# \*\* PUBLIC DISCLOSURE COPY \*\*

# **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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

232001 12-13-22

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

A F	or the	2022 calendar year, or tax year beginning JAN 1, 2023 and endin	ng MAF	R 31, 2023	
<b>3</b> C	heck if oplicable	C Name of organization	D	Employer identifi	cation number
	Addres	ACCESSIA HEALTH			
	Name change			54-15961	78
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room	n/suite <b>E</b>	Telephone numbe	r
	]Final return/	P.O. BOX 5930		804-744-	3813
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G	Gross receipts \$	15,835,936.
	Amend return	MIDLOIHIAN, VA 23112	Н	(a) Is this a group re	eturn
	Application	F Name and address of principal officer: I LAKA GREEN		for subordinates	? Yes X No
	pendin	ISAME AS C ABOVE	н	(b) Are all subordinates in	ncluded? Yes No
ΙT	ax-exe	mpt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or	527	<b>I</b> f "No," attach a	list. See instructions
	Vebsit			(c) Group exemption	
			L Year of fo	ormation: 1989  r	M State of legal domicile: VA
Pa		Summary			
ø		Briefly describe the organization's mission or most significant activities: ACCESSI			
Activities & Governance	-	FINANCIAL ASSISTANCE, EDUCATION AND OTHER SE			
e.		Check this box if the organization discontinued its operations or disposed of		1 -	l
امِ		Number of voting members of the governing body (Part VI, line 1a)			7
æ		Number of independent voting members of the governing body (Part VI, line 1b)			0
ies		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			0
Ë		Total number of volunteers (estimate if necessary)			0.
AG		Total unrelated business revenue from Part VIII, column (C), line 12			0.
-	ו מ	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u> </u>	Prior Year	Current Year
	8 (	Contributions and grants (Part VIII, line 1h)	46	5,218,604.	15,597,686.
e l		75 13/11/11 6 3		267,919.	109,944.
Revenue		Program service revenue (Part VIII, line 2g)  nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		290,019.	128,306.
윤		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,166.	0.
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4.0	5,777,708.	15,835,936.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	~ -	7,723,137.	8,005,320.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ű		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,160,839.	950,865.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
be		Total fundraising expenses (Part IX, column (D), line 25) 276,151.			
ω̈́		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,706,221.	840,762.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	. 44	1,590,197.	9,796,947.
	19	Revenue less expenses. Subtract line 18 from line 12	. 2	2,187,511.	6,038,989.
t Assets or d Balances				ning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		3,031,516.	89,329,097.
	21	Total liabilities (Part X, line 26)		1,468,348.	1,331,580.
Eset		Net assets or fund balances. Subtract line 21 from line 20	.   81	1,563,168.	87,997,517.
	rt II	Signature Block		and to the best of an	The sector of the Park State
		ties of perjury, I declare that I have examined this return, including accompanying schedules and s s, and complete. Declaration of preparer (other than officer) is based on all information of which pre			/ knowleage and belief, it is
rue,	correct	, and complete. Declaration of preparer (outer than other) is based on an information of which pre	eparer nas		/2024
>:		Signature of officer			2024
Sigr Here	L	TIARA GREEN, INTERIM CEO			
161	•	Type or print name and title			
		Print/Type preparer's name Preparer's signature	Date	Check	PTIN
aid	ŀ	LAKRISHA J. CASTLEBERRY LAKRISHA J. CASTLEI		iz	
	arer	Firm's name FORVIS, LLP	0		4-0160260
-	Only	Firm's address 901 EAST CARY STREET, SUITE 1000		,io Env	
-	<i>[</i>	RICHMOND, VA 23219		Phone no. (8	04) 282-7636
Mav	the IR	S discuss this return with the preparer shown above? See instructions		1	X Yes No

4e

8,679,856.

Total program service expenses

# Form 990 (2022) ACCESSIA HEALTH Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		37	
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		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? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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			177
	or more? If "Yes," complete Schedule F, Parts I and IV	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			3,7
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			17
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_		· v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	_		· v
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			37
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

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Pai	rt IV Checklist of Required Schedules (continued)		_	_
	Did the consideration was at a constitution of COO of months and the consideration of a decoration in this ball.		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's cur		+	$\vdash$
20	and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete</i>	TOTAL		
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as o			<del></del>
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	<b> </b>		
	Schedule K. If "No," go to line 25a			Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defeas			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, are	nd		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," comple	te		
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		1	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employ			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% con	I		1 37
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Par	t III 27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		X
L-	"Yes," complete Schedule L, Part IV		+	X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	<u>28b</u>		<del>  ^</del>
C	· · · · · · · · · · · · · · · · · · ·	28c		X
29	"Yes," complete Schedule L, Part IV		<del>                                     </del>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	<b> </b>	1	<del></del>
00	contributions? If "Yes," complete Schedule M			Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N. Part I</i>		1	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II			Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entitle	ity		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organ	ization?		
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			l
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		١	
D-	Note: All Form 990 filers are required to complete Schedule 0	38	X	<u> </u>
Pai				
	Check if Schedule O contains a response or note to any line in this Part V		 T.,	
_	Establish musikan manakakis kan 0 at Esma 1000 Esta 10 Waster Basil		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  1a	0		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	_		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamin	y		

(gambling) winnings to prize winners?

	990 (2022) ACCESSIA HEALTH 54-159	1 / 8	Р	age <b>ɔ</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
	1 1		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	<u>)</u>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
За	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		
	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		Х
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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		х
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).	9.0		
· a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	1.5		
·	to file Form 8282?	7c		x
d	Is the state of th	70		
	Did the exemplation version only finds directly as indivently to not promitive and provided by a service of	7e		х
e •		7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
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	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			1
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		

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Form **990** (2022)

If "Yes," complete Form 6069.

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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 Section A. Governing Body and Management No Yes **1a** Enter the number of voting members of the governing body at the end of the tax year 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 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Х 13 Did the organization have a written whistleblower policy? 13 Х 14 Did the organization have a written document retention and destruction policy? 14 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 Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a 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? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed IN, CA 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. X Own website Another's website X Upon request Other (explain on Schedule O) 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. State the name, address, and telephone number of the person who possesses the organization's books and records LAMONT BROWN - 804-744-3813

Form 990 (2022)

3104 E. BOUNDARY CT., MIDLOTHIAN.

23112

Form 990 (2022) ACCESSIA HEALTH 54-1596178 Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

   List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average	(do	not c	Pos heck	more	than	one	( <b>D</b> ) Reportable	(E) Reportable	<b>(F)</b> Estimated
	hours per week (list any	offi	, unle cer ar	ss per nd a d	rson i irecto	is botl or/trus	h an stee)	compensation from the	compensation from related organizations	amount of other compensation
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) MITCH MULA	2.70	]							_	
BOARD CHAIR	0.50	Х		Х		_	┞	0.	0.	0.
(2) RUSSELL PHILLIPS, JR. TREASURER	2.50	x		x				0.	0.	0.
(3) BRIAN LANDRY	2.00						┢	•	•	•
SECRETARY	2.00	х		х				0.	0.	0.
(4) BRIAN FINK	1.50									
BOARD MEMBER		Х						0.	0.	0.
(5) LUD KIMBROUGH, III	2.00									
BOARD MEMBER		Х					<u> </u>	0.	0.	0.
(6) TERRIE GLASS	1.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(7) HOWARD LEE SMITH	2.00							_		_
BOARD MEMBER	1000	Х					_	0.	0.	0.
(8) GWEN COOPER	40.00	4								
CEO/PRESIDENT	40.00			X			<u> </u>	0.	0.	0.
(9) DEANNA CALLAHAN	40.00									_
CHIEF COMPLIAN OFFICER	40.00			Х			_	0.	0.	0.
(10) MICHAEL HOLDREN	40.00	-		,,						_
CHIEF INFORMATION OFFICER				Х			-	0.	0.	0.
		1								
							╙			
		-								
						<u> </u>	_			
		1								
		_				lacksquare				
		}								
		1	Ь		Ь	Щ	Ь	l		- 000

54-1596178 Page **8** 

Form 990 (2022)

Section A. Officers, Directors, Trust	tees, Key Emp	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			(C				(D)	(E)			(F)	
Name and title	Average	/da		Posi		than c	no	Reportable	Reportab <b>l</b> e	,	Est	imate	d
	hours per	box	, unles	ss per	son i	s both	an	compensation	compensation	on	am	ount o	of
	week	<b>—</b>	cer an	d a di	irecto	r/trus	ee)	from	from related	l b	C	other	
	(list any	ector						the	organization		comp	ensat	tion
	hours for	Individual trustee or director				ted		organization	(W-2/1099-MIS		fro	m the	•
	related	stee c	.nste			ensa		(W-2/1099-MISC/	1099-NEC)		•	ınizati	
	organizations	t tus	nal tr		loyee	comp		1099-NEC)				relate	
	below	ividus	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orgai	nizatio	ons
	line)	pu	Inst	0#i	Key	Hig	쥰						
		1											
		l											
		$\vdash$								-			
		ł											
		_											
		l											
		_											
1b Subtotal								0.		0.			0.
c Total from continuation sheets to Part VII								0.		0.			0.
d Total (add lines 1b and 1c)								0.		0.			0.
2 Total number of individuals (including but no									000 of reportable				
compensation from the organization	ot innited to th	036	note	u ab	ove	, wii	016	ceived more than \$100,	ooo or reportable	5			0
Compensation from the organization												Yes	No
2 Did the examination list any farmer officer	director truct	ا مما		mal	01/0	۰ ۵۲	امنط	hast companated ampl	lov (00 on	ſ			110
3 Did the organization list any <b>former</b> officer,			•	•	•		_	, ,	•				v
line 1a? If "Yes," complete Schedule J for st											3		X
4 For any individual listed on line 1a, is the su	•		•					•	•				77
and related organizations greater than \$150											4		X
5 Did any person listed on line 1a receive or a	ccrue compen	sati	on fr	om a	any	unre	late	ed organization or individ	lual for services				
rendered to the organization? If "Yes," com	plete Schedule	J fo	or su	ich r	oers	on .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest cor	mpensated ind	lepe	nder	nt cc	ontra	actor	s th	at received more than \$	100,000 of com	pensat	ion fro	m	
the organization. Report compensation for t	he calendar ye	ear e	ndin	ıg w	ith c	or wit	hin	the organization's tax y	ear.				
(A)							- 1	(B)			(C)	)	
Name and business	address	NC	NE	C			- 1	Description of s	ervices	С	ompen		1
							T						
							- 1						
							寸						
							- 1						
							$\dashv$						
							- 1						
							$\dashv$						
							4						
2 Total number of independent contractors (in	ncluding but no	ot lin	nited	l to t	thos	e lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	ation				(	)							

Form 990 (2022) ACCESSIA HEALTH
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any line	e in this Part VIII			
		•	,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenuè excluded from tax under
					Tunction revenue	business revenue	sections 512 - 514
s s	1 :	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	• 1	Membership dues 1b					
ප් වූ		Fundraising events 1c					
E,ts	Ì	Related organizations 1d	330.				
<u>ত লু</u>	,						
Sir.	•	Government grants (contributions)					
iệ a	1	All other contributions, gifts, grants, and	15 507 356				
들됨		similar amounts not included above 1f	15,597,356.				
ğ	9	Noncash contributions included in lines 1a-1f 1g \$		1			
<u>2 g</u>		Total. Add lines 1a-1f		15,597,686.			
			Business Code				
မွ	2 8	FEES FOR CONTRACTED SERVICES	900099	109,944.	109,944.		
Program Service Revenue	I						
တို့ ရွိ		:					
e a	(						
βg							
ا ية	1	All other program service revenue					
		Total. Add lines 2a-2f		109,944.			
	3	Investment income (including dividends, interes					
		other similar amounts)		128,306.			128,306.
	4	Income from investment of tax-exempt bond pr					
	5	Royalties	r				
	Ŭ	(i) Real	(ii) Persona <b>l</b>				
	6		(.,,				
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)	(ii) Oth - ::				
	7 :	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	l	Less: cost or other basis					
ng		and sales expenses 7b					
her Revenue	•	Gain or (loss) 7c					
Re	(	Net gain or (loss)					
Je.	8 8	Gross income from fundraising events (not					
ᅙ		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a					
	1	Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
		Part IV, line 19 9a					
	ı	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
-	<u> </u>	The modifie of hossy from sales of five holy	Business Code				
sn	44 -						
<u> </u>	116						
Miscellaneous Revenue	ı						
Be 33	(	All III and a second					
Ξ̈́	(	All other revenue					
		Total. Add lines 11a-11d		15 025 026	100 041	0	100 200
	12	Total revenue. See instructions		15,835,936.	109,944.	0.	128,306.

232009 12-13-22

#### 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 (**D**) Fundraising expenses (A) Total expenses **(B)** Program service expenses (C) Management and general expenses Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 8,005,320. 8,005,320. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ...... Benefits paid to or for members ..... Compensation of current officers, directors, 230,898. 43,697. 137,015. 50,186. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 593,935. 169,732. 89,519. Other salaries and wages 334,684. 7 Pension plan accruals and contributions (include 6,770. 23,691. 13,350. 3,571. section 401(k) and 403(b) employer contributions) 43,689. 24,619. 12,485. 6,585. Other employee benefits 9 58,652. 33,051. 16,761. 8,840. Payroll taxes 10 Fees for services (nonemployees): a Management 22,685. 6,751. 15,653. 281. Legal 5,638. 1,678. 3,890. 70. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, 1,177 769. 408. column (A), amount, list line 11g expenses on Sch O.) 792. 792. Advertising and promotion 12 27,229. 10,400. 12,605. 4,224. Office expenses 13 100,062. 115,558. 4,751. 220,371. Information technology 14 Royalties 15 32,049. 32,049. 16 Occupancy 4,995. 42,534. 8,386. 29,153. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 21,474. 11,381. 8,160. 1,933. 22 Depreciation, depletion, and amortization 22,234. 11,784. 8,449. 2,001. 23 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) SUBCONTRACTORS 300,620. 53,646. 197,036. 49,938. 95,478. 1,294. 81,823. DUES & SUBSCRIPTIONS 12,361. 27,001. 3,571. 23,2<del>80</del>. TRANSACTION FEES 150. SPONSORSHIPS 11,617. 239. 11.378. 9,863. 3,308. 6,545. 10. All other expenses 9,796,947. 8,679,856. 840,940. 276,151. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Par	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	44,889,176.	1	46,198,020.
	2	Savings and temporary cash investments	18,606,844.	2	18,704,551.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	6,046,501.	4	10,628,696.
	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	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	100 001
4	9	Prepaid expenses and deferred charges	201,726.	9	103,231.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation  10a 3,197,818.  1,475,747.	1 542 546		1 500 051
	b	Less: accumulated depreciation 10b 1,475,747.	1,743,546.	10c	1,722,071.
	11	Investments - publicly traded securities	7,320,170.	11	7,532,804.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	4 222 EE2	14	4 420 724
	15	Other assets. See Part IV, line 11	4,223,553. 83,031,516.	15	4,439,724.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	834,178.	16	89,329,097. 832,421.
	17	Accounts payable and accrued expenses	034,1/0.	17	032,421.
	18	Grants payable		18 19	
	19	Deferred revenue		20	
	20 21	Tax-exempt bond liabilities  Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director,			
ties	22	trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
Lia	23	Secured mortgages and notes payable to unrelated third parties		23	
	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	634,170.	25	499,159.
	26	Total liabilities. Add lines 17 through 25	1,468,348.	26	1,331,580.
		Organizations that follow FASB ASC 958, check here			
ses		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	15,571,450.	27	23,343,598.
Ba	28	Net assets with donor restrictions	65,991,718.	28	64,653,919.
pu		Organizations that do not follow FASB ASC 958, check here			
ᇁ		and complete lines 29 through 33.			
s ol	29	Capital stock or trust principal, or current funds		29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	81,563,168.	32	87,997,517.
	33	Total liabilities and net assets/fund balances	83,031,516.	33	89,329,097.

Pa	TXI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,8		
2	Total expenses (must equal Part IX, column (A), line 25)	2		96,9	
3	Revenue less expenses. Subtract line 2 from line 1	3		38,9	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	81,5		
5	Net unrealized gains (losses) on investments	5	2	34,3	<u>86.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1	60,9	<u>74.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	87,9	97,5	<u> 17.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		28	a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		21	X	L
	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:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		20	x   c	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3	a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3l	<u>,                                     </u>	<u></u>
				m <b>990</b>	(2022)

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

QUZZ
Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

ACCESSIA HEALTH

Employer identification number 54-1596178

Pa	rt I	Reason for Public C	Charity Status	(All organizations must o	omplete th	nie nart \ S	ee instructions	4 1370170					
							ee manachons.						
	organi	zation is not a private found					MANO						
1	H	A church, convention of chi				n 170(b)(1	)(A)(I).						
2	$\square$	A school described in secti		•									
3	Н	A hospital or a cooperative					•						
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in <b>sectio</b>	<b>n 170(b)(1)(A)(iii).</b> Enter	the hospital's name,					
		city, and state:											
5		An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	vernmental unit describ	ed in					
		section 170(b)(1)(A)(iv). (C	Complete Part II.)										
6	Ш	A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).						
7	X	An organization that 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 org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	nction with a land-grant	college					
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the college	e or					
		university:											
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, an	d gross receipts from					
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment					
		income and unrelated busin	ness taxab <b>l</b> e income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.					
		See section 509(a)(2). (Cor	mplete Part III.)										
11		An organization organized a	and operated exclusi	vely to test for public sat	fety. See	section 50	9(a)(4).						
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functior	ns of, or to carry out the	purposes of one or					
		more publicly supported org	ganizations describe	d in <b>section 509(a)(1)</b> o	r section :	509(a)(2).	See <b>section 509(a)(3).</b> (	Check the box on					
		lines 12a through 12d that	describes the type of	f supporting organizatior	and com	plete lines	12e, 12f, and 12g.						
а		<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted orga	anization(s), typically by	giving					
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustees of the si	upporting					
		organization. You must o	omplete Part IV, Se	ections A and B.									
b		Type II. A supporting orga	anization supervised	or controlled in connect	ion with its	s supporte	d organization(s), by hav	/ing					
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that cor	ntrol or manage the sup	ported					
		organization(s). You mus	t complete Part IV,	Sections A and C.									
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionally integrate	ed with,					
		its supported organization	n(s) (see instructions)	). You must complete i	Part IV, Se	ctions A,	D, and E.						
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	rith its supported organi	zation(s)					
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and an attenti	veness					
		requirement (see instructi	ons). <b>You must con</b>	nplete Part IV, Sections	A and D,	and Part	V.						
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III						
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.							
f	Ente	r the number of supported o	organizations										
g		ide the following information			(iv) Io the erac	nization listed							
	(1	) Name of supported organization	(ii) ElN	(iii) Type of organization (described on lines 1-10	in your governi		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)					
		organization		above (see instructions))	Yes	No	Support (See metractions)	Support (See motractions)					
								<del>                                     </del>					

### 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.)

Called year (or fiscal year beginning in)   (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total (diffs, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   (8859867, 49587584, 29820959, 46218604, 15597686, 210084700)	Sec	ction A. Public Support						
membership fees received. (Do not include any "unusual grants.")  Tax revenues levide for the organization in Senett and either paid to or expended on its behalf or expended or expended on its behalf or expended or	Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
Tax revenues levied for the organization is benefit and either paid to or expended on its behalf   Total, Add lines 1 through 3   S8859867, 49587584, 29820959, 46218604, 15597686, 210084700	1	Gifts, grants, contributions, and						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.  3 The value of services or facilities furnished by a governmental unit to the organization without charge.  4 Total, Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract lines 6 formities 4.  8 Public support supports designed in lines of the properties of the subtraction of the support subtract lines 6 formities 4.  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources and income from similar sources solutivies, whether or not the business is regularly carried on .  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).  11 Total support. Add lines 7 through 10  22 Gross receipts from related activities, etc. (see instructions)  12 Gross receipts from related activities, and support percentage from 2021 Schedule A, Part II, line 14  14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))  15 Public support percentage from 2021 Schedule A, Part II, line 14  16 Public support test - 2022. If the organization of oil not check the box on line 13, relay and line 14 is 33 1/3% support test - 2022. If the organization oil not check a box on line 13, relay file, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization meets the facts-and-circumstances test - 2021. If the organization of include as a publicly supported organization meets the facts-and-circumstances test - 2021. If the organization of numbers of a publicly supported organization meets the facts-and-circumstances test - 2021. If the organization of oil not number of organization meets the facts-and-circumstances test - 2022. If the organization of oil not number of organ		membership fees received. (Do not						
ization's benefit and either paid to or expended on its behalf  3. The value of services or facilities furnished by a governmental unit to the organization without charge  4. Total, Add lines 1 through 3  5. The portion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6. Public support, storeathies fromitive 4.  8. Public support for fisal year beginning in 7. Amounts from line 4.  6. Response from increast, chividends, payments received on securities loans, rents, royalties, and income from interest, chividends, payments received on securities loans, rents, royalties, and income from interest, chividends, payments received on securities loans, rents, royalties, and income from interest activities, whether or not the business is regularly carried on 10. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).  11. Total support. Add lines 7 through 10.  12. Gross receipts from related activities, etc. (see instructions).  13. First 5 years. If the Form 990 is for the organization in first, second, third, fourth, or fifth tax year as a section 501(x)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage from 2021 Schedule A, Part II, line 14  16. 33 1/3% support test - 2022. If the organization did not check a box on line 13, rend, line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test - 2021. If the organization meets the facts-and-circumstances test - 2021. If the organization during fullifies as a publicly supported organization meets the facts-and-circumstances test - 2021. If the organization during challed as a publicly supported organization meets the facts-and-circumstances test - 2021. If the organization during challed as a publicly supported organization meets the facts-and-circum		include any "unusual grants.")	68859867.	49587584.	29820959.	46218604.	<u> 15597686.</u>	210084700
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### 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)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons	<u> </u>				<u>                                     </u>	
<b>b</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)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(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>b</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 on line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section !	501(c)(3) organization	on,
check this box and stop here				=	•	
Section C. Computation of Publi	c Support Per	centage				
15 Public support percentage for 2022 (li	ne 8, column (f), d	ivided by line 13, o	column (f))		15	%
16 Public support percentage from 2021					16	%
Section D. Computation of Inves	tment Income	Percentage				
17 Investment income percentage for 20	<b>22</b> (line 10c, colur	mn (f), divided by <b>l</b> i	ne 13, co <b>l</b> umn (f))		17	%
18 Investment income percentage from 2					•	%
19a 33 1/3% support tests - 2022. If the	organization did r	ot check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and <b>l</b> ine 1	7 is not
more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization qua <b>l</b> i	fies as a publicly s	supported organiza	ation	
b 33 1/3% support tests - 2021. If the	organization did r	ot check a box on	line 14 or line 19a	a, and <b>l</b> ine 16 is m	ore than 33 1/3%, a	ind
line 18 is not more than 33 1/3%, che	ck this box and st	<b>op here.</b> The orga	nization qua <b>l</b> ifies a	as a publicly supp	orted organization	
20 Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in:	structions	

#### Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

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

	Yes	No
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9a		
9b		
9с		
10a		
10b		

232024 12-09-22

	Continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u></u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		ı .	
			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			
500	the supported organization(s). tion D. All Type III Supporting Organizations	1		
<u> </u>	tion b. All Type in Supporting Organizations			
_	Did the every retire was ide to each of its supported every retires, by the last day of the fifth wouth of the		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			
2	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	2		
2	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's	3		
Sec	supported organizations played in this regard.  Ition 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).			
а	The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instance).	struction	(e)	
2	Activities Test. Answer lines 2a and 2b below.	, a dollon	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 on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Vos." describe in Part VI the role played by the organization in this record	3h		

Schedule A (Form 990) 2022

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

instructions).

emergency temporary reduction (see instructions).

Par	rt V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations <sub>(continu</sub>	ıed)	
Secti	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	3	3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive			
	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	ıs	Distributable Amount for 2022
_1_	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
<u>a</u>	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
<u> </u>	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
_	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
Ū	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
•	and 4c.				
<del></del> 8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

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, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST:

ACCESSIA HEALTH PROVIDES THE FOLLOWING FACTS AND CIRCUMSTANCES IN SUPPORT

OF ITS ONGOING CLASSIFICATION AS A PUBLIC CHARITY.

ACCESSIA HEALTH SEEKS DONATIONS AND GRANTS FROM A WIDE VARIETY OF SOURCES

INCLUDING LOCAL, STATE, AND FEDERAL FUNDERS, CORPORATIONS, INDIVIDUALS,

AND FOUNDATIONS. ACCESSIA HEALTH USES THE DONATIONS IT RECEIVES TO

PROVIDE FINANCIAL ASSISTANCE AND OTHER SERVICES TO INDIVIDUALS LIVING WITH

CHRONIC OR RARE DISEASES WHO ALSO MEET SPECIFIC ELIGIBILITY CRITERIA FOR

ASSISTANCE. ELIGIBILITY FOR ASSISTANCE IS BASED ON UNIFORM CRITERIA

ESTABLISHED IN EACH DISEASE FUND. ELIGIBLE APPLICANTS RECEIVE ASSISTANCE

ON A FIRST COME, FIRST SERVED BASIS AS LONG AS FUNDING IS AVAILABLE. IF

FUNDING IS NOT AVAILABLE, ELIGIBLE PATIENTS MAY ADD THEIR NAMES TO A LIST

TO BE NOTIFIED IF FUNDING BECOMES AVAILABLE. PATIENTS PLACED ON THE WAIT

LIST ARE NOTIFIED IN THE ORDER IN WHICH THEY WERE PLACED ON THE LIST.

DURING THE 1/1/2023-3/31/2023 SHORT PERIOD ACCESSIA HEALTH ASSISTED 4825

INDIVIDUALS WITH THEIR PRESCRIPTION DRUG COPAYMENTS, HEALTH INSURANCE

PREMIUMS, MEDICAL AND OTHER OUT-OF-POCKET EXPENSES, AND TRAVEL COSTS. IN

ADDITION, ACCESSIA HEALTH SERVED 1139 INDIVIDUALS BY PROVIDING CASE

MANAGEMENT AND LEGAL SERVICES TO SUPPORT THEIR HEALTHCARE NEEDS.

ASSISTANCE IS PROVIDED TO INDIVIDUALS WITH PUBLIC AND PRIVATE INSURANCE

AND TO THOSE WHO MAY BE UNINSURED.

1. ACCESSIA HEALTH SOLICITS DONATIONS FOR ITS 79 DISEASE-SPECIFIC FUNDS ON
AN ONGOING BASIS FROM A WIDE VARIETY OF DONOR TYPES, INCLUDING THE PUBLIC.

ACCESSIA HEALTH RECEIVED DONATIONS FROM MORE THAN 100 CORPORATIONS,

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.)

FOUNDATIONS, AND INDIVIDUALS DURING THE 1/1/2023-3/31/2023 SHORT PERIOD,
RECEIVING WELL ABOVE 10% OF ITS PUBLIC SUPPORT FROM THESE DONORS.

- 2. DURING THE 1/1/2023-3/31/2023 SHORT PERIOD ACCESSIA HEALTH PROVIDED

  ASSISTANCE TO PATIENTS IN 37 DISTINCT DISEASE PROGRAMS. PATIENTS IN THESE

  PROGRAMS HAVE EITHER PUBLIC INSURANCE, PRIVATE INSURANCE OR MAY BE

  UNINSURED.
- 3. DONATIONS FROM CORPORATIONS FREQUENTLY SPAN MULTIPLE BUSINESS UNITS.

  ONE CORPORATION PROVIDING A GIFT MAY BE RESTRICTED TO SPECIFIC DISEASE

  FUND, AND A DONATION FROM THE SAME CORPORATION, BUT A DIFFERENT BUSINESS

  UNIT MAY SUPPORT A DIFFERENT PATIENT POPULATION WITH A DIFFERENT DISEASE.
- 4. ACCESSIA HEALTH IS GOVERNED BY A BOARD OF DIRECTORS, REPRESENTING THE
  BROAD INTERESTS OF THE PUBLIC TO FURTHER THE MISSION OF THE ORGANIZATION.
  BOARD MEMBERS REPRESENT A VARIETY OF BUSINESS SECTORS INCLUDING
  HEALTHCARE, NONPROFIT, BUSINESS DEVELOPMENT, LEGAL AND FINANCIAL.
- 5. ACCESSIA HEALTH OPERATES INDEPENDENTLY OF ALL ITS DONORS AND ALL OF ITS

  PROGRAMS ARE ESTABLISHED BY THE BOARD OF DIRECTORS BEFORE DONATIONS FOR

  ANY DISEASE FUND ARE SOLICITED.
- 6. ACCESSIA HEALTH ALSO SOLICITS UNRESTRICTED DONATIONS TO FURTHER ITS

  MISSION OF PROVIDING ADDITIONAL SERVICES FOR PATIENTS, SUCH AS CASE

  MANAGEMENT, LEGAL SERVICES, AND EDUCATION, THAT DO NOT DIRECTLY

  FINANCIALLY SUPPORT THE PATIENT'S HEALTHCARE FINANCES BUT EMPOWER THE

  PATIENT TO FULLY PARTICIPATE IN HIS OR HER HEALTHCARE.

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 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.)
7. ACCESSIA HEALTH'S PROGRAMS PROVIDE A GREAT PUBLIC BENEFIT SERVING AS A
CRITICAL SAFETY NET TO THOUSANDS OF PATIENTS EACH YEAR WHO COULD NOT
OTHERWISE AFFORD THEIR MEDICATIONS, TREATMENTS, OR HEALTH INSURANCE.
8. ACCESSIA HEALTH PROVIDES EDUCATION AND OTHER SERVICES TO THE PUBLIC
THROUGH WEBINARS, VIDEOS, SOCIAL MEDIA AND WEBSITES. PARTICIPANTS IN
THESE PROGRAMS ARE NOT REQUIRED TO BE CURRENT PATIENTS IN AN ACCESSIA
HEALTH PROGRAM.
PART II, SHORT YEAR EXPLANATION:
THE ORGANIZATION IS CHANGING ITS YEAR END FROM 12/31 TO 3/31.

# Schedule B

(Form 990)

## Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number ACCESSIA HEALTH 54-1596178 Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X 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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Page **2** 

Name of organization

Employer identification number

## ACCESSIA HEALTH

54-1596178

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>750,000.</u>	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and <b>ZIP</b> + 4	(c) Total contributions	(d) Type of contribution
2		\$500,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
3		\$ 145,833.	Person X Payroll
(a)	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
4	Name, address, and ZIP + 4	\$ 200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>11,000,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
6		\$3,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Page 3

Name of organization Employer identification number

ACCESSIA HEALTH

54-1596178

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				
		\$					
(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				
		.					
		.   \$					
(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				
		.   \$					
223453 11-15-			Schedule B (Form 990) (2022)				

Page 4

Schedule B (Form 990) (2022) Name of organization Employer identification number ACCESSIA HEALTH 54-1596178 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 info. once.) \$ 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 (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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#### SCHEDULE C (Form 990)

Department of the Treasury

Internal Revenue Service

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

 Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization Employer identification number ACCESSIA HEALTH 54-1596178 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures Volunteer hours for political campaign activities Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ \_ 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 4a Was a correction made? Yes No b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (b) Address (a) Name (c) EIN (d) Amount paid from (e) Amount of political contributions received and filing organization's funds. If none, enter -0-. promptly and directly delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

Ochedale O (i omi 330) 2022	WCCEDDIW IIE	пптп		J = 1	JJULIU Tage Z
Part II-A Complete if the org	ganization is exen	npt under section	1 501(c)(3) and file	ed Form 5768 (ele	ction under
A Check if the filing organize	ation belongs to an affil re of excess lobbying e	•	Part IV each affiliated	group member's name	e, address, EIN,
B Check if the filing organize	ation checked box A ar	nd "limited control" pro	visions apply.		
Lim	its on Lobbying Exper ditures" means amou	nditures		(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a Total lobbying expenditures to infl	uence public opinion (g	grassroots lobbying)			
<b>b</b> Total lobbying expenditures to infl	12,140.				
c Total lobbying expenditures (add l	ines 1a and 1b)			12,140.	
d Other exempt purpose expenditur	es			8,667,716.	
e Total exempt purpose expenditure	es (add <b>l</b> ines 1c and 1d)	)		8,679,856.	
f Lobbying nontaxable amount. Ent	n columns.	583,993.			
If the amount on line 1e, column (a)	or (b) is: The lob	bying nontaxable am	ount is:		
Not over \$500,000		he amount on line 1e.			
Over \$500,000 but not over \$1,00		O plus 15% of the exce O plus 10% of the exce			
Over \$1,000,000 but not over \$1,5					
Over \$1,500,000 but not over \$17		0 plus 5% of the exces	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,0	000.			
	-1050/(II40			145,998.	
g Grassroots nontaxable amount (el				0.	
<ul><li>h Subtract line 1g from line 1a. If ze</li><li>i Subtract line 1f from line 1c. If zer</li></ul>				0.	
j If there is an amount other than ze		ine 1i did the organiza	ation file Form 4720	<u></u>	
reporting section 4911 tax for this			20011 III 6 1 01111 4720	Г	Yes No
	•	eraging Period Under			
(Some organizations t	hat made a section 50		have to complete all c	of the five columns be	low.
	Lobbying Exper	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	583,993.	3,583,993.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					5,375,990.
c Total lobbying expenditures	577,244.	85,096.	94,701.	12,140.	769,181.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	145,998.	895,998.
e Grassroots ceiling amount	233,000.	230,000	230,000.	113,330.	0,0,0,00
(150% of line 2d, column (e))					1,343,997.
(-)					_ / = / / -
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2022

# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

0	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b	)
of the	e lobbying activity.	Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	- 504/-\/5		41	
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	1 501(6)(5	), or sec	tion	
	(-//-/-			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		. 2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	prior year?	3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "		-		3 is
	answered "Yes."			, , , , , , , ,	
1	Dues, assessments and similar amounts from members		. 1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	( ) ( ) ( ) ( )	al			
	expenses for which the section 527(f) tax was paid).	al			
а	expenses for which the section 527(f) tax was paid). Current year		2a		
a b	expenses for which the section 527(f) tax was paid).		2a		
_	expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total		2a 2b 2c		
	expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		2a 2b 2c		
b	expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	ess	2a 2b 2c		
b	expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and poor	ess	2a 2b 2c		
b c 3 4	expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and poexpenditures next year?	ess Ilitical	2a 2b 2c 3		
b c 3 4	expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and poexpenditures next year?  Taxable amount of lobbying and political expenditures. See instructions	ess Ilitical	2a 2b 2c 3		
b c 3 4 <b>5</b> <b>Par</b>	expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?  Taxable amount of lobbying and political expenditures. See instructions  t IV Supplemental Information	ess litical	2a 2b 2c 3		
b c 3 4	expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and poexpenditures next year?  Taxable amount of lobbying and political expenditures. See instructions  t IV Supplemental Information  de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	ess litical	2a 2b 2c 3	nd 2 (See	
b c 3 4	expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?  Taxable amount of lobbying and political expenditures. See instructions  t IV Supplemental Information	ess litical	2a 2b 2c 3	nd 2 (See	
b c 3 4	expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and poexpenditures next year?  Taxable amount of lobbying and political expenditures. See instructions  t IV Supplemental Information  de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	ess litical	2a 2b 2c 3	nd 2 (See	
b c 3 4 Par	expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and poexpenditures next year?  Taxable amount of lobbying and political expenditures. See instructions  t IV Supplemental Information  de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	ess litical	2a 2b 2c 3	nd 2 (See	
b c 3 4 Par	expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and poexpenditures next year?  Taxable amount of lobbying and political expenditures. See instructions  t IV Supplemental Information  de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	ess litical	2a 2b 2c 3	nd 2 (See	
b c 3 4 Par	expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and poexpenditures next year?  Taxable amount of lobbying and political expenditures. See instructions  t IV Supplemental Information  de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	ess litical	2a 2b 2c 3	nd 2 (See	
b c 3 4 Par	expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and poexpenditures next year?  Taxable amount of lobbying and political expenditures. See instructions  t IV Supplemental Information  de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	ess litical	2a 2b 2c 3	nd 2 (See	
b c 3 4 Par	expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and poexpenditures next year?  Taxable amount of lobbying and political expenditures. See instructions  t IV Supplemental Information  de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	ess litical	2a 2b 2c 3	nd 2 (See	
b c 3 4	expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and poexpenditures next year?  Taxable amount of lobbying and political expenditures. See instructions  t IV Supplemental Information  de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	ess litical	2a 2b 2c 3	nd 2 (See	
b c 3 4	expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and poexpenditures next year?  Taxable amount of lobbying and political expenditures. See instructions  t IV Supplemental Information  de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	ess litical	2a 2b 2c 3	nd 2 (See	
b c 3 4	expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and poexpenditures next year?  Taxable amount of lobbying and political expenditures. See instructions  t IV Supplemental Information  de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	ess litical	2a 2b 2c 3	nd 2 (See	

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Name of the organization

ACCESSIA HEALTH

**Employer** identification number 54-1596178

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir	ne 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 advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be u	used on <b>l</b> y
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose c	onferring
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, P	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that app <mark>l</mark> y)	
	Preservation of land for public use (for example, recrea	ation or education) Preservation of a	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	
	day of the tax year.		Held at the End of the Tax Year
а			2a
b			
С	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
	year		
4	Number of states where property subject to conservation ear		
5	Does the organization have a written policy regarding the pe		
_	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservati	ion agramants during the year
•	Amount of expenses incurred in monitoring, inspecting, name	ding of violations, and emorcing conservati	on easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170/h	n)(4)(B)(i)
Ū			
9	In Part XIII, describe how the organization reports conservati		
•	balance sheet, and include, if applicable, the text of the footi	· ·	
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement an	nd balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in fur	therance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items	S.
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and ba	alance sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furthe	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	<u> </u>		
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1		\$ <u> </u>
b	Assets included in Form 990, Part X		

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

Schedule D (Form 990) 2022

Paı	rt III Organizations Maintaining Co	llections of Ar	t, Histo	orical Tre	asures, o	r Other S	imilar Ass	ets (continued)	
3	Using the organization's acquisition, accession	, and other record	s, check	any of the t	following that	make sign	ficant use of i		
	collection items (check all that apply):								
а	Public exhibition	d		Loan or exc	hange progra	am			
b	Scholarly research	е							
С	Preservation for future generations								
4	Provide a description of the organization's colle	ections and explair	n how th	ey further th	ne organizatio	n's exempt	purpose in P	art XIII.	
5	During the year, did the organization solicit or	eceive donations o	of art, his	storica <b>l</b> treas	sures, or othe	er simi <b>l</b> ar as	sets		
	to be sold to raise funds rather than to be main	ntained as part of th	he organ	ization's co	llection?			Yes I	No_
Pai	rt IV Escrow and Custodial Arrange	ements. Comple	ete if the	organizatio	n answered "	'Yes" on Fo	rm 990, Part	IV, <b>l</b> ine 9, or	
	reported an amount on Form 990, Part	X, line 21.							
1a	Is the organization an agent, trustee, custodiar	or other intermed	iary for c	ontribution	s or other ass	sets not inc	luded		
	on Form 990, Part X?							Yes I	٥V
b	If "Yes," explain the arrangement in Part XIII ar								
								Amount	
С	Beginning balance						1c		
d	Additions during the year						1d		
е	Distributions during the year						1e		
f	Ending balance						1f		
<b>2</b> a	Did the organization include an amount on For	m 990, Part X, <b>l</b> ine	21, for e	escrow or cu	ıstodia <b>l</b> acco	unt liability?		└── Yes <mark>└──</mark> M	٥V
	If "Yes," explain the arrangement in Part XIII. C								_
Pai	rt V Endowment Funds. Complete if t				T .			.1	<u> </u>
	_	(a) Current year	(b) P	rior year	(c) Two year	rs back (d)	Three years ba	ck (e) Four years ba	<u> </u>
1a									
b	Contributions								
С	Net investment earnings, gains, and losses								_
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	-								
2	Provide the estimated percentage of the currer	-	e (line 1g	ı, co <b>l</b> umn (a)	)) he <b>l</b> d as:				
а			_%						
b		%							
С	Term endowment%								
_	The percentages on lines 2a, 2b, and 2c should	•							
За	Are there endowment funds not in the possess	ion of the organiza	ition tha	are held ar	nd administer	ed for the		V N	_
	organization by:								10
	(i) Unrelated organizations								
	(ii) Related organizations	T						3a(ii)	—
b	If "Yes" on line 3a(ii), are the related organization							3b	—
4 Par	Describe in Part XIII the intended uses of the or rt VI Land, Buildings, and Equipme		wment ti	unas.					—
ı aı	Complete if the organization answered		) Part IV	lina 11a S	20 Form 990	Part X lin	10		
	Description of property	1						(d) Pools volue	—
	Description of property	(a) Cost or o basis (investr		` '	or other (other)		umulated ciation	(d) Book value	
<u>.</u>	Land	`	noni)		1,100.	depre	ciation	291,100	<del>-</del>
	Land				2,430.	1 10	7,012.	1,415,418	
	• • • • • • • • • • • • • • • • • • • •			Z, U I	<u>4</u> ,400•	1,13	,,014.	1,41J,41C	<u>, •</u>
	Leasehold improvements			21	8,421.	21	8,421.	٢	).
	-				5,867.		0,314.	15,553	
	Other	_	V och				J, J14.	1,722,071	•
· otal	m naa mas ta umbagii te (Cojuffif kii MUSI edl	iai FUIIII 990. PAIT	n. colum	ii (D). IIIIE T	UC.1		I	,,,	

Schedule D (Form 990) 2022

	Part VII Investments - Other Securities.			<u>, , , , , , , , , , , , , , , , , , , </u>
(1) Financial derivatives (2) Closely held equity interests (3) Other (4) Ot	Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
22 Closely held equity interests	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(8) Other (A) (B) (B) (C) (C) (C) (D) (E) (E) (F) (G) (G) (F) (G) (F) (G) (G) (G) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G	(1) Financial derivatives			
(B) (C) (D) (D) (E) (E) (F) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G				
IBS	(3) Other			
(C) (D) (E) (F) (F) (F) (G) (G) (F) (F) (G) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F				
(b) (c) (c) (d) (d) (d) (d) (e) (e) (e) (e) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f				
(E) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F				
Fig.   Go.				
(5)	- · ·			
Total. (Col. (b) must equal form 990, Part X, col. (B) line 12.				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)    Part VIII   Investments - Program Related.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.   (a) Description of investment   (b) Book value   (c) Method of valuation: Cost or end-of-year market value   (f)				
Part VIII   Investments - Program Related.				
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c, See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) (e) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g				
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (4) (5) (6) (6) (7) (7) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part N, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part 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) DEATH BENEFIT PAYABLE (3) OPERATING LEASE LIABILITIES (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (1) (1) (2) (2) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (1) (2) (2) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (1) (1) (2) (2) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (2) (2) (2) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (1) (2) (2) (2) (2) (2) (3) (4) (5) (6) (7) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (2) (2) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (9) (9) (1) (1) (1) (1) (1) (2) (2) (2) (2) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9				l-of-year market va <b>l</b> ue
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(9)  Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)  Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	- · ·			
Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				/OO 1EO
			_	

has been provided in Part XIII ... A

Schedule D (Form 990) 2022

Pai	rt XI Reconciliation of Revenue per Audited Financial Sta	atements With Revenue	per Return.	
	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:			
а	Net unrealized gains (losses) on investments	2a		
b				
С				
d				
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1.			
Pa	rt XII Reconciliation of Expenses per Audited Financial S	tatements With Expense	s per Return.	
	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:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line	<u>18.)</u>	5	
	rt XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		t V, line 4; Part X, line 2; Part $\lambda$	KI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any additional information.		
PAL	RT X, LINE 2:			
MAI	NAGEMENT HAS EVALUATED THE EFFECT OF AC	COUNTING GUIDANG	SE SURROUNDING	
	CODE THE THOOME WAY DOCTORED AND CONCIL			10
UNC	CERTAIN INCOME TAX POSITIONS AND CONCLU	DED THAT THE ORG	SANIZATION HAS I	NO
α T /	ONTELOZNE ETNIZNOTZI OEZENENE EVDOGIDE	mo imagenma in mas	Z DOGTETONG AE	
SIC	GNIFICANT FINANCIAL STATEMENT EXPOSURE	TO UNCERTAIN TAX	C POSITIONS AT	
M 73 T	OCH 21 2022 MIE ODGANIZAMION IC NOM (		י אווי אווי אווי אווי אווי	U.
MAI	RCH 31, 2023. THE ORGANIZATION IS NOT C	URRENTLY UNDER A	AUDIT BY ANY TAZ	Λ.
тттт	O T CD T C A M T O N			
100	RISDICATION.			

# SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Part |

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

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

Open to Public Inspection 54-1596178

**≗** 

X Yes

**Employer identification number** 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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. General Information on Grants and Assistance ACCESSIA HEALTH criteria used to award the grants or assistance? Name of the organization

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.	Domestic Organiz 55,000. Part II can	rations and Domestic be duplicated if additic	Governments. Conal space is neede	omplete if the orga	nization answered "Y	es" on Form 990, Part l	V, line 21, for any
1 (ε	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ი დ — — — —	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	nd government org s listed in the line 1	janizations listed in the table	line 1 table				
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruction	ons for Form 990.					Schedule I (Form 990) 2022

ACCESSIA HEALTH

Page 2

54-1596178

Schedule I (Form 990) 2022 ACESSIA HEALTH

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.

Fart III can be uuplicated II auditional space is needed.					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
COPAY ASSISTANCE	2820	5,337,246.	0.		
MEDICAL EXPENSE ASSISTANCE	271	128,331.	.0		
PREMIUM ASSISTANCE	2043	2,450,008.	•0		
TRAVEL EXPENSE ASSISTANCE	464	.486,735.	•0		
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	quired in Part I, lin	e 2; Part III, column	(b); and any other ad	ditional information.	
PART I, LINE 2:					
THE BOARD REVIEWS GRANTS ACCORDING TO	THE	PROGRAM PARAMETERS.		RECORDS ARE	
KEPT TO SUBSTANTIATE THE AMOUNT OF	THE	GRANT ASSISTANCE.		INDIVIDUAL GRANT	
ASSISTANCE RECIPIENTS MUST PROVIDE	SUPPORTING	NG DOCUMENTATION	2L	ACCESSIA	
HEALTH IN ORDER TO VALIDATE EXPENSES	ES FOR AWARDED	ARDED FUNDS	8.		

### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

ACCESSIA HEALTH

Employer identification number 54-1596178

PARTI, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: WHO COULD NOT OTHERWISE AFFORD THEIR HEALTHCARE. PART VI, SECTION B, LINE 11B: FORM 990, THE FORM 990 IS ELECTRONICALLY SENT TO MANAGEMENT, THE AUDIT COMMITTEE AND THE FULL BOARD FOR REVIEW PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: IF A CONFLICT OF INTEREST IS DEEMED TO EXIST, THE PERSON HAVING THE CONFLICT OF INTEREST SHALL NOT PARTICIPATE OR ATTEND, VOTE ON, OR USE HIS/HER PERSONAL INFLUENCE IN CONNECTION WITH THE DISCUSSIONS, DELIBERATIONS, OR VOTE WITH RESPECT TO, SUCH CONTRACT, TRANSACTION ARRANGEMENT, OR RELATED MATTERS AFFECTING THE ORGANIZATION. PART VI, FORM 990 SECTION B, LINE 15: THE BOARD OF DIRECTORS DETERMINES AND APPROVES COMPENSATION DECISIONS FOR THE CEO, WHICH ARE BASED ON A COMPENSATION SURVEY/STUDY CONDUCTED ONCE PER YEAR. THE DECISION IS DOCUMENTED IN THE BOARD MINUTES. FOR OTHER KEY COMPENSATION IS DETERMINED THROUGH ANALYSIS OF FAIR MARKET VALUE FOR COMPARABLE POSITIONS. THIS IS ALSO COMPARED TO COMPENSATION STUDIES PROVIDED BY MULTIPLE SOURCES. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization ACCESSIA HEALTH	Employer identification number 54-1596178
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
UNCOLLECTIBLE PLEDGE EXPENSE	-138,966.
CHANGE IN DEATH BENEFIT PAYABLE	299,940.
TOTAL TO FORM 990, PART XI, LINE 9	160,974.

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

Attach to Form 990.

2022

OMB No. 1545-0047

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

Open to Public Inspection

Employer identification number 54-1596178ACCESSIA HEALTH Name of the organization

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

Part I

	(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
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.	ions. Complete if the organization ans	wered "Yes" on Form 990, Par	t IV, line 34, becaus	e it had one or more re	elated tax-exempt

(a)	(q)	(၁)	(p)	(e)	(f)	(g)	VEV.13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Φ	Public charity	Direc	controlled	(c) (d)
of related organization		foreign country)	section	status (if section	entity	entity?	ن
				501(c)(3))		Yes	No
ACCESSIA HEALTH FOUNDATION - 26-2272338							
3104 E BOUNDARY COURT	PROMOTE THE DEVELOPMENT OF						
MIDLOTHIAN, VA 23112	ACCESSIA HEALTH	VIRGINIA	501(C)(3)	LINE 12A, I	ACCESSIA HEALTH	×	

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

Schedule R (Form 990) 2022

ACCESSIA HEALTH Schedule R (Form 990) 2022 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. Part III

Page 2

54-1596178

	gge dir								
용	General or Percentage managing ownership partner?  Yes No								
	tal or Post								
9	General or managing partner?								
(i)	Code V-UBI amount in box 20 of Schedule - K-1 (Form 1065)								
	Disproportionate allocations?								
<u>£</u>	Dispropo allocat								
(6)	Share of end-of-year assets								
(f)	Share of total income								
(e)	Predominant income (related, unrelated, excluded from tax under sections 512-514)								
(p)	Direct controlling entity								
(c)	Legal domicile (state or foreign country)								
(q)	Primary activity		 				 		 
(a)	Name, address, and EIN of related organization								

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. Part IV

organizations trouted as a sorbolation of the tax year.	dillig tile tan year:								
(a)	(q)	(0)	(p)	(e)		(6)	(h)	(5)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling Type of entity Corp. S corp,	Type of entity (C corp, S corp, or trust)	Sha	Share of end-of-year	Percentage ownership	section 512(b)(13) controlled entity?	7 13) ?
		country)		Ol tidat)		doodlo		Yes	No
ACCESIA, INC - 45-5275073	THIRD PARTY SERVICES								
3104 E BOUNDARY COURT	FOR PATIENT		ACCESSIA						
MIDLOTHIAN, VA 23112	ADMINISTRATIVE NEEDS	CA	НЕАГТН	c corp	0.	7,411.	100%	×	

232162 09-14-22

Schedule R (Form 990) 2022

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	2
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?	s with one or more re	ated organizations listed i	n Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	,			<del>1</del>		×
<b>b</b> Gift, grant, or capital contribution to related organization(s)				<b>1</b>		×
<b>c</b> Gift, grant, or capital contribution from related organization(s)				1	×	
d Loans or loan guarantees to or for related organization(s)				19		×
- 1				<del>-</del>		$ \bowtie $
(a) and the second second of the second seco				į		×
				= 3		ډ ⊳
g date of assets to related of galization (s)				5 ;	+	<b>4 </b> ۶
				Ę	Ť	ډ  <b>⊳</b>
i Exchange of assets with related organization(s)				;= :		×I>
j Lease of facilities, equipment, or other assets to related organization(s)				; <del>-</del>		∢
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
l Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			1		×
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			Ę		×
Sharing of facilities, equipment, mailing lists, or other assets with relati	on(s)			-	×	
				9	×	
p Reimbursement paid to related organization(s) for expenses				1p		×
				19		×
r Other transfer of cash or property to related organization(s)				÷		×
s Other transfer of cash or property from related organization(s)				18		×
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.	ho must complete thi	s line, including covered r	elationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	nvolved		
(1)						
(2)						
(3)						
(4)						
(5)						
(9)						
232163 09-14-22			Schedul	Schedule R (Form 990) 2022	990) 2	022

Page 4

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

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

age					
(h)         (i)         (j)         (k)           Disproportionate toninate automation allocations?         Code V-UBI General or Percentage manuful in box 20 partner?         Dartner?         ovnnership           Ves   No         (Form 1065)         Yes   No					
(j) General or F managing partner?					
(20 ma (-1 pa					
(i) le V-UB nt in box nedule k m 1065					
Coc amour of Scl					
(h) Disproportionate allocations?					
(g) Share of end-of-year assets					
St end a					
(f) Share of total income					
(e) Are all partners sec. 501(c)(3) er Yes No					
ne part 1, 50 1der 0					
(d) Predominant income related, unrelated, excluded from tax under sections 512-514)					
(d) dominant lated, un ded from ctions 51					
Prec (re excludes					
(c) Legal domicile (state or foreign country)					
(c) Legal domicile (state or foreign country)					
Le (st					
ivity					
(b) Primary activity					
Prim					
(a)  Name, address, and EIN  of entity  of entity  (b)  Predominant income (related, unrelated, state or foreign country)  (c)  (c)  (d)  (related, unrelated, state or foreign excluded from fax unde sections 512-514)					
(a) Name, address, and EIN of entity				$ \  \  \  \  $	
(a) address, a				$ \  \  \  $	
ne, adc					
Nan				$ \  \  \  \  $	