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#### DLN: 93493045028937

OMB No 1545-0047

Open to Public Inspection

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

Department of the

Internal Revenue Service

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/foim990</u>

Δ Fr	or the	2015 ca	lendar year, or tax year beginning	04-01-2015 , and ending 03-31-2016				
		plicable	C Name of organization	, or or real yang changes or real		D Empl	oyer i	dentification number
	dress c		Access Group Inc			22.2	7100	205
_	me cha	-	% CHRISTOPHER CHAPMAN			23-2	7199	785
In	tıal retu	ırn	Doing business as					
Fir			Number and street (or P.O. box if ma	ıl ıs not delivered to street address) Room/suit		E Telepl	hone n	umber
	termina ended i		10 North High Street Suite 400	in is not delivered to endet dual cosy into in a suit		(484	) 653	3-3300
App	olication	pending	City or town, state or province, count West Chester, PA 19380	ry, and ZIP or foreign postal code		<b>G</b> Gross	receip	ots \$ 191,370,649
			<b>F</b> Name and address of principa	al officer	<b>H(a)</b> Is th	le a grou	n reti	ırn for
			Christopher Chapman			rdinates i		⊤ Yes 🗸
			10 North High St Ste 400 West Chester, PA 19380		No			
[ Tax	c-exem	pt status	<b>√</b> 501(c)(3)	nsert no ) 4947(a)(1) or 527	H(b) Are a		dinate	Yes No
J W	ebsit e	:► ww	w accessgroup org	Sett 110 )   4547 (a)(1) 01   527	If"N	o," attac		st (see instructions)
<b>K</b> Form	n of org	anızatıon	✓ Corporation Trust Associate	on Cther ►	H(c) Grou			number ► M State of legal domicile DI
Pa	rt I		mary					
			scribe the organization's mission ( fer to Attachment 1	or most significant activities				
au au	_							
<u>≃</u>	_							
Ĕ	_							
o ve	<b>2</b> C	heck th	his box $ ightharpoonup$ if the organization dis	continued its operations or disposed o	f more than 2	25% of it	ts net	assets
Activities & Governance	<b>3</b> 2 N	lumber	of voting members of the governin	g body (Part VI, line 1a)			3	12
<b>ν5</b> γΛ			-	the governing body (Part VI, line 1b)		•	4	11
≅			· -	alendar year 2015 (Part V, line 2a)		•	5	100
<u>}</u>			• •	cessary)			6	110
ď				t VIII, column (C), line 12			7a	371,600
				n Form 990-T, line 34			7a 7b	
	D NO	. Cumere	ated business taxable medine nor	11 O I I 230 - 1 , I I I I I I I I I I I I I I I I I I		r Year	1 70	Current Year
		Contr	white and aranta (Dart VIII lin	o 1 b)	FIIC	лтеан	0	Current real
<u>a</u> i	8		ibutions and grants (Part VIII, lin	•		102.016		166 522 402
Rəvenue	9		am service revenue (Part VIII, lin		192,816		166,533,402	
Rộ	10			(A), lines 3, 4, and 7d)		8,165		6,534,644
	11		revenue (Part VIII, column (A), I	(must equal Part VIII, column (A), line			,637	1,486,246
	12	12)	revenue—add imes o tillough 11 (	must equal rait viii, column (A), me		201,217	,466	174,554,292
	13	Grant	s and similar amounts paid (Part I	X, column (A), lines 1-3)		140	,000	1,664,229
	14	Benef	its paid to or for members (Part IX	(, column (A ), line 4)			0	C
82	15	Saları 5–10		e benefits (Part IX, column (A), lines		9,296	,820	9,788,604
Expenses	16a		,	column (A ), line 11e)			0	C
¢b e	ь		undraising expenses (Part IX, column (D),	, ,,				
Ξ	17		3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	nes 11a-11d, 11f-24e)		141,181	.486	118,089,357
	18			t equal Part IX, column (A), line 25)		150,618		129,542,190
	19		·	8 from line 12		50,599		45,012,102
<u>د د</u>			•		Beginning o			End of Year
Net Assets or Fund Balances								
Bal	20		assets (Part X, line 16)			901,438		5,207,885,707
<u> </u>	21		liabilities (Part X, line 26)			402,007		4,691,955,468
	22		ssets or fund balances Subtract I	ine 21 from line 20	,	499,431	,/5/	515,930,239
	t III		nature Block	mined this return, including accompany	una schedule	ac and et	atem	ents and to the hest of
ny kr	nowled	ge and		olete Declaration of preparer (other the	-			•
		****				017-02-15		
Sign		Sign	ature of officer		Di	ate		
Here	9		ISTOPHER CHAPMAN president & ceo					
		<u> </u>	e or print name and title				1	
			Print/Type preparer's name Alycia Mecchella	Preparer's signature Da Alycia Mecchella	Che	eck [ if	PTIN PO1	N 272637
Paid			,			employed	1	
	pare	r	Firm's name	UITE 700		n's EIN ► one no (21	5) 561	1-4200
Use	Onl	у  ˈ			Pho	me 110 (21	נסכ נכ.	. ∓∠∪∪
			PHILADELPHIA, PA 1910					
¶ay t	he IRS	S discus	ss this return with the preparer sh	own above? (see instructions)				

	990 (2015)			Page <b>3</b>
Par	t IV Checklist of Required Schedules			
	7 11 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		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	
2	Is the organization required to complete Schedule B, Schedule of Contributors (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 $I$ $\square$	3		No
	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?  If "Yes," complete Schedule C, Part III	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? If "Yes," complete Schedule D, Part $I$	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?  If "Yes," complete Schedule D, Part III 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	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 V 🔰	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
	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	<b>11</b> c		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 2	<b>11</b> d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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	<b>12</b> a		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 $11e^{\gamma}$ 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		

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Par	rt 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							

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," 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

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

**b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

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?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

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 🗦 🕏 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

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24a

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24c

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25a

25b

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Form 990 (2015)

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25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Par	t V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		W			_
		Check if Schedule O contains a response of flote to any line in this	Part	<u>v</u>	<u></u>	Yes	·   No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	1,331			
b	Enter	the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1b	0			
c		e organization comply with backup withholding rules for reportable payments to ig (gambling) winnings to prize winners?	vend	dors and reportable	1c	Yes	
2a	Enter Tax S	the number of employees reported on Form W-3, Transmittal of Wage and tatements, filed for the calendar year ending with or within the year covered	_	100			
b	If at le	s return			2b	Yes	
3a		ne organization have unrelated business gross income of \$1,000 or more during		·	3a	Yes	
b	If "Yes	s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanatio</i>	on in S	Schedule O	3b	Yes	
4a	over, a	y time during the calendar year, did the organization have an interest in, or a significant account in a foreign country (such as a bank account, securities account?			4a		No
b	If "Ye: See in (FBAR	s," enter the name of the foreign country   nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank  R)	and	Financial Accounts			
5a	Was tl	he organization a party to a prohibited tax shelter transaction at any time durin	g the	tax year?	5a		Νo
b	Did an	ny taxable party notify the organization that it was or is a party to a prohibited t	ax sh	elter transaction?	5b		No
c	If"Ye	s," to line 5a or 5b, did the organization file Form 8886-T?					
6a		the organization have annual gross receipts that are normally greater than \$10 ization solicit any contributions that were not tax deductible as charitable cont			5c 6a		No
b	If"Ye	is," did the organization include with every solicitation an express statement the			6b		
7		nizations that may receive deductible contributions under section 170(c).					
а		ne organization receive a payment in excess of \$75 made partly as a contribution ses provided to the payor?		d partly for goods and	7a		Νo
b	If"Ye	s," did the organization notify the donor of the value of the goods or services pi	rovide	ed?	<b>7</b> b		
	file Fo	ne organization sell, exchange, or otherwise dispose of tangible personal proper orm 8282?	٠.	which it was required to	<b>7</b> c		No
d	If "Ye	s," indicate the number of Forms 8282 filed during the year	7d				
е	Dıd th	ne organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?	7e		No
f	Did th	e organization, during the year, pay premiums, directly or indirectly, on a perso	nal b	enefit contract?	<b>7</b> f		No
g	If the require	organization received a contribution of qualified intellectual property, did the ored?	rganız • •	zation file Form 8899 as	7g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles 1098-C?	, dıd •	the organization file a	7h		
8	Did a	oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bus g the year?	sines:	s holdings at any time	8		
9a	Did th	ne sponsoring organization make any taxable distributions under section 4966			9a		
b	Did th	ne sponsoring organization make a distribution to a donor, donor advisor, or rela	ited p	erson <sup>7</sup>	9b		
10		on 501(c)(7) organizations. Enter		,			
		tion fees and capital contributions included on Part VIII, line 12	10a				
b	Gross facılıtı	receipts, included on Form 990, Part VIII, line 12, for public use of club les	10b				
11	Sectio	on 501(c)(12) organizations. Enter		•			
		income from members or shareholders	11a				
b		s income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them )	11b				
12a	Sectio	on <b>4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990	ın lıe	u of Form 1041?	<b>12</b> a		
b	If "Ye: year	s," enter the amount of tax-exempt interest received or accrued during the	12b				
13	Sectio	on 501(c)(29) qualified nonprofit health insurance issuers.					
	additio	e organization licensed to issue qualified health plans in more than one state? <b>N</b> onal information the organization must report on Schedule O	ote. S	See the instructions for	13a		
	ın whic	the amount of reserves the organization is required to maintain by the states ch the organization is licensed to issue qualified health plans	13b				
С	Enter	the amount of reserves on hand	<b>13</b> c		ļ		
		e organization receive any payments for indoor tanning services during the tax	•		14a		No
b	If"Ye	s," has it filed a Form 720 to report these payments? If "No," provide an explana	tion ir	Schedule O	14b		

Form 990 (2015) Page 6 Governance, Management, and Disclosure Part VI For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI . . . . . . . . Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax 1a 12 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 Enter the number of voting members included in line 1a, above, who are ındependent 1b 11 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Yes Did the organization delegate control over management duties customarily performed by or under the direct 3 Νo supervision of officers, directors or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Νo 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Νo Did the organization have members or stockholders? . . . . . . . . . 6 Yes 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Yes Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Yes Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Yes **b** Each committee with authority to act on behalf of the governing body? . . . . . . . . . . . . . . Yes Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . . . . . Nο Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Νo

**10a** Did the organization have local chapters, branches, or affiliates? . . **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 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 . . . . . . . . . Yes **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12h Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12**c Yes 13 Yes Did the organization have a written document retention and destruction policy? . . . 14 Yes Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official . . . . . 15a Yes 15b Yes If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a **16**a Νo **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the

#### Section C. Disclosure

- List the States with which a copy of this Form 990 is required to be filed▶
- 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

organization's exempt status with respect to such arrangements? . . . . . . . . . . . . . . . . . .

- Own website Another's website Upon request Other (explain in Schedule O)
- 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

16b

Part VII

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

#### 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 (B) (C) (D) (F) (A) (E) Name and Title Average Position (do not check Reportable Reportable Estimated hours per more than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization (Worganizations from the (W-2/1099for related 2/1099-MISC) organization and Former Highest compensat employee Individual trustee É organizations MISC) related ũ stitutional below organizations employee 医含 dotted line) Trustee See Additional Data Table

WALTTHAM, MA 02451

	<b>(A)</b> Name and Tıtle	(B) Average 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)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
See	Addıtıonal Data Table										
1b			٠. ٠				. •				
c d	Total from continuation sh Total (add lines 1b and 1c)				٠.	٠.			3,818,785	0	311,136
a 	Total (add lines 1b and 1c)  Total number of individuals \$100,000 of reportable co	(including but not	lımıted		ose I	ıste	d abov	e) wl	, ,		311,136

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

Section B. Independent Contractors								
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						
Xerox Education Services Inc, 45 Glover Ave NORWALK, CT 06856	loan services	4,472,163						
Cambridge Associates LLC, 125 High Street BOSTON, MA 02110	Investment Services	706,086						
Acadia Brandywine Holdings, 11 Mamaroneck Ave Ste 260 WHITE PLAINS, NY 193353062	Rents	514,772						
D-Town Associates, 55 Country Club Drive Suite 200 DOWINGTOWN, PA 19335	Rents	415,864						
Lewtan Technologies Inc, 410 Totten Pond Road	Data Management	371,837						

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization  $\triangleright$  7

Form 99	•	•						Page <b>9</b>
Part V	Ш	Statement o						_
		Check If Schedu	ule O contains a respon	se or note to any lii	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ें दे	1a	Federated cam	paigns 1a					
Grants mounts	b	Membership du	es <b>1b</b>					
Ē.G	С	Fundraising eve	ents <b>1c</b>					
ifts lar /	d	Related organiz	ations 1d					
imi	е	Government grants	s (contributions) 1e					
tion er S	f	All other contribution	ons, gifts, grants, and <b>1f</b>					
Contributions, Giffs, Grants and Other Similar Amounts	g	Noncash contribution	ons included in lines					
Contr and (	h	1a-1f \$  Total. Add lines	: 1a-1f		o			
<u>ت</u> =	-"	Total. Add lines		Business Code				
표	2a	STUDENT LOAN PR	.OGRAM	Business Code 900099	166,533,402	166,279,099	254,303	
₹ ₹	b					,,		
Ce F	С							
ž.	d							
E S	е							
Program Service Revenue	f	All other progra	am service revenue					
	g		s 2a-2f		166,533,402			
	3		ome (including dividend ar amounts)		6,285,167			6,285,167
	4	Income from inves	stment of tax-exempt bond p	proceeds ►	0			
	5	Royalties	() P1		240,604			240,604
	6a	Gross rents	(ı) Real	(II) Personal				
	ь	Less rental						
	c	expenses Rental income	0	0				
		or (loss)	me or (loss)		0			
		, received in our	(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	17,065,834					
	b	Less cost or other basis and	16,816,357					
	c	sales expenses Gain or (loss)	249,477					
	d		s)		249,477			249,477
enne	8a	Gross income f events (not inc	luding	·				
Other Revenue		See Part IV, lin	a					
ŏ	b c		penses <b>b</b> [ (loss) from fundraising e	events ▶	o			
	9a	Gross income f See Part IV, lin	rom gaming activities are 19					
	b		penses b					
	C	Net income or (	(loss) from gaming activ	vities	0			
	10a	Gross sales of returns and allo						
	b c	Net income or (	oods sold b		0			
	11a	Miscellaneous MISCELLANEO		Business Code	1,245,642	1,128,345	117,297	
	b	TISSELLANEC	J J J KEY ENOE					
	с							
	d	All other revenu	L					
	е	Total. Add lines	s 11a-11d	•	1,245,642			
	12	Total revenue.	See Instructions		174,554,292	167,407,444	371,600	6,775,248

# Form 990 (2015) Part IX Statement of Functional Expenses

Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All other organizations must complete column	Section 501(c)	1(3) and 501(c)(4	) organizations must com-	plete all columns All other	er organizations must com	plete column (
---	----------------	-------------------	---------------------------	-----------------------------	---------------------------	----------------

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

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and		·	-	·
	domestic governments See Part IV, line 21	1,664,229	1,664,229		
2	Grants and other assistance to domestic				
	ındıvıduals 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	o			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and	,			
_	key employees	3,009,081	1,262,468	1,746,613	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons	0			
7	described in section 4958(c)(3)(B) Other salaries and wages	4,497,604	2 517 105	980,409	
8	Pension plan accruals and contributions (include section 401(k)	4,497,604	3,517,195	980,409	
•	and 403(b) employer contributions)	376,217	238,367	137,850	
9	Other employee benefits	1,401,394	883,802	517,592	
10	Payroll taxes				
		504,308	337,974	166,334	
11	Fees for services (non-employees)	_			
a	Management	0			
b	Legal	813,254	528,088	285,166	
с	Accounting	313,757		313,757	
d	Lobbying	51,919		51,919	
e	Professional fundraising services See Part IV, line 17	0		740 450	
f -	Investment management fees	710,450		710,450	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	10,712,784	10,203,486	509,298	
12	Advertising and promotion	318,075	300,418	17,657	
13	Office expenses	118,480	107,898	10,582	
14	Information technology	1,249,224	1,027,389	221,835	
15	Royalties	0	600 261	142.656	
16 17	Occupancy	751,017	608,361	142,656	
17 10	Travel	460,847	392,003	68,844	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	166,954	166,954		
20	Interest	71,190,529	71,190,529		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	654,600	622,868	31,732	
23	Insurance	376,729		376,729	
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	21,900,269	21,900,269		
b	PROVISION FOR LOAN LOSSES	8,287,391	8,287,391		
c	PROGRAM MATERIALS	13,078	4,378	8,700	
d					
е	All other expenses				
25	<b>Total functional expenses.</b> Add lines 1 through 24e	129,542,190	123,244,067	6,298,123	0
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)				

32

33

 $Retained\ earnings,\ endowment,\ accumulated\ income,\ or\ other\ funds$ 

Total net assets or fund balances . Total liabilities and net assets/fund balances

		2015)			Page 11
Par	ŧΧ	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X		•	· · · · · <u>· · · · · · · · · · · · · · </u>
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing	114,762	1	146,776
	2	Savings and temporary cash investments	71,941,956	2	40,919,625
	3	Pledges and grants receivable, net	0	3	(
	4	Accounts receivable, net	21,445,427	4	3,009,312
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	(
Assets	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			
188	_		5 470 400 405	6	1 000 017 001
٦	7	Notes and loans receivable, net	5,170,432,165	7	4,603,247,921
	8	Inventories for sale or use	0	8	
	9	Prepaid expenses and deferred charges	32,608,234	9	27,038,190
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  5,905,573			
	b	Less accumulated depreciation 10b 4,932,531	1,465,246	<b>10</b> c	973,042
	11	Investments—publicly traded securities	378,079,429	11	362,073,095
	12	Investments—other securities See Part IV, line 11	0	12	(
	13	Investments—program-related See Part IV, line 11	0	13	(
	14	Intangible assets	0	14	(
	15	Other assets See Part IV, line 11	225,351,547	15	170,477,746
	16	Total assets.Add lines 1 through 15 (must equal line 34)	5,901,438,766	16	5,207,885,707
	17	Accounts payable and accrued expenses	8,026,626	17	9,027,939
	18	Grants payable	0	18	(
	19	Deferred revenue	0	19	(
	20	Tax-exempt bond liabilities	0	20	(
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	(
lities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
Liabi		persons Complete Part II of Schedule L	0	22	(
: <u>`</u>	23	Secured mortgages and notes payable to unrelated third parties	0	23	(
	24	Unsecured notes and loans payable to unrelated third parties	5,392,220,375	24	4,681,057,266
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			
			1,760,008	25	1,870,263
	26	Total liabilities.Add lines 17 through 25	5,402,007,009	26	4,691,955,468
.		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🕡 and			
çes		complete lines 27 through 29, and lines 33 and 34.		_	
<u> </u>	27	Unrestricted net assets	499,431,757	27	515,930,239
82	28	Temporarily restricted net assets	0	28	
딜	29	Permanently restricted net assets	0	29	
ets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34.			
<u> </u>	30	Capital stock or trust principal, or current funds		30	
ਰ	31	Paid-in or capital surplus, or land, building or equipment fund			

515,930,239

31 32

33

499,431,757

5,901,438,766

174,554,292

129,542,190

45,012,102

499,431,757

-28,350,462

-163,158

No

Νo

Nο

Form 990 (2015)

515,930,239

Yes

Yes

Yes

## **Reconcilliation of Net Assets**

Cneck	ır Scheat	iie O	contains	a resp

Total revenue (must equal Part VIII, column (A), line 12) . . . . .

Total expenses (must equal Part IX, column (A), line 25) . . . .

Revenue less expenses Subtract line 2 from line 1 . . . . . Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

Net unrealized gains (losses) on investments . . . .

Donated services and use of facilities .

Investment expenses . Prior period adjustments .

Other changes in net assets or fund balances (explain in Schedule O) . column (B))

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, Part XIII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . . . . . 1 Accounting method used to prepare the Form 990 Schedule O

Cash ✓ Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both

Separate basis Consolidated basis **b** Were the organization's financial statements audited by an independent accountant?

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both

Separate basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight

Schedule O

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

Single Audit Act and OMB Circular A-133?

✓ Consolidated basis

Both consolidated and separate basis

If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Both consolidated and separate basis

1

2

3

4

5

6

7

8

9

10

2a

2b

2c

3a

3b

Software ID: Software Version:

**EIN:** 23-2719985

Name: Access Group Inc

Form 990, Part VII - Compensation Compensated Employees, and Inde	of Officers, pendent Co	Direc ntrac	ctor tors	s,T	rus	tees	, Ke	ey Employees	, Highest	
<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	Position (do not check more than one box, unless person is both an officer and a director/trustee)						from the organization	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
HANNAH R ARTERIAN BOARD CHAIR	6 0	x		x				0	0	d
WH KNIGHT JR BOARD VICE CHAIR	6 0	x		х				0	0	C
DAVID BRENNEN DIRECTOR	6 0	×						0	0	C
RICHARD A MATASAR DIRECTOR	6 0	×						0	0	C
MARY CROSSLEY DIRECTOR	6 0	х						0	0	0
E LYNN HAMPTON DIRECTOR	6 0	х						0	0	0
MAUREEN A O'ROURKE DIRECTOR	6 0	х						0	0	ď
RONDY E JENNINGS DIRECTOR	6 0	x						0	0	q
ROBERT K RASMUSSEN DIRECTOR/BOARD TREASURER	6 0	x		x				0	0	C
WILLIAM KS WANG DIRECTOR	6 0	×						0	0	C

# Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

11,905

20,100

24,433

12,532

13,221

217,732

234,044

250,254

174,670

132,602

Compensated Employees, and Inde	pendent Co	ntrac	:tor	5				i	i	
(A) Name and Title	(B) A verage hours per week (list any hours for related	Pos mo unles	sition nore tl	(C) n (do than ersoi icer	not one on is and		,	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former		MISC)	organization and related organizations
AUSTEN L PARRISH DIRECTOR	6 0	x						0	0	0
CHRISTOPHER P CHAPMAN PRESIDENT & CEO	50 0	x		x				847,865	0	54,421
William D Henderson VP & Cheif Strategy Officer LM	50 0			×				1,011	. 0	C
CHARLES A ALBANO EVP & COO	50 0			x				438,505	0	37,336
MARY M CHAN VP IT DATA & INFO MANAGEMENT	50 0			x				251,017	0	20,243
ELISE MILLER	50 0		$\bigcap$						1	

50 0

50 0

50 0

50 0

х

Х

Х

MICHAEL J MOONEY

VP CONTROLLER

DEBRA SWARTZ

DAVID J RAMAGE

VP LEGAL AFFAIRS/CCO

VP INVESTMENTS&CORP DEV

VP MARKETING&STRAT ENGMENT

CYNTHIA A CASSITYSIBLEY

...... VP RESEARCH PROGRAMS

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 organizations	unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization
	below dotted line)	Individual trustee or director	Institutional Trustee	Officer	ey employee	Highest compensated	Former			and related organizations
DEBORAH A FABRYKA  EXEC ASST & CORP SECRETARY	50 0			×				88,577	0	9,468
CATHARINE BAILEY  VP - MBR SVCS (END June 2015)	50 0			х				102,268	0	9,043
KATHLEEN A SMITH SVP-PUBLIC AFF (end july 2015)	50 0			×				164,281	0	10,831
KEITH COUGHEY  VP RISK MGMT (end July 2015)	50 0			×				158,701	0	12,938
JAMES R CASSITY MANAGING DIR-IT	50 0					х		162,475	0	17,982
ROBERT J GREENAWALT MANAGING DIR-PORT MGMT	50 0					х		154,600	0	10,741
PETER J TYRRELL  MANAGING DIR-LOAN RECOVERY	50 0					х		136,350	0	10,822
CHRISTOPHER D CLEMENTS MANAGER-NETWORK OPS	50 0					х		153,483	0	18,209

150,350

16,911

50 0

AMY TIEN-GORDON

MANAGING DIR-MEMBER SVCS

Employer identification number

23-2719985

SCHEDULE A (Form 990 or 990EZ)

## **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.

Open to Public Inspection

Treasury Internal Revenue Service Name of the organization

(i)

Name of supported organization

Total

Department of the

Access Group Inc

Part I

1

2

3

Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section **170(b)(1)(A)(iv).** (Complete Part II ) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An 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 investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations . . . . . . . . . . . . . . . . Provide the following information about the supported organization(s)

(iv)

Is the organization

listed in your governing

document?

Yes

(ii)EIN

(iii)

Type of

organization

(described on lines

1-9 above (see instructions))

No

(v)

A mount of

monetary support

(see instructions)

(vi)

A mount of other

support (see

instructions)

	edule A (Form 990 of 990-EZ) 2013						Page Z
Pā	Support Schedule fo						
	(Complete only if you of Part III. If the organization						
S	ection A. Public Support	acion falls to qu	iamy under the	tests listed bei	ow, piedse con	ipiete Fait III.	)
	Calendar year						1
(or	fiscal year beginning in)	(a)2011	<b>(b)</b> 2012	(c)2013	( <b>d)</b> 2014	<b>(e)</b> 2015	<b>(f)</b> Total
•	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 behalf						
3	The value of services or facilities						
•	furnished by a governmental unit						
	to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5						
	from line 4						
5	ection B. Total Support		Τ	Т	ı	T	
/or	Calendar year fiscal year beginning in) ▶	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> ⊤otal
7	Amounts 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)						
L1	<b>Total support.</b> Add lines 7						
12	through 10 [ Gross receipts from related activiti	es etc (see inst	ructions)			12	
13	First five years.If the Form 990 is		•	thurd fourth or t	fifth tay year ac a		3) organization
	check this box and <b>stop here</b>	3	•		•	``	5) organización,
S	ection C. Computation of Pul	olic Support F	Percentage				
14	Public support percentage for 2015			11, column (f))		14	
15	Public support percentage for 2014	1 Schedule A , Pa	rt II, line 14			15	
L6a	<b>33 1/3% support test—2015.</b> If the	organization did	not check the box	on line 13, and l	line 14 is 33 1/3%		this box
	and <b>stop here.</b> The organization qua	-		•	•	•	▶□
b	<b>33 1/3% support test—2014.</b> If the				, and line 15 is 3	3 1/3% or more, o	heck this
	box and <b>stop here.</b> The organizatio						▶┌
L7a	10%-facts-and-circumstances test	_				•	
	is 10% or more, and if the organiza						
	in Part VI how the organization mee	eis the "facts-an	u-circumstances	test The organi	ızatıon qualifies a	s a publicly supp	- <del>-</del>
<b>L</b>	organization  10%-facts-and-circumstances test		anization did nat	shock a how on his	0 12 16 3 16 5	or 17a and line	▶
U	15 is 10% or more, and if the organ						
	Explain in Part VI how the organiza				,	•	clv
	supported organization						▶ [
18	<b>Private foundation.</b> If the organizat	ion did not check	a box on line 13	, 16a, 16b, 17a, c	or 17b, check thi	s box and see	
	instructions				•		▶┌
							'

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				,	,	
/ · /	Calendar year	(a)2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	(e)2015	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	0	0	0	0	0	(
2	grants ") 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	281,396,323	250,246,452	224,711,194	192,498,043	166,533,402	1,115,385,414
3	Gross receipts from activities that are not an unrelated trade or business under section 513						(
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						(
5	The value of services or facilities furnished by a governmental unit to the organization without charge						(
6	<b>Total.</b> Add lines 1 through 5	281,396,323	250,246,452	224,711,194	192,498,043	166,533,402	1,115,385,414
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons						•
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						C
	the year						
c	Add lines 7a and 7b						(
8	<b>Public support.</b> (Subtract line 7c from line 6)						1,115,385,414
Se	ction B. Total Support	l					
	Calendar year	(-)2011	<b>(b)</b> 2012	(-)2012	(4)2014	(a)201E	<b>/5)</b> Total
•	iscal year beginning in) 🟲	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	(e)2015	(f)Total
9	A mounts from line 6 Gross income from interest,	281,396,323	250,246,452	224,711,194	192,498,043	166,533,402	1,115,385,414
L0a	dividends, payments received on securities loans, rents, royalties and income from similar sources	2,688,061	3,901,980	4,784,666	5,916,354	6,525,771	23,816,832
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						(
c	Add lines 10a and 10b	2,688,061	3,901,980	4,784,666	5,916,354	6,525,771	23,816,832
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	267,154	428,087	288,790	255,643	107,679	1,347,353
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)					1,128,345	1,128,345
13	Total support. (Add lines 9,	284,351,538	254,576,519	229,784,650	198,670,040	174,295,197	1,141,677,944
14	10c, 11, and 12) First five years.If the Form 990 i	, ,			, ,		
	check this box and <b>stop here</b>	g		-,,,	, ,		<b>▶</b> [
Se	ction C. Computation of Pu						
15	Public support percentage for 20			e 13, column (f))		15	97 697 %
16	Public support percentage from 2	<u> </u>	· · · · · · · · · · · · · · · · · · ·			16	98 389 %
	ction D. Computation of Ir				(0)		
17	Investment income percentage for				mn (†))	17	2 086 %
18	Investment income percentage fi	ioni <b>zoza</b> Scheant	e A, Pail III, iine	1/		18	1 504 %

18 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

more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

b 33 1/3% support tests—2014. 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

▶ 🗸

#### 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, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and complete Part V.)

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
	Averally of the community of community of community of community of the community of community o		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	2		
	509(a)(1) or (2)			<u> </u>
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?  If "Yes," answer (b) and (c) below	3a		
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?	<b>3</b> c		
4a	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use  Was any supported organization not organized in the United States ("foreign supported organization")?			l
	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?	4b		
	If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations			
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)$ ?  If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported	4c		
	organization was used exclusively for section 170(c)(2)(B) purposes			l
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	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in	5b		
c	the organization's organizing document? <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c		
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	J.		
	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? If "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> .	<b>9</b> c		
0a	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)	<b>10</b> b		
1	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?	<b>11</b> a		
	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	<b>11</b> c		

Part IV	Supporting	Organizations	(continued

I GIC IV		аррог	9	Oi guilleu	LIOIIS	(continue	ч,
Section	n R	Tyne	T Si	innorting	Orga	nization	_

			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		

Section C. Type II Supporting Organization	Section	C.	Type	II	Supporting	Organization	s
--	---------	----	------	----	------------	--------------	---

			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 contiol or management of the supporting organization was vested in the same persons			
	that controlled or managed the supported organization(s)	1		

			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		

#### Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satis	fy the Integral Part Test during the year (see instructions)

- 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

С		i ne orga instructi	nization supported a governmental entity. Describe in Part VI now you supported a government entity (see ons)	эe
2	<u>A ctivit</u>	ies Test	_Answer (a) and (b) below.	Y
а			all of the organization's activities during the tax year directly further the exempt purposes of the	

	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 <b>Part VI identify those supported organizations and explain</b> 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	
	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	Parent of Supported Organizations Answer (a) and (b) below.		

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3a each of the supported organizations? Provide details in Part VI
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
i	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		
,	Other expenses (see instructions)	7		
;	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)
	Aggregate fair market value of all non-exempt-use assets (see	1		
_	instructions for short tax year or assets held for part of year)	<b>—</b>		
a L	A verage monthly value of securities	1a 1b		
b	A verage monthly cash balances			
C	Fair market value of other non-exempt-use assets	1c 1d		+
d	Total (add lines 1a, 1b, and 1c)  Discount claimed for blockage or other factors	La		
e	(explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting	organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (c	ontinued)			
Section D - Distributions			Current Year			
1 Amounts paid to supported organizations to accomp	olish exempt purposes					
2 Amounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	oorted organizations, in				
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons				
4 Amounts paid to acquire exempt-use assets	A mounts paid to acquire exempt-use assets					
5 Qualified set-aside amounts (prior IRS approval rec	uured)					
6 Other distributions (describe in Part VI) See instru						
·	ic tions					
7 Total annual distributions. Add lines 1 through 6						
<b>8</b> Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide				
9 Distributable amount for 2015 from Section C, line	6					
10 Line 8 amount divided by Line 9 amount						
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015			
1 Distributable amount for 2015 from Section C, line 6						
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)						
3 Excess distributions carryover, if any, to 2015						
a .						
b c						
d From 2013						
e From 2014						
f Total of lines 3a through e						
<b>g</b> Applied to underdistributions of prior years						
<b>h</b> Applied to 2015 distributable amount						
i Carryover from 2010 not applied (see instructions)						
j Remainder Subtract lines 3g, 3h, and 3i from 3f						
4 Distributions for 2015 from Section D, line 7  \$						
a Applied to underdistributions of prior years			-			
<b>b</b> Applied to 2015 distributable amount						
c Remainder Subtract lines 4a and 4b from 4						
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)						
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)						
<b>7 Excess distributions carryover to 2016.</b> Add lines 31 and 4c						
8 Breakdown of line 7						
a						
b						
c Excess from 2013						
d From 2014						
<b>e</b> From 2015						
		Schodulo A	/Form 990 or 990-F7) /2015			

#### DLN: 93493045028937

Employer identification number

23-2719985

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

Department of the Treasury Internal Revenue

Name of the organization

Political expenditures

Volunteer hours

Access Group Inc

Part I-A

2

3

Service

### **Political Campaign and Lobbying Activities**

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

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

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

<u>www.irs.gov/form990</u>.

2015
Open to Public Inspection

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

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

Provide a description of the organization's direct and indirect political campaign activities in Part IV

Section 527 organizations Complete Part I-A only

• Section 501(c)(4), (5), or (6) organizations Complete Part III

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

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

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

Complete if the organization is exempt under section 501(c) or is a section 527 organization.

					-
Par	t I-B Complete if the or	ganization is exempt under	section 501(	c)(3).	
1		e tax incurred by the organization ur			\$
2	Enter the amount of any excis	e tax incurred by organization mana	gers under sectio	n 4955 <b>&gt;</b>	\$
3	If the organization incurred a s	section 4955 tax, did it file Form 47	20 for this year?		☐ Yes ☐ No
4a	Was a correction made?				□ Yes □ No
b	If "Yes," describe in Part IV				1 100 1 110
Par	t I-C Complete if the or	ganization is exempt under	section 501(	c), except section 50	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for s	ection 527 exem	pt function activities 🕨	\$
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to o	ther organization	s for section 527	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	.0-POL, line 17b ►	\$
4	Did the filing organization file <b>F</b>	form 1120-POL for this year?			Yes No
5	Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	om the filing organization's f to a separate political orga	to which the filing unds Also enter the nization, such as a		
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2					
3					
4					
5					
6					
For F	Paperwork Reduction Act Notice, s	 ee the instructions for Form 990 or 99		 Cat No 50084S <b>Schedule C (</b> I	 Form 990 or 990-EZ) 2015

Grassroots nontaxable amount (enter 25% of line 1f)

# Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

Α	Check	▶	if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EI
			expenses, and share of excess lobbying expenditures)

Α	Check ►   If the filing organization belongs t expenses, and share of excess lob		filiated group member's nam	e, address, EIN	
В	Check ▶ ☐ If the filing organization checked	box A and "limited control" provisions apply			
		oying Expenditures neans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals	
1a	Total lobbying expenditures to influence public lobbying)	opinion (grass roots			
b	Total lobbying expenditures to influence a legis	slative body (direct lobbying)	51,919		
c	Total lobbying expenditures (add lines 1a and	51,919			
d	Other exempt purpose expenditures	129,490,271			
e	Total exempt purpose expenditures (add lines	Total exempt purpose expenditures (add lines 1c and 1d)			
f	Lobbying nontaxable amount Enter the amount	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			

h	Subtract line 1g from line 1a If zero or less, enter -0-		
i	Subtract line 1f from line 1c If zero or less, enter -0-		
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  Yes	— No	

	4-Year Avera (Some organizations that made a sec columns below. See the		ection do not	: havè to com		e five
	Lobbying Expend	itures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a)2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	(e) Total
2a	Lobbying nontaxable amount			1,000,000	1,000,000	2,000,00
b	Lobbying ceiling amount (150% of line 2a, column(e))					3,000,00

j	If there is an amount other than zero on either line reporting section 4911 tax for this year?	e 1h or line 1i, did the	-	e Form 4720 Yes	•	
	(Some organizations that made a so columns below. See th		lection do not ructions for li	t have to comp ines 2a throug		e five
	Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(e) Total
2a	Lobbying nontaxable amount			1,000,000	1,000,000	2,000,000
b	Lobbying ceiling amount (150% of line 2a, column(e))					3,000,000
_с	Total lobbying expenditures				51,919	51,919
d	Grassroots nontaxable amount			250,000	250,000	500,000
e 	Grassroots ceiling amount (150% of line 2d, column (e))					750,000
f	Grassroots lobbying expenditures			Schad	ule C (Form 990 o	or 990-F7) 2015

Schedule C, Part II-A

Sch	edule C (Form 990 or 990-EZ) 2015				Р	age <b>3</b>
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).					
or e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)		(b)		
	vity	Yes No		A mount		ıt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	163				
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912			1		
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6).	<b>501</b> (c	)(5),	or s	ectio Yes	
1	Were substantially all (90% or more) dues received nondeductible by members?		_	1	res	No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		-			
3			-	3		
	Did the organization agree to carry over lobbying and political expenditures from the prior year?	-01/-	\ <u>\</u>			
Ра	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."	No" (	)(5), ( )R (b)	Par	t III-	n -A,
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
c	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
	art IV Supplemental Information					
	• • • • • • • • • • • • • • • • • • • •		D = 73	T A '		
	ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou (see instructions), and Part II-B, line 1 Also, complete this part for any additional information	ip iist),	, Part II	ı-A,	ines 1	and
	Return Reference Explanation					

DEVELOP, EDUCATE AND SUPPORT LEGISLATION AND REGULATION THAT PROMOTE ACCESS, AFFORDABILITY AND VALUE AS IT RELATES TO LEGAL EDUCATION, AND OPPOSE

LEGISLATION AND REGULATION THAT WOULD LESSEN THE SAME

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

SCHEDULE D Supplement

# **Supplemental Financial Statements**

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

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

OMB No 1545-0047

Open to Public Inspection

DLN: 93493045028937

Department of the Treasury Internal Revenue Service

(Form 990)

Employer identification number Name of the organization Access Group Inc 23-2719985 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶\_ Number of states where property subject to conservation easement is located ▶\_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the A mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

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

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

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

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
  - If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
  - (i) Revenue included on Form 990, Part VIII, line 1

the organization's accounting for conservation easements

- (ii) Assets included in Form 990, Part X
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- a Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

(B)(I) and section 170(h)(4)(B)(II)?

**▶**\$\_\_\_\_\_

☐ No

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

Par	t III	Organizations Maintaining (continued)	Collections of	Art, F	list	oric	al Tre	asures,	or Otl	ner Similar	Ass	ets	
3		the organization's acquisition, accetion items (check all that apply)	ession, and other re	ecords,	che	ck ar	y of the	following t	that are	a significant	usec	fits	
а		Public exhibition		C	d		Loan or	exchange	progra	ms			
b	Γ.	Scholarly research		•	е	Γ	Other						
c		Preservation for future generations											
4	Provi Part )	de a description of the organization's KIII	s collections and e	xplaın l	how	they	further t	he organiz	atıon's	exempt purpo	se in		
5		g the year, did the organization solid is to be sold to raise funds rather the									Yes	□No	<b>.</b>
Pai	rt IV	<b>Escrow and Custodial Arra</b>	ngements.										
		Complete if the organization a Part X, line 21.	answered "Yes" o	n Forr	n 99	90, F	art IV,	line 9, oi	r repo	rted an amo	ount o	on Forr	n 990,
1a		e organization an agent, trustee, cus ded on Form 990, Part X?	todian or other inte	ermedia	ary fo	or coi	ntributio	ons or othe	rasset		Yes	┌ No	•
b	If'	'Yes," explain the arrangement in Pa	art XIII and comple	ete the	follo	wing	table				A mou	nt	
С	Ве	ginning balance							1c				
d	A d	ditions during the year						İ	1d				
e		tributions during the year						-	1e				
f		ding balance						ŀ	1f				
2a		ne organization include an amount oi	n Form OOA Bart V	lina 2	1 fo	r 05 6	row or c	] Se ledestaur		liability2 =			
Za	Dia ti	ie organization include an amount of	III OIIII 990, Pait X	, iiile z	1,10	i esc	10W OI C	ustouiai at	ccount	ilability,	Yes	No	•
b	Tf"Vc	es," explain the arrangement in Part	VIII Chack bara it	f tho ov	nlan	ation	hac bo	an provida	d in Da	rt VIII			
	rt V	Endowment Funds. Comple											
		Endownient Fands Comple	(a)Current year			year			i_	I)Three years ba		e)Four ye	ars back
1a	Begir	nning of year balance	(=,=====,===	, -	,	,	,	, ,		,		, .	
ь	_	ributions									+		
С	Net i losse	nvestment earnings, gains, and es											
d	Gran	ts or scholarships											
e		r expenditures for facilities programs											
f	A dmi	nistrative expenses											
a a		of year balance									-		
9	·	· · · ·											
2	Provi	de the estimated percentage of the	current year end ba	alance (	(lıne	1g, c	:olumn (	a)) held as	i				
а	Board	designated or quasi-endowment				_							
b		anent endowment ►											
С	The p	orarily restricted endowment ► ercentages on lines 2a, 2b, and 2c	·										
3a		nere endowment funds not in the pos	ssession of the orga	anızatıd	on th	at ar	e held a	nd admınıs	tered f	or the			
	-	ızatıon by related organızatıons								[	3a(i)	Yes	No
		lated organizations						•		ŀ	3a(ii)		
ь		es" on 3a(ii), are the related organiza									3b	1	<u>                                       </u>
4		ribe in Part XIII the intended uses o								L			<u> </u>
Pai	rt VI	Land, Buildings, and Equip	ment.										
		Complete if the organization a	nswered 'Yes' to	Form	990								
		Description of property				<b>(a</b> t or ot invest	her basıs	Cost or oth	ner basıs	Accumula (c)deprecia		( <b>d</b> )Boo	ok value
1a	Land								C				
b	Buildin	gs									0		
c	Leasel	nold improvements		.									
d	Equipn	nent		. [				5,	,905,573	4,93	32,531		973,042
e	Other												
		lines 1a through 1e <i>(Column (d) mus</i>		art X, co	olum	n (B),	line 10(	(c))		>			973,042

See Form 990, Part X, line 12.  (a) Description of security or category	Ι	(b)Book value	(c)Method of valuation
(including name of security)			Cost or end-of-year market v
Financial derivatives Closely-held equity interests			
Other			
al. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
TO THE STATE OF TH	Vaslan Farm 00	0 Down IV long 11c	
Complete if the organization answered '	res on Form 99		Gee Form 990, Part X, line 13. (c) Method of valuation
(a) Description of investment		(b) Book value	Cost or end-of-year market v
			+
al. (Column (b) must equal Form 990, Part X, col (B) line 13 )  rt IX Other Assets. Complete if the organization (a) Descrip		Form 990, Part IV, line	e 11d See Form 990, Part X, line 15  (b) Book value
rt IX Other Assets. Complete if the organization		Form 990, Part IV, line	
rt IX Other Assets. Complete if the organization		Form 990, Part IV, line	
rt IX Other Assets. Complete if the organization		Form 990, Part IV , line	
rt IX Other Assets. Complete if the organization		Form 990, Part IV, line	
rt IX Other Assets. Complete if the organization		Form 990, Part IV, line	
rt IX Other Assets. Complete if the organization		Form 990, Part IV, line	
rt IX Other Assets. Complete if the organization		Form 990, Part IV, line	
rt IX Other Assets. Complete if the organization		Form 990, Part IV, line	
TOTAL OTHER ASSETS. Complete if the organization (a) Descrip	otion	Form 990, Part IV, line	
THE Other Assets. Complete if the organization (a) Description (a) Description (a) Description (a) Description (b) Description (a) Description (a) Description (b) Description (c) Description (d) Description (e) Description (e) Description (f) Description (h) Description	otion		(b) Book value
THE TABLE TO THE PROPERTY OF T	otion		(b) Book value
THE ASSETS. Complete if the organization  (a) Description  (a) Description  (a) Description  (a) Description  (a) Description  (a) Description  (b) Description  (c) Description  (a) Description  (a) Description  (b) Description  (c) Description  (d) Description  (e) Description  (e) Description  (e) Description  (f) Description  (e) Description  (f) Description  (e) Description	otion		(b) Book value
other Assets. Complete if the organization  (a) Description  (a) Description  (a) Description  (b) Must equal Form 990, Part X, col (B) line 15  (c) Other Liabilities. Complete if the organise Form 990, Part X, line 25.  (a) Description of liability	nization answere	d 'Yes' on Form 990,	(b) Book value
other Assets. Complete if the organization  (a) Description  (a) Description  (a) Description  (b) Must equal Form 990, Part X, col (B) line 15  (c) Other Liabilities. Complete if the organise Form 990, Part X, line 25.  (a) Description of liability	nization answere		(b) Book value
other Assets. Complete if the organization  (a) Description  (a) Description  (a) Description  (b) Must equal Form 990, Part X, col (B) line 15  (c) Other Liabilities. Complete if the organise Form 990, Part X, line 25.  (a) Description of liability	nization answere	d 'Yes' on Form 990,	(b) Book value
other Assets. Complete if the organization  (a) Description  (a) Description  (a) Description  (b) Must equal Form 990, Part X, col (B) line 15  (c) Other Liabilities. Complete if the organise Form 990, Part X, line 25.  (a) Description of liability	nization answere	d 'Yes' on Form 990,	(b) Book value
al. (Column (b) must equal Form 990, Part X, col (B) line 15  Total Young See Form 990, Part X, line 25.  (a) Description of liability	nization answere	d 'Yes' on Form 990,	(b) Book value
al. (Column (b) must equal Form 990, Part X, col (B) line 15  Total Young See Form 990, Part X, line 25.  (a) Description of liability	nization answere	d 'Yes' on Form 990,	(b) Book value
al. (Column (b) must equal Form 990, Part X, col (B) line 15  Total Young See Form 990, Part X, line 25.  (a) Description of liability	nization answere	d 'Yes' on Form 990,	(b) Book value
al. (Column (b) must equal Form 990, Part X, col (B) line 15  ort X  Other Liabilities. Complete if the organ See Form 990, Part X, line 25.  (a) Description of liability	nization answere	d 'Yes' on Form 990,	(b) Book value
al. (Column (b) must equal Form 990, Part X, col (B) line 15  art X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.  (a) Description of liability	nization answere	d 'Yes' on Form 990,	(b) Book value
al. (Column (b) must equal Form 990, Part X, col (B) line 15  art X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.  (a) Description of liability	nization answere	d 'Yes' on Form 990,	(b) Book value
al. (Column (b) must equal Form 990, Part X, col (B) line 15  art X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.  (a) Description of liability	nization answere	d 'Yes' on Form 990,	(b) Book value
al. (Column (b) must equal Form 990, Part X, col (B) line 15  art X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.  (a) Description of liability	nization answere	d 'Yes' on Form 990,	(b) Book value
al. (Column (b) must equal Form 990, Part X, col (B) line 15  Other Liabilities. Complete if the organization  (a) Description  (a) Description  (b) Description  (c) Description  (a) Description  (b) Description  (c) Description  (d) Description  (e) Description  (f) Description  (e) Description  (f) Description  (f) Description  (f) Description  (g) Descriptio	nization answere	d 'Yes' on Form 990,	(b) Book value
al. (Column (b) must equal Form 990, Part X, col (B) line 15  art X  Other Liabilities. Complete if the organ See Form 990, Part X, line 25.  (a) Description of liability	nization answere	d 'Yes' on Form 990,	(b) Book value
al. (Column (b) must equal Form 990, Part X, col (B) line 15  art X  Other Liabilities. Complete if the organ See Form 990, Part X, line 25.  (a) Description of liability	(b) Book value	d 'Yes' on Form 990,	(b) Book value

Schedule D (Form 990) 2015

1

2

b

d

е

Part XIII

information

Return Reference

Schedule D, Part X, Line 2

146,332,114

-28,222,178

174.554.292

1

2e

3

-28,350,462

128.284

3	Subtract line <b>2e</b> from line <b>1</b>	3	174,554,292
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)............4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	174,554,292
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s pei	Return.
1	Total expenses and losses per audited financial statements	1	129,559,690
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	17,500
3	Subtract line <b>2e</b> from line <b>1</b>	3	129,542,190
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)..............4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18)	5	129,542,190

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional

examinations for the year ending March 31, 2013 to present

Explanation

Liability for Uncertain Tax Positions - Fin 48 (ASC 740) The Company accounts for uncertainties in

income taxes based on a threshold of more-likely-than-not for recognition and rerecognition of tax positions taken or expected to be taken in a tax return. The Company has no uncertain tax positions meeting the threshold The Company remains subject to federal, state and local income tax

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

2a

2b

**2**c

2d

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

Total revenue, gains, and other support per audited financial statements .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments

**Supplemental Information** 

Donated services and use of facilities

Recoveries of prior year grants

Other (Describe in Part XIII)

Add lines 2a through 2d .

Schedule D (Form 990) 2015	Page						
Part XIII Supplemental Information (continued)							
Return Reference	Explanation						
Schedule D, Part XII, Line 2d	Loan Reserve Trust Expenses \$17,500						

efile GRAPHIC print - DO N	IOT PROCESS	As Filed Da	ta -	DLN	DLN: 93493045028937		
SCHEDULE F (Form 990)	tatement of	Activities (	Outside the Unit	ed States	OMB No 1545-0047		
Denartment of the Treasury	·	Part IV, line ► Attach t	on answered "Yes" to Form 14b, 15, or 16. to Form 990. and its instructions is at w		2015 Open to Public Inspection		
Name of the organization Access Group Inc				<b>Employer ide</b> 23-2719985	ntification number		
			<b>he United States.</b> orm 990, Part IV, line	L	,		
For grantmakers. Does the and other assistance, the used to award the grants	grantees' eligibi						
<b>2 For grantmakers.</b> Describ assistance outside the Un	ited States				nts and other		
3 Activites per Region (The fo	llowing Part I, line	3 table can be d	uplicated if additional spa	ace 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 program service, describe specific type of service(s) in region			
( 1) Central America and the Caribbean			Investments		62,726,546		
( 2)							
(3)							
(4)							
(5)							
3a Sub-total b Total from continuation shee to Part I					62,726,546		
c Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice,		for Form 990	Cat	No 50082W <b>Sch</b> e	62,726,546 edule F (Form 990) 2015		

Schedule F (Form 990) 2015

	applicable)		disbarsement	assistance	assistance	appraisal, other)
(1)						
(2)						
( 3)						
(4)						

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . .

Page 2

(14) (15) (16) (17) (18)

Schedule F (Form 990) 2015							Page <b>3</b>
	ther Assistance duplicated if addit			:ed States. Complete i	ıf the organization ar	nswered "Yes" to Form S	990, Part IV, line 16.
(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	(h) Method of valuation (book, FMV, appraisal, other)
(1)						1	
(2)				1			
( 3)						<del></del>	
(4)		+				<u></u>	
(5)							
( 6)				1			
(7)				,			
(8)							
(9)							
( 10)							
( 11)						1	1

(4)				
( 5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
(12)				
( 13)				

Yes 8621) 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 Yes

▽ (see Instructions for Form 8865)

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

Yes 5713, do not file with Form 990) Νo

Nο

## **Additional Data**

Software ID: Software Version:

**EIN:** 23-2719985

Name: Access Group Inc

Schedule F (Form 990) 2015

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).

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493045028937 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 2015 Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number Access Group Inc 23-2719985 **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient Part II that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (c) IRC section (d) A mount of cash **(b)** EIN (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance or government (book, FMV, assistance appraisal, other) See Additional Data Table

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Cat No 50055P

Schedule I (Form 990) 2015

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Page **2** 

Schedule I (Form 990) 2015

Schedule I (Form 990) 2015

recipients	cash grant	non-cash assistance	FMV , appraisal, other)	

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

## **Additional Data**

St Paul, MN 55105

Software ID: Software Version:

**EIN:** 23-2719985

Name: Access Group Inc

Form 990,Schedule I, Pai	rt II, Grants and	d Other Assistanc	e to Domestic Org	anizations and D	omestic Governme	ents.	
(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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Colorado 10901 W 120th Avenue 200 Broomfield, CO 80021	84-6049811	501(c)(3)	100,000		Cash		Program Support/Research
Seton Hall University One Newark Center Newark,NJ 07102	22-1500645	501(c)(3)	40,000		Cash		Program Support/Research
William Mitchell College of Law 875 Summit Avenue	41-0518750	501(c)(3)	89,000		Cash		Program Support/Research

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) University of Denver 84-0404231 501(c)(3) 100,000 Cash Program Colorado Seminary Support/Research 2060 South Gaylord Way John Mave H Denver, CO 80208 74-1238434 501(c)(3) 89,502 Cash Texas A&M University Program 400 Harvey Mitchell Parkway Support/Research

South S College Station, TX 77845

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Minneapolis, MN 55403

University of St Thomas 41-0693970 501(c)(3) 33,000 Cash Program School of Law (Minnesota) Support/Research 1000 LaSalle Ave MSL 303

(a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or aovernment assistance NASFAA 83-0211970 501(c)(3) 112,250 Cash Program 1101 Connecticut Ave NW Support/Research Suite 1100 W------ DC 20026

Support/Research

washington, DC 20036					
St Mary's University School of Law One Camino Santa Maria San Antonio,TX 78228	74-1143128	501(c)(3)	125,000	Cash	Program Support/Research
University of Arkansas at	71-0236904		85,151	Cash	Program

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

University of Arkansas at 71-0236904 Little Rock

2801 S University Avenue Little Rock, AR 72204

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Association of American Law 94-1450490 501(c)(3) 250,000 Cash Program Schools (AALS) Support/Research 1201 Connecticut Avenue NW Suite rt/Research

Washington, DC 20036					
Association for Institutional Research 1435 E Piedmont Drive Tallahassee,FL 32308	36-6149972	501(c)(3)	307,672	Cash	Program Support/Research
Council on Legal Education Opportunity (CLEO)	45-4462410	501(c)(3)	20,812	Cash	Program Support/Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

294

Largo, MD 20774

Opportunity (CLEO) 1101 Mercantile Lane Suite

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Regents of the University of 95-6006143 62,500 Cash Program California Support/Research Box 957089 1125 Murphy Hall 405 H

Los Angeles, CA 90095					
Arizona State University Foundation PO Box 2260 Tempe,AZ 85280	86-6051042	501(c)(3)	59,956	Cash	Program Support/Research

Board of Regents of the 39-6006492 35,220 Cash

Madison, WI 53715

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Program University of Wisconsin Support/Research 21 N Park Street Suite 6401

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance other) or aovernment assistance American Bar Foundation 36-6110271 501(c)(3) 28,000 Cash Program Support/Research (ABF) 750 North Lake Shore Drive

Support/Research

Chicago, IL 60611 University of South Carolina 57-6001153 57,418 Cash Program 701 S Main Street Support/Research Columbia, SC 29208 Trustees of the University of 23-1352685 501(c)3 68,748 Cash Program

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Pennsylvania 3451 Walnut Street Room P-221

Philadelphia, PA 19104

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Schedule J (Form 990)

**Compensation Information** 

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

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

DLN: 93493045028937 OMB No 1545-0047

2015

							DIIC
Na	me of the organiz			Employer identific	ation nur	mber	
ACC	ess Group Inc			23-2719985			
Pa	rt I Questi	ions Regarding Compensation	n				
						Yes	No
1a			ovided any of the following to or for a person I to provide any relevant information regard				
	First-clas	s or charter travel	Housing allowance or residence for	or personal use	ļ	ļ	ļ
	Travel for	companions	Payments for business use of per	sonal residence	ļ	ļ	ļ
	Tax idemi	nification and gross-up payments	Health or social club dues or initial	ation fees	ļ	ļ	ļ
	Discretio	nary spending account	Personal services (e g , maid, cha	uffeur, chef)			
b			rganization follow a written policy regarding			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
2			escribed above? If "No," complete Part III reimbursing or allowing expenses incurred b	·	1b	Yes	
-			cutive Director, regarding the items checke		2	Yes	
3	organızatıon's	CEO/Executive Director Check all th	nization used to establish the compensation hat apply Do not check any boxes for methosation of the CEO/Executive Director, but e	ods			
	✓ Compens	ation committee	Written employment contract		ļ	ļ	ļ
		ent compensation consultant	Compensation survey or study		ļ	ļ	ļ
	Form 990	of other organizations	Approval by the board or compens	sation committee	l I	 	
4	During the yea or a related org		Part VII, Section A, line 1a with respect to	the filing organizati	on		
а	Receive a seve	erance payment or change-of-control	payment?		<b>4</b> a		Νo
b	Participate in,	or receive payment from, a suppleme	ntal nonqualified retirement plan?		4b	Yes	
c	Participate in,	or receive payment from, an equity-b	ased compensation arrangement?		4c		Νo
	If "Yes" to any	of lines 4a-c, list the persons and pr	rovide the applicable amounts for each item	ın Part III			
	Only 501(c)(3)	), 501(c)(4), and 501(c)(29) organiza	tions must complete lines 5-9.				
5		ted on Form 990, Part VII, Section A contingent on the revenues of	, line $1a$ , did the organization pay or accrue	e any			
а	The organization	on?			5a		Νo
b	Any related org	ganızatıon?			5b		Νo
	If "Yes," on lin	e 5a or 5b, describe in Part III					
6		ted on Form 990, Part VII, Section A contingent on the net earnings of	, line 1a, did the organization pay or accrue	any			
а	The organization	on?			<b>6</b> a		Νo
b	Any related org	ganızatıon?			<b>6</b> b		Νo
	If "Yes," on lin	e 6a or 6b, describe in Part III					
7		ted on Form 990, Part VII, Section A described in lines 5 and 6? If "Yes," o	, line 1a, did the organization provide any n describe in Part III	ion-fixed	7	Yes	
В			paid or accured pursuant to a contract that n Regulations section 53 4958-4(a)(3)? If		8		No
9	If "Yes" on line		e rebuttable presumption procedure describ	oed in Regulations			

ruge <b>z</b>							
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.							
ınstructions, on row (II) Do not list ar	tion must be reported on Schedule J, report compensation from the ony individuals that are not listed on Form 990, Part VII for each listed individual must equal the total amount of Form 990, F	.,	-	·			
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in		

Page 2

Schedule J (Form 990) 2015

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation in
	B	(ii)	(ıiı)	other deferred	benefits	(B)(ı)-(D)	column(B) reported
	Base (1) compensation	Bonus & incentive	Other reportable	compensation			as deferred on prior
	(1) compensation	compensation	compensation				Form 990

Schedule 1 (Form 990) 2015

See Additional Data Table

Supplemental Information

Schedule J (Form 990) 2015

Part III

initiation fees

Retirement Plan

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 Schedule J, Part I, Line 4b Christopher Chapman - \$31,221 Charles Albano - \$7,714 The organization sponsors an eliqible 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

Supplemental Nonqualified

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 executive eligible to receive an allocation

Non-fixed Payments

distribution to a participant pursuant to the terms and conditions of the plan. For this reporting period, only Christopher Chapman was the only senior 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 final 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

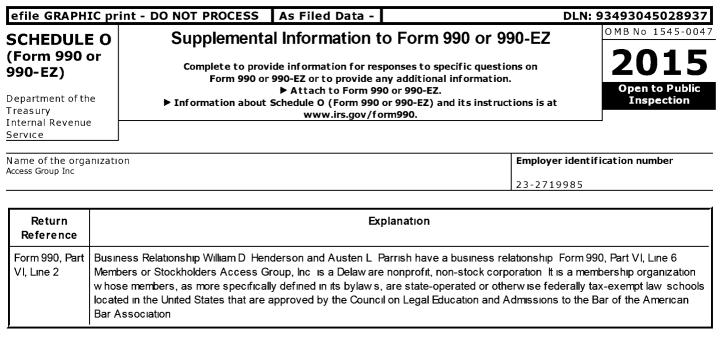
Schedule J (Form 990) 2015

Page 3

Software ID: Software Version:

EIN: 23-2719985
Name: Access Group Inc

Form 990, Schedule J,	Part I	I - Officers, Direct	tors, Trustees, Ke	y Employees, and	Highest Compens	ated Employees	T	
(A) Name and Title		(B) Breakdown of  (i)  Base Compensation	f W-2 and/or 1099-MI: (ii) Bonus & Incentive	(iii) O ther reportable	(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 on prior Form 990
1CHRISTOPHER P CHAPMAN	1 (1)	560,850	compensation	compensation				
PRESIDENT & CEO	(1)	360,830	266,500	20,515	52,421	2,000	902,286	(
	(11)	0	0	0	0	- 0	- 0	C
1CHARLES A ALBANO EVP & COO	(1)	305,438	123,000	10,067	28,914	8,422	475,841	(
	(11)	0	0	0	0		-	(
2MARY M CHAN	(1)	201,154	42,500	7,363	16,092	4,151	271,260	(
VP IT DATA & INFO MANAGEMENT	(11)	0	0	0	0			(
3ELISE MILLER VP RESEARCH PROGRAMS	(1)	185,577	31,250	905	7,754	4,151	229,637	(
	(11)	0	0	0	0			(
4MICHAEL J MOONEY	(1)	185,509	47,250	1,285	14,095	6,005	254,144	(
VP CONTROLLER	(11)	0	0	0	0			(
5DEBRA SWARTZ VP LEGAL AFFAIRS/CCO	(1)	198,464	50,500	1,290	15,877	0 8,556	274,687	(
VI LUAL AT AIRO, CCO	(11)	0	0	0	0			(
6DAVID J RAMAGE VP INVESTMENTS&CORP DEV	(1)	148,462	25,500	708	5,760	6,772	187,202	(
	(11)	0	0	0	0	-		(
7JAMES R CASSITY MANAGING DIR-IT	(1)	146,768	15,250	457	11,741	6,241	180,457	C
	(11)	0	0	0	0	-		(
8ROBERT J GREENAWALT MANAGING DIR-PORT MGMT	(1)	146,154	7,750	696	2,169	8,572	165,341	(
	(11)	0	0	0	0			(
9CHRISTOPHER D CLEMENTS MANAGER-NETWORK OPS	(1)	139,821	10,000	3,662	11,186	7,023	171,692	(
THAT OLD NETWORK OF S	(11)	0	0	0	0	-		(
10AMY TIEN-GORDON MANAGING DIR-MEMBER	(1)	133,600	8,750	8,000	10,388	6,523	167,261	(
SVCS	(11)	0	0	0	0			(
11KATHLEEN A SMITH SVP-PUBLIC AFF (end july	(1)	117,733	33,500	13,048	9,908	923	175,112	
2015)	(11)	0	0	0	0			(
12KEITH COUGHEY VP RISK MGMT (end july	(1)	108,636	46,500	3,565	8,691	4,247	171,639	
2015)	(11)	0	0	0	0	-		



Return Reference	Explanation
Form 990, Part VI, Line 7a	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
VI, Line 7b	Decisions Subject to Approval The Organization's bylaw's 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 bylaw's 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 Delaw are General Corporation Law also provides that certain actions by the Board of Directors be approved by the members

Return Reference	Explanation
Form 990, Part VI. Line 11b	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.

Cymlenetics

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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
Form 990, Part	How Documents are Made Available to the Public The Organization's Certificate of Incorporation is a public document on file
	with the Delaw are Secretary of State. The Organization does not make its bylaw's 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
Form 990, Part XI,	Other Changes in Net Assets or Fund Balances Loan Reserve Trust Net Assets (75,159) Other (87,999)
Line 9	TOTAL \$ (163,158)

Return Reference	Explanation
Additional Schedule O	Effective March 1, 2017, Access Group, Inc. is changing its legal name to AccessLex Institute. AccessLex Institute
Disclosure regarding	(Lex meaning law in Latin) better reflects our evolution as a catalyst in empowering the next generation of law yers
Name Change	and our dedication to furthering broad access, affordability and the lasting value of a legal education

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**DLN: 93493045028937**OMB No 1545-0047

# **Related Organizations and Unrelated Partnerships**

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

2015

Open to Public

Department of the Treasury Internal Revenue Service

**SCHEDULE R** 

(Form 990)

► Attach to Form 990.

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

ame of the organization				Employer identif		ection	
ccess Group Inc				23-2719985	reaction number		
Part I Identification of Disregarded Entities Comple	te if the organization	answered "Yes" or	n Form 990, Part I	_			
( <b>a)</b> Name, address, and EIN (ıf applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	( <b>d</b> ) Total income End	(e) d-of-year assets	<b>(f)</b> Direct controlling entity		
ee Additional Data Table							
					241	<del></del>	
Part II Identification of Related Tax-Exempt Organiz or more related tax-exempt organizations during th		ne organization an	swered "Yes" on I	-orm 990, Part IV,	, line 34 because it	nad one	e
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) co	g) 512(b) ontrolled tity?
1)Access Group Loan Reserve Trust I	Guarantee Fd	DE	501(c)(3)	11 Type 1	NA	Yes	No No
Rodney Sq North 1100 N Market St Vilmington, DE 19890	Guarantee i u	DE DE	301(0)(3)	III Type I	IVO		INO
i1-6522917 <b>2)</b> AGI Funding Foundation 0 N High Street	Support Org	DE	501(C)(3)	11 Type 1	AGI	Yes	
Vest Chester, PA 19380 -7-2218008							

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)		Predominant income(related, unrelated, excluded from tax under sections 512-514)	Predominant income(related, unrelated, excluded from tax under sections 512-	Predominant Sincome(related, unrelated, excluded from tax under sections 512-	income(related, unrelated, excluded from tax under sections 512-	Predominant S income(related, unrelated, excluded from tax under sections 512-	(f) Share of total income	Share of total	Share of total	Share of tota	Share of total	Share of total	Share of total	(g) Share of end- of-year assets	of-year alloca		allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	'	ral or aging ner?	(k) Percentage ownership
(1) Access Funding 2010-A LLC	Student Loans	DE	NA .	Related	353,728	1,177,558	Yes	No No	0	Yes Yes	No	1 000 %												
c/o Access Group 10 N High Street West Chester, PA 19380 27-2762721					333,.23	2,2,530																		
(2) CS ABS Repackaging Trust 2013-A	Student Loans	NY	NA	Related	350,221	675,874		No		Yes		1 000 %												
11 Madison Ave New York, NY 10010 46-6848238																								

**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	(d) Direct controlling entity	(e) Type of entity (C corp, S corp,	<b>(f)</b> Share of total Income	(g) Share of end-of- year	<b>(h)</b> Percentage ownership	Section (b)(1	) i 512 l3)
<u> </u>		(state or foreign country)	,	or trust)		assets		contro entit	lled y?
								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									

cheddle k (i offir 990) 2013					Pag	ge <b>3</b>
Part V Transactions With Related Organizations Complete if the organization answ	ered "Yes" on Form	990, Part IV, line	34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more	related organizations li	sted in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)				<b>1</b> b		No
c Gift, grant, or capital contribution from related organization(s)				<b>1</b> c		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)				<b>1</b> f		
<b>g</b> 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)				<b>1</b> j		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)				1k		No
Performance of services or membership or fundraising solicitations for related organization(s)				11		No
${f m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
$m{n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
o Sharing of paid employees with related organization(s)				10		No
p Reimbursement paid to related organization(s) for expenses				<b>1</b> p		No
<b>q</b> Reimbursement paid by related organization(s) for expenses				<b>1</b> q		No
r Other transfer of cash or property to related organization(s)				1r		No
<b>s</b> 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		· ·		S		
(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining a	ımount ıı	nvolved	

## 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

Name, actives, and FIN of entity   Capt   Capt	revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships																											
	(a) Name, address, and EIN of entity	(b) Primary activity	domicile (state or foreign	(related, unrelated, excluded from tax under sections 512-	(e) Are all partners		501(c)(3) organizations?		501(c)(3) organizations?		501(c)(3) organizations?		501(c)(3) organizations?		501(c)(3) organizations?		501(c)(3) organizations?		501(c)(3) organizations?		total	end-of-year	(h) Disproprtiona ar allocations?		Code V-UBI amount in box 20 of Schedule K-1	General or managing partner?		(k) Percentage ownership
	9			314)	Yes	No			Yes	No		Yes	No															
													1 I															
														_														
														_														
														_														



## **Additional Data**

## Software ID: **Software Version:**

**EIN:** 23-2719985

Name: Access Group Inc

Form 990, Schedule R, Part I - Identification of Disregarded Entities					
<b>(a)</b> Name, address, and EIN (ıf applıcable) of dısregarded entity	<b>(b)</b> Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	<b>(e)</b> 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
(1) Program for Educ & Access to Knwldge C/O ACCESS GROUP 10 N High Street West Chester, PA 19380 23-2719985	Student Loans	DE	10,174,572	92,741,014	AGI
(2) Affiliated Loan Program for Students C/O ACCESS GROUP 10 N High Street West Chester, PA 19380 23-2719985	Student Loans	DE	2,158,979	27,943,340	AGI
(3) Financing Alt for Qualified Students C/O ACCESS GROUP 10 N High Street West Chester, PA 19380 23-2719985	Inactive	DE	0	0	AGI
(4) Access Funding 2013-1 C/O ACCESS GROUP 10 N High Street West Chester, PA 19380 23-2719985	Student Loans	DE	5,808,797	257,838,526	AGI
(5) Access Funding 2015-1 C/O ACCESS GROUP 10 N High Street West Chester, PA 19380 23-2719985	Student Loans	DE	3,011,954	187,512,613	AGI
(6) Lawyer Metrics LLC C/O ACCESS GROUP 10 N High Street West Chester, PA 19380 81-1157383	Consulting	DE	117,298	152,318	AGI