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DLN: 93493043020136

# Form 990

Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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

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

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2014

Open to Public Inspection

A F	or the	2014 cal	endar year, or tax year beginnin	g 04-01-2014 ,and ending 03-31-201	5			
B Ch	eck ıf a	pplicable	C Name of organization Access Group Inc			D Emple	oyer iden	itification number
┌ Ad	dress ch	hange	·			23-2	719985	;
Г №	me cha	inge	% CHRISTOPHER CHAPMAN  Doing business as			_		
┌ Ini	tıal retu	ırn						
Fir				nail is not delivered to street address) Room/su	ııte	— E Teleph	one numb	per
☐ ret	urn/ten	mınated	10 North High Street			(484	) 653-3	300
☐ An	nended	return		ntry, and ZIP or foreign postal code				
┌ Ap	plication	n pending	West Chester, PA 19380			<b>G</b> Gross	receipts \$	261,769,496
			<b>F</b> Name and address of pri	ncıpal officer	H(a) is	this a group	return	for
			Christopher Chapman			ibordinates?		┌ Yes ┌ No
			10 North High St Ste 400 West Chester, PA 19380		H/b) A.			
			•			re all subord cluded?	inates	Γ Y es Γ No
I Ta	ax-exen	npt status	▼ 501(c)(3)	insert no )	If	"No," attacl	nalıst (	(see instructions)
J W	ebsite	e: ► ww	w accessgroup org		<b>H(c)</b> G	roup exemp	tion num	nber <b>►</b>
	6		Corporation Trust Association	- Coulou <b>b</b>	1(3)	of formation 1		
	m or on irt I		mary	on   Other F	L Year o	or formation 1	993	State of legal domicile DE
_ F 6								
		•	escribe the organization's missi efer to Attachment 1	on or most significant activities				
φ								
ã €	.							
Ĕ	,		b <b>b.</b>		. 6	- 250/ -5.5		
Governance	2	Спеск п	nis box 🖣 - if the organization d	scontinued its operations or disposed	or more tha	n 25% of its	s net ass	sets
	3	Number	of voting members of the govern	ung body (Part VI, line 1a)			3	11
8				of the governing body (Part VI, line 1b			4	10
Activities &				calendar year 2014 (Part V, line 2a)			5	106
Ę	1			necessary)			6	10
q,	7a	Total un	related business revenue from F			7a	318,564	
	Ь	Net unre	lated business taxable income	rom Form 990-T, line 34			7b	255,725
					F	Prior Year		Current Year
	8	Contri	butions and grants (Part VIII, I	ne 1h)			0	0
를	9	Progra	am service revenue (Part VIII, l	ıne 2g)		225,100	822	192,816,607
Rayenue	10	Inves	tment income (Part VIII, colum	n (A), lines 3, 4, and 7d)		19,990	,395	8,165,222
Ě	11	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				255,651		235,637
	12			(must equal Part VIII, column (A), lin	e	245,346,868		201 217 466
-	42			IX, column (A), lines 1-3 )		245,346		201,217,466
	13 14		, ,	, , , , , , , , , , , , , , , , , , , ,	0			140,000
				IX, column (A), line 4)	•			
8	15	5-10		ee benefits (Fart 1x, Column (x), mes		8,471	460	9,296,820
ě	16a	Profes	sional fundraising fees (Part IX	column (A), line 11e)			0	0
Expenses	Ь	Total fu	ndraising expenses (Part IX, column (E	y), line 25) <b>▶</b> -0				
ш	17	Other	evnences (Part IV column (A)	lines 11a-11d, 11f-24e)		172,537	832	141,181,486
	18			st equal Part IX, column (A), line 25)	'	181,009		150,618,306
	19			18 from line 12	_	64,337		50,599,160
- en	+	1101011	de less expenses subtractime			ning of Curre		
~ X							1	End of Year
₽₩						Year		
ssets Balan	20	Total	assets (Part X, line 16)			<b>Year</b> 6,603,521,	195	5,901,438,766
et Assets and Bałam	20 21							
Not Assets or Fund Balances	21 22	Total Net as	liabilities (Part X, line 26) . ssets or fund balances Subtract			6,603,521	.549	5,402,007,009
Pa	21 22 rt III	Total Net as <b>Sign</b>	liabilities (Part X, line 26) . ssets or fund balances Subtract a <b>ture Block</b>	line 21 from line 20		6,603,521, 6,154,458, 449,062,	.549 .646	5,402,007,009 499,431,757
Pa Unde my k	21 22 rt III er pena nowled	Total Net as Sign altres of dge and	liabilities (Part X, line 26) . ssets or fund balances Subtract ature Block perjury, I declare that I have ex		· hying sched	6,603,521, 6,154,458, 449,062,	549 646 atement	5,402,007,009 499,431,757 s, and to the best of
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Under my k prep	21 22 rt III er pena nowled arer ha	Total Net as Sign alties of dge and as any k  **** Signa Chris Type	liabilities (Part X, line 26) .  sets or fund balances Subtract  ature Block  perjury, I declare that I have ex belief, it is true, correct, and con nowledge  ** ature of officer  topher Champman President & CEO or print name and title  Print/Type preparer's name Frank Giardini	Inne 21 from line 20	nying sched	6,603,521,6,154,458,449,062,dules and stris based or 2016-02-12 Date	549 646 atement	5,402,007,009 499,431,757 as, and to the best of rmation of which
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FOITH	990 (2014)					Page
Par	Statement of Pr Check if Schedule O			lishments to any line in this Part II	п	
1	Briefly describe the organi	zation's mission				
and t		tutions through fir			and value of higher education fo mation programs, research, edu	
2	Did the organization undert the prior Form 990 or 990-	EZ?			which were not listed on	┌ Yes ┌ No
	If "Yes," describe these ne					
3	Did the organization cease services?				ducts, any program	┌ Yes ┌ No
4		program service 3) and 501(c)(4)	accomplishr organization	s are required to report	ee largest program services, as the amount of grants and alloca	
4a	(Code )	(Expenses \$	140,375,185	ıncludıng grants of \$	) (Revenue \$	192,498,043 )
	quality customer service, counse activities around affordable stud students at member and other seek to further enhanced access	eling, issue resolution, ent loan programs an postsecondary instituti s, affordability and va needs analysis and re	default aversion d maintenance ons when need lue of legal edu elated financial	on and post default managem of infrastructure to promote led The organization conduct ication specifically, and gradu literacy educational services	repayment through interest rate redu nent. In addition, the organization pro- access to higher education through ler is and sponsors research, policy analys late and professional education more of to students and member school (and	vides continuing developmen nding programs offered to sis, services and projects tha generally Moreover, the
4b	(Code ) Attachment 2	(Expenses \$	4,241,000	including grants of \$	140,000 ) (Revenue \$	)
4c	(Code )	(Expenses \$		including grants of \$	) (Revenue \$	)
4d	Other program services ([	Describe in Sched	ule O )			
	(Expenses \$		ling grants o	f \$	) (Revenue \$	)
4e	Total program service exp	enses 🕨 1	44,616,185	;		

Part IV	Checklist of	Required	<b>Schedules</b>

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	140
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part $IV^{\square}$	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
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		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $X^{\bullet}$	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
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		No
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		No
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		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
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	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	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		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		1	1
_		28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section $512(b)(13)$ ?	35a	Yes	
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	. 32	No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

261	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	. l No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   1,441			
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable  1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	<b>1</b> c	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			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	1		
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
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		Νo
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
_		5c		
6a	Does the organization have annual gross receipts that are normally greater than $$100,000$ , and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7</b> c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12   10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
_	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
ь	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	-		
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14b		

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		N o
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
	<u> </u>	-	165	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b	Yes	
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	130	103	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		No
J	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. Upon request. Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			

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

►CHRISTOPHER CHAPMAN 10 NORTH HIGH ST STE 400

West Chester, PA 19380 (484) 653-3311

Form 990 (2014)	
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## 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 instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or chiector	2/1099-MISC)	2/1099-MISC)	organization and related organizations

Form **990** (2014)

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

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	more t	han d n is	ne l both	box, an	officer		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	►			
C	Total from continuation sheets to Part VII, Section A	•			
d	Total (add lines 1b and 1c)	<b>P</b>	3,690,566	0	230,842

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►21

			Yes	NO					
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	,							
	on the factor respectively for such marviaga.	3		No					
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such								
	ındıvıdual	4	Yes						
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person	5		No					

#### **Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
Acadia Brandywine Holding LLC, 3001 Brandywine Parkway WILMINGTON, DE 19803	Real Estate Mgmt	1,849,985
Cambridge Associates LLC, 100 Summer Street BOSTON, MA 021102112	Investment Services	526,569
D-town Associates, 55 country club drive DOWNINGTOWN, PA 193353062	real estate mgmt	387,474
lewtan technologies inc, 410 totten pond rd 4th floor WALTHAM, MA 02451	It consulting	251,509
O3 world llc, 1339 frankford avenue PHILADELPHIA, PA 19125	digital prod dvlpt	219,165
2 Total number of independent contractors (including but not limited to th	ose listed above) who received more than	

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

Part V	1111		tatement of Revenue heck if Schedule O contains a response or note to any line in this Part VIII											
		Check if Sched	ule O contains a respoi	nse or note to any li	ne in this Part VIII  (A)  Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514						
~ <u>~</u>	1a	Federated cam	paigns 1a											
Grants imounts	ь	Membership du	ies <b>1b</b>											
بة الله	С	Fundraising ev	ents <b>1c</b>											
Giffis, I	d	Related organiz	zations 1d											
". E	e	Government grant	s (contributions) <b>1e</b>											
is is	f	All other contribution	ons, gifts, grants, and <b>1f</b>											
tributions, Giffs, Grants Other Similar Amounts		similar amounts no	ot included above ons included in lines											
	g	1a-1f \$	ons included in lines											
Containe	h	Total. Add line	s 1 a - 1 f	to the transfer	0									
<u> </u>				Business Code										
Program Serwoe Revenue	2a	STUDENT LOAN PR	ROGRAM	900099	192,816,607	192,498,043	318,564							
<u>22</u>	b													
Š	c d													
<u> </u>	e													
Jran	f	All other progra	am service revenue											
<u>Š</u>	g	Total Add lines	s 2a-2f	L	192,816,607									
	3		ome (including dividen					5.600.747						
	4		ar amounts) stment of tax-exempt bond		5,680,717			5,680,717						
	5	Royalties .		proceeds =	235,637			235,637						
		,	(ı) Real	(II) Personal										
	6a	Gross rents												
	b	Less rental expenses												
	С	Rental income or (loss)	0	0										
	d	Net rental inco	me or (loss)		0									
	7a	Gross amount	(ı) Securities	(II) O ther										
		from sales of assets other	43,000,000	20,036,535										
	ь	than inventory Less cost or	10.010.074											
		other basis and sales expenses	40,248,971	20,303,059										
	C C	Gain or (loss)	2,751,029 ss)	-266,524	2,484,505			2,484,505						
	d 8a		from fundraising	· · · · · •	2,404,303			2,101,303						
a n		events (not inc												
Other Revenue		\$ of contributions	s reported on line 1c)											
æ		See Part IV, lir	ne 18 <b>a</b>											
ih ei	ь	Less direct ex	penses b											
δ	С	Net income or	(loss) from fundraising	events 🛌	0									
	9a		from gaming activities ne 19											
		,	а											
	l		penses b											
		Net income or Gross sales of	(loss) from gaming acti	vities	0									
		returns and allo												
			a .											
		=	oods sold <b>b</b> (loss) from sales of inv	entorv 🛌	0									
		Mıscellaneou		Business Code										
	11a													
	ь													
	C													
	d e		ue s 11a-11d											
	12				0									
	12		See Instructions .		201,217,466	192,498,043	318,564	8,400,859						

# Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must comp

section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All other organizations must complete	olumn (A
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	Check if Schedule O contains a response or note to any line in this	Part IX			
	ot include amounts reported on lines 6b,	(A)	(B) Program service	(C) Management and	(D) Fundraising
7b, 8	b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and				
	domestic governments See Part IV, line 21	140,000	140,000		
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,983,764	2,416,849	566,915	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	4,465,636	2,205,560	2,260,076	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	224,024	181,459	42,565	
9	Other employee benefits	1,126,448	524,581	601,867	
10	Payroll taxes	496,948	334,272	162,676	
11	Fees for services (non-employees)	· · · · · ·			
а	Management	0			
b	Legal	323,119	179,809	143,310	
С	Accounting	332,543	,	332,543	
d	Lobbying	0		·	
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	792,176		792,176	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	11,705,598	11,602,659	102,939	
12	Advertising and promotion	199,800	186,632	13,168	
13	Office expenses	640,625	327,223	313,402	
14	Information technology	987,404	956,960	30,444	
15	Royalties	0			
16	Occupancy	788,052	620,460	167,592	
17	Travel	371,505	308,322	63,183	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	,	,	
19	Conferences, conventions, and meetings	201,570	201,570		
20	Interest	80,034,692	80,034,692		
21	Payments to affiliates	, ,	· ,		
22	Depreciation, depletion, and amortization	656,575	622,998	33,577	
23	Insurance	369,354	· ·	369,354	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	,			
а	CONSOLIDATION LOAN REBATE FEE	23,679,337	23,679,337		
b	PROVISION FOR LOAN LOSSES	19,782,104	19,782,104		
c	AMORTIZATION OF FEES	287,043	287,043		
d	MISC ADJUSTMENTS TO PORTFOLIO	23,655	23,655		
e	All other expenses	6,334		6,334	
25	Total functional expenses. Add lines 1 through 24e	150,618,306	144,616,185	6,002,121	C
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)	. , .	. ,	. , -	

Part X Balance Sheet

	rt X	Check if Schedule O contains a response or note to any line in	this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing		597,473	1	114,762
	2	Savings and temporary cash investments		71,146,719	2	71,941,956
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		2,497,884	4	21,445,427
	5	Loans and other receivables from current and former officers, key employees, and highest compensated employees Compleschedule L	ete Part II of	0	5	0
Assets	6	Loans and other receivables from other disqualified persons (a section 4958(f)(1)), persons described in section 4958(c)(3) employers and sponsoring organizations of section 501(c)(9) employees' beneficiary organizations (see instructions) Comp. Schedule L	)(B), and contributing voluntary			
8				0	6	0
₫	7	Notes and loans receivable, net		5,934,188,211	7	5,170,432,165
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		32,726,936	9	32,608,234
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 6,195,852			
	b	Less accumulated depreciation	<b>10b</b> 4,730,606	1,641,534	10c	1,465,246
	11	Investments—publicly traded securities	322,662,116	11	378,079,429	
	12	Investments—other securities See Part IV, line 11	0	12	0	
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		238,060,322	15	225,351,547
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .		6,603,521,195	16	5,901,438,766
	17	Accounts payable and accrued expenses		10,379,876	17	8,026,626
	18	Grants payable		0	18	0
	19	Deferred revenue	0	19	0	
	20	Tax-exempt bond liabilities	0	20	0	
S	21	Escrow or custodial account liability Complete Part IV of Sch	0	21	0	
Liabilities	22	Loans and other payables to current and former officers, direc key employees, highest compensated employees, and disqual				
<u>e</u>		persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parti	es	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		6,142,526,419	24	5,392,220,375
	25	Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24) Complete P	art X of Schedule			
		D		1,552,254	25	1,760,008
	26	Total liabilities. Add lines 17 through 25		6,154,458,549	26	5,402,007,009
ě		Organizations that follow SFAS 117 (ASC 958), check here lines 27 through 29, and lines 33 and 34.	<b>▽</b> and complete			
뜵	27	Unrestricted net assets		449,062,646	27	499,431,757
<u> </u>	28	Temporarily restricted net assets		0	28	0
Ξ	29	Permanently restricted net assets		0	29	0
Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check				
<u>-</u>		complete lines 30 through 34.	·			
2	30	Capital stock or trust principal, or current funds			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other			32	
<b>≱</b>	33	Total net assets or fund balances		449,062,646	33	499,431,757
_	34	Total liabilities and net assets/fund balances		6,603,521,195	34	5,901,438,766

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				৮
1	Total revenue (must equal Part VIII, column (A), line 12)	<sub>1</sub>		201 '	017 466
2	Total expenses (must equal Part IX, column (A), line 25)				217,466
3	Revenue less expenses Subtract line 2 from line 1	2			518,306
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3		50,5	599,160
5	Net unrealized gains (losses) on investments	5		-	204,136
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 in Schedule O)	9			-25,913
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		499,4	131,757
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revious a separate basis, consolidated basis, or both	ewed or	ור		
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	☐ Separate basis ☐ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of th	1e <b>2c</b>	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	he	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		

Software ID: Software Version:

**EIN:** 23-2719985

Name: Access Group Inc

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) A verage hours per week (list any hours for related	Posit more th perso and a	ion (e nan o n is b	ne booth a	ox, u an of trus	nless ficer tee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	2/1033 11130/	2,1033 11130)	related organizations	
(1) HANNAH R ARTERIAN	6 0	х		х				0	0	0	
BOARD CHAIR (1) WH KNIGHT JR	0 0										
BOARD VICE CHAIR	0 0	х		х				0	0	0	
(2) Robert K Rasmussen	6 0							_	_		
Board Director/Treasurer	0 0	Х		X				0	0	0	
(3) DAVID BRENNEN	6 0	X						0	0	0	
DIRECTOR (4) RICHARD A MATASAR	0 0										
		х						0	0	0	
DIRECTOR (5) MARY CROSSLEY	6 0										
DIRECTOR	0 0	X						0	0	0	
(6) E LYNN HAMPTON	6 0	×						0	0	0	
DIRECTOR	0 0							Ů			
(7) PAULINE A SCHNEIDER	6 0	х						0	0	0	
DIRECTOR (8) RONDY E JENNINGS	6 0										
DIRECTOR	0 0	Х						0	0	0	
(9) WILLIAM KS WANG	6 0	l ,						0	0	0	
DIRECTOR	0 0	X						0	0	0	
(10) CHRISTOPHER CHAPMAN	50 0	X		х				797,904	0	35,186	
PRESIDENT & CEO (11) KEITH COUGHEY	0 0 50 0										
VP RISK MANAGEMENT	0 0			Х				226,986	0	21,076	
(12) JEAN M FRANCOIS	50 0			х				272,343	0	5,051	
SVP LOAN OP (13) MARY CHAN	50 0										
VP IT DATA & INFO MANAGEMENT (14) ELISE MILLER	0 0			Х				237,420	0	18,858	
VP RESEARCH PROGRAMS	0 0			х				82,229	0	2,248	
(15) PAUL G QUIGLEY	50 0			х				161,812	0	7,067	
VP PORTFOLIO MANAGEMENT (16) Deborah Fabryka	50 0			X				79,879	0	8,280	
Corporate Secretary (17) DEBRA SWARTZ	0 0							79,079			
VP LEGAL AFFAIRS/CCO (18) KATHLEEN A SMITH	0 0			Х				189,963	0	8,937	
SVP PUB AFFAIRS	0 0			х				240,173	0	11,137	
(19) CATHERINE BAILEY VP MEMBER SRVCS	50 0			х				144,816	0	7,434	
(20) CHARLES A ALBANO	50 0			х				363,633	0	16,999	
EVP AND COO (21) DAVID J RAMAGE	50 0			х				59,833	0	2,398	
VP INVESTMENT PORTFOLIO (22) MICHAEL J MOONEY	0 0 50 0			V					2		
VP AND CONTROLLER	0 0			Х				152,945	0	5,014	
(23) DIANNA FRANK DIRECTOR MARKET COMMUNICATIONS	50 0					х		122,613	0	19,859	
(24) JAMES R CASSITY	50 0					х		149,832	0	18,805	
MANAGER IT	0 0					_ ^_		147,032		10,003	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours per week (list any hours	more th persor	(C)  Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-	<b>(E)</b> Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee		Key employee	Highest compensated	Forner	2/1099-MISC)	2/1099-MISC)	organization and related organizations	
(26) CHRISTOPHER D CLEMENTS MANAGER DATABASE MANAGEMENT	50 0					x		131,790	0	19,900	
(1) AMY TIEN-GORDON MANAGING DIRECTOR MEMBER SVC	50 0					х		130,419	0	16,867	
(2) KATHLEEN M MAJOFSKY MANAGER COMPLIANCE & LOANS OPS	50 0					х		145,976	0	5,726	

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As Filed Data -

DLN: 93493043020136

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

2014

Open to Public Inspection

	of the Group	e organization			Employer identification number								
Access	Gloup	IIIC					23-2719985						
Pa	rt I	Reason for Publi	c Charity S	<b>Status</b> (All organiza	tions must co	mplete this p		ons.					
The o	organiz	zation is not a private fo											
1	Γ	A church, convention	of churches, o	r association of churc	hes described i	n <b>section 170(b</b>	)(1)(A)(i).						
2		A school described in				•							
3	Ē	A hospital or a cooper	=			tion 170(b)(1)	(A)(iii).						
4	Ė	A medical research or		<del>-</del>				i). Enter the					
	·	hospital's name, city,	and state										
5	Γ	An organization opera	ted for the ber	nefit of a college or uni	versity owned o	or operated by a	ı governmental unıt d	escribed in					
		section 170(b)(1)(A)	( <b>iv).</b> (Complet	e Part II)									
6	Γ	A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b>											
7	Γ	An organization that n	•	•	• •	om a governme	ntal unit or from the o	general public					
_	_	described in <b>section 1</b>				+ TT \							
8	ļ	A community trust des											
9	<u>~</u>	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of											
		its support from gross				•	•	n businesses					
	_	acquired by the organi		•			•						
10	<u> </u>	An organization organ	•	•	•	•	. , . ,						
11	ı	An organization organ	•	•									
		one or more publicly s the box in lines 11a th											
а	$\Gamma$	Type I. A supporting of											
		supported organization				ty of the directo	ors or trustees of the	supporting					
	_	organization You mus	=	•			±						
b	ı	<b>Type II.</b> A supporting management of the su	_	•		• •							
		must complete Part IV			same persons t	nac control of fi	ianage the supported	organization(s) Tou					
c	Γ	Type III functionally	•		n operated in c	onnection with,	and functionally inte	grated with, its					
_	_	supported organization											
d	ı	Type III non-function not functionally integr											
		(see instructions) <b>Yo</b>					illelit allu all attelitiv	eness requirement					
e	Γ	Check this box if the o					a Type I, Type II, T	ype III functionally					
		ıntegrated, or Type III											
f		Enter the number of su											
g		Provide the following i	nformation abo	out the supported orga	inization(s)								
	(i)N=	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org	nanization	(v) A mount of	(vi) Amount of					
		organization	(, 21.1	organization	listed in your	governing	monetary support	other support (see					
		-		(described on lines	docume	nt?	(see instructions)	instructions)					
				1 - 9 above or IRC									
				section (see instructions))									
				,,	Yes	No							
Tota													

Sch	edule A (Form 990 or 990-EZ) 2014						Page <b>2</b>
Pa	Support Schedule for (Complete only if you c	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation failed	to qualify under
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	ipiete Part I	11.)
	endar year (or fiscal year beginning	(-) 2010	(1) 2011	(-) 2012	(4) 2012	(-) 201	(6) T. t. l
	in) 🟲	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
3	behalf The value of services or facilities						
,	furnished by a governmental unit to						
	the organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	<b>Public support.</b> Subtract line 5 from line 4						
S	ection B. Total Support	1	l			1	
	endar year (or fiscal year beginning	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
	in) ►	(a) 2010	(0) 2011	(6) 2012	(d) 2013	(e) 2014	(I) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or not the business is regularly carried						
	on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI )						
11	<b>Total support</b> Add lines 7 through 10						
12	Gross receipts from related activities	es, etc (see inst	ructions)		•	12	<u> </u>
13	First five years. If the Form 990 is f	or the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	section 501	(c)(3)
	organization, check this box and sto				<del></del>	<u> </u>	<u> </u>
	ection C. Computation of Pub			4.4 1 (5)		<del> </del>	
14	Public support percentage for 2014	· ·		11, column (f))		14	
15	Public support percentage for 2013	•	•			15	
16a	<b>33 1/3% support test—2014.</b> If the				line 14 is 33 1/3%	∕o or more, ch	
h	and stop here. The organization qua 33 1/3% support test—2013. If the				and line 15 is 3	3 1/3% or mo	re check this
	box and <b>stop here.</b> The organization				, and fine 13 is 3.	3 1/3/0 01 1110	re, check this ▶□
17a	10%-facts-and-circumstances test-	<b>-2014.</b> If the org	anızatıon dıd not	check a box on li			,
	is 10% or more, and if the organizat						
	in Part VI how the organization mee	ts the "facts-and	d-circumstances'	test The organi	zation qualifies as	s a publicly s	
h	organization 10%-facts-and-circumstances test-	-2013. If the ora	anization did not	check a hov on li	ne 13 16a 16b	or 17a and b	<b>▶</b> ┌
	15 is 10% or more, and if the organ						
	Explain in Part VI how the organizat						ublicly
	supported organization				471		<b>▶</b> ┌
18	<b>Private foundation.</b> If the organizations	on ala not check	ca box on line 13	, 16a, 16b, 1/a,	or 1 / b, check this	s pox and see	• <b>▶</b> □

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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.)

Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) ►	(a) 2010	<b>(b)</b> 2011	(c) 2012	( <b>d)</b> 2013	<b>(e)</b> 20	14	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	C	0	0	0		0	0
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	298,737,688	281,396,323	250,246,452	224,711,194	192,	498,043	1,247,589,700
3	Gross receipts from activities that are not an unrelated trade or business under section 513							0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							0
5	The value of services or facilities furnished by a governmental unit to the organization without charge							0
6	<b>Total.</b> Add lines 1 through 5	298,737,688	281,396,323	250,246,452	224,711,194	192,	498,043	1,247,589,700
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							0
b	A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							0
c	Add lines 7a and 7b							0
8	<b>Public support</b> (Subtract line 7c from line 6)							1,247,589,700
	ction B. Total Support				1		$\overline{}$	
Cale	beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 20	14	<b>(f)</b> Total
9	Amounts from line 6	298,737,688	281,396,323	250,246,452	224,711,194	192,	498,043	1,247,589,700
L0a	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties and income from similar sources	1,774,712	2,688,061	3,901,980	4,784,666	5,	916,354	19,065,773
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							0
c	Add lines 10a and 10b	1,774,712	2,688,061	3,901,980	4,784,666	5,	916,354	19,065,773
11	Net income from unrelated							
	business activities not included in line 10b, whether or not the business is regularly carried on	122,733	267,154	428,087	288,790		255,643	1,362,407
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)							0
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)	300,635,133	284,351,538	254,576,519	229,784,650	198,	670,040	1,268,017,880
14	First five years. If the Form 990 is check this box and stop here	s for the organizat	tion's first, second	d, thırd, fourth, or	fifth tax year as	a section	501(c)(	3) organization, ►
Se	ction C. Computation of Pu	blic Support F	Percentage					- 1
15	Public support percentage for 201			13, column (f))		15		98 389 %
16	Public support percentage from 20	)13 Schedule A, I	Part III, line 15			16		98 867 %
Se	ction D. Computation of In-	vestment Inc	ome Percenta	ge				
17	Investment income percentage fo				nn (f))	17		1 504 %
18	Investment income percentage from	om <b>2013</b> Schedule	A, Part III, line	17		18		1 050 %
19a	33 1/3% support tests—2014. If t							
	more than 33 1/3%, check this both	x and <b>stop here.</b> T	he organization of	iualities as a publ	icly supported or	ganızatıor	1	<b>▶</b> ▼

b 33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

<sup>18</sup> is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V  $\,)$ 

Section A. All Supporting Organizations
---

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section $509(a)(1)$ or $(2)$ .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
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.	4b		
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 $(2)^7$ 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
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 <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9(a)) 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 <b>Part VI</b> .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
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).	10b		
l1	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 in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see  The organization satisfied the Activities Test Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below  The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each		1 1	

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

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

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1			
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
c	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)				
2	Acquisition indebtedness applicable to non-exempt use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 035	6			
7	Recoveries of prior-year distributions	7			
0	Minimum Assat Amount (add line 7 to line 6)	Q			

#### Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- **3** Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year		
1 Amounts paid to supported organizations to accom			
2 A mounts paid to perform activity that directly furthe excess of income from activity			
3 Administrative expenses paid to accomplish exemp	ot purposes of supported orga	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	ICTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is re	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdist ribut ions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
<b>a</b> From 2009			
<b>b</b> From 2010			
c From 2011			
d From 2012			
<b>e</b> From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
<ul> <li>h Applied to 2014 distributable amount</li> <li>i Carryover from 2009 not applied (see instructions)</li> </ul>			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
Applied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			1
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 31 and 4c			
8 Breakdown of line 7			
<b>a</b> From 2010			
<b>b</b> From 2011			
<b>c</b> From 2012			
d From 2013			

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

Facts And Circumstances Test

Return Reference Explanation

Schedule A (Form 990 or 990-EZ) 2014

DLN: 93493043020136

OMB No 1545-0047

#### **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

Political Campaign and Lobbying Activities

www.irs.gov/form990. Inspection If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III **Employer identification number** Name of the organization Access Group Inc 23-2719985 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 2 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? ┌ Yes If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

section 4911 tax for this year?

┌ Yes ┌ No

	······································	. 49
Part II-A	Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (e	lection
	under section 501(h)).	

_	Check	⊢	if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,
			expenses, and share of excess lobbying expenditures)
	Check	⊫ F	f the filing organization checked hox Δ and "limited control" provisions apply

Limits on Lobbying E (The term "expenditures" means an			(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
Total lobbying expenditures to influence public o				
Total lobbying expenditures to influence a legisla	tive body (direct lobbying)			
Total lobbying expenditures (add lines 1a and 1b	)			
O ther exempt purpose expenditures			150,618,306	
Total exempt purpose expenditures (add lines 1c	and 1d)		150,618,306	
Lobbying nontaxable amount Enter the amount fi	1,000,000			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:			
Not over \$500,000	20% of the amount on line 1e			
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000			
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000			
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000			
Over \$17,000,000	\$1,000,000			
Grassroots nontaxable amount (enter 25% of line	250,000			
Subtract line 1g from line 1a If zero or less, ente				
Subtract line 1f from line 1c If zero or less, ente	r-0-			

# 4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expendit	tures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> Total
2a	Lobbying nontaxable amount				1,000,000	1,000,000
b	Lobbying ceiling amount (150% of line 2a, column(e))					1,500,000
_с	Total lobbying expenditures					
d	Grassroots nontaxable amount				250,000	250,000
e	Grassroots ceiling amount (150% of line 2d, column (e))					375,000
f	Grassroots lobbying expenditures					

Pa	rt II-B		nization is exempt under section 501(c)(3) and has lection under section 501(h)).	NOT				
		-	ı below, provide in Part IV a detailed description of the lobbying	(6	a)	(b)		
activity.			T below, provide III rait IV a decaned description of the lobbying	Yes	No	<b>A</b>	Amoun	it
1	legislati through	on, including any attempt to the use of	ation attempt to influence foreign, national, state or local influence public opinion on a legislative matter or referendum,					
а	Volunte					_		
b c		ff or management (include co Ivertisements?	ompensation in expenses reported on lines 1c through 1i)?			-		
d	Mailings	to members, legislators, or	the public?					
e	Publicat	ons, or published or broadca	ast statements?					
f	Grants t	o other organizations for lobb	oying purposes?					
g	Direct c	ontact with legislators, their	staffs, government officials, or a legislative body?					
h	Rallies,	demonstrations, seminars, c	onventions, speeches, lectures, or any similar means?					
i	Otherad							
j		dd lines 1c through 1i						
2a			organization to be not described in section 501(c)(3)?			1		
Ь	-	·	incurred under section 4912					
С			incurred by organization managers under section 4912		ı			
d			ection 4912 tax, did it file Form 4720 for this year?		\	<u> </u>		
Par	t III-A	501(c)(6).	nization is exempt under section 501(c)(4), section	501(c	)(5),	or se	<b>€CTIO</b>	n
		301(0)(0).					Yes	No
1	Were su	ostantially all (90% or more	) dues received nondeductible by members?		ſ	1		
2			use lobbying expenditures of \$2,000 or less?		Ī	2		
3	Did the	organization agree to carry o	ver lobbying and political expenditures from the prior year?		Ī	3		
Par	t III-B		nization is exempt under section 501(c)(4), section ! er (a) BOTH Part III-A, lines 1 and 2, are answered " Yes."					
1		sessments and similar amo		1				
2		162(e) nondeductible lobbyi s for which the section 527(	ng and political expenditures (do not include amounts of political f) tax was paid).					
a	Current	•		2a				
b	•	er from last year		2b				
c	Total		- CO22/aV/1 V/A \ national of nandadisatible continue 1 C2/a \ disa	2c				
3 4		•	n 6033(e)(1)(A) notices of nondeductible section 162(e) dues on line 2c exceeds the amount on line 3, what portion of the excess	3				
4			on the 2c exceeds the amount on the 3, what portion of the excess over to the reasonable estimate of nondeductible lobbying and					
		expenditure next year?	, <b>,</b>	4				
5	Taxable	amount of lobbying and polit	ical expenditures (see instructions)	5				
Pa	art IV	Supplemental Inform	nation					
			: I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou Also, complete this part for any additional information	up list),	Part I	I-A,I	ınes 1	and
	Ret	urn Reference	Explanation					
Sche	edule C, P		schedule H election was in affect for fiscal year ending 3/31/15 The the allocated expenses related to direct lobbying are de-minimis in			as de	termir	ned

Part IV Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2014

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#### DLN: 93493043020136

OMB No 1545-0047

Open to Public Inspection

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

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

Information about Schedule D (Form 990) and its instructions is at  $\underline{www.irs.gov/form990}$ .

Name of Access G	of the organization from Inc		Emp	loyer identification number
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Today Inc		23-2	2719985
Part I	Organizations Maintaining Donor Advorganization answered "Yes" to Form 990	, Part IV, line 6.		·
		(a) Donor advised funds		(b) Funds and other accounts
	tal number at end of year			
	gregate value of contributions to (during year)			
_	gregate value of grants from (during year)			
Ag	gregate value at end of year			
	d the organization inform all donors and donor advisc nds are the organization's property, subject to the or		nor advı	sed Yes No
us	d the organization inform all grantees, donors, and do ed only for charitable purposes and not for the benef nferring impermissible private benefit?			
	Conservation Easements. Complete if	the organization answered "Yes"	to Forn	n 990, Part IV, line 7.
Г Г со	rpose(s) of conservation easements held by the organization of land for public use (e.g., recreation Protection of natural habitat  Preservation of open space  Implete lines 2a through 2d if the organization held a sement on the last day of the tax year	or education)  Preservation of a	ı certifie	ically important land area d historic structure n of a conservation
cu.	sement on the last day of the tax year			Held at the End of the Year
<b>a</b> To	tal number of conservation easements		2a	
	tal acreage restricted by conservation easements		2b	
	imber of conservation easements on a certified histo	oric structure included in (a)	2c	
<b>d</b> Nu	imber of conservation easements included in (c) acq storic structure listed in the National Register	• •	2d	
. Nu	imber of conservation easements modified, transferr	ed. released. extinguished. or termina	ted by th	ne organization during
	e tax year 🛌	, , , , , ,	·	
Nu	ımber of states where property subject to conservatı	on easement is located 🗠		
	es the organization have a written policy regarding t forcement of the conservation easements it holds?	he periodic monitoring, inspection, ha	ndling of	violations, and Yes No
Sta <b>►</b>	aff and volunteer hours devoted to monitoring, inspec	cting, and enforcing conservation ease	ements d	luring the year
	nount of expenses incurred in monitoring, inspecting	, and enforcing conservation easemen	ts during	g the year
Do	res each conservation easement reported on line 2(o d section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of se	ection 17	70(h)(4)(B)(ı)
bal	Part XIII, describe how the organization reports cor lance sheet, and include, if applicable, the text of the e organization's accounting for conservation easeme	e footnote to the organization's financi	•	•
art II	Organizations Maintaining Collection Complete if the organization answered "Y		, or Otl	her Similar Assets.
wo	the organization elected, as permitted under SFAS 1 rks of art, historical treasures, or other similar asse rvice, provide, in Part XIII, the text of the footnote t	ts held for public exhibition, education	, or rese	arch in furtherance of public
wo	the organization elected, as permitted under SFAS 1 rks of art, historical treasures, or other similar asse rvice, provide the following amounts relating to these	ts held for public exhibition, education		
	Revenue included in Form 990, Part VIII, line 1			<b>►</b> \$
(ii)	Assets included in Form 990, Part X			<b>▶</b> \$
<u>Ift</u>	the organization received or held works of art, histori lowing amounts required to be reported under SFAS			

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

**b** Assets included in Form 990, Part X

b Buildings         0         0           c Leasehold improvements         335,798         75,218         260,580           d Equipment         5,728,108         4,605,775         1,122,333           e Other         131,946         49,613         82,333	Part	Organizations Maintaining Collections of A	rt, His	stori	cal <sup>-</sup>	Treasu	res, or Ot	ner	Similar Ass	ets (co	ontinued)
Prevention for future generations   Prevention for future generations	3		ords, cl	heck _	·		•		significant use o	fıts	
review of description of the organization's collections and explain how they further the organization's exempt purpose in Park XIII 5 During the year, did the organization's collections and explain how they further the organization's collection?	а	Public exhibition	d	Г	Loa	n or exc	hange progra	ms			
Figure 4 description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII  burns the year, did the organization's solicit or necesse donations of arth, historical treasures or other assistance.  Yes No  Part IV, like 9, or reported an amount on Form 990, Part X, line 21.  Is it she organization an agent, fustee, custodian or other intermediary for continuous or other assets not included on Form 990, Part X?  Is it is the organization and part XIII and complete the following table    If Yes   No   If Yes   Septimal the arrangement in Part XIII and complete the following table	b	Scholarly research	е	Γ	Oth	er					
Part XIII  During the year, did the organization solicit or receive donations of art, histonical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  Is list e-organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Primm 990, Part X?  Is list e-organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Primm 990, Part X?  Is list e-organization and pent, trustee, custodian or other intermediary for contributions or other assets not included on Primm 990, Part X, line 21, for escribing the did included on the part XIII and complete the following table    Part V	c	Preservation for future generations									
No   Part   V   Recrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21, included on Form 990, Part X, line 21   It is the arrangement in Part XIII and complete the following table:    Table   Part   V   Recrow and Custodial Arrangement in Part XIII and complete the following table:	4		olaın ho	w the	y furt	her the o	organization's	exe	mpt purpose in		
Part   V   Intended on Form 990, Part X, Inte 21, for exported an amount on Form 990, Part X, Inte 21, for exported an amount on Form 990, Part X, Inte 21, for exported an amount on Form 990, Part X, Inte 21, for exported an amount on Form 990, Part X, Inte 21, for exported an amount on Form 990, Part X, Intended on Form 990, Part X, Intended on Form 990, Part X, Intended and Intended on Form 990, Part X, Intended and Intended and Intended an Intended and Intended and Intended and Intended and Intended an Intended and Intended Additions during the year Intended and Intended and Intended Additions during the year Intended and Intended Additions during the year Intended an Intended Additions during the year Intended Additional Additions during the Year's explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII Intended Additional	5									Vac	⊏ No
Test TV, line 9, or reported an amount on Form '990, Part X, line 21.	Par								<u> </u>		1 140
No   No   No   No   No   No   No   No											
Additions during the year		ıncluded on Form 990, Part X?				butions (	or other asse	ts no	ot	Yes	┌ No
d Additions during the year    1d	Ь	If "Yes," explain the arrangement in Part XIII and complete the	he follo	wing	able				Δ ****		
d Additions during the year    Distributions during the year   1e	_	Deginning holones					-	$\pm$	Amo	unt	
Distributions during the year  Filled Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part V Endowment Funds. Complete if the organization has been provided in Part XIII  La Beginning of year balance  (a)Current year (b)Phor year (b)Phor year (b)Phor years back (d)Three years back (e)Four	_							-			
The finding balance  The find		• ,					<u> </u>	_			
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?    Yes   No	_						<u> </u>	-			
b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII		-	ine 21	forc	e c rou	or cuch			ulity2 F	Vec	
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.    Complete   Complete	∠a h								•	163	, 140
(a)Current year   (b)Pnor year   b (c)Two years back   (d)Three years back   (e)Four years back   (d) Three years back   (e)Four years	Da									• •	<u>'</u>
b Contributions	Pa									<b>e)</b> Four y	ears back
d Grants or scholarships	1a	Beginning of year balance									
d Grants or scholarships	b	Contributions									
e Other expenditures for facilities and programs	C	Net investment earnings, gains, and losses									
and programs	d	Grants or scholarships									
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as  a Board designated or quasi-endowment ▶  b Permanent endowment ▶  The percentages in lines 2a, 2b, and 2c should equal 100%  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (1) unrelated organizations	e										
a Board designated or quasi-endowment ►  b Permanent endowment ►  The percentages in lines 2a, 2b, and 2c should equal 100%  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations	f	Administrative expenses									
a Board designated or quasi-endowment ▶  b Permanent endowment ▶  c Temporarily restricted endowment ▶  The percentages in lines 2a, 2b, and 2c should equal 100%  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations	g	End of year balance									
Temporarily restricted endowment ►  C Temporarily restricted endowment ►  The percentages in lines 2a, 2b, and 2c should equal 100%  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by full interest organization by (i) unrelated organizations	2	Provide the estimated percentage of the current year end bala	nce (lır	ne 1g	, colu	ımn (a))	held as				
Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c should equal 100%  Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations	а	Board designated or quasi-endowment ►									
The percentages in lines 2a, 2b, and 2c should equal 100%  Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations  (ii) related organizations  If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  A Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line  11a. See Form 990, Part X, line 10.  Description of property  Buildings  Ca) Cost or other basis (investment)  Buildings  Ca) Cost or other basis (other)  Ca) Accumulated depreciation  Ca) Cost or other basis (other)  Ca) Cost or other basis (other)  Ca) Cost or other basis (other)  Ca) Accumulated depreciation  Ca) Cost or other basis (other)  Ca) Accumulated depreciation  Ca) Cost or other basis (other)  Ca) Accumulated depreciation  Ca) Cost or other basis (other)  Ca) Accumulated depreciation  Ca) Cost or other basis (other)  Ca) Accumulated depreciation  Ca) Cost or other basis (other)  Ca) Accumulated depreciation  Ca) Accumulated depreciation  Ca) Accumulated depreciation  Ca) Cost or other basis (other)  Ca) Accumulated depreciation  Ca) Accumulated accumulate	b	Permanent endowment ▶									
Version by   Ve	С	• •									
(i) unrelated organizations	За		ızatıon	that	are he	eld and a	dministered	for t	he		
(ii) related organizations									22(1)	Yes	No
b If "Yes" to 3a(II), are the related organizations listed as required on Schedule R? 3b   Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book val				• •	•			•		1	<del>                                     </del>
Part VI         Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.           Description of property         (a) Cost or other basis (investment)         (b)Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value depreciation           1a Land	b		red on S	Sched	 Iule R				· · · · · · · · · · · · · · · · · · ·		<u> </u>
11a. See Form 990, Part X, line 10.           Description of property         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value depreciation           1a Land	4	Describe in Part XIII the intended uses of the organization's	endowm	nent f	unds					•	
Land         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value depreciation           1a Land         0	Par		f the o	rgar	ıızatı	on ansv	vered 'Yes'	to F	orm 990, Part	IV, lı	ne
b Buildings         0         0           c Leasehold improvements         335,798         75,218         260,580           d Equipment         5,728,108         4,605,775         1,122,333           e Other         131,946         49,613         82,333										( <b>d)</b> Bo	ook value
b Buildings         0         0           c Leasehold improvements         335,798         75,218         260,580           d Equipment         5,728,108         4,605,775         1,122,333           e Other         131,946         49,613         82,333	1a l	and				0		$\dashv$			0
c Leasehold improvements								$\dashv$	0		0
<b>e</b> Other							335,7	98	75,218		260,580
	d E	equipment					5,728,1	08	4,605,775		1,122,333
	_e (	Other					131,9	46	49,613		82,333
				ımn (	B), lır	ne 10(c).)					1,465,246

Part VII Investments—Other Securities. Con	nplete if the organization	answered 'Yes' to For	m 990, Part IV, line 11b.
See Form 990, Part X, line 12.  (a) Description of security or category	(b)Book value	(c) Method of va	
(including name of security)		Cost or end-of-year	market value
(1)Financial derivatives (2)Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>F</b>		
Part VIII Investments—Program Related. Co	mplete if the organization	on answered 'Yes' to Fo	orm 990, Part IV, line 11c.
See Form 990, Part X, line 13.	(I) Paulouslus	(-) Mathadas	-14
(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year	
		,	
Total: (column (b) mast equal form 350, fait X, col (b) mic 15 )	<u> </u>		
Part IX Other Assets. Complete if the organization (a) Descri		0, Part IV, line 11d See	(b) Book value
(5) 255511	F-1		(C) Doon variety
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15			
<b>Part X Other Liabilities.</b> Complete if the organization Form 990, Part X, line 25.	nization answered 'Yes'	to Form 990, Part IV,	line 11e or 11f. See
1 (a) Description of liability	(b) Book value		
Federal income taxes	0	1	
PAYROLL RELATED LIABILITIES	1,741,341	1	
OTHER CURRENT LIABILITIES	18,667	1	
		]	
		1	
		1	
		1	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	1,760,008	1	
2 Liability for uncertain tay needling. In Bart VIII. provide		l	

Par		evenue per Audited Financial Stat wered 'Yes' to Form 990, Part IV, line 1		ts With Revenue p	er Re	<b>turn</b> Complete if
1		er support per audited financial statements			1	
2	Amounts included on line 1 bu	ut not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses)	on investments	2a			
b	Donated services and use of f	acılıtıes	2b		1	
C	Recoveries of prior year grant	s	2c		1	
d			2d		1	
e	Add lines <b>2a</b> through <b>2d</b> .				2e	
3	Subtract line <b>2e</b> from line <b>1</b> .				3	
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1				
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII )		4b		1	
c	Add lines <b>4a</b> and <b>4b</b>				4c	
5	Total revenue Add lines 3 and	d <b>4c.</b> (This must equal Form 990, Part I, line	12).		5	
Part		xpenses per Audited Financial Sta		nts With Expenses	per	Return. Complete
1		swered 'Yes' to Form 990, Part IV, line r audited financial statements			1	<u> </u>
2	,	it not on Form 990, Part IX, line 25			-	
a	Donated services and use of f		2a			
b			2b			
c	Other losses		2c		-	
d			2d			
e	•				2e	
3	•				3	
4		0, Part IX, line 25, but not on line 1:	• •		<u> </u>	
a		uded on Form 990, Part VIII, line 7b	4a	1		
b	•		4b		1	
c					4c	
5		nd <b>4c.</b> (This must equal Form 990, Part I, lin			5	
	Supplemental Inf		e 10 )	<u> </u>		
Prov Part	ride the descriptions required for	Part II, lines 3, 5, and 9, Part III, lines 1a , lines 2d and 4b, and Part XII, lines 2d and				e any additional
	Return Reference	Explanation			· ·	
FIN 4	8 Statement	The Company accounts for uncertainties in not for recognition and rerecognition of tax. The Company has no uncertain tax position federal, state and local income tax examinates.	positior ns meet	ns taken or expected to ing the threshold The	o be tal Compa	ken in a tax return iny remains subject to

Jenedale 2 (1 31111 33 3) 23 13		age 💆
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
l		
-		

Schedule D (Form 990) 2014

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As Filed Data -

DLN: 93493043020136

SCHEDULE F (Form 990)

#### **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

► Attach to Form 990.

2014

**Employer identification number** 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Access Group Inc				23-2719985	
Part I General Information "Yes" to Form 990, Part			ne United States. Co	omplete if the organiz	ation answered
1 For grantmakers. Does the or and other assistance, the grants or a used to award the grants or a	ntees' eligibili	ty for the gran	nts or assistance, and	the selection criteria	┌ Yes ┌ No
2 For grantmakers. Describe in assistance outside the United		ganızatıon's p	rocedures for monitorii	ng the use of its grant	s and other
3 Activites per Region (The follow	ing Part I, line 3	B table can be du	uplicated if additional spa	ice is needed )	
(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	<b>(f)</b> Total expenditures for and investments in region
( 1) Central America and the Caribbean		-	Investments		75,666,064
(2)					
(3)					
(4)					
(5)					
3a Sub-total b Total from continuation sheets to Part I					75,666,064
c Totals (add lines 3a and 3b)					75,666,06
For Paperwork Reduction Act Notice, see	the Instructions	for Form 990.	Cat I	No 50082W Schedu	ule F (Form 990) 2014

Schedule F (Form 990) 2014

Pa				i <b>zations or Entitie</b> ived more than \$5,0		•	9		to Form 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	( <b>d)</b> Purpose of grant	(e) A mount of cash grant	<b>(f)</b> Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(	1)								
(	2)								
(	3)								
(	4)								
2				ed above that are ro or counsel has pro					
3	Enter total num	nber of other or	ganizations or ent	ities					

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be	duplicated if addit	tional space is ne	eeded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
(1)							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
( 2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
( 12)							
(13)							
(14)							
( 15)							
( 16)							
( 17)							
(18)							
				I.	I .		

#### Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	굣	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Г	Yes	্ব	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Yes	ত	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Γ	Yes	ঘ	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	I~	Yes	Г	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Г	Yes	[	Νo

Schedule F (Form 990) 2014

#### **Additional Data**

Software ID: Software Version:

**EIN:** 23-2719985

Name: Access Group Inc

Schedule F (Form 990) 2014

Page 5

#### Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Access Group Inc

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

OMB No 1545-0047

2014

DLN: 93493043020136

Open to Public Inspection

**Employer identification number** 

23-2719985

Pa	art I General Information on Grants and Assistance		
1 2	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	es 「	- 
Pa	<b>Grants and Other Assistance to Domestic Organizations and Domestic Governments.</b> Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.		

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) University of Colorado Foundation 1800 Grant St Suite 725 Denver, CO 80203	84-6049811	501(c)(3)	100,000		Cash		PROGRAM SUPPORT
(2) Seton Hall University School of Law One Newark Ctr Newark,NJ 07102	22-1500645	501(c)(3)	40,000		Cash		

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

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

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.							
Return Reference Explanation							
Schedule I, Part I	Grant applicants are required to submit applications/proposals and proposed budgets for the use of the funds to the organization. Proposals and budgets are reviewed by staff internally to assess their alignment with organization's priorities of furthering law school access, affordability and value. Detailed guidelines for the grant programs are available on the organization's website. Selected applicants must enter into a contract with the organization that details the grant deliverables, reporting and payment schedules. Grantees must provide narrative and budget progress reports in accordance with their grant agreements, subsequent payments are contingent upon satisfactory progress being made on the grant. The Access Group Board of Directors receives guarterly reports on all grant funding decisions.						

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DLN: 93493043020136

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule J (Form 990)

## **Compensation Information**

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization Access Group Inc

**Employer identification number** 

	23-2719985			
Pa	Questions Regarding Compensation			
	, and the second se		Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	_	Vaa	
	ancetors, trastees, officers, including the GEO/Exceditive birector, regarding the fittins effected in fine 14	2	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	∇ Compensation committee     ∇ Written employment contract			
	✓ Independent compensation consultant ✓ Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		Νo
b	Any related organization?	5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		No
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	<b>(B)</b> Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of	<b>(F)</b> Compensation in
	(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred benefits compensation	columns (B)(ı)-(D)	column(B) reported as deferred in prior Form 990	
See Additional Data Table							

Schedule J (Form 990) 2014

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
Health or social club dues or initiation fees	Schedule J, Part I, Line 1a The Organization will reimburse membership fees to health clubs for all employees up to a maximum of \$200 per year for any employee who provides sufficient substantiation as required under the Organization's policy related thereto
Severance or change of control	Schedule J, Part I, Line 4a Severance Pay Jean Francois - \$163,846 Paul Quigley - \$16,154 Kathleen Majofsky - \$73,078
Supplemental Nonqualified Retirement Plan	Schedule J, Part I, Line 4b Christopher Chapman - \$13,286 The organization sponsors an eligible deferred compensation plan described in 457(b) of the Internal Revenue Code which is available to certain, eligible senior executives. Under this plan, eligible executives may defer a portion of their current year cash compensation, subject to the limits imposed by the Internal Revenue Code for such deferrals. The deferred amounts remain subject to any claim of the organization's general creditors until disbursed pursuant to the terms and conditions of the plan, and subject to any other applicable law or regulation. For this reporting period, Christopher Chapman, Charles Albano and Kathleen Smith were eligible to defer compensation under the plan. The organization sponsors a nonqualified, supplemental retirement plan described in 457(f) of the Internal Revenue Code which is available to certain, eligible senior executives. The plan is unfunded and the assets remain subject to substantial risk of forfeiture prior to vesting and distribution to a participant pursuant to the terms and conditions of the plan. For this reporting period, only Christopher Chapman was the only senior executive eligible to receive an allocation.
Non-fixed Payments	Schedule J, Part I, Line 7 The Organization's Corporate Employee Incentive Program (C-EIP) seeks (1) to emphasize certain near-to-medium term activities that further the Company's long-term mission, goals and objectives, and (2) to reward employees for attaining certain performance levels relating thereto. Each Eligible Employee may be awarded a Bonus Payout subject to the terms and conditions of this C-EIP, including approval by the compensation and benefits committee of the board of directors. Any such Bonus Payout will be disbursed after all required approvals and after such date as may be determined by The Organization's Board of Directors or Chief Executive Officer, as may be appropriate, however, Bonus Payouts traditionally have been disbursed within 120 days of the last day of the applicable fiscal Year. Bonus Payouts are disbursed pursuant to the Organization's payroll procedures and are subject to all applicable withholding taxes and other required or otherwise authorized withholding, if any

Schedule J (Form 990) 2014

Software ID: Software Version:

**EIN:** 23-2719985

Name: Access Group Inc

### Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(	(i) Base Compensation	W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation	C compensation (iii) O ther reportable compensation	(C) Retirement and other deferred compensation	( <b>D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
CHRISTOPHER CHAPMAN,	(I)	543,894	253,028	982	33,686	1,500	833,090	
PRESIDENT & CEO	(II)	0	0	0	0	0	0	
KEITH COUGHEY, VP RISK	(I)	172,308	51,114	3,564	14,307	6,769	248,062	
MANAGEMENT	(II)	0	0	0	0	0	0	
JEAN M FRANCOIS, SVP	(ı)	43,666	42,700	185,977	3,604	1,447	277,394	
LOAN OP	(ıı)	0	0	0	0	0	0	
MARY CHAN, VP IT DATA & INFO MANAGEMENT	(ı) (ıı)	183,725 0	45,250 0	8,4 <b>4</b> 5 0	15,006 0	3,852 0	256,278 0	
PAUL G QUIGLEY, VP	(ı)	62,717	50,880	48,215	5,169	1,898	168,879	
PORTFOLIO MANAGEMENT	(ıı)	0	0	0	0	0	0	
JAMES R CASSITY,	(ı)	132,946	16,500	386	10,869	7,936	168,637	
MANAGER IT	(ıı)	0	0	0	0	0	0	
CHRISTOPHER D CLEMENTS, MANAGER DATABASE MANAGEMENT	(I) (II)	125,747 0	5,415 0	628 0	10,633 0	9,267 0	151,690 0	
KATHLEEN M MAJOFSKY, MANAGER COMPLIANCE & LOANS OPS	(I) (II)	50,649 0	14,929 0	80,398 0	4,176 0	1,550 0	151,702 0	
DEBRA SWARTZ, VP LEGAL	(ı)	172,493	16,660	810	2,769	6,168	198,900	
AFFAIRS/CCO	(ıı)	0	0	0	0	0	0	
KATHLEEN A SMITH, SVP	(I)	207,425	31,458	1,290	9,785	1,352	251,310	
PUB AFFAIRS	(II)	0	0	0	0	0	0	
CATHERINE BAILEY, VP	(I)	135,793	8,615	<b>4</b> 08	662	6,772	152,250	
MEMBER SRVCS	(II)	0	0	0	0	0	0	
CHARLES A ALBANO, EVP	(ı)	283,947	78,248	1,438	10,892	6,107	380,632	
AND COO	(ıı)	0	0	0	0	0	0	
MICHAEL J MOONEY, VP AND CONTROLLER	(I) (II)	143,855	8,369 0	721 0	0	5,014 0	157,959 0	

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493043020136

OMB No 1545-0047

2014

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# Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
Access Group Inc

Employer identification number
23-2719985

Return Reference	Explanation
Form 990, Part VI, Line 6	Members or Stockholders Access Group, Inc is a Delaware nonprofit, non-stock corporation. It is a membership organization whose members, as more specifically defined in its bylaws, are state-operated or otherwise federally tax-exempt law schools located in the United States that are approved by the Council on Legal Education and Admissions to the Bar of the American Bar Association

Return Reference	Explanation
· ·	Members or Stockholders Who May Elect Pursuant to the Organization's bylaws, the Board of Directors may consist of not more than thirteen directors. The members elect the minimum number of directors necessary to constitute a majority of the total number of directors (the "Class A Directors") then authorized. The remaining directors (the "Class B Directors") are elected by the Class A Directors then serving.

Return Reference	Explanation
· ·	Decisions Subject to Approval The Organization's bylaws provide that the members must approve the following actions of the board of directors the revocation, repeal, amendment, or modification of certain provisions of the bylaws and the revocation, repeal, amendment or modification of Article X of the organization's Certificate of Incorporation, regarding distributions upon liquidation of the Organization. The Delaware General Corporation Law also provides that certain actions by the Board of Directors be approved by the institutional members.

Return Reference	Explanation
· ·	Form 990 Review Process This IRS Form 990 was prepared by the Organization's management, in consultation with the Organization's external tax accountants and attorneys. Pursuant to the provisions of its charter, the Audit Committee of the Board of Directors reviewed a draft of this Form 990 at a meeting prior to filing. A complete copy of this Form 990, including all required schedules, was made available to each of the Organization's directors prior to its filing with the IRS.

Return Reference	Explanation
Form 990, Part VI, Line 12c	Conflict of Interest Policy Monitoring & Enforcement The Organization's conflict of interest policy requires each interested person (defined as the Organization's directors, officers, and key employees) to disclose any financial interest (certain ownership interest or compensation arrangements) they may have in connection with a proposed transaction between the Organization and a third party. The Board of Directors will determine if such financial interest constitutes a conflict of interest and will employ the policy's procedures for addressing any such conflict. All interested persons provide a written certification annually affirming that they have received and understand the policy and agree to comply with it, and listing any conflicts, business relationships or family relationships that may give rise to a conflict. The Audit Committee of the Board considers all disclosed issues and management monitors and reports any actual or potential conflicts.

Return Reference	Explanation
Form 990, Part VI, Line 15a	Process for Determining Compensation The process for determining the compensation of the President and CEO of the Organization is delegated by the Board of Directors to its Compensation and Benefits Committee, with such committee comprised of outside, independent Directors. It is the practice of the Compensation and Benefits Committee to review the performance of the Organization's President and CEO periodically (generally on an annual basis) and to periodically engage a third-party, independent compensation consultant to establish the market compensation range for the position. This consultant generally establishes this range by identifying the compensation of a parallel position at comparable organizations and taking various factors into account, including but not limited to each applicable organization's industry, geographic region, complexity, size, and tax status. The Compensation and Benefits Committee reviews the information from its compensation consultant and any other relevant information, discusses such information outside of the presence of the President and CEO, and authorizes, on the record, any changes to such officer's compensation

Return Reference	Explanation
Form 990, Part VI, Line 15b	Process for Determining Compensation The process for determining the compensation of other officers of the Organization generally follows the process used for all employees, except for the CEO as described in the answer to Part VI, line 15B herein Generally, the CEO, or such other person as may be appropriate based on management reporting lines and other relevant factors, conducts an annual performance review all other officers and key employees, and communicates the results of such review to the reviewed officer or key employee. In addition, the Organization periodically engages a third-party, independent compensation consultant to establish the market compensation range for the applicable positions. This consultant generally establishes this range by identifying the compensation of a parallel position at comparable organizations and taking various factors into account, including but not limited to each applicable organization's industry, geographic region, complexity, size, and tax status. The CEO, generally in consultation with the Human Resources division, approves the establishment of compensation levels for officers or key employees as follows. (1) directly for his/her direct reports, (2) in consultation with applicable officers, for officers and key employees who do not directly report to him/her, except that any changes to the compensation of the executive vice president and chief operating officer and the vice president and chief compliance officer (as top internal audit executive) are subject to the approval of the compensation and benefit committee.

Return Reference	Explanation
VI, Line 19	How Documents are Made Available to the Public The Organization's Certificate of Incorporation is a public document on file with the Delaware Secretary of State. The Organization does not make its bylaws and conflict of interest policy available to the public. Its audited financial statements for the most recent three years are freely available on its wiebsite.

Return Reference	Explanation	
Part XI, Line 9	Other Changes in Net Assets or Fund Balances Loan Reserve Trust Expense (25,913) TOTAL (25,913)	\$

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DLN: 93493043020136

OMB No 1545-0047

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## **Related Organizations and Unrelated Partnerships**

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

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service Name of the organization

Access Group Inc

(Form 990)

**SCHEDULE R** 

**Employer identification number** 

23-2719985

Part I	Identification of Disregarded Entiti	<b>es</b> Complete	if the organization answered	"Yes"	on Form 990, Part IV, line 33.	
--------	--------------------------------------	--------------------	------------------------------	-------	--------------------------------	--

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	( <b>d)</b> Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity
(1) Access Funding ABCP-I (ABCP-I) C/O ACCESS GROUP 10 N High Street West Chester, PA 19380 23-2719985	Inactive	DE	0	0	AGI
(2) Program for Educ & Access to Knwldge for C/O ACCESS GROUP 10 N High Street West Chester, PA 19380 23-2719985	Student Loans	DE	20,553,543	154,270,147	AGI
(3) Affiliated Loan Program for Students C/O ACCESS GROUP 10 N High Street West Chester, PA 19380 23-2719985	Student Loans	DE	2,643,897	36,020,515	AGI
(4) Financing Alt for Qualified Students C/O ACCESS GROUP 10 N High Street West Chester, PA 19380 23-2719985	Inactive	DE	0	0	AGI
(5) Access Funding 2013-1 C/O ACCESS GROUP 10 N High Street West Chester, PA 19380 23-2719985	Student Loans	DE	6,494,783	307,230,126	AGI

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	Section (13) co	<b>5)</b> 512(b) ontrolled city?
						Yes	No
(1) Access Group Loan Reserve Trust I Rodney Sq North 1100 N Market St Wilmington, DE 19890 51-6522917	Guarantee Fd	DE	501(c)(3)	11 Type 1	NA		No
(2) AGI Funding Foundation 10 N High Street			501(C)(3)	11 Type 1	AGI	Yes	
West Chester, PA 19380 47-2218008							

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

(a) Name, address, and EIN of related organization	,	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)		(g) Share of end- of-year assets	Disprop			managing partner?		<b>(k)</b> Percentage ownership
				,			Yes	No		Yes	No	
(1) Access Funding 2010-A LLC	Student Loans	DE	NA	Related	314,430	3,961,519		No	0	Yes		1 000 %
c/o Access Group 10 N High Street West Chester, PA 19380 27-2762721												

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

(a)  Name, address, and EIN of  related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)		(g) Share of end-of- year assets	<b>(h)</b> Percentage ownership	(i) Section (b)(i contro entit	n 512 13) olled
								Yes	No
(1) AGILITY LOAN SERVICES INC	INACTIVE		ACCESS GROUP IN	C Corp	0	0	100 000 %	Yes	
10 NORTH HIGH STREET WEST CHESTER, PA 19380 37-1606855									

Part V Transactions With Related Organizations Complete if the organization answer	red "Yes" on Forn	n 990, Part IV, line	e 34, 35b, or 36.	1 4	ge <b>J</b>
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more rel	ated organizations li	sted in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			<b>1a</b>		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)			1b		No
<b>c</b> Gift, grant, or capital contribution from related organization(s)			1c		No
<b>d</b> Loans or loan guarantees to or for related organization(s)			1d		No
e Loans or loan guarantees by related organization(s)			1e		No
f Dividends from related organization(s)			1f		No
g Sale of assets to related organization(s)			<b>1</b> g		No
h Purchase of assets from related organization(s)			1h		No
i Exchange of assets with related organization(s)			1i		No
j Lease of facilities, equipment, or other assets to related organization(s)			<u>1j</u>		No
k Lease of facilities, equipment, or other assets from related organization(s)			1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)			11		No
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)			1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n		No
• Sharing of paid employees with related organization(s)			10		No
p Reimbursement paid to related organization(s) for expenses			1p		No
<b>q</b> Reimbursement paid by related organization(s) for expenses			1q		No
r Other transfer of cash or property to related organization(s)			1r		No
s Other transfer of cash or property from related organization(s)			1s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including co	overed relationships	and transaction thresholds		
(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount	ınvolved	ĺ

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

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

1 <u> </u>																	
(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	so 50 organ		(f) Share of total income	(g) Share of end-of-year assets	e of Disproprtionate -year allocations?		Disproprtionate		of Disproprtionate rear allocations?	7	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
	<u> </u>	<u> </u>	514)	Yes	No	1	<u> </u>	Yes	No		Yes	No					
									$\Box$	1							

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

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