			EXTENDED TO JUNE 15, 20				OMB No. 1545-0047	
Form 990			Return of Organization Exempt Fro Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod	le (exc	ept private fou	ndations	омв №. 1545-0047 2021	
Depa	rtment	of the Treasury	Do not enter social security numbers on this form as it	-	-		Open to Public	
Interr	al Rev	enue Service	► Go to www.irs.gov/Form990 for instructions and the ar year, or tax year beginning AUG 1, 2021 and endir		information. UL 31,2	022	Inspection	
				ng Ju				
B C a	heck if pplicat	ble:			D Employer in	dentifica	tion number	
	_]chan ⊐Nam		EGE ACCESS PLAN		20-83	7140	n	
	_ chan ∃Initia		Jsiness as	. /aita			4	
	_returi Final returi	871	and street (or P.0. box if mail is not delivered to street address) E. WASHINGTON BLVD. 207		E Telephoner (626)		8500	
	termi	n-	own, state or province, country, and ZIP or foreign postal code		G Gross receipts		860,510.	
	Amer returi	nded DACA	DENA, CA 91104	Ī	H(a) Is this a g	roup retu	im	
	Appli tion	F Name a	nd address of principal officer:MONIQUE HYMAN		for subord	linates?	Yes X No	
	pend	^{ling} 871 E	. WASHINGTON BLVD., SUITE 207, PASAD)ENA	H(b) Are all subord	dinates inclu	uded? Yes No	
		kempt status: 🗌		527	lf "No," at	tach a lis	t. See instructions	
			COLLEGEACCESSPLAN.ORG		H(c) Group exe			
			X Corporation Trust Association Other ► L	∟ Year o	f formation: 20	06 м 8	State of legal domicile: CA	
Pa	art I							
ø	1	Briefly describ	e the organization's mission or most significant activities: FOUNDED) IN	2006, C	OLLE	JE ACCESS	
anc			EPARES UNDERSERVED STUDENTS TO SUCCE					
ern	2							
200	3	Number of voting members of the governing body (Part VI, line 1a)3					<u> 10 </u>	
જ	4						12	
Activities & Governance	5		of individuals employed in calendar year 2021 (Part V, line 2a)				67	
ţi	6		of volunteers (estimate if necessary)				0.	
Ac			d business revenue from Part VIII, column (C), line 12				0.	
		Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>	Prior Year			
	8	Contributions	and grants (Part VIII, line 1h)		786,3	27.	Current Year 692,094.	
Revenue	9				98,8		125,600.	
ŝvel		•	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)			56.	708.	
å	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,7		5,851.	
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		888,0		824,253.	
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		34,5		0.	
	14		to or for members (Part IX, column (A), line 4)			0.	0.	
S	15	.			658,2	02.	796,295.	
Expenses	16a	Professional fu	ndraising fees (Part IX, column (A), lines 5-10) ndraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) ► <u>61,352.</u>		3,0	00.	5,000.	
xpe	b	Total fundraisi	ng expenses (Part IX, column (D), line 25) 61,352.					
Ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		67,2		60,837.	
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		762,9		862,132.	
	19	Revenue less	expenses. Subtract line 18 from line 12		125,0		-37,879.	
Net Assets or Fund Balances				Beg	jinning of Current	Year	End of Year	
sset: 3alar	20	Total assets (F			981,2		963,384.	
et A: nd E	21		(Part X, line 26)	· ·	39,5		59,607.	
Ź	22		fund balances. Subtract line 21 from line 20	.	941,6	50.	903,777.	
	art II	-		- 4 - 4		-+		
			declare that I have examined this return, including accompanying schedules and a			-	nowledge and belief, it is	
true,	corre	ci, and complete.	Declaration of preparer (other than officer) is based on all information of which pr	reparer l	has any knowledg	е.		
		I 						

Sign	Signature of officer		Date
Here	KIM TRAN, TREASURER		
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature Date	Check PTIN
Paid	DAVID BERINGER		self-employed P00072312
Preparer	Firm's name 🕞 THE BERINGER GRO		Firm's EIN ▶ 47-2281641
Use Only	Firm's address 🖕 527 S. LAKE AVEN	UE, SUITE 230	
	PASADENA, CA 911	01	Phone no. (626) 325-6510
May the IF	RS discuss this return with the preparer shown abo	ove? See instructions	X Yes No
		a and the concrete instructions	

I U	rt III Statement of Program Service Accomplishments		
	Charly if Schadule O contains a reasonance or pate to any line in this Bart III		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: WE'RE A STUDENT-CENTERED SUPPORT SYSTEM THAT SERVES AN	יע משנוספאש שער	`
	OPTS INTO OUR SERVICES. CAP FOSTERS MEANINGFUL INTERAC		
	STUDENTS AND THEIR FAMILIES THROUGH ANY AND ALL COLLEG		AND
	SUCCESS STEPS, SUPPORTING THEM AS THEY NAVIGATE THE JC	DURNEY FROM	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es? Yes	X
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services	as measured by expense	S.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to c		
	revenue, if any, for each program service reported.		ana
4a		evenue \$ 90,	60
40	(Code:) (Expenses \$ 258,758 • including grants of \$) (Re HIGH SCHOOL PROGRAM:	evenue \$ 90,	00
	HIGH SCHOOL PROGRAM:		
	COLLEGE ACCERCIPIAN (CAR) PROVIDER COLLEGE CURRORD		TN
	COLLEGE ACCESS PLAN (CAP) PROVIDED COLLEGE SUPPORT BY		
	AND INDIVIDUALIZED APPOINTMENTS LAB TWO DAYS PER WEEK		
	UNIFIED SCHOOL DISTRICT (PUSD) HIGH SCHOOLS. STUDENTS		
	ACTIVITIES SUCH AS COMPLETING COLLEGE AND FINANCIAL AI		1S,
	APPLYING FOR SCHOLARSHIPS, AND COLLEGE 101 COURSES FOC	CUSED ON	
	NAVIGATING THE HOLISTIC ADMISSIONS PROCESS.		
	THE PURPOSE OF CAP'S ON-CAMPUS OFFERINGS IS TO PROVIDE	E FUNDAMENTAL	
	COLLEGE INFORMATION TO HIGH SCHOOL STUDENTS AND TO FOL	LOW THAT	
	INFORMATION UP WITH PROGRAMS THAT ARE INDIVIDUALIZED T	O MEET EACH	
4b	(Code:) (Expenses \$ 75,130. including grants of \$) (Re	evenue \$ 10,	00
	MIDDLE SCHOOL PROGRAM:	·	
	CAP PROVIDED IN-CLASS, INTERACTIVE COLLEGE, CAREER, AN	D ACADEMIC	
	CAP PROVIDED IN-CLASS, INTERACTIVE COLLEGE, CAREER, AN LITERACY MODULES AS WELL AS ONE-ON-ONE COUNSELING SESS		ENT
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	LITERACY MODULES AS WELL AS ONE-ON-ONE COUNSELING SESS		
4.0	LITERACY MODULES AS WELL AS ONE-ON-ONE COUNSELING SESS ATTENDING PUSD MIDDLE SCHOOLS.	SIONS TO STUDE	
4c	LITERACY MODULES AS WELL AS ONE-ON-ONE COUNSELING SESS ATTENDING PUSD MIDDLE SCHOOLS.		
4c	LITERACY MODULES AS WELL AS ONE-ON-ONE COUNSELING SESS ATTENDING PUSD MIDDLE SCHOOLS.	SIONS TO STUDE	
	LITERACY MODULES AS WELL AS ONE-ON-ONE COUNSELING SESS ATTENDING PUSD MIDDLE SCHOOLS.	SIONS TO STUDE	
4c	LITERACY MODULES AS WELL AS ONE-ON-ONE COUNSELING SESS ATTENDING PUSD MIDDLE SCHOOLS.	SIONS TO STUDE	. 50
4c	LITERACY MODULES AS WELL AS ONE-ON-ONE COUNSELING SESS ATTENDING PUSD MIDDLE SCHOOLS. (Code:) (Expenses \$ 176,159. including grants of \$) (Regime for the second se	EVENUE \$ 12, EVENUE \$ 12, EON. STUDENTS ROGRAM. STUDEN	. 50
4c	LITERACY MODULES AS WELL AS ONE-ON-ONE COUNSELING SESS ATTENDING PUSD MIDDLE SCHOOLS.	SIONS TO STUDE evenue \$ 12, CON. STUDENTS ROGRAM. STUDEN E COURSES,	- 50 ITS
4c	LITERACY MODULES AS WELL AS ONE-ON-ONE COUNSELING SESS ATTENDING PUSD MIDDLE SCHOOLS. (Code:)(Expenses \$176,159. including grants of \$) (Re I HEART COLLEGE: CAP SUPPORTS COLLEGE STUDENTS THROUGH COLLEGE GRADUATI RECEIVED ONLINE, IN-PERSON, AND E-RESOURCES IN THIS PE ALSO RECEIVED EXPERT SUPPORT WITH ENROLLING IN COLLEGE RENEWING THEIR FINANCIAL AID, AND NAVIGATING THE COLLE	SIONS TO STUDE evenue \$ 12, CON. STUDENTS ROGRAM. STUDEN E COURSES, EGE LANDSCAPE	- 50 ITS
4c	LITERACY MODULES AS WELL AS ONE-ON-ONE COUNSELING SESS ATTENDING PUSD MIDDLE SCHOOLS.	SIONS TO STUDE evenue \$ 12, CON. STUDENTS ROGRAM. STUDEN E COURSES, EGE LANDSCAPE	- 50 ITS
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4c	LITERACY MODULES AS WELL AS ONE-ON-ONE COUNSELING SESS ATTENDING PUSD MIDDLE SCHOOLS. (Code:)(Expenses \$176,159. including grants of \$) (Re I HEART COLLEGE: CAP SUPPORTS COLLEGE STUDENTS THROUGH COLLEGE GRADUATI RECEIVED ONLINE, IN-PERSON, AND E-RESOURCES IN THIS PE ALSO RECEIVED EXPERT SUPPORT WITH ENROLLING IN COLLEGE RENEWING THEIR FINANCIAL AID, AND NAVIGATING THE COLLE	SIONS TO STUDE evenue \$ 12, CON. STUDENTS ROGRAM. STUDEN E COURSES, EGE LANDSCAPE	- 50 TTS
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	LITERACY MODULES AS WELL AS ONE-ON-ONE COUNSELING SESS ATTENDING PUSD MIDDLE SCHOOLS. (Code:)(Expenses \$ 176,159. including grants of \$) (Re I HEART COLLEGE:) (Expenses \$ 176,159. including grants of \$) (Re CAP SUPPORTS COLLEGE STUDENTS THROUGH COLLEGE GRADUATI RECEIVED ONLINE, IN-PERSON, AND E-RESOURCES IN THIS PE ALSO RECEIVED EXPERT SUPPORT WITH ENROLLING IN COLLEGE RENEWING THEIR FINANCIAL AID, AND NAVIGATING THE COLLE ADDITION TO OPPORTUNITIES TO SOCIALIZE WITH THEIR PEEP Other program services (Describe on Schedule O.)	EVENUE \$ 12, EVENUE \$ 12, EVENU	50 7TS
4d	LITERACY MODULES AS WELL AS ONE-ON-ONE COUNSELING SESS ATTENDING PUSD MIDDLE SCHOOLS. (Code:)(Expenses \$176,159. including grants of \$) (Recence \$	SIONS TO STUDE evenue \$ 12, CON. STUDENTS ROGRAM. STUDEN E COURSES, EGE LANDSCAPE	50 7TS
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4d 4e	LITERACY MODULES AS WELL AS ONE-ON-ONE COUNSELING SESS ATTENDING PUSD MIDDLE SCHOOLS. (Code:)(Expenses \$176,159. including grants of \$) (Recence \$	EVENUE S EVENUE	- 50 TTS IN
4d 4e	LITERACY MODULES AS WELL AS ONE-ON-ONE COUNSELING SESS ATTENDING PUSD MIDDLE SCHOOLS. (Code:)(Expenses \$ 176,159. including grants of \$) (Re I HEART COLLEGE:) (Re CAP SUPPORTS COLLEGE STUDENTS THROUGH COLLEGE GRADUATI RECEIVED ONLINE, IN-PERSON, AND E-RESOURCES IN THIS PE ALSO RECEIVED EXPERT SUPPORT WITH ENROLLING IN COLLEGE RENEWING THEIR FINANCIAL AID, AND NAVIGATING THE COLLE ADDITION TO OPPORTUNITIES TO SOCIALIZE WITH THEIR PEEF Other program services (Describe on Schedule O.) (Expenses \$ 172,364. including grants of \$) (Revenue \$) CEE_ SCHEDULE O, EOD, CONTINUATION	SIONS TO STUDE evenue \$ 12, CON. STUDENTS ROGRAM. STUDEN E COURSES, EGE LANDSCAPE RS. 12,500.) Form § I(S)	- 50 TTS IN

Form	990	(2021)

Part IV Checklist of Required Schedules

COLLEGE ACCESS PLAN

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
_	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	2		x
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
-	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
-	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	x	
11	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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			x
Ч	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	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	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
-	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	^	
19	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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COLLEGE ACCESS PLAN

Part IV Checklist of Required Schedules (continued)

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
;	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			x
	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		
		24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
6	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	26		X
•	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
_	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
8	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	200		x
h	"Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	200		
Ŭ	"Yes," complete Schedule L, Part IV	28c		x
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		x
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	32		x
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
ŧ	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
а	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2	36		X
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		x
3	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		23
,	Note: All Form 990 filers are required to complete Schedule O	38	x	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
la	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Tes	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-	(gambling) winnings to prize winners?	1c		
004	12-09-21		990	(2021)
	4			
50	615 148441 2148 2021.05080 COLLEGE ACCESS PLAN	214	48	1

r ai	t V Statements Regarding Other IRS Filings and Tax Compliance (continued	l)		
				Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return	2a 12	2	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax ret	urns?	2b	Х
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instruction	ns.		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedul	le O	Зb	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or othe	r authority over, a		
	financial account in a foreign country (such as a bank account, securities account, or other financia	I account)?	4a	
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	
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans		5b	
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c	
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did			
	any contributions that were not tax deductible as charitable contributions?		6a	
b	If "Yes," did the organization include with every solicitation an express statement that such contribu-			
	were not tax deductible?	-	6b	
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and s	ervices provided to the payor?	7a	
	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			
•	to file Form 8282?		7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year		10	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		7e	
f	Did the organization, during the year, pay premiums, directly, to pay premiums on a personal benefit con		76 7f	
	If the organization received a contribution of qualified intellectual property, did the organization file		7g	
g b			79 7h	
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organi		- /11	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine			
~			8	
9	Sponsoring organizations maintaining donor advised funds.			
а			9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	
0	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12	10a	-	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-	
1	Section 501(c)(12) organizations. Enter:	1 1		
а	Gross income from members or shareholders	11a	4	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	11b		
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	m 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	4	
3	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	13b		
с	Enter the amount of reserves on hand	13c		
	Did the organization receive any payments for indoor tanning services during the tax year?		14a	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Sched	lule O	14b	
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remur			
5	excess parachute payment(s) during the year?		15	
5				
5	IT "Yes," see the instructions and file Form 4720, Schedule N.		1	
	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investme	ent income?	16	
5 6	Is the organization an educational institution subject to the section 4968 excise tax on net investme	ent income?	16	
6	Is the organization an educational institution subject to the section 4968 excise tax on net investme If "Yes," complete Form 4720, Schedule O.		16	
	Is the organization an educational institution subject to the section 4968 excise tax on net investme If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage is	n any	16 17	
6	Is the organization an educational institution subject to the section 4968 excise tax on net investme If "Yes," complete Form 4720, Schedule O.	n any		

Form 990	(2021))
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COLLEGE ACCESS PLAN

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

X

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.

 If there a body del Enter th Did any officer, Did the of office Did the 	The number of voting members of the governing body at the end of the tax year	nip with a	10 9		
 body del Enter th Did any officer, Did the of office Did the 	egated broad authority to an executive committee or similar committee, explain on Schedule 0. The number of voting members included on line 1a, above, who are independent officer, director, trustee, or key employee have a family relationship or a business relationship director, trustee, or key employee? organization delegate control over management duties customarily performed by or under the ers, directors, trustees, or key employees to a management company or other person?	nip with a)	
 b Enter th 2 Did any officer, 3 Did the of office 4 Did the 5 Did the 6 Did the 7a Did the 	e number of voting members included on line 1a, above, who are independent	nip with a)	1
 Did any officer, Did the of office Did the Did the Did the Did the Did the Ta Did the 	officer, director, trustee, or key employee have a family relationship or a business relationship director, trustee, or key employee? organization delegate control over management duties customarily performed by or under the service of the trustees, or key employees to a management company or other person?	nip with a			4
officer, Did the of office Did the Did the Did the Did the Did the Did the Did the	director, trustee, or key employee? organization delegate control over management duties customarily performed by or under t ers, directors, trustees, or key employees to a management company or other person?		ny other	1 !	
 3 Did the of office 4 Did the 5 Did the 6 Did the 7a Did the 	organization delegate control over management duties customarily performed by or under ters, directors, trustees, or key employees to a management company or other person?			2	
of office 4 Did the 5 Did the 6 Did the 7a Did the	ers, directors, trustees, or key employees to a management company or other person?				
4 Did the5 Did the6 Did the7a Did the				3	
5 Did the6 Did the7a Did the	organization make any significant changes to its governing documents since the prior Form			4	
6 Did the7a Did the	organization become aware during the year of a significant diversion of the organization's as			5	
7a Did the	organization have members or stockholders?			6	
	organization have members, stockholders, or other persons who had the power to elect or a			-	
	embers of the governing body?			7a	
b Are any	governance decisions of the organization reserved to (or subject to approval by) members,	stockho	ders, or		
•	s other than the governing body?			7b	L
	organization contemporaneously document the meetings held or written actions undertaken during the ye	-	-		
	/erning body?			8a	X
b Each co	ommittee with authority to act on behalf of the governing body?			8b	Х
	any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re				l
	ation's mailing address? If "Yes," provide the names and addresses on Schedule O			9	L
ection B.	Policies (This Section B requests information about policies not required by the Internal F	Revenue	Code.)		
_					Yes
	organization have local chapters, branches, or affiliates?			10a	├───
	did the organization have written policies and procedures governing the activities of such a				
	inches to ensure their operations are consistent with the organization's exempt purposes?			10b	v
	e organization provided a complete copy of this Form 990 to all members of its governing bo	dy befor	e filing the form?	11a	X
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				v
	organization have a written conflict of interest policy? If "No," go to line 13			12a	X
	icers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	Х
	organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " edule O how this was done			12c	x
	organization have a written whistleblower policy?			13	Х
	organization have a written document retention and destruction policy?			14	Х
	process for determining compensation of the following persons include a review and approv				
	s, comparability data, and contemporaneous substantiation of the deliberation and decision				
=	anization's CEO, Executive Director, or top management official			15a	х
•	fficers or key employees of the organization			15b	Х
	to line 15a or 15b, describe the process on Schedule O. See instructions.				
	organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement wi	th a		
taxable	entity during the year?			16a	
b If "Yes,	did the organization follow a written policy or procedure requiring the organization to evaluate				
	venture arrangements under applicable federal tax law, and take steps to safeguard the orga	-	-		
	status with respect to such arrangements?			16b	
ection C	Disclosure				
7 List the	states with which a copy of this Form 990 is required to be filed \blacktriangleright CA				
	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) avail
	ic inspection. Indicate how you made these available. Check all that apply. wyn website Another's website X Upon request Other <i>(explai</i>)	n on Sch	edule ()		
	e on Schedule O whether (and if so, how) the organization made its governing documents, or		,	ad finar	acial
	e on Schedule O whether (and it so, now) the organization made its governing documents, c ents available to the public during the tax year.		i interest policy, ar	iu iiiaf	icial
		ooke or	tracarda 🕨		
THE	ne name, address, and telephone number of the person who possesses the organization's b	ooks and			
871	E. WASHINGTON BLVD., 207, PASADENA, CA 91104				
2006 12-09-21	_			Form	9 90
	6				

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per	(do box	not c , unle	(C Pos heck ss pe	C) ition more rson	than	one h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer Officer		Highest compensated sn1/u employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) MONIQUE HYMAN	40.00	x		x				112 722	0.	0 6 2 1
EXECUTIVE DIRECTOR (2) LAURA ZACHAR	2.00	^		<u>^</u>				113,722.	0.	8,634.
	2.00	x		x				0.	0.	0.
CHAIR (3) JESSICA COBB	2.00	^		^				0.	0.	0.
VICE CHAIR	2.00	x		x				0.	0.	0.
(4) SARU RAMANAN	2.00							Ŭ.		0.
SECRETARY		x		x				0.	0.	0.
(5) KIM TRAN	5.00								• •	
TREASURER		x		x				0.	0.	0.
(6) JANA BLUMENTHAL	2.00									
MEMBER		x						0.	Ο.	0.
(7) DOMINICK CORREY	2.00									
MEMBER		Х						0.	0.	0.
(8) MAUREEN EAGLE GELBERG	2.00									
MEMBER		Х						0.	0.	0.
(9) LAWAYNE WILLIAMS	2.00									
MEMBER		X						0.	0.	0.
(10) MICHAEL OCON	2.00							0	0	0
MEMBER		X						0.	0.	0.
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Par	t VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C						
	(A) Name and title	(B) Average hours per week (list any	box, offic	not c , unle	ss pe	ition more rson i	than is bot pr/trus	h an	(D) Reportable compensation from the	(E) Reportable compensatic from related organization	on d	an	(F) stimate nount other pensa	of
		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-MIS 1099-NEC)		org and	om the anizati d relate anizatio	ion ed
1b	Subtotal								113,722.		0.		8,6	34.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0. 113,722.		0.		8,6	0. 34.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed al	bove	e) wł	no re	eceived more than \$100	,000 of reportab	le		Yes	1 No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>				•	-		Ŭ	phest compensated emp	2		3	100	x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportab	le co	omp	ensa	atior	n and	d otl	her compensation from	the organization		4		х
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i> tion B. Independent Contractors					-			-			5		х
1	Complete this table for your five highest co	mpensated inc	depe	ende	ent c	ontr	racto	ors t	hat received more than	\$100,000 of con	npens	ation f	rom	
	the organization. Report compensation for (A)	the calendar y	ear e	endi	ng v	vith	or w	ithir I	n the organization's tax (B)	year.		(0	<u></u>	
	Name and business	address	NC	ONE	3			_	Description of s	ervices	C		nsatio	n
								-						
2	Total number of independent contractors (i	ncludina but n	ot lir	nite	d to	the	se lie		above) who received m	ore than				
	\$100,000 of compensation from the organiz	•	51 11	ine		()					Form	990 (2	2021)

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						Total revenue	function revenue	business revenue	from tax under sections 512 - 514
ts ts	1	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	•			1b					
۵Ĕ				1c	39,122.				
ifts ar A				1d					
ni6				1e	70,000.				
Sir			All other contributions, gifts, grants, and		,0,000.				
er uti		'			582,972.				
₽Ë			···· –	1f	40,630.				
u ou		-		1g \$	-	602 004			
a O		h	Total. Add lines 1a-1f			692,094.			
					Business Code	105 600	105 600		
ice	2	а	GENERAL PROGRAMS		611710	125,600.	125,600.		
Program Service Revenue		b							
n S ent		С							
ran Jev		d							
<u>g</u>		е							
ē		f	All other program service revenue						
		g	Total. Add lines 2a-2f		►	125,600.			
	3		Investment income (including dividen	ds, intere	est, and				
			other similar amounts)		▶	571.			571.
	4		Income from investment of tax-exemp						
	5		Royalties		►				
				Real	(ii) Personal				
	6	а	Gross rents						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)						
	7		· /	curities	(ii) Other				
	•	ŭ		184.					
		h	Less: cost or other basis						
ē		^N	and sales expenses 7b 25,	047.					
ent		~	Gain or (loss) 7c	137.					
۴ در			Net gain or (loss)			137.			137.
Ϋ́	~		Gross income from fundraising events (no			1970			137.
Other Revenue	8	а	including \$ 39,122.						
0									
			contributions reported on line 1c). See		17 061				
			Part IV, line 18		17,061.				
			Less: direct expenses		-	E 0E1			
	_		Net income or (loss) from fundraising		>	5,851.			5,851.
	9	а	Gross income from gaming activities.						
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gaming acti	vities	🕨				
	10	а	Gross sales of inventory, less returns						
			and allowances						
		b	Less: cost of goods sold	10 b					
		С	Net income or (loss) from sales of inve	entory	►				
s					Business Code				
Miscellaneous Revenue	11	а							
enu		b							
evel Sec		с							
л. Ц		d	All other revenue						
			Total. Add lines 11a-11d		>				
	12		Total revenue. See instructions			824,253.	125,600.	0.	6,559.
13200	9 12	-09	-21						Form 990 (2021)
						9			

(A)

Total revenue

(B)

Related or exempt

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(D) Revenuè excluded

(C)

Unrelated

COLLEGE ACCESS PLAN

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

Form 990 (2021) Part VIII Statement of Revenue

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COLLEGE ACCESS PLAN

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 respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and general expenses	(D) Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
-	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	122,356.	61,178.	24,471.	36,707
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	567,070.	496,426.	58,190.	12,454
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	12,789.	10,907.	1,510.	372 1,346 3,612
9	Other employee benefits	41,277.	35,013.	4,918.	1,346
0	Payroll taxes	52,803.	42,914.	6,277.	3,612
1	Fees for services (nonemployees):				
а	Management				
b					
с		9,275.		9,000.	275
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	5,000.			5,000
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	1,314.	1,068.	156.	90
2	Advertising and promotion	2,025.	25.	2,000.	
3	Office expenses	2,617.	859.	1,758.	
4	Information technology	406.	36.	370.	
5	Royalties	10 100		10.400	
6	Occupancy	12,480.		12,480.	
7	Travel	1,153.	808.	345.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates	F 01 C		F 01 C	
2	Depreciation, depletion, and amortization	5,816.	0 200	5,816.	200
3	Insurance	10,981.	8,309.	2,283.	389
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
~	amount, list line 24e expenses on Schedule 0.)	15,583.	15,583.		
a h	SUPPLIES	5,096.	3,953.	919.	224
b	MEALS & SNACKS	3,948.	2,926.	790.	232
c d	POSTAGE & SHIPPING	2,741.	1,786.	403.	552
	All other expenses	-12,598.	620.	-13,317.	99
е 5	Total functional expenses. Add lines 1 through 24e	862,132.	682,411.	118,369.	61,352
5 6	Joint costs. Complete this line only if the organization				01,004
.0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Check here Check here Check here				
_					Form 990 (202

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5 controlled entity or family member of any of these persons 6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 25,712. basis. Complete Part VI of Schedule D _____ 10a 21,054. 10,475. b Less: accumulated depreciation _____ 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 981,212. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 39,556. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 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 25 of Schedule D 39,556. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 and complete lines 27, 28, 32, and 33. 661,027. Net assets without donor restrictions 27 280,629. Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here 🕨 🗋 and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30

COLLEGE ACCESS PLAN

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

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

(A) (B) Beginning of year End of year 895,587. 888,726. Cash - non-interest-bearing 1 1 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 70,000. 75,150. 4 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 4,658. 963,384. 59,607. 20 21 22 23 24 59,607. 701,340. 27 202,437.

963,384. Form **990** (2021)

2148 1

903,777.

31

32

33

941,656.

981,212.

Assets

_iabilities

Net Assets or Fund Balances

Form	1990 (2021) COLLEGE ACCESS PLAN	20-8	371402	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			53.
2	Total expenses (must equal Part IX, column (A), line 25)	2			32.
3	Revenue less expenses. Subtract line 2 from line 1	3			79.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	941	.,6	56.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	903	3,7	77.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		1		
				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	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			37
	Act and OMB Circular A-133?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			200	L

Form **990** (2021)

132012 12-09-21

Department of the Treasury

Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection
 tal and the state of a second base

Nan	ne of t	the organization	FOF ACCECC						identification numb	ber
Da	rt I	Reason for Public	EGE ACCESS		omplata ti	aia nart) C	`aa inatrustiar		0-8371402	
			-					15.		
	organ	ization is not a private found								
1	\square	A church, convention of ch				on 170(b)(*	1)(A)(I).			
2		A school described in sect								
3		A hospital or a cooperative								
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for section 170(b)(1)(A)(iv). (C		llege or university owned	d or opera	ted by a g	overnmental ι	unit descrik	bed in	
6		A federal, state, or local go	vernment or governn	nental unit described in :	section 17	70(b)(1)(A)	(v).			
7	Χ	An organization that norma						he general	public described in	
		section 170(b)(1)(A)(vi). (C			U			0		
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org				ed in coniu	unction with a	land-grant	college	
•		or university or a non-land-								
		university:	grant conege er agne			name, en	y, and otato o			
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contributio	ons members	hip fees a	nd gross receipts fro	
		activities related to its exen								
		income and unrelated busin		-					-	
		See section 509(a)(2). (Con				3363 acqu		gamzation	alter Julie JU, 1973.	
11		An organization organized a		ively to test for public sa	foty Soo	soction 50	10(-1)(4)			
12	\square	An organization organized a	-	•	-			arry out the	nurneses of one or	
12		more publicly supported or	-	•				-		
		lines 12a through 12d that								
~									, aivina	
а		Type I. A supporting orga								
		the supported organization			a majority	of the dire	ctors or truste	es of the s	supporting	
		organization. You must o						()		
b		Type II. A supporting org								
		control or management o			ame perso	ons that co	ontrol or mana	age the sup	ported	
		organization(s). You mus								
С		Type III functionally interpretent of the second						Ily integrate	ed with,	
		its supported organizatio								
d		Type III non-functionally	y integrated. A supp	oorting organization oper	ated in co	nnection v	with its suppo	rted organi	zation(s)	
		that is not functionally int	egrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement an	d an attent	iveness	
		_ requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V .			
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	а Туре I, Туре	II, Type III		
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi:	zation.				
f	Ente	er the number of supported o	organizations							
g	Pro	vide the following information	n about the supporte	<u> </u>						
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of		(vi) Amount of other	
		organization		above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructio	ns)
Tota	al								<u> </u>	

Schedule A (Form 990) 2021

COLLEGE ACCESS PLAN

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

fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support									
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	569,155.	717,435.	614,976.	786,327.	692,094.	3,379,987.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge	58,500.	59,200.	71,200.		67,183.	256,083.			
4	Total. Add lines 1 through 3	627,655.	776,635.	686,176.	786,327.	759,277.	3,636,070.			
	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)									
6	Public support. Subtract line 5 from line 4.						3,636,070.			
	ction B. Total Support						, , , .			
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
	Amounts from line 4	627,655.	776,635.	686,176.	786,327.	759,277.	3,636,070.			
	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	141.	661.	2,280.	153.	571.	3,806.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)	100.	168.	188.			456.			
11	Total support. Add lines 7 through 10						3,640,332.			
	Gross receipts from related activities,	etc. (see instructi	ons)		•	12	454,554.			
13	First 5 years. If the Form 990 is for th	ne organization's fi				501(c)(3)				
	organization, check this box and stop	here			-					
See	ction C. Computation of Publ	ic Support Pe	rcentage							
14	Public support percentage for 2021 (I	ine 6, column (f), c	divided by line 11,	column (f))		14	99.88 %			
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	99.89 %			
	33 1/3% support test - 2021. If the c					nore, check this bo				
	stop here. The organization qualifies	as a publicly supp	orted organization				X			
b	33 1/3% support test - 2020. If the c	organization did no	ot check a box on I	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	nis box			
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶∟			
17a	10% -facts-and-circumstances tes	t - 2021. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,			
	and if the organization meets the fact	s-and-circumstand	ces test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation			
	meets the facts-and-circumstances te	est. The organization	on qualifies as a pu	ublicly supported of	organization		▶□			
b	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or			
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	ck this box and st	t op here. Explain ii	n Part VI how the				
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization									
18	18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions									
						Schedule A	(Form 990) 2021			

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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.)

Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Tota	
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 \dots								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received								
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
c	Add lines 7a and 7b								
3	Public support. (Subtract line 7c from line 6.)								
e	ction B. Total Support								
ale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Tota	I
9	Amounts from line 6								
0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses acquired after June 30, 1975								
	Add lines 10a and 10b								
	Net income from unrelated business activities not included on line 10b, whether or not the business is								
2	regularly carried on Other income. Do not include gain or loss from the sale of capital								
13	assets (Explain in Part VI.)					-			
	Total support. (Add lines 9, 10c, 11, and 12.)	o organization's f	irst socood third	fourth or fifth to:	l	1 501/~)	(3) organizati	00	
.4	First 5 years. If the Form 990 is for the	e organization's f			•	. ,		un, ►	
	check this box and stop here	c Support Pe						🟲	
	Public support percentage for 2021 (li			column (f)		15			%
			•			16			
16 30	Public support percentage from 2020 ction D. Computation of Invest					10			%
	-					47			0/
	Investment income percentage for 20					17			%
	Investment income percentage from 2						0/ and line of	7 in mat	%
98	33 1/3% support tests - 2021. If the	-					%, and line 1	/ IS NOT	
	more than 33 1/3%, check this box ar							Þ	
b	33 1/3% support tests - 2020. If the								
~	line 18 is not more than 33 1/3%, che								
	Private foundation. If the organization	n ula not check a	box on line 14, 19	a, or 190, check ti	his box and see ins	struct			
202	23 01-04-22			15			Schedule A	(Form 990)	2021
= 1	615 140441 0140	2.0	01 05000	-	CCESS PLAN	т		2148	1
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2021.05080 COLLEGE ACCESS PLAN

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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1

2

			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	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			

Sec	tion C. Type II Supporting Organizations
	supervised, or controlled the supporting organization.
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
2	Did the organization operate for the benefit of any supported organization other than the supported
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

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

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

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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17 2021.05080 COLLEGE ACCESS PLAN Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

instructions).

Schedule A (Form 990) 2021

132026 01-04-22

Par	rt V Type III Non-Functional	y Integrated 509	(a)(3) Supporting Org	anizations _{(continu}	ied)	
Secti	tion D - Distributions					Current Year
1	Amounts paid to supported organization	ons to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that o	lirectly furthers exemp	ot purposes of supported			
	organizations, in excess of income from	n activity			2	
3	Administrative expenses paid to accon	nplish exempt purpos	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use a				4	
5	Qualified set-aside amounts (prior IRS a	approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI)				6	
7	Total annual distributions. Add lines	1 through 6.			7	
8	Distributions to attentive supported or	ganizations to which t	he organization is responsiv	e		
	(provide details in Part VI). See instruct	ions.	-		8	
9	Distributable amount for 2021 from Sec	ction C, line 6			9	
10	Line 8 amount divided by line 9 amoun	t			10	
			(i)	(ii)		(iii)
Secti	tion E - Distribution Allocations (see ins	structions)	Excess Distributions	Underdistribution Pre-2021	IS	Distributable Amount for 2021
_1	Distributable amount for 2021 from Sec	ction C, line 6				
2	Underdistributions, if any, for years price	or to 2021 (reason-				
	able cause required - explain in Part VI	. See instructions.				
3	Excess distributions carryover, if any, t	o 2021				
a	From 2016					
b	From 2017					
с	From 2018					
d	From 2019					
е	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior y	ears				
h	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see in	nstructions)				
j	Remainder. Subtract lines 3g, 3h, and 3	3i from line 3f.				
4	Distributions for 2021 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior y	ears				
b	Applied to 2021 distributable amount					
с	Remainder. Subtract lines 4a and 4b fr	om line 4.				
5	Remaining underdistributions for years	prior to 2021, if				
	any. Subtract lines 3g and 4a from line	2. For result greater				
	than zero, explain in Part VI. See instru	-				
6	Remaining underdistributions for 2021.	Subtract lines 3h				
	and 4b from line 1. For result greater th					
	Part VI. See instructions.	<i>,</i> ,				
7	Excess distributions carryover to 202	22. Add lines 3i				
	and 4c.	,				
8	Breakdown of line 7:					
-	Excess from 2017					
	Excess from 2018					
-	Excess from 2019					
	Excess from 2020					
	Excess from 2021					

Schedule A (Form 990) 2021

132027 01-04-22

(See instructions.)	Part V, Section E, lines 2, 5, and 6. Also complete this part for any additi	
32028 01-04-22		Schedule A (Form 990)
	20 2021.05080 COLLEGE ACCESS PLAN	2148

SCHEDULE D

Department of the Treasury

(Form 9	90)
---------	-----

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. o to www.irs.gov/Form990 for instructions and the latest informat



...

Interna	Revenue Service Go to www.irs.gov/Formes	90 for instructions and the latest informat	ion. Inspection
Nam	e of the organization COLLEGE ACCESS PLA	N	Employer identification number 20-8371402
Do			
Pa	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		lfunds
Ũ	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
Ŭ	for charitable purposes and not for the benefit of the donor of		
Pa			
1	Purpose(s) of conservation easements held by the organizat		
•	Preservation of land for public use (for example, recrea		historically important land area
	Protection of natural habitat	·	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 of	a conservation essement on the last
2	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b			
с С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
u	listed in the National Register		
3	Number of conservation easements modified, transferred, re		
Ŭ	year >	icased, examplificação i terminated by the e	
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
•	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
-	•		· · · · · · · · · · · · · · · · · · ·
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservatio	n easements during the vear
	►\$	5	5,
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)	(4)(B)(i)
	and sociation $170(h)(A)(P)(ii)$		
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the foot		
	organization's accounting for conservation easements.	5	
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or Oth	er 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 and	d balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in furth	nerance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and ba	lance sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in further	ance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		► \$
			. .
2	If the organization received or held works of art, historical tre		-
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1	-	> \$
h	Assets included in Form 990 Part X		► \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 10-28-21

Schedule D (Form 990) 2021

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26 2021.05080 COLLEGE ACCESS PLAN

		ACCESS PLA			- Otha		20-83			age 2
	t III Organizations Maintaining C							LS(contil	nuea)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that	make s	ignificant	use of its			
	collection items (check all that apply):		<u> </u>							
a		d		hange progran						
b	Scholarly research	e	Uther							
c	Preservation for future generations				-1					
4	Provide a description of the organization's co						se in Par	t XIII.		
5	During the year, did the organization solicit o							7.		1
Da	to be sold to raise funds rather than to be ma t IV Escrow and Custodial Arran							Yes		No
Fai	reported an amount on Form 990, Par		te ir the organizatio	n answered "Y	res" on	Form 990	, Part IV,	line 9, o		
- 1a	Is the organization an agent, trustee, custod		iary for contribution	s or other ass	ets not	included				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII									
-			ierning taleter					Amoun	t	
с	Beginning balance					1c				
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fe							Yes		No
	If "Yes," explain the arrangement in Part XIII.]
Pa	t V Endowment Funds. Complete i	f the organization and	swered "Yes" on Fo	orm 990, Part I	V, line 1	10.				
		(a) Current year	(b) Prior year	(c) Two years	back	(d) Three y	ears back	(e) Fou	r years	back
1a	Beginning of year balance	20,018.	20,015.		0.					
	Contributions			20,	,000.					
	Net investment earnings, gains, and losses	34.	3.		15.					
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
	End of year balance	20,052.	20,018.	20,	,015.					
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g, column (a	a)) held as:						
а	Board designated or quasi-endowment		%							
b	Permanent endowment 100.0000	%	_							
с	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held a	nd administere	ed for th	he organiz	ation			
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		Х
	(ii) Related organizations							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Pa	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990,	Part X,	line 10.				
	Description of property	(a) Cost or ot basis (investm			• •	ccumulate preciation	d	(d) Boo	k value	÷
1a	Land									
	Buildings									
	Leasehold improvements									
d	Equipment		2	5,712.		21,0	54.		4,6	58.
	Other									
Tota	Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part J	X, column (B), line 1	0c.)					4,6	58.

Schedule D (Form 990) 2021

132052 10-28-21

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Complete if the organization answered "Yes"	on Form 000 Dart IV line	11h See Form 000 Part V line 10	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-c	of-year market value
1) Financial derivatives			•
2) Closely held equity interests			
B) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (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	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Part IX Other Assets.			
-	on Form 990, Part IV, line Description	e 11d. See Form 990, Part X, line 15.	(b) Book value
(a)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(a)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4) (5)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4) (5) (6)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description	e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line	Description	e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) ((1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line	Description		(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description		(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	Description		
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	Description		
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Dtal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)	Description		
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Detal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description		
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description		
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description		
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description		
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description		

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

Schedule D (Form 990) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 COLLEGE ACCESS PLAN			20-8	8371402 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ι.			
1	Total revenue, gains, and other support per audited financial statements			1	887,063.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities		51,600.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d	-		2e	51,600.
3	Subtract line 2e from line 1			3	835,463.
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	-11,210.		
с	Add lines 4a and 4b			4c	-11,210.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	824,253.
Pa	t VII Deconciliation of Evenence new Audited Einspeich Statem		h Evnemene nev	Dates	
IЧ	rt XII Reconciliation of Expenses per Audited Financial Staten		n Expenses per	Retu	rn.
1 u	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		n Expenses per	Retu	
1		ι.		Retu	rn. 924,942.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ι.			
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	. <u>.</u>			
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a			
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	. 2a . 2b			
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c			924,942.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	51,600.		924,942.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	51,600.	1	924,942.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	51,600.	1 2e	924,942.
1 2 b c d 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	51,600.	1 2e	924,942.
1 2 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 2d	51,600.	1 2e	924,942. 51,600. 873,342.
1 2 a b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	51,600.	1 2e	924,942. 51,600. 873,342. -11,210.
1 2 d e 3 4 b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)	2a 2b 2c 2d 4a 4b	51,600.	1 2e 3	924,942. 51,600. 873,342.
1 2 d e 3 4 b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d 2d 4a 4b	51,600.	1 2e 3 4c 5	924,942. 51,600. 873,342. -11,210. 862,132.

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

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EVENT EXPENSES

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EVENT EXPENSES

132054 10-28-21

Schedule D (Form 990) 2021

-11,210.

-11,210.

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SCHEDULE G (Form 990)	Suppleme		OMB No. 1545-0047							
(organization entered more than \$15,000 on Form 990-EZ, line 6a.									
Department of the Treasury Internal Revenue Service			Attach to Form 990 //Form990 for instr			0-EZ. the latest informat	ion.		Open to Public Inspection	
Name of the organizatio		ACCESS	PLAN					Employer ide 20-8371	entification number .402	
	sing Activities complete this par		organization answe	ered "Y	'es" o	n Form 990, Part IV,	line 1	7. Form 990-E	Z filers are not	
c Phone solici d In-person so 2 a Did the organization	tions l email solicitations itations blicitations on have a written o ted in Form 990, P 0 highest paid indiv	s or oral agreemen art VII) or entity viduals or entitie	e Solicita f Solicita g Special t with any individual in connection with p	tion of tion of fundra (inclue rofess	non-g gover aising ding o ional 1	overnment grants nment grants events fficers, directors, true fundraising services?	stees	Yes		
(i) Name and addres or entity (fund		(ii)	Activity	(iii) fundr have ci or con contribu	trol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
				Yes	No					
Total										
3 List all states in wh or licensing.	ich the organizatic	on is registered c	or licensed to solicit	contrib	oution	s or has been notified	d it is	exempt from r	egistration	
LHA For Paperwork R	eduction Act Not	ice, see the Ins [.]	tructions for Form	990 or	990-	EZ.		Schedule	e G (Form 990) 2021	

132081 10-21-21

Part II Fundraising Events, Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
9			(event type)	(event type)	(total number)	- col. (c))
hevenue	1	Gross receipts	56,183.			56,183
	2	Less: Contributions	39,122.			39,122
	3	Gross income (line 1 minus line 2)	17,061.			17,061
	4	Cash prizes				
	5	Noncash prizes				
herise	6	Rent/facility costs	731.			731
	7	Food and beverages	8,141.			8,141
	8	Entertainment				427 1,911
	9	Other direct expenses				11,210
- 11		Direct expense summary. Add lines 4 throug				
- I	44	Not income cumment, Cubtreat line 10 from	line 2 column (d)			5 851
		Net income summary. Subtract line 10 from			►	5,851
		II Gaming. Complete if the organization			►	5,851
Par					►	(d) Total gaming (add
Par		II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	n 990, Part IV, line 19, or i (b) Pull tabs/instant	reported more than	(d) Total gaming (add
	1 1	II Gaming. Complete if the organization	answered "Yes" on Form	n 990, Part IV, line 19, or i (b) Pull tabs/instant	reported more than	(d) Total gaming (add
	1 1	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue	answered "Yes" on Form	n 990, Part IV, line 19, or i (b) Pull tabs/instant	reported more than	(d) Total gaming (add
	1 2	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue	answered "Yes" on Form	n 990, Part IV, line 19, or i (b) Pull tabs/instant	reported more than	(d) Total gaming (add
	<u>1</u> 2 3 4	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	answered "Yes" on Form	n 990, Part IV, line 19, or i (b) Pull tabs/instant	reported more than	5,851 (d) Total gaming (add col. (a) through col. (c)
	1 2 3 4 5	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	answered "Yes" on Form	n 990, Part IV, line 19, or i (b) Pull tabs/instant	reported more than	(d) Total gaming (add
	1 2 3 4 5 6	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	(a) Bingo	990, Part IV, line 19, or (b) Pull tabs/instant bingo/progressive bingo Yes%	reported more than (c) Other gaming	(d) Total gaming (add
	1 2 3 4 5 6 7	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	(a) Bingo (a) Bingo (b) Bingo (c) Bi	<pre>990, Part IV, line 19, or of (b) Pull tabs/instant bingo/progressive bingo</pre>	reported more than (c) Other gaming Yes% No	(d) Total gaming (add
	1 2 3 4 5 6 7	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 througe	(a) Bingo (a) Bingo (b) Bingo (c) Bi	<pre>990, Part IV, line 19, or of (b) Pull tabs/instant bingo/progressive bingo</pre>	reported more than (c) Other gaming Yes% No	(d) Total gaming (add
	1 2 3 4 5 6 7 8 Ent	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 througe	(a) Bingo (a) Bingo (b) Bingo (c) Bi	990, Part IV, line 19, or in the second seco	reported more than (c) Other gaming	(d) Total gaming (add col. (a) through col. (c

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

132082 10-21-21

Schedule G (Form 990) 2021

Sch	edule G (Form 990) 2021	COLLEGE	ACCESS	PLAN		20-8	37140	2 Page 3
11	Does the organization conduct ga	aming activities v	vith nonmemb	ers?			Yes	s 🗌 No
12	Is the organization a grantor, bene to administer charitable gaming?						Yes	5 🗌 No
13	Indicate the percentage of gaming							
а	The organization's facility						13a	%
b	An outside facility						13b	%
14	Enter the name and address of th	e person who pr	repares the org	ganization's gan	ning/special events books and	records:		
	Name							
	Address ►							
15a	Does the organization have a con	tract with a third	l party from wł	nom the organiza	ation receives gaming revenue	?		s 🗌 No
b	If "Yes," enter the amount of gam				and the	amount		
	of gaming revenue retained by the	e third party 🕨 🤅	\$					
с	If "Yes," enter name and address	of the third party	y:					
	Name							
	Address ►							
16	Gaming manager information:							
	Name							
	Gaming manager compensation	▶ \$						
	Description of services provided	▶						
	Director/officer	Employee	Γ	Independen	t contractor			
17	Mandatory distributions:							
	Is the organization required under	r state law to ma	ke charitable o	distributions fror	n the gaming proceeds to			
	retain the state gaming license?							s 🗌 No
b	Enter the amount of distributions	required under s	state law to be	distributed to o	ther exempt organizations or s	pent in the		
	organization's own exempt activit	<u>v</u>						
Ра	rt IV Supplemental Infor 15b, 15c, 16, and 17b, as				y Part I, line 2b, columns (iii) an nation. See instructions.	nd (v); and Pa	rt III, lines	9, 9b, 10b,
13208	33 10-21-21			32		Schedu	ıle G (For	m 990) 2021

		Schedule G (Form 990)
132084 11-18-21	2.2	

11450615 148441 2148

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

20 ſ

Employer identification number 20 - 8371402

Department of the Treasury	
Internal Revenue Service	

Dort

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

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

Z **Open to Public** . Inspection

9

Name	of the	organ	izatior
------	--------	-------	---------

Types of Dreparty

COLLEGE ACCESS PLAN

Par	rt i Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1	(d) Method of de noncash contrib	eterminiı	•	3
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	1	25,047	.AVG HIGH/LC	W BA	λL -	- N
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (SUPPLIES)	Х	56	15,583	.COST/FMV			
26	Other ► ()							
27	Other ► ()							
28	Other 🕨 (
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for c	contributions				
	for which the organization completed Form 82	83, Part V, I	Donee Acknowledg	ement			0	
							Yes	No
30a	During the year, did the organization receive b	y contributio	on any property rep	ported in Part I, lines 1 thro	ough 28, that it			
	must hold for at least three years from the date	e of the initia	al contribution, and	d which isn't required to be	e used for			
	exempt purposes for the entire holding period	?				30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandard contri	butions?	31		Х
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell nonca	sh			
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is c	hecked,			
	describe in Part II.							
		the state of the s	·····	•	0.1		0001	0004

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

Schedule M (Form 990) 2021

132141 11-17-21

11450615 148441 2148

Schedule M (Form 990) 2021 COLLEGE ACCESS PLAN

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

SCHEDULE M, PART I, COLUMN (B):

SECURITIES PUBLICLY TRADED - THERE WAS ONE CONTRIBUTION OF 154 SHARES

OF SIMON PROPERTY GROUP REIT VALUED AT \$25,047. THE VALUE WAS

DETERMINED USING THE AVERAGE OF THE HIGH AND LOW BALANCES FROM THE NEW

YORK STOCK EXCHANGE ON THE DATE THE SHARES WERE RECEIVED BY THE

ORGANIZATION.

SUPPLIES - THERE WERE 56 CONTRIBUTIONS OF VARIOUS SUPPLIES THAT WERE

USED FOR THE OFFICE, CARE PACKAGES, FUNDRAISING EVENTS, CLASSROOMS,

ETC. THESE CONTRIBUTIONS WERE VALUED BASED ON THEIR PURCHASE PRICE (IF

RECEIVED IN NEW CONDITION) OR THE FAIR MARKET VALUE (IF RECEIVED IN

USED CONDITION).

132142 11-17-21

SCHEDULE O

Name of the organization

(Form 990)

Form 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.

EZ
OMB No. 1545-0047
2021
Open to Public
Inspection
Employer identification number

20-8371402

COLLEGE ACCESS PLAN

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

MIDDLE SCHOOL THROUGH COLLEGE GRADUATION. WE STRIVE TO ENSURE THAT

STUDENTS CONSIDER ALL THEIR OPTIONS BECAUSE WE BELIEVE THAT COLLEGE

SHOULD BE ACCESSIBLE TO EVERYONE REGARDLESS OF ACADEMIC ACHIEVEMENT,

INCOME LEVEL, OR ANY OTHER QUALIFYING FACTORS. OUR MISSION IS TO

PREPARE UNDERSERVED STUDENTS FOR COLLEGE SUCCESS. CAP SERVES AN AVERAGE

OF 1,600 STUDENTS AND THEIR FAMILIES ANNUALLY.

IN THE 2021-2022 SCHOOL YEAR, CAP'S PROGRAMS RESUMED IN-PERSON SESSIONS WHILE CONTINUING TO OFFER VITUAL SESSIONS TO PROVIDE STUDENTS AND FAMILIES FLEXIBILITY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: STUDENT'S UNIQUE COLLEGE NEEDS. THESE OFFERINGS ARE RUN IN COLLABORATION WITH ON-SITE AFTER SCHOOL PROGRAMS AND WITH THE ADMINISTRATORS AT SCHOOL SITES. THEY ARE AVAILABLE FOR DROP-INS, PROVIDING NO BARRIERS TO ACCESS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

GENERAL PROGRAMS:

IN ADDITION TO PRESENTING AT KEY EDUCATIONAL CONFERENCES, CONDUCTING

IMPORTANT RESEARCH AND DEVELOPING MATERIALS AND TOOLS FOR USE BY

STUDENTS ACROSS ALL PROGRAM OFFERINGS, CAP LED COLLEGE-READINESS

PRESENTATIONS AND WORKSHOPS IN COLLABORATION WITH THE PASADENA

EDUCATIONAL NETWORK, STARS, THE PASADENA EDUCATIONAL FOUNDATION, AND

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

 132211
 11-11-21

Name of the organization COLLEGE ACCESS PLAN	Employer identification number 20-8371402
OTHER COMMUNITY PARTNERS. CAP ALSO PROVIDED A FULL-SCALE	•
PARENT-ENGAGEMENT EFFORT THAT PROVIDED WORKSHOPS AND INFO	RMATION TO THE
FAMILIES OF THE STUDENTS CAP SERVES. PARTICIPANTS IN ALL	PRESENTATIONS
AND WORKSHOPS RECEIVED MATERIALS THAT INCLUDE COLLEGE-REA	DINESS
BENCHMARKS AND GUIDELINES.	
EXPENSES \$ 172,364. INCLUDING GRANTS OF \$ 0. REVENUE	\$ 12,500.

FORM 990 IS PRESENTED TO THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL BEFORE FILING.

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

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

THE WRITTEN CONFLICT OF INTEREST POLICY IS CONSISTENTLY REVIEWED BY THE BOARD.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD REVIEWS AND VOTES ON THE EXECUTIVE DIRECTOR'S COMPENSATION. THE EXECUTIVE DIRECTOR REVIEWS THE STAFF'S COMPENSATION INCLUDING BONUSES WITH

THE BOARD.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL

STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

132212 11-11-21

11450615 148441 2148

Schedule O (Form 990) 2021

Calendar Var 2021 or liscal year beginning (mm/ddyyyy) 07/31/2022 Carporation/Organization name Calendar Var 2021 or liscal year beginning (mm/ddyyyy) 07/31/2022 Corporation/Organization name Calendar Var 2021 or liscal year beginning (mm/ddyyyy) 07/31/2022 Corporation/Organization name 2941200 Street address (suffer room) 20 - 8371402 Street address (suffer room) Yes (X) No C IRG Section 4947(a)(1) trust Yes (X) No Final Information return? Yes (X) No F rederai return III(27) (10 - soor (2)) wave (2) wave (3) wave (3	TAXABLE				FURIM
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Additional information. Gen instructions. FMI 20 = 8371402 Other disk test fault or norming Past DADENA CA 20 = 6371402 Protein control Past DADENA CA 911104 Protein control Past DADENA CA 91104 A First return Yest X too Intel require control Protein control Yest X too O Into Section 4347(a)(1) trust Yest X too Intel reported on the Past Section 237014, too tor sequire and too Yest X too O Into Section 4347(a)(1) trust Yest X too Interported on the Past Section 237014, too tor sequire and too Yest X too O Into Information return? O East Past Accounting method (11) Case (2) X Account (3) One If the organization factor and too tor Form 100 to Form 100				oration number	
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City Date Date or construction PASADENA CA 91104 Toregin country nere Foreign province/state/country Foreign province/state/country Foreign province/state/country A First return Yes No I bit the organization have any changes to its guidelines B Amended return Yes No I the secret muture RR CS Section 220101, has the organization 0 IGR Section 427(a)(11 runt Yes No J if execution 220104, has the organization 0 Indication return?	Street address (uite or room)		<u></u>	
PASADENA CA 91104 Foregr country name Foreign province/native/country Foreign province/native/country Foreign province/native/country A First return Yes No 100 the organization have any changes to its situations Yes No B Amended return Yes No 100 the organization have any changes to its situations Yes No C IRG Section 4947(a/1) trust Yes No 1 If exempt under RATG Section 23701d, has the organization Yes No D Final information return?	871 E.	WASHINGTON BLVD., NO. 207			
Foreign country name Foreign province/attainscountry Increase province/attainscountry A First return Yes No 1 Did the organization have any changes to its guidelines not reported to the FIB? See instructions Image: Section 237014, has the organization engaged in political activities? See instructions Image: Section 237014, has the organization engaged in political activities? See instructions Image: Section 237014, has the organization engaged in political activities? See instructions Image: Section 237014, has the organization engaged in political activities? See instructions Image: Section 237014, has the organization engaged in political activities? See instructions Image: Section 237014, has the organization engaged in political activities? See instructions Image: Section 2370147 Image: Section 2370147 <td></td> <td></td> <td></td> <td></td> <td></td>					
A First return Yes Mended return Yes No I Did the organization have any charges to its guidelines not reported to the FIB? See instructions Yes No Find information return? Intervented (Withcareen) MeengetRecognitized Entervente under RATC Section 2370 (17) Yes Yes No If exempt under RATC Section 2370 (17) Yes Yes No If the organization nonmember sources If the organization information ontermeter sources If the organization information in a group exemption Yes No If the organization information in a group exemption Yes No If the organization inder audit by the IRS or has the IRS audited in a prior year? Yes Yes No If the organization inder audit by the IRS or has the intervence of the inder sources. Trans Side 2, Part II, line 8 If a cross aules on recepts from other sources. Trans Side 2, Part II, line 8 If a cross aules on treported to file this form. See General Information 8 and C. If call gross income. Subtract line 7 from Side 2, Part II, line 8 If a cross aules on dismitar amounter received If a cross aules on dismitar amounter received If a cross aules on dismitar amountereceived	-				
B Amended return C IRC Section 4947(a)(1) Trust Pres X No C IRC Section 4947(a)(1) Trust C	Foreign country	name Foreign province/state/county	Foreign p	ostal code	
If "Yes," what is the parent's name? 0 Is federal Form 1023/1024 pending? Date filed with IRS Part I Complete Part I unless not required to file this form. See General Information B and C. I Gross sales or receipts from other sources. From Side 2, Part II, line 8 • 1 1.688, 41.6 or 2.9 Gross contributions, gifts, grants, and similar amounts received STMT 1. • 2 0.00 Gross contributions, gifts, grants, and similar amounts received STMT 2. 3 692.0.904 or 2.000 This line must be completed. If the result is less than \$50,000, see General Information B • 4 860,510 or 6 5 Cost of goods sold • 5 000 6 25,047 or 6 7 25,047 or 6 7 7 7 25,047 or 6 8 835,463 or 7 7 8 Total gross income. Subtract line 7 from line 4 • 8 835,463 or 7 1 9 Total approses and disbursements. Subtract line 9 from line 8 0 -37,7879 or 7 1 11 Total pays income. Subtract line 11, subtract line 12 from line 12 11 0 12 Use tax. See General Information K 11 0	B Amended C IRC Section D Final info ● □ Enter date: E Check act F Federal reg (4) X G Is this a g	return Yes X No on 4947(a)(1) trust Yes X No mation return? Dissolved Surrendered (Withdrawn) Merged/Reorganized (mm/dd/yyyy) • counting method: (1) cash (2) X Accrual (3) Other turn filed? (1) • 990T(2) • 990PF (3) • chr (990) Dther 990 series roup filing? See instructions • Yes X No N Is the organization under audi	instructions n 23701d, has t P See instruction der R&TC Sect the from nonme ability company 100 or Form 10 	the organization ns. ion 23701g? ember sources \$ /? 09 to has the	Yes X No Yes X No
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Expenses 9 Total expenses and disbursements. From Side 2, Part II, line 18 9 873, 342 9 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 10 -37, 879 00 11 Total expenses 11 Total expenses and disbursements. Subtract line 9 from line 8 10 -37, 879 00 12 Use tax. See General Information K 11 00 12 00 13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 11 00 14 Use tax balance. If line 12 is more than line 11, subtract line 11 from tine 12 14 00 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 0 16 00 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 0 16 00 17 It is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Telephone Telephone 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		 I otal cossis. Add line 5 and line 6 Total cross income Subtract line 7 from line 4 	•		
Expenses 10 -37,879 00 11 Total payments 11 00 -37,879 00 12 Use tax. See General Information K 11 00 00 -37,879 00 12 Use tax. See General Information K 11 00					
12 Use tax. See General Information K 12 00 13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 13 00 14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 14 00 15 Penalties and interest. See General Information J 15 00 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 16 06 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 16 00 17 Prenatites of peruy.; declare that nave examined thins return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. • Telephone Signature of officer THE BERINGER GROUP, AN ACCOUNTANCY CORP. • PTIN Preparer's signature of only only address • THE BERINGER GROUP, AN ACCOUNTANCY CORP. • Firm's FEIN Vise Only THE BERINGER GROUP, AN ACCOUNTANCY CORP. • Telephone • Check if wise Only Address • Telephone • Check if • Telephone (6 26) 325 - 6510 • Telephone • Check if • Telephone <t< td=""><td>Expenses</td><td></td><td></td><td>10</td><td>-37,879 00</td></t<>	Expenses			10	-37,879 00
Filing Fee 13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 13 00 14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 14 01 15 Penalties and interest. See General Information J 15 00 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 16 00 01 Under penalties of perjury. I declare that I nave examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. 00 Sign Here Signature of officer Title Date		11 Total payments	•	11	00
Filing Fee 14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 14 00 15 Penalties and interest. See General Information J 15 00 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 16 16 000 openalties operjury. I declare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. 00 Sign Here Signature of officer Title Date Telephone (6266) 325-6510 Preparer's signature Signature of officer Firm's name Firm's name Firm's fell Signature of address THE BERINGER GROUP, AN ACCOUNTANCY CORP. Firm's FEIN 47-2281641 Telephone (626) 325-6510 		12 Use tax. See General Information K	•		00
15 Penalties and interest. See General Information J 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result if 16 Order penalties or perjury, 1 declare that 1 have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Sign Here Signature of officer • Telephone (626) 325 - 6510 Paid Preparer's signature of officer • Dute • Telephone (626) 325 - 6510 Paid Preparer's signature of officer • THE BERINGER GROUP, AN ACCOUNTANCY CORP. • Firm's FEIN Use Only THE BERINGER GROUP, AN ACCOUNTANCY CORP. • Telephone (626) 325 - 6510 Paid derive and address • THE BERINGER GROUP, AN ACCOUNTANCY CORP. • Telephone (626) 325 - 6510					00
16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result Intermediate of perjury. 1 declare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Telephone Sign Here Date Telephone Telephone Telephone Point Signature of officer Signature of officer Date Paid Preparer's signature The BERINGER GROUP, AN ACCOUNTANCY CORP. P00072312 Paid Firm's name (or yours, if self-employed) THE BERINGER GROUP, AN ACCOUNTANCY CORP. 47-2281641 Use Only and address Firm's FEIN Telephone (626) 325-6510	Filing Fee				
Sign Here Under penatties of perjury, 1 declare that I have examined this return, including accompanying schedules and statements, and to the best of my khowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Sign Here Date Telephone (626) 325-6510 Preparer's signature of officer Date Check if self-employed P00072312 Firm's name (or yours, if self- employed) and address THE BERINGER GROUP, AN ACCOUNTANCY CORP. 47-2281641 Stephone (626) 325-6510 Telephone (626) 325-6510					00
Here Signature of officer Title Date Telephone (626)325-6510 Preparer's signature Preparer's signature Pate Check if self-employed P00072312 Preparer's Use Only Or yours, if self-employed and address THE BERINGER GROUP, AN ACCOUNTANCY CORP. 47-2281641 Vse Only THE BERINGER AVENUE, SUITE 230 Telephone (626)325-6510		Under penalties of periury. I declare that I have examined this return, including accompanying schedules and statements.	and to the best o	f my knowledge an	
Paid Preparer's signature Check if self-employed P00072312 Preparer's if self- employed) and address ● Firm's name THE BERINGER GROUP, AN ACCOUNTANCY CORP. ● Firm's FEIN 47-2281641 Use Only 527 S. LAKE AVENUE, SUITE 230 and address ● Telephone (626)325-6510		Signature Title TREASURER	-	• Teleph	
Paid Preparer's Use Only Firm's name (or yours, if self- employed) and address THE BERINGER GROUP, AN ACCOUNTANCY CORP. 47-2281641 Use Only 527 S. LAKE AVENUE, SUITE 230 • Telephone (626)325-6510					77310
Preparer's (or yours, if self-employed) and address THE BERINGER GROUP, AN ACCOUNTANCY CORP. 47-2281641 • Telephone (626)325-6510	Paid				
Use Only and address 527 S. LAKE AVENUE, SUITE 230 PASADENA, CA 91101 • Telephone (626)325-6510		(or yours, THE BERINGER GROUP AN ACCOUNTANCY CORP.		47-2	281641
PASADENA, CA 91101 (626)325-6510	•	employed) 527 S. LAKE AVENUE, SUITE 230			
May the FTB discuss this return with the preparer shown above? See instructions		PASADENA, CA 91101)325-6510
		May the FTB discuss this return with the preparer shown above? See instructions	• <u>X</u>	Yes N	0

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Form 199 2021 Side 1

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128941 12-29-21

California Exempt Organization

COLLEGE ACCESS PLAN

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

128951 01-19-22

		1	Gross sales or receipts from al	l busine	ss activities. See instru	ctions		•	1		17,061 ₀₀
		2	Interest					•	2		571 00
			Dividends						3		00
Recei	pts	4							4		00
from		5	Gross royalties						5		00
Other		6	Gross amount received from s	ale of as	sets (See instructions)		STA	TEMENT 3 •	6		25,184 00
Sourc	es	7	Other income				SEE STA	TEMENT $4 \bullet$	7		125,600 00
		8	Total gross sales or receipts fr	om othe	r sources. Add line 1 th	hrough	line 7. Enter here and o	on Side 1, Part I, line 1	8		168,416 00
		9	Contributions, gifts, grants, an	d similar	amounts paid			•	9		00
		10	Disbursements to or for memb	ers				•	10		00
		11	Compensation of officers, dire	ctors, an	d trustees		SEE STA	TEMENT 5 •	11		122,356 00
		12	Other salaries and wages					•	12		567,070 ₀₀
Exper	nses		Interest						13		00
and			Taxes						14		52,803 ₀₀
Disbu	rse-		Rents						15		12,480 ₀₀
ments	s	16	Depreciation and depletion (Se	e instru	ctions)			•	16		5,816 ₀₀
		17	Other expenses and disburser	nents			SEE STA	TEMENT 6 \bullet	17		112,817 ₀₀
		18	Total expenses and disbursem	ients. Ac	ld line 9 through line 17	7. Enter	r here and on Side 1, Pa	art I, line 9	18		873,342 00
Sch	edul	e L	Balance Sheet		Beginning of	f taxabl	le year	En	d of ta	xable	year
Asset	S				(a)		(b)	(C)			(d)
1 C	ash						895,587			•	888,726
2 N	let acc	ounts	s receivable				75,150			•	70,000
3 N	let note	es rec	ceivable							•	
4 Ir	nvento	ries _.								•	
			state government obligations							•	
6 Ir	nvestm	nents	in other bonds							•	
7 Ir	nvestm	nents	in stock							•	
8 N	lortga	ge loa	ans							•	
9 0	ther in	ivestr	nents							•	
10 a	Depro	eciab	le assets		25,712			25,			
b	Less	accu	mulated depreciation	(15,237)		10,475	(21,0	54)		4,658
11 La	and .									•	
12 0	ther as	ssets								•	
13 T	otal a	ssets					981,212				963,384
			et worth								
14 A	ccoun	ts pa	yable				39,556			•	59,607
			s, gifts, or grants payable							•	
			otes payable							•	
			ayable							•	
			es								
19 C	apital	stock	or principal fund							•	
			tal surplus. Attach reconciliation							•	
			nings or income fund				941,656			•	903,777
			ies and net worth				981,212				963,384
Sch	edul	eΝ					- 401 (1) 1 1	- # # FO 000			
			Do not complete this sch								
			per books		• -37,	8/9		•			
			me tax		•		1	is return. Attach schedu	ile	•	
			pital losses over capital gains		•		8 Deductions in thi	-			
			ecorded on books this year.				against book inco	•			
			lule		•					•	
			corded on books this year not				9 Total. Add line 7				
			this return. Attach schedule		•	0 7 0	10 Net income per re				20.000
6 T	otal. A	dd lir	ne 1 through line 5		-37,	0/9	Subtract line 9 fro	om line 6			-37,879

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3652214

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CA 199	NONCASH CONTRIBU CLUDED ON PART I,		STATEMENT 2
CONTRIBUTOR'S NAME	CONTRIBUTOR'S	ADDRESS	
ELISE AND RICK WETZEL	C/O CAP 871 E PASADENA, CA	. WASHINGTON BLVD 91104)., SUITE #207
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT
154 SHARES OF SIMON PROPERTY GROUP REIT VALUED AT \$25,047	07/31/22	25,047.	26,247.
TOTAL INCLUDED ON LINE 3		25,047.	26,247

CA 199 GROSS A	MOUNT	FROM SAL	E OF A	SSETS	S	STATEMENT	3
DESCRIPTION				DAT SOL		THOD DUIRED	
		ST OR R BASIS	DEPR	EC.	PUR EXPENSE OF SALE	CHASED GROSS SALES PR	
		25,047.		0.	0.	25,1	84.
TOTAL TO FORM 199, PAGE 2, LN 6		25,047.		0.	0.	25,1	84.
CA 199	ОТН	ER INCOM	E		S	TATEMENT	4
DESCRIPTION						AMOUNT	
GENERAL PROGRAMS						125,6	00.
TOTAL TO FORM 199, PART II, LIN	E 7					125,6	00.

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CA 199	COMPENSATION OF OFFICERS	5, DIRECTORS AND TRUSTEES	STATEMENT 5		
NAME AND ADD	RESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION		
MONIQUE HYMA 871 E. WASHI PASADENA, CA	NGTON BLVD., 207	EXECUTIVE DIRECTOR 40.00	122,356.		
LAURA ZACHAR 871 E. WASHI PASADENA, CA	NGTON BLVD., 207	CHAIR 2.00	0.		
JESSICA COBB 871 E. WASHI PASADENA, CA	NGTON BLVD., 207	VICE CHAIR 2.00	0.		
SARU RAMANAN 871 E. WASHI PASADENA, CA	NGTON BLVD., 207	SECRETARY 2.00	0.		
KIM TRAN 871 E. WASHI PASADENA, CA	NGTON BLVD., 207 91104	TREASURER 5.00	0.		
JANA BLUMENT 871 E. WASHI PASADENA, CA	NGTON BLVD., 207	MEMBER 2.00	0.		
DOMINICK COR 871 E. WASHI PASADENA, CA	NGTON BLVD., 207	MEMBER 2.00	0.		
MAUREEN EAGL 871 E. WASHI PASADENA, CA	NGTON BLVD., 207	MEMBER 2.00	0.		
LAWAYNE WILL 871 E. WASHI PASADENA, CA	NGTON BLVD., 207	MEMBER 2.00	0.		
MICHAEL OCON 871 E. WASHI PASADENA, CA	NGTON BLVD., 207 91104	MEMBER 2.00	0.		
TOTAL TO FOR	M 199, PART II, LINE 11		122,356.		

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CA 199

OTHER EXPENSES

STATEMENT 6

DESCRIPTION	AMOUNT
DONATED SUPPLIES	15,583.
SUPPLIES	5,096.
MEALS & SNACKS	3,948.
POSTAGE & SHIPPING	2,741.
DIRECT EXPENSES OF FUNDRAISING EVENTS	11,210.
PENSION PLAN CONTRIBUTIONS	12,789.
OTHER EMPLOYEE BENEFITS	41,277.
ACCOUNTING FEES	9,275.
PROFESSIONAL FUNDRAISING FEES	5,000.
OTHER PROFESSIONAL FEES	1,314.
ADVERTISING AND PROMOTION	2,025.
OFFICE EXPENSES	2,617.
INFORMATION TECHNOLOGY	406.
TRAVEL	1,153.
INSURANCE	10,981.
ALL OTHER EXPENSES	-12,598.
TOTAL TO FORM 199, PART II, LINE 17	112,817.

STATE OF CALIFORNIA RRF-1 (Rev. 02/2021) MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 STREET ADDRESS: 1300 I Street Sacramento, CA 95814 (916) 210-6400 WEBSITE ADDRESS: www.oag.ca.gov/charities	S T Failure to si organizatio minimum tax	NUAL REGISTRATION RENE TO ATTORNEY GENERAL OF Sections 12586 and 12587, California 11 Cal. Code Regs. sections 301-306 ubmit this report annually no later than four months on's accounting period may result in the loss of tax x of \$800, plus interest, and/or fines or filing penalt 23703; Government Code section 12586.1. IRS ex	F CALIFO a Governme 5, 309, 311, s and fifteen da exemption and ies. Revenue &	DRNIA ent Code and 312 ys after the end of the the assessment of a Taxation Code section	DEPARTMENT (For Registry Use Only)	OF JU PAG	ISTICE
COLLEGE ACCESS Name of Organization	PLAN			ange of address nended report			
List all DBAs and names the organization 871 E. WASHINGT			State Ch	parity Registration Nu	mber ст 0136875		
Address (Number and Street)	1104	LLEGEACCESSPLAN.OR	Corporat	tion or Organization N Employer ID No. 20	No.2941200		
Telephone Number	E-mail Addres						
ANNUAL RE	GISTRATION	RENEWAL FEE SCHEDULE (11 Cal Make Check Payable to Depart			7, 311, and 312)		
Total Revenue Less than \$50,000 Between \$50,000 and \$100,0 Between \$100,001 and \$250,		Total Revenue Between \$250,001 and \$1 million Between \$1,000,001 and \$5 millio Between \$5,000,001 and \$20 milli			,001 and \$100 million 0,001 and \$500 millior 0 million		_
PART A - ACTIVITIES							
Tatal Davage		g period (beginning $08/01/20$ 253 Noncash Contributions\$ 682,411		ding 07/31/2 0,630 Total Ass penses \$		3,3	84
PART B - STATEMENTS REG		GANIZATION DURING THE PERIOD	OF THIS R	EPORT			
•		f you answer "yes" to any of the que ils for each "yes" response. Please		· •		Yes	No
a . a .	and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had						x
2. During this reporting period or funds?	od, was there	any theft, embezzlement, diversion or	misuse of t	he organization's cha	aritable property		x
3. During this reporting period							x
4. During this reporting period commercial coventurer us	•	ervices of a commercial fundraiser, fu	ndraising co		purposes, or ATEMENT 7	x	
5. During this reporting perio	od, did the org	ganization receive any governmental fu	unding?				x
6. During this reporting period, did the organization hold a raffle for charitable purposes?						x	
7. Does the organization conduct a vehicle donation program?						x	
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?					x		
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?						x	
		ave examined this report, including a d complete, and I am authorized to s		ring documents, and	I to the best of my kno	owled	
	KI	-		TREASURER			
Signature of Authorized Agent	Pri	inted Name		Fitle	Date		

STATEMENT

7

CA RRF-1

COLLEGE ACCESS PLAN USED A FUNDRAISING CONSULTANT. THE TOTAL FEES PAID TO THE CONSULTANT WAS \$5,000.