMPANIONS PROVIDE A FRIENDLY VISIT HOMEBOUND SENIORS WHO MAY WANT THAT EXTRA CONNECTION.

ASHLAND COMMUNITY RESOURCE CENTER (ACRC) - PROVIDE HOMELESS, AT-RISK INDIVIDUALS AND FAMILIES RECEIVE ASSISTANCE AND TOOLS TO SUPPORT HOUSING STABILITY. SERVICES PROVIDED AT THE CENTER INCLUDE; CASE MANAGEMENT, SERVICE REFERRALS, RESTROOMS, BACKPACK STORAGE, MAILING ADDRESS, INTERNET ACCESS, PHONE, JOB SEARCH-RELATED PRINTING, HYGIENE SUPPLIES, BUS PASSES, EDUCATION OPPORTUNITIES AND MORE.

FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS

ENERGY AND WEATHERIZATION PROGRAMS:

FEDERAL DEPARTMENT OF ENERGY (DOE), LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP), BONNEVILLE POWER ADMINISTRATION (BPA), AVISTA WEATHERIZATION AND ENERGY CONSERVATION HELPING OREGONIANS (ECHO) ARE ALL WEATHERIZATION PROGRAMS. LOW-INCOME SENIORS, PEOPLE WITH DISABILITIES AND HOUSEHOLDS WHO HAVE RECEIVED SHUT OFF NOTICES.

LIHEAP - PROVIDES ENERGY ASSISTANCE TO LOW INCOME JACKSON COUNTY RESIDENTS WITH PREFERENCE GIVEN TO SENIORS AND DISABLED INDIVIDUALS.

OREGON ENERGY ASSISTANCE - PROVIDES ASSISTANCE TO ELIGIBLE LOW INCOME HOUSEHOLDS TO OFFSET THE COSTS OF HOME ENERGY FOR PACIFIC POWER AND LIGHT CUSTOMERS ONLY. PRIORITY IS GIVEN TO HOUSEHOLDS WHO HAVE RECEIVED SHUT OFF NOTICES.

LOW INCOME RATEPAYER ASSISTANCE PROGRAM - PROVIDES ASSISTANCE TO ELIGIBLE LOW INCOME

Name of the organization

ACCESS

Employer identification number

93-0665396

FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS

HOUSEHOLDS TO OFFSET THE COSTS OF HOME ENERGY FOR AVISTA CUSTOMERS ONLY. PRIORITY IS GIVEN TO HOUSEHOLDS WHO HAVE RECEIVED SHUT OFF NOTICES.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

HOUSING DEVELOPMENT PROGRAM: DEVELOPMENT - THE ACQUISITION AND NEW CONSTRUCTION OF AFFORDABLE HOUSING FOR LOW-INCOME INDIVIDUALS, FAMILIES, VETERANS, SENIORS AND PEOPLE WITH DISABILITIES.

COMMUNITY SERVICES BLOCK GRANT (CSBG) :

MEDICAL EQUIPMENT LOAN PROGRAM - PROVIDES MEDICAL EQUIPMENT ON LOAN TO SENIOR CITIZENS OR DISABLED PERSONS. THERE IS NO CHARGE FOR THE USE OF THIS EQUIPMENT AND, IT MAY BE USED AS LONG AS THERE IS A NEED FOR IT. HOSPITAL BEDS, WALKERS, CRUTCHES, AND WHEELCHAIRS ARE EXAMPLES OF EQUIPMENT AVAILABLE.

INFORMATION AND REFERRAL - PROVIDES INFORMATION VIA THE TELEPHONE TO PERSONS SEEKING ASSISTANCE. CURRENT INFORMATION REGARDING PROGRAMS OFFERED BY ACCESS IS PROVIDED. INFORMATION REGARDING PROGRAMS OFFERED BY OTHER HUMAN SERVICES AGENCIES IN JACKSON COUNTY IS ALSO AVAILABLE.

COMMUNITY PLANNING - PROVIDES FOR ASSESSMENT OF COMMUNITY WIDE NEEDS IN ORDER TO PROVIDE MORE EFFECTIVE SERVICES AND PROGRAMS. ALSO COORDINATES JACKSON COUNTY'S CONTINUUM OF CARE.

PROGRAM SUPPORT - PROVIDES ADDITIONAL FUNDING TO SUPPORT ADMINISTRATIVE AND PROGRAM COSTS OF OTHER PROGRAMS.

Name of the organization

ACCESS

Employer identification number

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FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

OTHER PROGRAMS: OLSRUD FAMILY NUTRITION CENTER: OPERATION OF A COMMUNITY NUTRITION CENTER USED TO PROVIDE A MEETING FACILITY WITH CATERING OPTIONS TO OTHER AGENCIES IN THE COMMUNITY.

PROPERTY/ASSET MANAGEMENT - ACCESS HAS AN OWNERSHIP INTEREST IN 167 UNITS OF AFFORDABLE RENTAL HOUSING, LOCATED IN JACKSON COUNTY. OF THIS, 134 UNITS ARE MANAGED BY TWO THIRD-PARTY MANAGEMENT COMPANIES WHILE THE REMAINING 33 UNITS ARE SELF-MANAGED. IN ADDITION TO THE SELF-MANAGED UNITS, ACCESS MANAGES ANOTHER 24 UNITS OF HOUSING OWNED BY ASHLAND COMMUNITY LAND TRUST AND THE SOUTHERN OREGON LION'S SIGHT & HEARING CENTER.

HOUSING COUNSELING - PROVIDES PRE AND POST PURCHASE COUNSELING TO PARTICIPANTS ENROLLED IN THE FOLLOWING PROGRAMS; THE OREGON FORECLOSURE AVOIDANCE PROGRAM, NATIONAL FORECLOSURE MITIGATION COUNSELING PROGRAM, REALIZING THE AMERICAN DREAM, E-HOME AMERICA, AND A VARIETY OF DOWN-PAYMENT ASSISTANCE PROGRAMS.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE ORGANIZATION'S INDEPENDENT CPA PROVIDES THE FORM 990 TO THE AGENCY AFTER COMPLETING PREPARATION. A COPY OF THE FORM 990 IS DISTRIBUTED TO ALL OF THE BOARD MEMBERS WHO HAVE A CHANCE TO REVIEW, COMMENT, AND PROPOSE CHANGES BEFORE FILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

ALL EMPLOYEES AND BOARD MEMBERS ARE PROVIDED WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY. THEY ARE REQUIRED TO DISCLOSE ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST. AT LEAST ANNUALLY THE ORGANIZATION REVIEWS COMPLIANCE WITH THE POLICY.

Name of the organization

ACCESS

Employer identification number

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FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

THE EXECUTIVE DIRECTOR'S SALARY IS DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS, WHEREAS THE SALARY FOR THE FINANCE DIRECTOR IS DETERMINED BY THE EXECUTIVE DIRECTOR BASED UPON MARKET COMPENSATION AS DESCRIBED BELOW. IF IT IS DETERMINED THAT THE ORGANIZATION NEEDS TO HIRE OUTSIDE OF THE SALARY RANGES ESTABLISHED, APPROVAL IS REQUIRED FROM THE BOARD OF DIRECTORS. THESE PROCESSES ARE DONE IN COLLABORATION WITH THE HUMAN RESOURCES DIRECTOR. SALARY RANGES ARE IN PLACE FOR ALL OF THESE POSITIONS AND ARE UPDATED ANNUALLY. INDIVIDUAL POSITIONS ARE MARKET PRICED AT LEAST EVERY TWO YEARS USING THE FOLLOWING SURVEYS: THE MBL GROUP, OREGON LABOR MARKET INFORMATION SYSTEM, AND AMERICA'S CAREER INFONET. ACTIONS TO DETERMINE COMPENSATION ARE DOCUMENTED THROUGH THE USE OF AN EXCEL SPREADSHEET.

FORM 990, PART VI, LINE 18 - EXPLANATION OF OTHER MEANS FORMS AVAILABLE FOR PUBLIC INSPECTION

COPIES OF FORM 1023 AND FORM 990 ARE PROVIDED TO THE PUBLIC UPON A WRITTEN OR ORAL REQUEST RECEIVED AT THE ORGANIZATION'S MEDFORD, OREGON OFFICE.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE ORGANIZATION PROVIDES COPIES OF ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS TO ANY WRITTEN OR ORAL REQUEST TO ITS OFFICE IN MEDFORD, OREGON.

**FORM 990, PART IX, LINE 11G
OTHER FEES FOR SERVICES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUND- RAISING
CONTRACTED SERVICES	3,053,390.	2,938,049.	115,341.	
PROFESSIONAL FEES	94,024.	14,447.	73,932.	5,645.
TOTAL	\$ 3,147,414.	\$ 2,952,496.	\$ 189,273.	\$ 5,645.

**FORM 990, PART XI, LINE 9
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

CHANGE IN BENEFICIAL INTERESTS - OCF.....	\$	-2,749.
CHANGE IN PV ON NOTES RECEIVABLE.....		37,555.
NET LOSS FROM PARTNERSHIP.....		149,431.
TOTAL	\$	184,237.

Name of the organization

ACCESS

Employer identification number

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FORM 990, PART XII, LINE 2 - CHANGE OF OVERSIGHT OR SELECTION PROCESS

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

ACCESS

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.

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

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Part I Identification of Disregarded Entities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ACCESS BARNETT, LLC PO BOX 4666 MEDFORD, OR 97501 93-1159818	LIMITED PARTNER IN HOUSING PROJECT	OR	666,143.	2,290,769.	ACCESS
(2) ACCESS - SINGLE-FAMILY, LLC PO BOX 4666 MEDFORD, OR 97501 81-1614225	REGISTERED OWNER OF HOUSING PROJECT	OR	3,600.	298,682.	ACCESS
(3) ACCESS - MULTI-FAMILY, LLC PO BOX 4666 MEDFORD, OR 97501 81-1768280	REGISTERED OWNER OF HOUSING PROJECT	OR	101,441.	1,534,395.	ACCESS

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(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	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) ACCESS DEVELOPMENT CORPORATION PO BOX 4666 MEDFORD, OR 97501 93-1140932	TITLE HOLDING CORP. FOR ACCESS PROPERTY	OR	501 (C) (2)		ACCESS		X
(2)							
(3)							
(4)							

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
SEE PART VII												
(1) BARNETT TOWNHOME 3630 AVIATION WA MEDFORD, OR 9750 93-1159818	LOW INCOME HOUSING	OR	ACCESS BARNETT, LLC		-149,431.	22,908.		X	N/A	X		1.00
(2) CONIFER GARDENS 3630 AVIATION WA MEDFORD, OR 9750 87-0788497	LOW INCOME HOUSING	OR	ACCESS CONIFER GARDE		-2.	156.		X	N/A	X		0.01
(3) ----- ----- -----												

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	(i) Sec 512(b)(13) controlled entity?	
								Yes	No
(1) ----- ----- -----									
(2) ----- ----- -----									
(3) ----- ----- -----									

Part V Transactions With Related Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
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	1 a	X
b Gift, grant, or capital contribution to related organization(s)	1 b	X
c Gift, grant, or capital contribution from related organization(s)	1 c	X
d Loans or loan guarantees to or for related organization(s)	1 d	X
e Loans or loan guarantees by related organization(s)	1 e	X
f Dividends from related organization(s)	1 f	X
g Sale of assets to related organization(s)	1 g	X
h Purchase of assets from related organization(s)	1 h	X
i Exchange of assets with related organization(s)	1 i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1 j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1 k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1 l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1 m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1 n	X
o Sharing of paid employees with related organization(s)	1 o	X
p Reimbursement paid to related organization(s) for expenses	1 p	X
q Reimbursement paid by related organization(s) for expenses	1 q	X
r Other transfer of cash or property to related organization(s)	1 r	X
s Other transfer of cash or property from related organization(s)	1 s	X

2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ACCESS DEVELOPMENT CORPORATION	K	150,150.	FMV
(2) BARNETT TOWNHOMES LIMITED PARTNERSHIP	L	35,265.	FMV
(3)			
(4)			
(5)			
(6)			

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, unre- lated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) ----- ----- -----													
(2) ----- ----- -----													
(3) ----- ----- -----													
(4) ----- ----- -----													
(5) ----- ----- -----													
(6) ----- ----- -----													
(7) ----- ----- -----													
(8) ----- ----- -----													

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART III - PARTNERSHIP FULL NAME, ADDRESS, FEIN

BARNETT TOWNHOMES LIMITED PARTNERSHIP 93-1159818 3630 AVIATION WAY

MEDFORD, OR 97504

CONIFER GARDENS LIMITED PARTNERSHIP 87-0788497 3630 AVIATION WAY

MEDFORD, OR 97504

Form **CT-12****For Oregon Charities**

For Accounting Periods Beginning in:

2019**Charitable Activities Section
Oregon Department of Justice**100 SW Market Street
Portland, OR 97201-5702Email: charitable@doj.state.or.usWebsite: <https://www.doj.state.or.us>

VOICE (971) 673-1880

TTY (800) 735-2900

FAX (971) 673-1882

**Line-by-line instructions for completing the annual
report form can be found on our website.****You can now file reports and
pay by credit card using our
online form at
[https://justice.oregon.gov/
paymentportal/Account/Login](https://justice.oregon.gov/paymentportal/Account/Login)****Section I. General Information**

1.

REGISTRATION #: 11631

ACCESS, INC.

PO BOX 4666

MEDFORD, OR 97501 PHONE: 541-779-6691

Cross Through Incorrect Items and Correct Here:
(See instructions for change of name or accounting period.)

Registration #:

Organization Name:

Address:

City, State, Zip:

Phone:

Email:

Period Beginning:

Fax:

Period Ending:

Amended
Report?☐

2. Did a certified public accountant audit your financial records? - If yes, attach a copy of the auditor's report, financial statements, accompanying notes, schedules, or other documents supplementing the report or financial statements. ☒ Yes ☐ No
3. Is the organization a party to a contract with a fundraising firm that relates to solicitations in Oregon, including in-person, direct mail, advertising, vending machine, telephone, or other solicitations made in Oregon?
If yes, circle the type of campaign(s) above to which the contract(s) relate and write the name of the fundraising firm(s) below:
_____. (If you circled "other," attach an explanation.) ☐ Yes ☒ No
4. Has the organization or any of its officers, directors, trustees, or key employees ever signed a voluntary agreement with any government agency or been a party to legal action in any court or administrative agency regarding charitable solicitation, administration, management, or fiduciary practices? If yes, attach explanation of each such agreement or action. See instructions. ☐ Yes ☒ No
5. During this reporting period, did the organization amend its articles of incorporation, bylaws, or trust documents, OR did the organization receive a determination or revocation letter from the Internal Revenue Service relating to its tax-exempt status? If yes, attach a copy of the amended document or letter. ☐ Yes ☒ No
6. Is the organization ceasing operations and is this the final report? (If yes, see instructions on how to close your registration.) ☐ Yes ☒ No
7. Provide contact information for the person responsible for retaining the organization's records.

Name	Position	Phone	Mailing Address & Email Address
LAURIE MCKENZIE-CARTER	FINANCE DIRECTOR	541-774-4313	PO BOX 4666 MEDFORD, OR 97501 LMCARTER@ACCESSHELPS.COM

8. List of Officers, Directors, Trustees and Key Employees – List each person who held one of these positions at any time during the year even if they did not receive compensation. Attach additional sheets if necessary. If an attached IRS form includes substantially the same compensation information, the phrase "See IRS Form" may be entered in lieu of completing that section. **(Oregon law requires a minimum of three directors for nonprofit public benefit corporations.)**

(A) Name, mailing address, daytime phone number and email address		(B) Title & average weekly hours devoted to position	(C) Compensation (enter \$0 if position unpaid)
Name:	SEE ATTACHED IRS FORM 990		
Address:	_____		
Phone:	_____ Email: _____		
Name:	_____		
Address:	_____		
Phone:	_____ Email: _____		
Name:	_____		
Address:	_____		
Phone:	_____ Email: _____		

Form Continued on Reverse Side

Section II. Fee Calculation

9.	Total Revenue..... (From Line 12 (current year) on Form 990; Line 9 on Form 990-EZ; Part I, Line 12a on Form 990-PF; Line 9 on Form 1041; or see the CT-12 instructions for how to calculate total revenue. Attach explanation if Total Revenue is \$0.)	9.	20,564,007																
10.	Revenue Fee..... (See chart below. Minimum fee is \$20, even if total revenue is a negative amount.)	10.	400																
<table border="1"> <thead> <tr> <th>Amount on Line 9</th> <th>Revenue Fee</th> </tr> </thead> <tbody> <tr> <td>\$0 - \$24,999</td> <td>\$20</td> </tr> <tr> <td>\$25,000 - \$49,999</td> <td>\$50</td> </tr> <tr> <td>\$50,000 - \$99,999</td> <td>\$90</td> </tr> <tr> <td>\$100,000 - \$249,999</td> <td>\$150</td> </tr> <tr> <td>\$250,000 - \$499,999</td> <td>\$200</td> </tr> <tr> <td>\$500,000 - \$999,999</td> <td>\$300</td> </tr> <tr> <td>\$1,000,000 or more</td> <td>\$400</td> </tr> </tbody> </table>				Amount on Line 9	Revenue Fee	\$0 - \$24,999	\$20	\$25,000 - \$49,999	\$50	\$50,000 - \$99,999	\$90	\$100,000 - \$249,999	\$150	\$250,000 - \$499,999	\$200	\$500,000 - \$999,999	\$300	\$1,000,000 or more	\$400
Amount on Line 9	Revenue Fee																		
\$0 - \$24,999	\$20																		
\$25,000 - \$49,999	\$50																		
\$50,000 - \$99,999	\$90																		
\$100,000 - \$249,999	\$150																		
\$250,000 - \$499,999	\$200																		
\$500,000 - \$999,999	\$300																		
\$1,000,000 or more	\$400																		
11.	Net Assets or Fund Balances at End of the Reporting Period..... (From Line 22 (end of year) on Form 990, Line 21 on Form 990-EZ, or Part III, Line 6 on Form 990-PF; or see the CT-12 instructions to calculate. Attach explanation if amount is \$0 or a negative number)	11.	9,932,316																
12.	Net Fixed Assets Used to Conduct Charitable Activities..... (Generally, from Part X, Line 10c on Form 990, Line 23B on Form 990-EZ or Part II, Line 14b on Form 990-PF; or see the CT-12 instructions to calculate. See the CT-12 instructions if organization owns income-producing assets.)	12.	5,452,845																
13.	Amount Subject to Net Assets or Fund Balances Fee..... (Line 11 minus Line 12. If Line 11 minus Line 12 is less than \$50,000, write \$0.)	13.	4,479,471.00																
14.	Net Assets or Fund Balances Fee..... (Line 13 multiplied by .0001. If the fee is less than \$5, enter \$0. Not to exceed \$2,000. Round cents to the nearest whole dollar.)	14.	448																
15.	Are you filing this report late? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No..... (If yes, the late fee is a minimum of \$20. You may owe more depending on how late the report is. See Instruction 15 for additional information or contact the Charitable Activities Section at (971) 673-1880 to obtain late fee amount.)	15.	0																
16.	Total Amount Due..... (Add Lines 10, 14, and 15. Make check payable to the Oregon Department of Justice.)	16.	848																
<p>Attach a copy of the organization's federal 990 or other return and all supporting schedules and attachments that were filed with the IRS, except that Form 990 & 990EZ filers do not need to attach a copy of their Schedule B. Also, if the organization did not file with the IRS or filed a 990-N, but had Total Revenue of \$50,000 or more, or Net Assets or Fund Balances of \$100,000 or more, see the instructions as the organization may be required to complete certain IRS forms for Oregon purposes only. If the attached return was not filed with the IRS, then mark any such return as "For Oregon Purposes Only." If your organization files IRS Form 990-N (e-Postcard) please attach a copy if available.</p>																			

Please Sign Here

Under penalties of perjury, I declare that I am an officer/director of the organization. I have examined this return, including all accompanying forms, schedules, and attachments, and to the best of my knowledge and belief, it is true, correct, and complete.

⇒

Signature of officer

J.R. WHEELER

Officer's name (printed)

Date

PO BOX 4666 MEDFORD, OR 97501

Address

541-779-6691

Phone

CHAIRMAN

Title

Paid Preparer's Use Only

⇒

Preparer's signature

SUSAN E ST. RANGE, CPA

Preparer's name (printed)

5/15/2021

Date

541-773-6633

Phone

KDP CERTIFIED PUBLIC ACCOUNTANTS, LLP

Address 841 O'HARE PKWY STE 200 MEDFORD, OR 97504

Line-by-line instructions for completing the annual report form can be found at <https://www.doj.state.or.us/charitable-activities/annual-reporting-for-charities/file-your-annual-report>. If you click the appropriate link for this year's form, the instructions are included in that document. If you would like us to send a copy of the instructions, please call us at 971-673-1880 or send an email to charitable@doj.state.or.us.

ACCESS

CONSOLIDATED FINANCIAL STATEMENTS

YEAR ENDED JUNE 30, 2020

WITH

INDEPENDENT AUDITOR'S REPORT



Certified Public Accountants, LLP

audit | tax | advisory | wealth management | cfo

ACCESS
CONSOLIDATED FINANCIAL STATEMENTS
Year Ended June 30, 2020
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INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
ACCESS
3630 Aviation Way
Medford, OR 97504

Report on the Consolidated Financial Statements

We have audited the accompanying consolidated financial statements of ACCESS and its subsidiaries (an Oregon nonprofit organization), which comprise the consolidated statement of financial position as of June 30, 2020, and the related consolidated statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the consolidated financial statements (hereunder referred to as the financial statements).

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risks assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of ACCESS as of June 30, 2020, and the changes in its net assets and cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Supplementary and Other Information

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The supplemental functional expense descriptions are presented for purposes of additional analysis and is not a required part of the consolidated financial statements. The accompanying Schedule of Expenditures of Federal Awards is presented for purposes of additional analysis as required by the audit requirements of Title 2 U.S. Code of Federal Regulations (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance), and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The functional expense descriptions and the Schedule of Expenditures of Federal Awards have been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the functional expense descriptions and the Schedule of Expenditures of Federal Awards are fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated March 2, 2021, on our consideration of ACCESS' internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering ACCESS' internal control over financial reporting and compliance.



Mark E. Damon CPA, Managing Partner
KDP Certified Public Accountants, LLP
Medford, Oregon
March 2, 2021

CONSOLIDATED FINANCIAL STATEMENTS

ACCESS

CONSOLIDATED STATEMENT OF FINANCIAL POSITION

June 30, 2020

ASSETS:

Current Assets:

Cash and cash equivalents	\$ 3,146,309
Investments	143,726
Accounts receivable	78,435
Grants and contracts receivable	1,057,924
Inventory	241,218
Prepays	29,023
Assets held for sale	<u>2,240,497</u>

Total Current Assets	<u>6,937,132</u>
-----------------------------	------------------

Property and Equipment:

Land	2,163,322
Buildings and improvements	7,625,675
Equipment and furnishings	728,136
Vehicles	620,057
Accumulated depreciation	<u>(3,715,965)</u>

Property and Equipment, net	<u>7,421,225</u>
------------------------------------	------------------

Other Assets:

Beneficial interests	357,660
Notes receivable, net of present value	1,280,896
Accrued interest receivable	14,478
Restricted deposits and funded reserves	<u>18,640</u>

Total Other Assets	<u>1,671,674</u>
---------------------------	------------------

TOTAL ASSETS	<u><u>\$ 16,030,031</u></u>
---------------------	-----------------------------

ACCESS

CONSOLIDATED STATEMENT OF FINANCIAL POSITION (Continued)

June 30, 2020

LIABILITIES AND NET ASSETS:

Current Liabilities:

Accounts payable	\$ 467,226
Accrued payroll liabilities	219,264
Other current liabilities	34,935
Custodial fund	35,946
Accrued interest payable	42
Unearned revenue	3,502
Liabilities held for sale	2,454,795
Current portion of notes payable	<u>931,955</u>

Total Current Liabilities	<u>4,147,665</u>
----------------------------------	------------------

Long-Term Liabilities:

Notes payable, net of current portion	<u>913,333</u>
---------------------------------------	----------------

Total Long-Term Liabilities	<u>913,333</u>
------------------------------------	----------------

TOTAL LIABILITIES	<u>5,060,998</u>
--------------------------	------------------

Net Assets:

Without Donor Restrictions:

Operating	7,359,437
ACCESS Development Corporation	<u>1,546,357</u>

Total Net Assets Without Donor Restrictions	<u>8,905,794</u>
--	------------------

With Donor Restrictions:

Time and/or purpose	1,705,579
In perpetuity	<u>357,660</u>

Total Net Assets With Donor Restrictions	<u>2,063,239</u>
---	------------------

TOTAL NET ASSETS	<u>10,969,033</u>
-------------------------	-------------------

TOTAL LIABILITIES AND NET ASSETS	<u><u>\$ 16,030,031</u></u>
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ACCESS

CONSOLIDATED STATEMENT OF ACTIVITIES

Year Ended June 30, 2020

	WITHOUT DONOR RESTRICTIONS	WITH DONOR RESTRICTIONS	TOTAL NET ASSETS
Public Support and Revenue:			
Public Support:			
Contributions	\$ 749,745	\$ 854,352	\$ 1,604,097
Non-cash contributions	5,105,344	-	5,105,344
Fundraising	346,710	-	346,710
Grants:			
Federal and state	10,198,024	-	10,198,024
USDA-federal food commodities (non-cash)	1,387,571	-	1,387,571
City and county	101,944	-	101,944
Private	742,820	458,743	1,201,563
Total Public Support	<u>18,632,158</u>	<u>1,313,095</u>	<u>19,945,253</u>
Revenue:			
Program income	169,117	-	169,117
Rental income	392,027	-	392,027
Interest income	28,557	-	28,557
Change in beneficial interests	-	(2,749)	(2,749)
Miscellaneous	95,742	-	95,742
Total Revenue	<u>685,443</u>	<u>(2,749)</u>	<u>682,694</u>
Net Assets Released From Restrictions	<u>184,587</u>	<u>(184,587)</u>	<u>-</u>
Total Public Support and Revenue	<u>19,502,188</u>	<u>1,125,759</u>	<u>20,627,947</u>
Expenses:			
Program service	17,241,631	-	17,241,631
Management and general	1,290,896	-	1,290,896
Fundraising	460,844	-	460,844
Total Expenses	<u>18,993,371</u>	<u>-</u>	<u>18,993,371</u>
Other Revenue and Expenses:			
Change in present value discount on notes receivable	37,555	-	37,555
Total Other Revenue and Expenses	<u>37,555</u>	<u>-</u>	<u>37,555</u>
CHANGE IN NET ASSETS	546,372	1,125,759	1,672,131
NET LOSS ON DISCONTINUED OPERATIONS	(137,636)	-	(137,636)
NET ASSETS, BEGINNING OF YEAR	<u>8,497,058</u>	<u>937,480</u>	<u>9,434,538</u>
NET ASSETS, END OF YEAR	<u>\$ 8,905,794</u>	<u>\$ 2,063,239</u>	<u>\$ 10,969,033</u>

ACCESS

CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES

Year Ended June 30, 2020

	Support Services				Program Services								
	Management, General and Administration		Fundraising										
	ACCESS	ACCESS Development Corporation	Resource Development	Total Support Services	Community Service Block Grant	Housing Development Programs	Energy and Weatherization Programs	Nutrition Programs	Support Services	Olsrud Family Nutrition Center	Consolidation Eliminations	Total Program Services	TOTAL
Functional Expenses:													
Personnel and benefits	\$ 698,659	\$ -	\$ 283,773	\$ 982,432	\$ 117,198	\$ 436,153	\$ 514,028	\$ 587,716	\$ 1,528,244	\$ 17,451	\$ (74,220)	\$ 3,126,570	\$ 4,109,002
Contracted services	115,341	2,500	-	117,841	-	178	1,118,482	23,518	1,795,871	-	(178)	2,937,871	3,055,712
Energy assistance	-	-	-	-	-	-	2,228,983	-	38,128	-	-	2,267,111	2,267,111
Shelter assistance	-	-	-	-	-	-	-	-	1,125,771	-	-	1,125,771	1,125,771
Emergency assistance	-	-	-	-	-	-	-	-	324,106	-	-	324,106	324,106
Food assistance	-	-	-	-	-	-	-	210,927	-	-	-	210,927	210,927
Food contributions distributed	-	-	-	-	-	-	-	6,042,380	-	-	-	6,042,380	6,042,380
Non-cash equipment, goods and services	-	-	73,628	73,628	-	-	-	-	189,968	-	-	189,968	263,596
Weatherization and maintenance materials	3,874	-	-	3,874	-	5,383	1,130	-	46	927	(2,783)	4,703	8,577
Rent, utilities and security	52,875	-	13,065	65,940	7,942	154,579	17,400	54,738	73,008	65,335	(150,150)	222,852	288,792
Building and equipment maintenance	64,707	-	3,878	68,585	15,291	137,383	5,156	17,999	12,362	25,947	(15,632)	198,506	267,091
Insurance	12,003	-	530	12,533	-	20,604	1,184	6,427	3,102	2,447	(9,459)	24,305	36,838
Vehicle gas and oil	2,870	-	-	2,870	-	4,388	1,910	14,237	5,664	-	-	26,199	29,069
Vehicle insurance and maintenance	8,275	-	-	8,275	713	783	7,929	22,174	25,944	-	-	57,543	65,818
Travel and training	4,615	-	-	4,615	-	15,556	3,622	4,095	21,817	-	-	45,090	49,705
Office and computer	68,317	-	58,287	126,604	16,960	7,284	21,785	9,976	82,611	724	(116)	139,224	265,828
Telephone	6,655	-	1,747	8,402	868	5,502	8,545	6,504	22,472	1,708	-	45,599	54,001
Taxes, licenses and fees	25,720	49	6,902	32,671	-	3,728	231	1,043	1,457	4,198	(409)	10,248	42,919
Advertising and promotion	13,442	-	12,177	25,619	1,127	-	1,001	5,195	12,826	64	-	20,213	45,832
Professional fees	73,932	-	5,645	79,577	2,514	1,964	5,456	-	2,700	1,813	-	14,447	94,024
Miscellaneous	11,365	-	1,212	12,577	200	4,947	-	841	4,403	-	-	10,391	22,968
Depreciation	16,410	58,633	-	75,043	-	103,982	9,559	25,694	-	36,046	-	175,281	250,324
Interest expense	-	50,654	-	50,654	-	22,153	-	-	-	173	-	22,326	72,980
Total Functional Expenses	\$ 1,179,060	\$ 111,836	\$ 460,844	\$ 1,751,740	\$ 162,813	\$ 924,567	\$ 3,946,401	\$ 7,033,464	\$ 5,270,500	\$ 156,833	\$ (252,947)	\$ 17,241,631	\$ 18,993,371

ACCESS

CONSOLIDATED STATEMENT OF CASH FLOWS

Year Ended June 30, 2020

CASH FLOWS FROM OPERATING ACTIVITIES:

Change in net assets	\$ 1,534,495
Adjustments to reconcile change in net assets to net cash provided by operating activities:	
Depreciation	250,324
Amortization of deferred financing costs	472
Unrealized (gain) loss on investments	(1,087)
Unrealized (gain) loss on beneficial interests	2,749
Change in present value discount on notes receivable	(37,555)
(Increase) decrease in:	
Accounts receivable	(47,260)
Grants and contracts receivable	(100,721)
Accrued interest receivable	(12,959)
Inventory	(186,756)
Prepays	58,795
Assets held for sale	(2,240,497)
Restricted deposit and funded reserves	(6,021)
Increase (decrease) in:	
Accounts payable	130,627
Accrued payroll liabilities	16,256
Other current liabilities	(12,702)
Custodial fund	(2,818)
Unearned revenue	(81,720)
Liabilities held for sale	2,454,795

Net Cash Provided (Used) by Operating Activities

1,718,417

CASH FLOWS FROM INVESTING ACTIVITIES:

Purchase of property and equipment	(635,312)
Purchase of property and equipment (discontinued operations)	(46,774)

Net Cash Provided (Used) by Investing Activities

(682,086)

CASH FLOWS FROM FINANCING ACTIVITIES:

Proceeds from notes payable	620,013
Principal payments on notes payable	(65,675)
Principal payments on notes payable (discontinued operations)	(52,739)

Net Cash Provided (Used) by Financing Activities

501,599

NET CHANGE IN CASH AND CASH EQUIVALENTS

1,537,930

CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR

1,608,379

CASH AND CASH EQUIVALENTS, END OF YEAR

\$3,146,309

SUPPLEMENTAL DISCLOSURE OF CASH FLOWS:

Cash paid during the year for interest	<u>\$ 72,508</u>
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ACCESS

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

Year Ended June 30, 2020

NOTE 1: NATURE OF ORGANIZATION AND SIGNIFICANT ACCOUNTING POLICIES

Nature of Operations:

ACCESS (the Organization) was formed in 1976 as a non-profit corporation to develop and administer programs and services designed to assist low-income residents and senior citizens in Southern Oregon communities in Jackson and Josephine Counties. The Organization provides these services through the following programs: Nutrition, Energy Assistance and Weatherization, Community Services Block Grant (CSBG) Programs (Medical Equipment Loan Program, Information and Referral, Community Planning, and Program Support), Housing Development, and Support Services.

Federal and State grant funds managed by Oregon Housing and Community Services, Oregon Food Bank, U.S. Department of Veterans Affairs, and the U.S. Department of Housing and Urban Development are the primary sources of funding for the social service programs of the Organization. Contributions, program income, and other grants provide additional support. Grants require periodic reporting, restrict the use of grant funding to provision of specified services, and may require matching revenue from other sources.

Principles of Consolidation:

The consolidated financial statements (the financial statements) include the accounts of ACCESS Development Corporation (ADC), a 100 percent owned affiliate of the Organization. ADC was created March 2, 1994, and is organized as a Title Holding Corporation under Internal Revenue Code Section 501(c)(2). ADC owns and manages the buildings of the Organization which it uses for office space, program administration, commercial kitchens, and warehouse storage. ADC is governed by a board of directors consisting of the chair, vice-chair, and secretary/treasurer of the Organization's Board of Directors. Net income of ADC is distributed annually to the Organization and all material inter-company transactions have been eliminated in these financial statements.

The financial statements include the accounts of Barnett Townhomes Limited Partnership (The Partnership) organized under the laws of the State of Oregon. ACCESS is the Managing General Partner in the Partnership with a 1% ownership interest. ACCESS Barnett LLC is the Limited Partner in the Partnership with a 99% ownership interest (wholly owned by the Organization). The Partnership began operating under Section 207 pursuant to Section 223(f) of the National Housing Act, with mortgage insurance provided by the Federal Housing Administration (FHA) of the Department of Housing and Urban Development (HUD) on April 1, 2013. The Partnership has entered into a Management Agreement with the Housing Authority of Jackson County (HAJC), to manage the day-to-day operations of the property located at 1852 E. Barnett Rd., Medford, Oregon 97504, also known as Barnett Townhomes. In turn, the HAJC has entered into a Services Contract with ACCESS to administer and carry out the landscape, maintenance and cash handling responsibilities for the property.

On August 8, 2019, the Partnership entered into a sale agreement to sell substantially all of the assets and liabilities of the Partnership. As a result, the Organization has accounted for this pending sale utilizing provisions of Accounting Standards Codification (ASC) 205-20, *Presentation of Financial Statements - Discontinued Operations* (see Note 17).

Basis of Accounting:

The financial statements of the Organization have been prepared on the accrual basis of accounting and accordingly reflect all significant receivables, payables, and other liabilities.

ACCESS

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

Year Ended June 30, 2020

NOTE 1: NATURE OF ORGANIZATION AND SIGNIFICANT ACCOUNTING POLICIES (Continued)

Basis of Presentation:

The Organization reports information regarding its financial position and activities according to two classes of net assets that are based upon the existence or absence of restrictions on use that are placed by its donors: net assets without donor restrictions and net assets with donor restrictions. Net assets with donor restrictions are subject to donor-imposed restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor-imposed restrictions are perpetual in nature, such as those that the donor stipulates that resources be maintained in perpetuity.

- Net assets without donor restrictions are resources available to support operations and not subject to donor restrictions. The only limits on the use of net assets without donor restrictions are the broad limits resulting from the nature of the Organization, the environment in which it operates, the purposes specified in its corporate documents and its application for tax-exempt status, and any limits resulting from contractual agreements with creditors and others that are entered into in the course of its operations.
- Net assets with donor restrictions are resources that are subject to donor-imposed restrictions. Some restrictions are temporary in nature, such as those that are restricted by a donor for use for a particular purpose or in a particular future period. Other restrictions may be perpetual in nature; such as those that are restricted by a donor that the resources be maintained in perpetuity.

The Organization's beneficial interest in a perpetual charitable trust held by a bank as trustee and another beneficial interest held by the Oregon Community Foundation, both of which are to be maintained in perpetuity, are classified in net assets with donor restrictions.

When a donor's restriction is satisfied, either by using the resources in the manner specified by the donor or by the passage of time, the expiration of the restriction is reported in the financial statements by reclassifying the net assets from net assets with donor restrictions to net assets without donor restrictions.

Use of Estimates:

Management uses estimates and assumptions in preparing financial statements. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported revenues and expenses. On an ongoing basis, management evaluates the estimates and assumptions based on new information. Management believes that the estimates and assumptions are reasonable in the circumstances; however, actual results could differ from those estimates.

Cash and Cash Equivalents:

For the purposes of the Consolidated Statement of Cash Flows, the Organization considers all highly liquid investments with an initial maturity of three months or less to be cash equivalents, unless held by an investment advisor or the amounts are held for meeting regulatory restrictions or reserves.

Investments:

Investments at June 30, 2020 consist entirely of certificates of deposit.

Accounts Receivable:

The Organization extends unsecured credit to its tenants in the ordinary course of business but mitigates the associated risk by actively pursuing past due accounts. Accounts receivable are considered past due if not collected within 90 days. At June 30, 2020 all receivables are current. An allowance for doubtful accounts has not been established since management is of the opinion that all accounts receivable at year-end are fully collectible.

ACCESS
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
Year Ended June 30, 2020

NOTE 1: NATURE OF ORGANIZATION AND SIGNIFICANT ACCOUNTING POLICIES (Continued)

Grants and Contracts Receivable:

Grants and contracts receivable represent amounts that have been billed under agency contracts but not collected as of the date of the financial statements. All grants and contracts receivable represent amounts owed by state and local government agencies. Grants and contracts receivable are stated at the amount management expects to be collected from the outstanding balance. As of June 30, 2020, management has determined, based on historical experience, that all amounts are fully collectible and no allowance for doubtful accounts is necessary.

Inventory:

Donated food and USDA commodities are recorded directly in the financial statements as non-cash contributions received and as non-cash expenditures within the nutrition program. Food inventory is counted monthly. Non-cash contributions of food commodities flow through the Organization directly to distribution centers and recipients.

Property and Equipment:

The Organization records acquisitions of property and equipment at cost. Maintenance, repairs and minor renewals are charged to expense as incurred. It is the policy of the Organization to capitalize all property, plant and equipment whose value exceeds \$5,000 and whose expected life exceeds one year. Depreciation has been provided using the straight-line method over the estimated useful lives of the rated assets ranging from 3 to 50 years.

Valuation of Long-Lived Assets:

The Organization reviews its property for impairment whenever events or changes in circumstances indicate that the carrying value of such property may not be recoverable. Recoverability is measured by a comparison of the carrying amount of the real estate to the future net undiscounted cash flow expected to be generated by the property, including any estimated proceeds from the eventual disposition of the property. If the property is considered to be impaired, the impairment to be recognized is measured at the amount by which the carrying amount of the property exceeds the fair value of such property. There were no impairment losses recognized in fiscal year 2020.

Beneficial Interests:

The Organization is the beneficiary of perpetual irrevocable trusts held and administered by independent trustees. Under the terms of the trusts, the Organization has the irrevocable right to receive the income earned on trust assets in perpetuity. The fair value of the beneficial interest in a trust is recognized as an asset and as a contribution with donor restrictions at the date the trust was established. The Organization's estimate of fair value at each reporting date is based on fair value information about the trust's assets received from trustees. Trust assets consist of, but are not limited to, cash and cash equivalents, corporate and government bonds, mutual funds, and equity securities. These assets are not subject to control or direction by the Organization. Distributions of income from the trust are reported as investment income. Gains and losses, which are not distributed by the trusts, are reflected as the unrealized change in beneficial interests in the Consolidated Statement of Activities.

Deferred Financing Costs:

Costs incurred in connection with financing activities are deferred and amortized using the effective interest method over the terms of the related debt agreements. Amortization of these costs is included as a component of interest expense in the accompanying financial statements.

ACCESS
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
Year Ended June 30, 2020

NOTE 1: NATURE OF ORGANIZATION AND SIGNIFICANT ACCOUNTING POLICIES (Continued)

Unearned Revenue:

The Organization is the recipient of grants that require expenditure for specified activities before the Organization is reimbursed by the grantor for the costs incurred. Documentation showing actual costs expended is included when submitting a monthly or quarterly report for reimbursement. Certain grantors pay in advance of incurring the specified costs; in those cases, the amount received in excess of amounts spent on reimbursable costs is reported as unearned revenue.

Revenue Recognition:

Revenue is recognized when earned. Program service fees and payments under cost-reimbursable contracts received in advance are deferred to the applicable period in which the related services are performed, or expenditures are incurred, respectively. Contributions are recognized when cash or other assets, an unconditional promise to give, or notification of a beneficial interest is received. Conditional promises to give are not recognized until the conditions on which they depend have been substantially met or the donor has explicitly released the restriction.

Revenue with and without Donor Restrictions:

Contributions that are restricted by the donor are reported as increases in net assets without donor restrictions if the restrictions expire (that is, when a stipulated time restriction ends or purpose restriction is accomplished) in the reporting period in which the revenue is recognized. Contributions of property and equipment are reported as net assets with donor restrictions if the donor restricted the use of the property or equipment to a particular program, as are contributions of cash restricted to the purchase of property and equipment. Otherwise, donor restrictions on contributions of property and equipment or assets restricted for purchase of property and equipment are considered to expire when the assets are placed in service. All other donor-restricted contributions are reported as increases in net assets with donor restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets with donor restrictions and reported in the Consolidated Statement of Activities as net assets released from restrictions.

Donated Materials and Services:

Donations of food and grocery products by the food industry, other businesses, community organizations and individuals are recorded as support at their estimated wholesale fair value stated at \$1.25 per pound at June 30, 2020. To arrive at the estimated wholesale fair value per pound, ACCESS uses the approximate average value based on an independent accountant's report to Feeding America (national domestic hunger-relief charity).

Additionally, the Organization also receives USDA commodities for the Commodity Supplemental Food Program (CSFP) and the Emergency Food Assistance Program (TEFAP). Estimated price per pound for fiscal year 2020 was \$0.84 and \$0.88 for the CSFP and TEFAP programs, respectively.

Approximately 5.3 million pounds of donated food were received from the above referenced sources during the year ended June 30, 2020.

The Organization recognizes donated services that create or enhance nonfinancial assets or that require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation. A substantial number of volunteers have donated their time in various ACCESS programs and special events, but are not recorded because they do not meet the recognition criteria.

ACCESS
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
Year Ended June 30, 2020

NOTE 1: NATURE OF ORGANIZATION AND SIGNIFICANT ACCOUNTING POLICIES (Continued)

Functional Expenses:

The costs of providing various programs and other activities have been summarized on a functional basis in the Consolidated Statement of Activities. The Consolidated Statement of Functional Expenses presents the natural classification of expenses by function. Accordingly, certain costs have been allocated among the programs and supporting services benefited. The expenses that are allocated include occupancy and depreciation, which are allocated on a square footage basis, as well as personnel costs, professional services, office expenses, information technology, insurance, and other expense, which are allocated on the basis of estimates of time and effort.

Tax Status:

The Organization is a non-profit entity exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code and is exempt from federal and state incomes taxes on related activities. No tax provision has been made in the accompanying Consolidated Statement of Activities. The Organization recognizes the tax benefit from uncertain tax positions only if it is more likely than not that the tax positions will be sustained on examination by the tax authorities, based on the technical merits of the position. The tax benefit is measured based on the largest benefit that has a greater than 50% likelihood of being realized upon ultimate settlement. The Organization recognizes interest and penalties related to income tax matters in operating expenses.

ADC is exempt from income tax under Section 501(c)(2) of the U.S. Internal Revenue Code. Therefore, no provision for income taxes is necessary.

The Partnership files a partnership return for federal and state income tax purposes. Consequently, income taxes are not payable by the Partnership. The partners include their share of profits and losses in their respective income tax returns.

At June 30, 2020, there were no uncertain tax positions.

Deposits in Excess of Insured Limits:

The Federal Deposit Insurance Corporation (FDIC) insures account balances at each insured institution. The Organization frequently maintains cash balances greater than the FDIC insurance. At June 30, 2020, the amount that exceeded FDIC coverage was approximately \$2,580,000.

NOTE 2: CASH AND CASH EQUIVALENTS

Cash and cash equivalents consist of the following at June 30, 2020:

Petty cash	\$ 160
Cash in checking accounts:	
General	2,827,593
Client trust-security deposits	14,782
Barnett Townhomes Limited Partnership	18,004
Access Development Corporation	<u>285,770</u>
Total cash and cash equivalents	<u>\$ 3,146,309</u>

ACCESS
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
Year Ended June 30, 2020

NOTE 3: AVAILABILITY AND LIQUIDITY

The following represents the Organization's financial assets that are available to meet cash needs for general expenditures at June 30, 2020:

Financial assets:	
Cash and cash equivalents	\$ 3,146,309
Investments	143,726
Accounts receivable	78,435
Grants and contracts receivable	1,057,924
Restricted deposits and funded reserves	18,640
Beneficial interests	<u>357,660</u>
Total financial assets	<u>4,802,694</u>
Less amounts not available to be used within one year	
Restricted deposits and funded reserves	(18,640)
Beneficial interests	<u>(357,660)</u>
Financial assets not available to be used within one year	<u>(376,300)</u>
Unused line of credit	<u>250,000</u>
Financial assets available to meet general expenditures within one year	<u><u>\$ 4,676,394</u></u>

NOTE 4: INVESTMENTS

Investments consist of the following at June 30, 2020:

17-month CD matures November 7, 2021, interest 0.25%	<u>\$ 143,726</u>
Total investments - certificates of deposit	<u><u>\$ 143,726</u></u>

NOTE 5: BENEFICIAL INTERESTS

OCF:

On February 25, 2004, the Organization elected to participate in the Oregon Community Foundation (OCF). The Organization transferred assets to OCF which is holding them as an endowed component fund (Fund) for the benefit of the Organization. The Organization has granted OCF variance power which gives OCF's Board of Trustees the power to use the Fund for other purposes in certain circumstances. The Fund is subject to OCF's investment and spending policies which currently result in a distribution to the Organization of a certain percent of the average quarterly value over time. The fair value of the funds held by OCF at June 30, 2020 was \$246,245.

Perpetual Trust:

The Organization is the partial beneficiary of a perpetual trust whereby the Organization receives the income or a designated portion of the income into perpetuity. Income earned on trust assets is distributed to the Organization as provided in the agreements and was \$4,507 during the year ended June 30 2020. The perpetual trust is valued annually at December 31. There were no significant changes in value of the perpetual trust at the Organization's fiscal year end. At June 30, 2020 the estimated fair value of the perpetual trust was \$111,415.

ACCESS
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
Year Ended June 30, 2020

NOTE 6: NOTES RECEIVABLE

During the fiscal year ended June 30, 2008, the Organization became a general partner with a 0.005% ownership in a 52-unit low-income housing project called Conifer Gardens Limited Partnership. During that fiscal year, the Organization made three loans to Conifer Gardens Limited Partnership for a total of \$1,359,443. Two of the notes receivable (\$723,043 note and \$386,400 note) have a rate of 1.00% interest per annum and the third note receivable (\$250,000) has a 0.00% interest rate. The \$250,000 and \$386,400 notes receivable have a maturity date of December 31, 2047 and the \$723,043 note receivable has a maturity date of December 31, 2057. Principal and interest on all three notes are due upon maturity. The notes receivable are secured by a second deed of trust on the real property. The notes receivable are adjusted to present value using the borrowing rate of the Organization which is 3.75% less the interest rate of the notes receivable.

In fiscal year 2023, ACCESS has a purchase option agreement and right of first refusal on the Conifer Gardens property. At this event the notes will either be refinanced or ACCESS will obtain ownership of the Conifer Gardens property and the notes receivable will become an intercompany receivable.

Notes receivable at June 30, 2020:

Notes receivable	\$ 1,359,443
Present value adjustment	<u>(78,547)</u>
Notes receivable, net of present value	<u>\$ 1,280,896</u>

NOTE 7: RESTRICTED DEPOSITS AND FUNDED RESERVES

ACCESS holds separate accounts that represent amounts held for managed properties. Total restricted deposits reflected on the consolidated financial statements at June 30, 2020:

Managed properties:	
Operating account	13,774
Tenant security deposit account	<u>4,866</u>
Total restricted deposits	<u>\$ 18,640</u>

NOTE 8: LINE OF CREDIT

ACCESS has a line of credit with Banner Bank in the amount of \$250,000. The line of credit agreement originated from prior years and expires July 15, 2020. The interest rate is subject to change from time to time and is based on the U.S. Prime Rate plus 0.50%, resulting in an initial rate of 5.50%. At June 30, 2020, there were no amounts outstanding on the line of credit.

On July 6, 2020, ACCESS extended its line of credit agreement to July 15, 2023. The line of credit carries a variable interest rate and is based on the U.S. Prime Rate (2.00 percentage points over the U.S. Prime Rate reduced by 1.00% preferred rate). The initial rate on the line of credit is 4.25%.

ACCESS
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
Year Ended June 30, 2020

NOTE 9: LONG-TERM DEBT

The Organization's long-term debt consists of the following at June 30, 2020:

ADC:	
Banner Bank 2008 loan, net	\$ 734,893
The Partnership:	
Walker & Dunlop HUD loan, net (discontinued operations)	2,394,485
The Organization:	
Banner Bank 2019 Paycheck Protection Program loan	620,013
Banner Bank 2004 loan	53,497
Banner Bank 2005 loan	69,616
Banner Bank 2002 loan	67,644
US Bank 2018 loan	37,739
People's Bank 2016 loan	195,142
People's Bank 2016 loan #2	<u>66,744</u>
Total consolidated long-term debt	<u>4,239,773</u>
Less: long-term debt associated with discontinued operations	<u>(2,394,485)</u>
Total consolidated long-term debt less debt associated with discontinued operations	<u>\$ 1,845,288</u>

ADC:

On October 17, 2008, ADC entered into a note payable to Banner Bank in the original amount of \$1,057,000. The note is secured by land and buildings and matures on October 17, 2033. The interest rate is subject to change from time to time based on changes in the Weekly Average Five Year Constant Maturity Treasury rate (0.74% at the time of the loan) plus 3.50 percentage points. The interest rate change will not occur more often than each five years. The interest rate was 6.53% per annum at June 30, 2020. Current monthly payments of principal and interest are \$6,958.

ADC incurred \$10,115 in debt issuance costs, which are amortized using the effective interest method. ADC amortized \$472 of debt issuance costs during 2020 and unamortized costs of \$3,378 are outstanding at June 30, 2020. Total debt outstanding at June 30, 2020 was \$734,893 (\$738,271 gross debt net of issuance costs of \$3,378).

The loan agreement contains a subjective acceleration clause, which gives the Bank the right to accelerate repayment upon the Bank's determination of a material adverse change in the ADC's financial position. Management has evaluated the likelihood of the Bank exercising the clause to be remote. As a result, the amounts owed are classified based upon the stated payment schedule.

Interest charged to expense for the year ended June 30, 2020 totaled \$50,654.

ACCESS
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
Year Ended June 30, 2020

NOTE 9: LONG-TERM DEBT (Continued)

The Partnership:

On April 1, 2013, The Partnership entered into a note payable to Walker & Dunlop, LLC in the original amount of \$2,813,900. The note is secured by land, buildings and improvements and matures on April 1, 2048. The terms of the note require 420 monthly payments of \$11,386, including interest computed at 3.35% per annum.

The Partnership incurred \$119,413 in debt issuance costs, which are amortized using the effective interest method. The Partnership amortized \$5,090 of debt issuance costs during 2020 and unamortized costs of \$81,218 are outstanding at June 30, 2020. Total debt outstanding at June 30, 2020 was \$2,394,485 (\$2,475,703 gross debt net of issuance costs of \$81,218).

The Partnership's debt is included in liabilities held for sale at the June 30, 2020 year end (*Note 17*).

Interest charged to expense for the year ended June 30, 2020 totaled \$88,841.

The Organization:

On December 3, 2004, the Organization entered into a note payable to Banner Bank in the original amount of \$64,384. On April 14, 2015, a change in terms occurred where the commitment amount was increased to \$72,683 and the interest rate and floor rate was revised from 4.06% per annum to 4.94%. The note is secured by land and improvements. The interest rate is subject to change from time to time based on changes in the Weekly Average Five Year Constant Maturity Treasury rate (1.36% at the time of the change in terms) plus 3.50 percentage points. The interest rate change will not occur more often than each five years. The interest rate was 4.94% per annum at June 30, 2020. Current monthly payments of principal and interest are \$575. The note requires a final payment of \$30,998 on April 15, 2025.

On October 17, 2005, the Organization entered into a note payable to Banner Bank in the original amount of \$150,000. The terms of the note, as modified in the Change of Terms Agreement dated June 22, 2006, require 52 monthly payments of \$907, including interest computed at 5.99% per annum. The note is secured by land and improvements. The interest rate is subject to change from time to time based on changes in the Weekly Average Five Year Constant Maturity Treasury rate (4.24% at the time of the modification) plus 2.06 percentage points. The interest rate change will not occur more often than each five years. The interest rate was 3.43% per annum at June 30, 2020. Current monthly payments of principal and interest are \$473. The note requires a final payment of \$57,823 on October 17, 2025.

On June 14, 2002, the Organization entered into a note payable to Banner Bank in the original amount of \$110,000. On January 2, 2013, a change in terms occurred where the initial interest rate and floor rate was revised from 7.00% to 4.00% for 53 monthly principal and interest payments of \$585. The note is secured by land and improvements. The interest rate is subject to change from time to time based on changes in the Weekly Average Five Year Constant Maturity Treasury rate (0.74% at the time of the change in terms) plus 3.50 percentage points. The interest rate change will not occur more often than each five years. The interest rate was 5.25% per annum at June 30, 2020. Current monthly payments of principal and interest are \$637. The matures on June 10, 2032.

On October 2, 2013, the Organization entered into a note payable to US Bank in the original amount of \$50,000. The terms of the note, as modified in the Amendment to Note dated October 29, 2018, require 60 monthly payments of \$334, including interest computed at 5.56% per annum. The note is secured by land and improvements. The note requires a final payment of \$31,063 on October 1, 2023.

ACCESS

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

Year Ended June 30, 2020

NOTE 9: LONG-TERM DEBT (Continued)

On January 22, 2016, the Organization entered into a note payable to People's Bank of Commerce in the amount of \$255,238. The note was re-negotiated with the bank and assumed by the Organization after previously being held by the Ashland Community Land Trust of Oregon (ACLT). The ACLT, as part of its dissolution, donated property located on Bridge St, Ashland to the Organization. The note is secured by land and improvements. The terms of the note require 61 monthly payments of \$1,893 including interest computed at 4.00% per annum. A final payment of \$186,012 is due March 22, 2021.

On January 28, 2016, the Organization entered into a note payable to People's Bank of Commerce in the amount of \$86,644. The note was re-negotiated with the bank and assumed by the Organization after previously being held by the ACLT. The ACLT, as part of its dissolution, donated property located on Garfield St, Ashland to the Organization. The note is secured by land and improvements. The terms of the note require 64 monthly payments of \$634 including interest computed at 4.00% per annum. A final payment of \$62,397 is due June 9, 2021.

On April 15, 2020, the Organization entered into a promissory note to Banner Bank under the Paycheck Protection Program. The original amount of the note was \$620,013 and carries a fixed interest rate of 1.00% per annum. Monthly payments of \$34,893 begin six months from the date of the note and continue monthly thereafter through the earlier of 18 months or until the note is paid in full. The entire amount of the note has been classified as due in one year as the Organization expects the note to be forgiven during fiscal year 2021. The repayment on the note and any forgiveness is subject to the Coronavirus Aid, Relief and Economic Security Act (CARES Act).

Each of the loan agreements with Banner Bank, US Bank, and People's Bank of Commerce contain a subjective acceleration clause, which gives the Bank the right to accelerate repayment upon the Bank's determination of a material adverse change in the Organization's financial position. Management has evaluated the likelihood of the Bank exercising the clause to be remote. As a result, the amounts owed are classified based upon the stated payment schedule.

The Organization charged \$22,326 for the above notes payable in interest to expense for the year ended June 30, 2020.

Maturities of long-term debt were as follows at June 30, 2020 (including debt associated with discontinued operations):

	Principal	Deferred Financing Costs	Total
2021	\$ 986,935	\$ (5,428)	\$ 981,507
2022	109,975	(5,289)	104,686
2023	115,171	(5,145)	110,026
2024	149,800	(4,996)	144,804
2025	153,209	(4,841)	148,368
Thereafter	2,809,279	(58,897)	2,750,382
	<u>\$ 4,324,369</u>	<u>\$ (84,596)</u>	<u>\$ 4,239,773</u>

ACCESS
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
Year Ended June 30, 2020

NOTE 10: LEASE COMMITMENTS

ACCESS has entered into several non-cancellable operating leases. Operating lease expenditures for the year ended June 30, 2020 amounted to \$11,916.

Future minimum rental payments required under the remaining non-cancellable lease terms are as follows:

Year ended June 30,	2021	\$ 11,916
	2022	<u>2,536</u>
		<u>\$ 14,452</u>

Additionally, ACCESS leases office and warehouse facilities from ADC, an affiliated corporation which has been consolidated in these financial statements. The lease is from July 1, 2017 and ends June 30, 2022. Leased space includes the main office facility and warehouse of the Organization, the Olsrud Family Nutrition Center and a warehouse building on Lear Way in Medford, Oregon. Rent expense totaled \$150,150 for fiscal year ending June 30, 2020. The transactions are eliminated in the consolidated financial statements.

NOTE 11: NET ASSETS WITH DONOR RESTRICTIONS

Net assets with donor restrictions consisted of the following at June 30, 2020:

Net assets with time/purpose restrictions:	
Housing	\$ 212,951
Nutrition	832,503
Support services	<u>660,125</u>
Total time/purpose restricted net assets	<u>1,705,579</u>
Net assets to be held in perpetuity:	
Beneficial interests	<u>357,660</u>
Total net assets to be held in perpetuity	<u>357,660</u>
Total net assets with donor restrictions	<u>\$ 2,063,239</u>

Net assets were released from donor restrictions by incurring expenses satisfying the restriction purpose or by the passage of time or other events specified by the donors for the year ended June 30, 2020:

Housing	\$ 55,494
Nutrition	56,354
Support services	<u>72,739</u>
Total net assets released from restrictions	<u>\$ 184,587</u>

ACCESS

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

Year Ended June 30, 2020

NOTE 12: CONCENTRATIONS OF SUPPORT AND REVENUE

At June 30, 2020, the Organization received approximately 61 percent of its total public support and revenue from Federal and State agencies. Additionally, 35 percent of total public support and revenue passed through Oregon Housing and Community Services during the year ended June 30, 2020.

NOTE 13: RETIREMENT PLAN

The Organization maintains a retirement plan qualified under Section 403(b) of the Internal Revenue Code. The Plan covers employees who have completed one year of service with the Organization. For employees that were participants of the plan as of June 30, 2009, the Organization contributes amounts ranging from two percent to twelve percent of qualified compensation for the benefit of qualified employees based on years of service and employee elective contributions to the plan. Employees that became participants in the plan after June 30, 2009 receive contributions from the Organization that match up to five percent of their qualified compensation. For the year ended June 30, 2020, employer contributions to the plan were \$63,040.

NOTE 14: NON-CASH CONTRIBUTIONS

Non-cash contributions consisted of the following for year ended June 30, 2020:

	Property and Equipment, Goods and Services	Food Distributed	Total
Non-cash contributions by program			
General agency	\$ 840	\$ -	\$ 840
Support services	47,439	-	47,439
Nutrition	36,993	4,804,604	4,841,597
Medical supplies and materials	142,529	-	142,529
Resource development	72,939	-	72,939
Total non-cash contributions	300,740	4,804,604	5,105,344
Non-cash grants consisting of USDA commodities	-	1,387,571	1,387,571
Total non-cash revenues	<u>\$ 300,740</u>	<u>\$ 6,192,175</u>	<u>\$ 6,492,915</u>

NOTE 15: FAIR VALUE OF FINANCIAL INSTRUMENTS

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The fair value hierarchy requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. There are three levels of inputs that may be used to measure fair value:

Level 1 – Quoted prices in active markets for identical assets or liabilities.

Level 2 – Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities.

Level 3 – Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

ACCESS

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

Year Ended June 30, 2020

NOTE 15: FAIR VALUE OF FINANCIAL INSTRUMENTS (Continued)

The following table presents the fair value hierarchy for those assets measured at fair value on a recurring basis at June 30, 2020:

	Level 1	Level 2	Level 3	Total
Investments (certificates of deposit)	\$ -	\$ 143,726	\$ -	\$ 143,726
Beneficial interest in perpetual trust	-	-	111,415	111,415
Beneficial interest in assets held by OCF	-	-	246,245	246,245
Total assets at fair value	<u>\$ -</u>	<u>\$ 143,726</u>	<u>\$ 357,660</u>	<u>\$ 501,386</u>

The beneficial interest in assets held by the Oregon Community Foundation (OCF) has been valued, as a practical expedient, at the fair value of the Organization's share of the Foundation's investment pool as of the measurement date. The Foundation values securities and other financial instruments on a fair value basis of accounting. The estimated fair value of certain investments of the Foundation, which includes private placements and other securities for which prices are not readily available, are determined by the management of the Foundation and may not reflect amounts that could be realized upon immediate sale, nor amounts that ultimately may be realized. Due to the perpetual existence of the assets held by OCF, the interest is categorized as a Level 3 financial instrument.

The beneficial interest in perpetual trust is estimated at fair value based on the Organization's percent of the underlying assets held in the trust. Due to the perpetual existence of the trust, the interest is categorized as a Level 3 financial instrument.

The carrying values of cash and cash equivalents, grants and contracts receivable, notes receivable, accounts payable and accrued expenses approximates fair value due to the short maturity of such instruments.

The carrying value of the long-term debt approximates its fair value due to the variable interest pay rate of such instrument.

NOTE 16: ACCESS AGREEMENTS WITH EXEMPT ORGANIZATIONS

Southern Oregon Lions Sight and Hearing Center (SOLS) - The Organization entered into commercial lease agreements with SOLS in connection with two low-income housing projects (Holly Court and Lions Cottage). Terms of the agreements require that the Organization pay a monthly sum of \$108 for each housing project to SOLS. The Organization then rents the units to low-income senior or disabled individuals and manages the projects. The Organization's financial statements do not include the operations of the projects. The agreements automatically renew each year.

The cash for SOLS is included in the Organization's bank accounts with an offsetting entry to custodial fund on the Consolidated Statements of Financial Position. At June 30, 2020, the balance was \$35,946.

Jackson County Health & Human Services (the County) - The Organization entered into several agreements with the County to provide housing to mental health clients using the Organization's residences located at 29 Summit, 717 and 723 Ross Lane, and 2622 Wyatt Drive in Medford. The County provides services to the clients and pays the Organization an agreed upon monthly or annual rent. The agreements automatically renew each year.

ACCESS
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
Year Ended June 30, 2020

NOTE 17: DISCONTINUED OPERATIONS

On August 8, 2019, Barnett Townhomes (the Partnership) entered into a Sale Agreement (the Agreement) with the Housing Authority of Jackson County (the Authority) to sell the Barnett Townhomes property, plant and equipment (the Property) for \$5,500,000. The Agreement was subsequently amended to a price of \$5,000,000 for the Property. The sale closed and funded on September 1, 2020.

Subsequent to the sale of the property, ACCESS had no continuing involvement with the Partnership.

**Reconciliation of the Carrying Amounts of Major Classes of Assets and Liabilities
of the Discontinued Operations to Total Assets and Liabilities Classified as Held for Sale**

**Carrying amounts of major classes of assets included as part
of discontinued operations:**

Property and Equipment, net	\$ 1,775,498
Restricted deposits and funded reserves	<u>464,999</u>

**Total assets classified as held for sale in the
statement of financial position**

\$ 2,240,497

**Carrying amounts of major classes of liabilities included as part
of discontinued operations:**

Other current liabilities	\$ 53,399
Accrued interest payable	6,911
Notes payable	<u>2,394,485</u>

**Total liabilities classified as held for sale in the
statement of financial position**

\$ 2,454,795

**Reconciliation of the Major Classes of Line Items Constituting Loss
of Discontinued Operations that is Presented in the Consolidated Statement of Activities**

**Major classes of line items constituting loss
of discontinued operations:**

Rental income	\$ 648,737
Investment income	307
Miscellaneous	17,099
Program services	<u>(803,779)</u>

**Total loss on discontinued operations that is presented
in the statement of activities**

\$ (137,636)

ACCESS
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
Year Ended June 30, 2020

NOTE 18: SUBSEQUENT EVENTS

Management of the Organization has evaluated events and transactions occurring after June 30, 2020 through March 2, 2021, the date the financial statements were available for issuance, for recognition and/or disclosure in the financial statements.

On August 8, 2019, Barnett Townhomes (the Partnership) entered into a Sale Agreement (the Agreement) with the Housing Authority of Jackson County (the Authority) to sell the Barnett Townhomes property, plant and equipment (the Property) for \$5,500,000. The Agreement was subsequently amended to a price of \$5,000,000 for the Property. The sale closed and funded on September 1, 2020.

As part of the transaction, the Partnership sold property, plant, and equipment that had a net book value of approximately \$1,750,000. In addition, as part of the transaction, the Partnership agreed to transfer a \$347,800 reserve for replacement balance that existed on July 17, 2019 (per the Agreement) to the Authority. Finally, as part of the transaction, the Partnership transferred all tenant security deposits, and lease agreements (assignment and assumption) to the Authority. Per the Agreement, the Project split closing costs which approximated \$11,500.

In order to sell the Property, the Partnership was required to settle its \$2,466,741 mortgage obligation. As part of that settlement, the Partnership incurred prepayment penalties and fees of approximately \$74,500 which were included in the sale gain (loss) calculation. Finally, the Partnership wrote off approximately \$81,000 in deferred financing fees as part of the settlement. The estimated net gain associated with the sale was approximately \$2,735,200.

SUPPLEMENTARY INFORMATION

ACCESS

FUNCTIONAL EXPENSE DESCRIPTIONS

Year Ended June 30, 2020

Functional expenses are grouped together on these financial statements into three expense categories including, but not limited to, the following expenses:

MANAGEMENT, GENERAL AND ADMINISTRATION:

ACCESS AGENCY:

Accounts for the general activity of ACCESS that are not presented in the other programs including land, building, and equipment owned by ACCESS.

ACCESS DEVELOPMENT CORPORATION:

Accounts for the activity of ACCESS Development Corporation, the entity of which owns the land and building that houses ACCESS.

FUNDRAISING:

RESOURCE DEVELOPMENT:

Fundraising activities and donations for ACCESS to fund general operating and restricted programs.

PROGRAM SERVICES:

COMMUNITY SERVICES BLOCK GRANT (CSBG):

Medical Equipment Loan Program - Provides medical equipment on loan to senior citizens or disabled persons. There is no charge for the use of this equipment and, it may be used as long as there is a need for it. Hospital beds, walkers, crutches, and wheelchairs are examples of equipment available.

Information and Referral - Provides information via the telephone to persons seeking assistance. Current information regarding programs offered by ACCESS is provided. Information regarding programs offered by other human services agencies in Jackson County is also available.

Community Planning - Provides for assessment of community wide needs in order to provide more effective services and programs. Coordinates Jackson County's Continuum of Care.

Program Support - Provides additional funding to support administrative and program costs of other programs.

HOUSING DEPARTMENT PROGRAMS:

Development - Acquisition and new construction of affordable housing for low-income individuals, families, seniors and people with disabilities.

Property/Asset Management - ACCESS has an ownership interest in 179 units of affordable rental housing, located in Jackson County. Of this, 134 units are managed by 2 third-party management companies while the remaining 45 units are self-managed. In addition to the self-managed units, ACCESS manages another 12 units of housing owned by the Southern Oregon Lion's Sight & Hearing Center.

ACCESS
FUNCTIONAL EXPENSE DESCRIPTIONS
Year Ended June 30, 2020

HOUSING DEPARTMENT PROGRAMS (Continued):

Housing Counseling - Provides pre-purchase counseling to participants enrolled in the following programs: Realizing the American Dream (RAD), E-Home America, and a variety of down-payment assistance programs.

Realizing the American Dream (RAD) – Provides pre-purchase educational program delivered in a classroom setting. Classes are offered in both Jackson and Josephine Counties.

E-Home America – Provides an approved online pre-purchase educational course that allows the participant an opportunity to complete the education at their own pace and convenience.

DreamSavers - Individual development account (IDA) program that encourages participants to build assets and financial independence through a matched savings program. Participants can save for higher education, home purchase, or to start or expand a small business, home repair and for adaptive technology supports that increase the participant's employability.

Down Payment Assistance Programs (DPAP) - Financial support to assist low-income, first-time home purchasers in covering a portion of the needed down payment and closing cost expenses.

ENERGY AND WEATHERIZATION PROGRAMS:

Federal Department of Energy (DOE), Low Income Home Energy Assistance Program (LIHEAP), Bonneville Power Administration (BPA), Avista Weatherization and Energy Conservation Helping Oregonians (ECHO) are all weatherization programs. These programs assist low-income seniors, people with disabilities and households with energy efficient improvements needed on their home, which can help to conserve energy and reduce energy bills.

LIHEAP - Provides energy assistance to low-income Jackson County residents with preference given to seniors and disabled individuals.

Oregon Energy Assistance - Provides assistance to eligible low-income households to offset the costs of home energy for Pacific Power and Light customers only. Priority is given to households whose services have been disconnected but not required.

Low-Income Ratepayer Assistance Program - Provides assistance to eligible low-income households to offset the costs of home energy for Avista customers only. Priority is given to households who have been disconnected.

Oregon Energy Fund – Provides energy assistance to low-income Jackson County residents. Priority is given to households whose services have been disconnected.

NUTRITION PROGRAMS:

Food Share - Provides emergency and supplemental food to the hungry in Jackson County. Food Share supplies twenty-one food pantries, over 25 supplemental food programs and residential feeding sites (i.e. Salvation Army and Dunn House) with food donated through local community donations, Oregon Food Bank, and USDA.

Fresh Alliance - Fresh Alliance recovers milk, produce, dairy and frozen meat from area grocery stores on or before the product pull date. This product is transported in a refrigerated truck, sorted, re-boxed and distributed to people in need across Jackson County.

ACCESS

FUNCTIONAL EXPENSE DESCRIPTIONS

Year Ended June 30, 2020

NUTRITION PROGRAMS (Continued):

Commodity Supplemental Food Program (CSFP) - A federal commodity program targeting income qualifying seniors over the age of 60. Commodity food boxes are provided monthly to qualifying clients.

ACCESS Food Share Gardens - Six large community gardens, run by volunteers growing healthy produce for ACCESS food pantries and agencies.

Plant-a-Row - Local gardeners grow extra rows of healthy produce and donate to ACCESS food pantries and agencies.

Cooking Skills Education Program - Inspires and educates community members to eat more fresh, local fruits, vegetables and whole foods through cooking classes and food demonstrations taught by a group of trained volunteers.

Healthy Mobile Food Pantry - Collaborative project with local health centers using the ACCESS mobile food pantry truck to provide food and nutritional services to low-income individuals and families suffering from diet-related chronic disease.

Community Food Systems - Coordination and support for programs that encourage low-income community members to access fresh, local, healthy food such as Double Up Food Bucks (matches SNAP benefits at farmer's markets) and Screen and Intervene (screens patients for hunger and connects them to food resources).

SUPPORT SERVICES PROGRAMS:

ACCESS is a partner with the Oregon Department of Human Services, Employment Division, Jackson County Health Department, On-Track, and area schools at various service integration sites in Jackson County.

HOME Tenant Based Assistance Program (HTBA) - Provides up to two years rental subsidy depending upon housing need identified in partnership with the Housing Authority of Jackson County. The maximum amount of HOME funds that may be paid for a security deposit is no greater than the equivalent of two months' rent for the unit.

The Low-Income Rental Housing Fund Program (LIRHF) - Provides short-term and medium-term rental assistance to very low-income tenants who are unstably housed and at risk of homelessness. Funds are available for the following program components: homelessness prevention; rapid re-housing; and data collection.

State Homeless Assistance Program (SHAP) - Offers state funds to help meet the emergency needs of homeless Oregonians by providing operational support for emergency shelters and supportive services to shelter residents.

Elderly Rental Assistance Program (ERA) - Assists very low-income seniors, at least 58 years old, who are homeless or are unstably housed and at risk of becoming homeless. We can help with transitional housing, supportive in-home services, and case management.

Emergency Housing Assistance Program (EHA) – Provides assistance to low or very low-income persons who are homeless, are unstably housed, or at risk of becoming homeless and can pay for street outreach, emergency and transitional shelter/housing, shelter and transitional housing facility acquisition.

ACCESS
FUNCTIONAL EXPENSE DESCRIPTIONS
Year Ended June 30, 2020

SUPPORT SERVICES PROGRAMS (Continued):

Housing Stabilization Program (HSP) - Provides temporary financial assistance and support services to stabilize housing for low-income eligible families who are homeless or unstably housed and at risk of losing their housing. The program provides short term benefits for families who are in a specific no-recurring crisis situation. A household can use HSP assistance for a maximum of four months.

Emergency Solutions Grant Program (ESGP) - Provides federal funds to assist individuals and families to quickly regain stability in permanent housing after experiencing a housing crisis or homelessness. ESG funds are available for five program components: street outreach, emergency shelter, homelessness prevention, rapid re-housing assistance, and data collection through the Homeless Management Information System; as well as administrative activities.

Support Services for Veteran Families (SSVF) - The SSVF program assists Veterans who are homeless or at-risk of homelessness to end their housing crisis and stabilize in housing. There are two primary forms of assistance: Homelessness Prevention and Rapid Re-housing

Navigator Program: Senior & Disabled - Provides assessments for seniors or persons with disabilities to help them navigate through resources for important issues they face on a day-to-day basis including remaining independent in their homes. Companions provide a friendly visit to homebound-seniors who may want that extra connection.

OLSRUD FAMILY NUTRITION CENTER:

Operation of a community nutrition center used to provide a meeting facility with catering options to other agencies in the community.

ADDITIONAL REPORTS AND SCHEDULES REQUIRED BY
UNIFORM GUIDANCE

**INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING
AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL
STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS**

To the Board of Directors
ACCESS
3630 Aviation Way
Medford, OR 97504

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the consolidated financial statements of ACCESS (the Organization), which comprise the consolidated statement of financial position as of June 30, 2020 and the related consolidated statements of activities, functional expenses and cash flows for the year then ended, and the related notes to the consolidated financial statements, and have issued our report thereon dated March 2, 2021.

Internal Control over Financial Reporting

In planning and performing our audit of the consolidated financial statements, we considered the Organization's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the consolidated financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. *A material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's consolidated financial statements will not be prevented, or detected and corrected on a timely basis. *A significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Organization's consolidated financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of consolidated financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

A handwritten signature in black ink, appearing to read 'Mark E. Damon', with a stylized flourish at the end.

Mark E. Damon CPA, Managing Partner
KDP Certified Public Accountants, LLP
Medford, Oregon
March 2, 2021

**INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH
MAJOR FEDERAL PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE
IN ACCORDANCE WITH THE UNIFORM GUIDANCE**

To the Board of Directors
ACCESS
3630 Aviation Way
Medford, OR 97504

Report on Compliance for Each Major Federal Program

We have audited ACCESS' (the Organization) compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on the Organization's major federal program for the year ended June 30, 2020. The Organization's major federal program is identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for each of the Organization's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about the Organization's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for the major federal program. However, our audit does not provide a legal determination of the Organization's compliance.

Opinion on Each Major Federal Program

In our opinion, ACCESS complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on its major federal program for the year ended June 30, 2020.

Report on Internal Control Over Compliance

Management of the Organization is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered the Organization's internal control over compliance with the types of requirements that could have a direct and material effect on the major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for the major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.



Mark E. Damon CPA, Managing Partner
KDP Certified Public Accountants, LLP
Medford, Oregon
March 2, 2021

ACCESS

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

Year Ended June 30, 2020

Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal CFDA Number	Grant/Contract Number	Passed Through to Sub-recipients	Federal Expenditures
U. S. Department of Agriculture:				
Direct Program:				
Community Food Projects	10.225	GRANT12044140	\$ -	\$ 93,273
Total CFDA 10.225			-	93,273
Passed through Oregon Housing and Community Services:				
Commodity Supplemental Food Program (Administrative Costs) CSFP	10.565	150326	-	20,265
Commodity Supplemental Food Program (Food Commodities) CSFP	10.565	150326	-	96,262
Passed Through Oregon Food Bank:				
Emergency Food Assistance Program (Administrative Costs) TEFAP	10.568	150326	-	81,610
Emergency Food Assistance Program (Food Commodities)TEFAP	10.569	150326	-	1,291,309
Total Food Distribution Cluster			-	1,489,446
Total U. S. Department of Agriculture			\$ -	\$ 1,582,719
U. S. Department of Housing and Urban Development:				
Direct Program:				
Supportive Housing Program	14.235	OR0050L0E021811	\$ -	\$ 11,863
Total CFDA 14.235			-	11,863
Continuum of Care Program	14.267	OR0257L0E01800, OR0258L0E01800, and OR0242L0E021700	-	34,594
Total CFDA 14.267			-	34,594
Passed through Rural Community Assistance Corporation:				
Housing Counseling Assistance Program	14.169	HC19-A258	-	30,802
Total CFDA 14.169			-	30,802
Passed through Oregon Housing and Community Services:				
Emergency Solutions Grant Program	14.231	E19-DC-41-0001 and E18-DC-41-0001	-	160,152
Total CFDA 14.231			-	160,152
Home Investment Partnerships Program	14.239	M-17-SG-41-0100 and M-18-SG-41-0100	-	196,359
Total CFDA 14.239			-	196,359
Total U. S. Department of Housing and Urban Development			\$ -	\$ 433,770
U. S. Department of the Treasury				
Passed through Oregon Housing and Community Services:				
Coronavirus Relief Fund	21.019		\$ -	\$ 11,597
Total CFDA 21.019			-	11,597
Total U. S. Department of the Treasury			\$ -	\$ 11,597
U. S. Department of Veterans Affairs:				
Direct Programs:				
VA Supportive Services for Veteran Families Program	64.033	19-OR-128-CA and 19-OR-128	\$ 1,068,813	\$ 2,703,025
Total CFDA 64.033			1,068,813	2,703,025
Total U. S. Department of Veterans Affairs			\$ 1,068,813	\$ 2,703,025
U. S. Department of Energy:				
Passed Through Oregon Housing and Community Services:				
Weatherization Assistance For Low-Income Persons (DOE)	81.042	DE-EE0007945	\$ -	\$ 145,789
Total CFDA 81.042			-	145,789
Passed Through Oregon Housing and Community Services:				
Weatherization Assistance For Low-Income Persons (BPA Funds)	81.XXX	77347 and 83358	-	39,920
Total CFDA 81.XXX			-	39,920
Total U. S. Department of Energy			\$ -	\$ 185,709
U. S. Department of Health and Human Services:				
Passed Through Oregon Housing and Community Services:				
Temporary Assistance for Needy Families (TANF)	93.558	2001ORTANF	\$ -	\$ 118,428
Community Services Block Grant	93.569	G-1901ORCOSR, G-G2001ORCOSR and 2001ORCSI	-	398,179
Total 477 Cluster			-	516,607
Low-Income Home Energy Assistance	93.568	2001ORLIEA, 2001ORE5C3 and G-1901ORLIEA	-	1,638,346
Total CFDA 93.568			-	1,638,346
Total U. S. Department of Health and Human Services			\$ -	\$ 2,154,953
Federal Emergency Management Agency:				
Direct Programs:				
Emergency Food & Shelter Program National Board Program	97.024	711800-006-36, CARES-711800	\$ -	\$ 48,636
Total CFDA 97.024			-	48,636
Total U. S. Federal Emergency Management Agency			\$ -	\$ 48,636
Total Expenditures of Federal Awards			\$ 1,068,813	\$ 7,120,409

ACCESS
NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended June 30, 2020

NOTE A – BASIS OF PRESENTATION:

The accompanying schedule of expenditures of federal awards (the Schedule) includes the federal award activity of ACCESS (the Organization) under programs of the federal government for the year ended June 30, 2020. The information in this Schedule is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of the Organization, it is not intended to and does not present the financial position, changes in net position, or cash flows of the Organization.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement.

NOTE C – INDIRECT COST RATE:

The Organization has elected not to use the 10 percent de minimis indirect cost rate allowed under the Uniform Guidance.

NOTE D – FOOD DISTRIBUTION:

Non-monetary assistance is reported on the Schedule at the fair market value of the commodities received and disbursed. For the year ended June 30, 2020, the Organization received food commodities totaling \$1,387,571.

ACCESS
SCHEDULE OF AUDIT FINDINGS AND QUESTIONED COSTS
Year Ended June 30, 2020

SECTION I – SUMMARY OF AUDITOR’S RESULTS

Financial Statements

1. The auditor’s report expresses an unmodified opinion on whether the financial statements of ACCESS were prepared in accordance with GAAP.
2. No material weaknesses or significant deficiencies relating to the audit of the financial statements are reported in the Independent Auditor’s Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards*.
3. No instances of noncompliance material to the financial statements of ACCESS, which would be required to be reported in accordance with *Government Auditing Standards*, were disclosed during the audit.

Federal Awards

4. No material weaknesses or significant deficiencies relating to the audit of the major federal award programs are reported in the Independent Auditor’s Report on Compliance for Each Major Program and on Internal Control over Compliance Required by Uniform Guidance.
5. The Independent Auditor’s Report on Compliance for Each Major Program and on Internal Control over Compliance Required by Uniform Guidance for the major federal award programs for ACCESS expresses an unmodified opinion on all major federal programs.
6. There were no audit findings that are required to be reported in accordance with the Uniform Guidance reported on this schedule.
7. The program tested as a major program was:

U.S. Department of Agriculture
Food Distribution Cluster

CFDAs #10.565, #10.568, #10.569
8. The threshold for distinguishing Types A and B Programs was \$750,000.
9. ACCESS qualified as a low-risk auditee under the criteria specified in Uniform Guidance.

SECTION II – FINANCIAL STATEMENT FINDINGS

None

**SECTION III – FINDINGS AND QUESTIONED COSTS – MAJOR FEDERAL AWARD PROGRAMS
AUDIT**

None