Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2011

Open to Public

Department of the Treasury Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements.

Ā	Fort	the 2011 calen	dar year, or tax year begi	nning	,2	011, and endin	g			.1	
В	Check	If applicable:	С					D Employ	er lden	ification Number	
	X	oddress change	ACCESS NOW, INC.					27-	0597	430 -	
	-	lame change	P O BOX 115					E Telepho	ис пип	ber .	
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	$\boldsymbol{\vdash}$	mended refurn						G Gross r	naeleta	e 1 1/	5,753.
		pplication pendang	F Name and address of princip	el officer PD	FULL COLOMON		H(a) Is this :		<u> </u>		s X №
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_	Tou	-exempt status	X 501(c)(3) 501(c) (New Air	sort no.) 4947(a)((i) or 527	If 'No,'	attach a lisi.	(see ins	aructions)	~ Ц
÷			W.ACCESSNOW.ORG) = (11	5011 110.) 4547(3)(1) 04 327					
<u>J</u> .					11		H(c) Group (171
K	irt I		X Corporation Trust	Association	Other ►	L Year of Format	ion: ZUU:	<u> </u>	state of	egel d amicile: C	.н
I P &	г. —	Summar	2			ACCROS N	ON TO	T CLOD	77 6	TOTZELIENIE.	DAT:
	1		be the organization's miss								
Activities & Governance			FREEDOM THAT FOO								
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ğ	2		if the organization		and its operations or	dienoged of mo	ro than 2		not so		
Ö	3		oting members of the gove) 3	seis.	3
٠ •	4		dependent voting member						4		3
ŝ	5		of individuals employed i						5		5
흏	6	Total number	of volunteers (estimate if	f necessary)					6		5
4			ed business revenue from		- "				7a		0.
	Ь	Net unrelated	I business taxable income	from Form 9	90-T, Ilne 34				7 b		0.
	_							rior Year		Current	Year
.	8		and grants (Part VIII, line					466,1	41.	1,12	0,307.
Воучния	9		rice revenue (Part VIII, line							<u> </u>	<u>9, 9</u> 37.
5	10		come (Part VIII, column (1.0		E E 6 6
ш.	11		e (Part VIII, column (A), li						16.		5,509.
_	12		e — add tines 8 through 11					465,9	745.		5,753.
	13		imilar amounts paid (Part							<u>B</u>	0,000.
	14		to or for members (Part I		•			100 5		40	1 051
ø.	15		er compensation, employe	-		-		138,7	<u>'11.</u>	42	1,851.
BB	l		fundraising fees (Part IX,					545			
Ехрепзая	b	Total fundrais	sing expenses (Part IX, co	lumn (D), line	25) 🟲	44,958.		100	Z 74.	W. Talling	યું હતું તેલું અંગે
Ш	17	Other expens	es (Part IX, column (A), ji	ines 11a-11d,	11f-24e)		.	299,7	18.	51	1,994.
	18	Total expense	es. Add lines 13-17 (must	equal Part IX	, column (A), line 2	5)		438,4	29.	1,01	3,845.
	19	Revenue less	expenses. Subtract line 1	18 from line 1	<u> 2</u>			27,4	96.	13	1,908.
ş				•		•	Beginnin	g of Curren	t Year	End of	Year
Net American Fund Defendos	20	Total assets ((Part X, line 16)					113,5	67.	26	0,419.
퇿	21	Total llabilitie:	s (Part X, line 26)	. , .				83,8	34.	9	8,776.
2.5	22	Net assets or	fund balances, Subtract I	ine 21 from li	ne 20		.	29,7	33.	16	1,641.
Pa	rt II	Signatur	e Block		· ·						
Und	c(beas	Hies of perjury, I dy	potare hat I have examined this re ever when han officer is based or	itum, including acc	ompanying schedules and	l statements, and to	the best of m	sy knowsedge	and be	lief, It is true, com	ect, and
com	pjele. 1	reclaration of preject	er (other than officer) is based or	n all information of	к wisch proparer has any к	nowle ng e.					
			mpeu	<u> </u>				//28	/20	5	
Sìg	jn –	Signatu	re al/officer	,	_		Ďв	1e (
Hei	re	 	(BREST SOLK	orwow.	Δ		<u> </u>	•			
			print name and little.	//	1//				<u>,</u>		
		1	veparer's name	Predalers M	(性/ 人)	Date		Clieck [iF	PTIN	
Pai			'H J LEDERER ·	7 W		11/10/	12	self-employ	ed	P0039637	3
	pare				SOCIATES LLC						
ŲŚ	e Qn	ly Fim's addre			TTE 280			Firm's EIN	- 22	-3778048	
			LYNDHURST, N	J 07071				Риопе по.	(20)	1) 933-33	780
May	the I	RS discuss thi	is return with the preparer	r shown above	e? (see instructions))	<u> </u>			X Yes	No

Form 990 (2011) ACCESS NOW, INC.	27-059743	0 Page 2
Part III. Statement of Program Service Accomplishments		
Check if Schedule O contains a response to any question in this Part III		X
1 Briefly describe the organization's mission: ACCESS NOW IS A GLOBAL MOVEMENT FOR DIGITAL FREEDOM THAT FOCUSES PROJECTS INTENDED TO EDUCATE THE GENERAL PUBLIC AROUND THE WORLD DIGITAL FREEDOM, INTERNET ACCESS, AND INTERNET SECURITY RIGHTS.		
2 Did the organization undertake any significant program services during the year which were not listed form 990 or 990-EZ? SEE SCHEDULE Q		Yes No
3 Did the organization cease conducting, or make significant changes in how it conducts, any program s if 'Yes,' describe these changes on Schedule O.	_	Yes 🗓 No
4 Describe the organization's program service accomplishments for each of its three largest program ser Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the a others, the total expenses, and revenue, if any, for each program service reported.	rvices, as measure amount of grants a	d by expenses. nd allocations to
4a (Code: 1) (Expenses \$ 250,070. including grants of \$) (ACCESS HELD AN EDUCATIONAL CONFERENCE, THE SILICON VALLEY HUMAN OCTOBER 25TH AND 26TH IN SAN FRANCISCO, CA. THE SYHRC BROUGHT TO CIVIL SOCIETY ORGANIZATIONS, CORPORATIONS AND GOVERNMENTS TO DISTRICT TECHNOLOGY.	OGETHER ACTI	VISTS,
4b (Code:) (Expenses \$ 239,021. including grants of \$ 80,000.) (ACCESS TECH, THE TECHNOLOGY ARM OF ACCESS WORKED DURING 2011 TO TOOLS AND MATERIALS THAT WOULD PROVIDE ACCESS AND UNDERSTANDING THE WORLD LIVING IN OPPRESSED AND MONITORED DIGITAL ENVIRONMENTS RESULTED IN MORE ROBUST ANTI-CENSORSHIP TOOLS AS WELL AS GUIDES UNDERSTANDING TOOLS THAT EXIST TO HELP USE THE INTERNET MORE SEC	RESEARCH AN FOR CITIZEN S. THIS RESE TO USING AN	S AROUND ARCH
4c (Code: (Expenses \$ 181,100. including grants of \$) (ACCESS'S EDUCATIONAL WORK HAS INVOLVED THE DEVELOPMENT OF EXTENS REPORTS ASSESSING THE CHALLENGES TO THE HUMAN RIGHTS, HIGH-TECH SECTORS IN PLANNING AND MANAGING THE HUMAN RIGHTS IMPLICATIONS (ACCESS' EDUCATIONAL REPORTS IN THIS AREA ALSO WERE MADE AVAILABLE PUBLIC.	AND GOVERNM OF TECHNOLOG	ENT Y.
4d Other program services. (Describe in Schedule O.) (Expenses \$ 191,724. including grants of \$) (Revenue \$ 4s Total program service expenses > 861,915.	9	<u>)</u>

BAA

27-0597430

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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 t	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not fisted in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
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_		X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.		36) 404	
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11 a	Х	
	b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	71 b		Х
	c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
	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.	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11e		X
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11f	Х	
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Х	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		<u>X</u>
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		х_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		x
	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		Х
	aDid the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20		<u>X</u>
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

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Form **990** (2011) ACCESS NOW, INC.

Part IV: Checklist of Required Schedules (continued) Yes No 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III. 22 Х Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete 23 Х **24**a Х 24b 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 to defease. 240 d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?..... 24d 25a Х bils the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If 'Yes,' complete 25b X Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II... 26 X Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Parl III. Х 27 . 4. d) . Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV Instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV........ 28a Х b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV..... 285 c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV..... 28 c Х X 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M...... Did the organization receive contributions of art, historical freasures, or other similar assets, or qualified conservation 30 contributions? If 'Yas,' complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I...... 31 X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II. 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I. X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, X 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?..... 35a Х 35b Х 36 Х 37 Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O......

Form 990 (2011)

Part V | Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V.			لباب
			Yes	No
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		A Stage	1 77 3
	b Enter the number of Forms W-2G included in line 1a. Enter -0- If not applicable	/ ₂₀₀		
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	فتشعب
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return 2a	() () () () () () () () () ()	2 S. V.	(4.0) 34 (
	b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)		1 (2)	85.3
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	- 2-7	X
	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q.	3b	_	1
		- 50		
	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Perel.	X .#7 (5)
	b If "Yes," enter the name of the foreign country: •	186	17	1000
H.	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		***	
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	b Did any taxable party notify the organization that it was or Is a party to a prohibited tax shelter transaction?	5b		_^_
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5c		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		x
١	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not lax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7. S.	5. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Apr 6
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	24	-	7
١	services provided to the payor?	7a		X
-	bilf "Yes," did the organization notify the donor of the value of the goods or services provided?	7 6		
١	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
	f If 'Yes,' indicate the number of Forms 8282 filed during the year	200		- 2
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay promiums, directly or indirectly, on a personal benefit contract?	71		Х
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79		
ŀ	of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
•	Form 1098-C?	7h	~	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business	7447-44	al minuse.	3.00
^	holdings at any time during the year?	8	<u> </u>	
	Sponsoring organizations maintaining donor advised (unds,	:500ei	مثنائي نيد	يُعَنِّمُ أَسْمَادًا
	a Did the organization make any taxable distributions under section 4966?	9a	_	
	Did the organization make a distribution to a donor, donor advisor, or related person?	9Ь	<u>. </u>	8
	a Initiation fees and capital contributions included on Part VIII, line 12	10.0		u. 1
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b	28		7.5.5
	Section 501(c)(12) organizations. Enter:		9-1	* 1
	Gross income from members or shareholders	0.74	100 m	1.37
	Gross income from other sources (Do not net amounts due or paid to other sources	3.4	1	30.3
	against amounts due or received from them.)		19 18 18 18 18 18 18 18 18 18 18 18 18 18 1	
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	6	
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprotit health insurance issuers.	11.11	**	10.0
	is the organization licensed to issue qualified health plans in more than one state?	سمد 13a	445,000	أأسنديس
٠	Note. See the instructions for additional information the organization must report on Schedule O.		Jan .	D. 198
	Enter the amount of reserves the organization is required to maintain by the states in	72 =	organia.	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
•	which the organization is licensed to issue qualified health plans]":[· . **	3 A
¢	Enter the amount of reserves on hand		100	Ī
4 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O			

Part VI/ Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI...... Section A. Governing Body and Management Νo Yes To Enter the number of voting members of the governing body at the end of the tax year...

If there are material differences in voting rights among members
of the governing body, or if the governing body delegated broad
authority to an executive committee or similar committee, explain in Schedule O. 1a b Enter the number of voting members included in line i.a. above, who are independent . . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 officer, director, trustee or key employee?..... Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х Did the organization make any significant changes to its governing documents Х since the prior Form 990 was filed?..... 5 Х Did the organization become aware during the year of a significant diversion of the organization's assets?... X 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7a Х members of the governing body? ... b Are any governance decisions of the organization reserved to (or subject to approval by) members, Х 7b stockholders, ar other persons other than the governing body?..... Did the organization contemporaneously document the meetings held or written actions undertaken during the year by Ġģ. the following: Х 8a a The governing body?..... b Each committee with authority to act on behalf of the governing body?..... 8b Х Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O...... Х 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Х 10 a Did the organization have local chapters, branches, or affiliates?..... b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b operations are consistent with the organization's exempt purposes? 11 a Has the organization provided a complete copy of this Form 930 to all members of its governing body before filling the form?..... 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O X 12a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?... 12c X 13 Did the organization have a written whistleblower policy?...... X 14 Did the organization have a written document retention and destruction policy?..... 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? Х a The organization's CEO, Executive Director, or top management official... SEE . SCHEDULE...O....... 15a 15b Х 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 taxable entity during the year?..... 16a Х ٠(٠, 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 taken steps to safeguard the 16b organization's exempt status with respect to such arrangements?. Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► <u>NY</u> Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. X Another's website X Upon request Own website

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

> JOSEPH STEELE P O BOX 115 NEW YORK NY 10113 262-385-5295

SEE SCHEDULE O

Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to

the public during the tax year.

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

Check if Schedule O contains a response to any question in this Part VII......

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) or more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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	n nor any	relate	d o	gan	izat	ion co	mpe	ensated any current of	fficer, director, or trus	stee.
(A) Name and title	(B) Averago hours per week		it che is per and a	Pos ck vno son li	C) ition ore the s both dor/fir	an one h an offi rustoo)	box. cer	(D) Reportable temperasion from	(E) Reportable compensation from	(F) Estimates amount of other compensation
	(describe hours for related organiza- tions in Schodule O)	individual trustee or disector	Institutional Iruston	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1999-MISC)	related organizations (W-2/1099-MISC)	rom the organization and related organizations
(I) BRETT SOLOMON EXECUTIVE DIREC	40	х		х				76,667.	0.	5,312 .
(2) YVETTE ALBERDINGK THIJM TREASURER	1	х		х				0.	0.	0.
(3) ELI PARISER DIRECTOR	1	Х						0.	0.	0.
(4) ANDREW MCLAUGHLIN PRESIDENT	1	Х		Х				0.	0.	0.
_(5)										
_6								,		
_Ø										
_(8)										
(9)										
(10)										
<u>an</u>)			-					<u> </u>		
(12)					-					
(13)										
(14)										

Part VII Section A. Officers, Directors, Trust	ees, l	{еу	Em	<u>ıpk</u>	ye	es,	ant	f Highest Corr	pensated Emp	loyees (cont)
)					
(A) Name and bile	(B) Average hours	box offic	nol c unie er ar	ss pe	rson irecto	s bol s/trus	h an	(D) Reportable compensation from the organization	(E) Reportable compensation from related prognizations	(F) Estimated amount of other compensation
	yeek (describ e hours for related organi- zations in Sch O)	andividual busies or director	institutional trustee	Officer	Key employee	Highest componsated employee	Former	ihé organization (w-2/1099-misc)	ralatéd ovganizations (W-2/1099-MISC)	from the organization and related organizations
<u>(15)</u>										
<u>uə</u>										_
<u> </u>					-					
(7B)									•	
<u>(19)</u>										
(20)									"	
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Sub-total							•	76,667.	0.	5,312.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)								0. 76,667.	0.	0. 5,312.
2 Total number of individuals (including but not limited from the organization • 0									\$100,000 of repor	
										Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or trus odividu	tee, al	key	emį	oloyi	ee, (or hi	ighest compensate	ed employee	3 X
4 For any individual listed on line 1a, is the sum of re- the organization and related organizations greater ti such individual.	portabl han \$1	e co 50,0	mpe 00?	nsa If 'Y	tion es	and com	oth plet	er compensation e Schedule J for	irom	4 X
5 Old any person listed on line 1a receive or accrue or for services rendered to the organization? If 'Yes,' o	ompėn <i>omple</i> i	satio	n fre ched	om a lule	апу <i>Ј 101</i>	unre r <i>şu</i> e	elate ch p	d organization or erson	individual	Transfer Secretary Secretary
Section B. Independent Contractors										· · · · · · · · · · · · · · · · · · ·
 Complete this table for your five highest compensation from the organization. Report compensation. 	ed inda osation	pen for	đent the +	cale	itrac ndai	tors: yea	tha ar er	it received more ti nding with or withi	ian \$100,000 of n the organization	's tax year.
(A) Name and business address	5							(B) Description (of services	(C) Compensation
								<u></u>		
-										
*****									•	· · · · · · · · · · · · · · · · · · ·
								.=.=		
2 Total number of Independent contractors (including \$100,000 in compensation from the organization >		t limi	ited	to ti	ose	list	ed a	above) who receive	ed more than । 🥳	

100 P	e e		W. Sales		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from lax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS		a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions). f All other contributions, gifts, grants, similar amounts not included above g Noncash contributions included in In h Total. Add lines 1a-1f	1b 1c 1d 1e and 1f staff: \$	1,120,307.	1,120,307.			
PROGRAM SERVICE REVENUE		a PROGRAM INCOME b		Business Code 900099	19,937.	19,937.		
PROGRAM	<u> </u>	e f All other program service re g Total, Add lines 2a-2f	<u></u> .	*	19,937.	\$4049.Q#S	a Programme	人称中华人
	3 4 5	Investment income (including other similar amounts) Income from investment of the Royalties	ax-exemp	t bond proceeds. 🟲				
	 	a Gross rentsb Less: rental expenses.	(i) Real	(ii) Personal				
	74	a cross amount from sales of assets other than inventory) Sacurities	(ii) Other				
	•	and sales expenses Gain or (loss)	,		2020-1-12			
OTHER REVENUE		of contributions reported on See Part IV, line 18	line 1c).	a				
ф	92	b Less: direct expenses Net income or (loss) from ful Gross income from gaming a See Part IV, line 19	ndraising e ectivities.	avents				
	•	Less: direct expenses	rities 🟲					
	E	and allowances Less: cost of goods sold Net income or (loss) from sa Miscellaneous Revenue		b			10224-3888	
		OTHER INCOME 10SS ON FORTEGN CURREN	CY	900099 900099	5,670. -161.	manager profession the second	÷ne - cysk been û 22 Mûbtiet.	5,670. -161.
	e	f All other revenue			5,509. 1,145,753.	90°555555 19,937.	ಪ್ರಕ್ರಿಸಿಯ ನಿನಿಗಳು 0.	്യാക്ക് <i>പ്രത്യേ</i> ് 4 5,509.

Page 10

Part IX. Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a r				
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	and organizations in the United States. See Part IV, line 21.	50,000.	50,000.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22			翻起的意识。	
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	30,000.	30,000.		
4	Benefits paid to or for members			新沙特恩 经有证证金	100 May 200 May
5	Compensation of current officers, directors, trustees, and key employees	106,582.	86,315.	12,681.	7,586.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(8)	0.	0.	0.	0.
7	Other salaries and wages	262,923.	213,719.	22,956.	26,248,
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits		15,072.		1,653.
70	Payroll taxes	33,760.	27,464.	3,376.	2,920.
11	Fees for services (non-employees):			}	
	Management		<u> </u>	11 22	
	Legal			11,306.	
	: Accounting	20,888.		20,888.	
	Lebbying		makes the Marriage by	#27004405 % *	 :
	Professional fundraising services. See Part IV, line 17		athle integrates a filescope of	おから かいかん	
	Investment management fees				
	Other			i	
13	Office expenses.		5,132.	783.	405.
14	Information technology		3,102,	103.	7001
15	Royalties				
16	Occupancy		20,772.	3,168.	1,639.
17	Travel	96,563.	92,608.	2,516.	1,439.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	107,039.	107,039.		
20	Interest	,			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	11,867.	9,637.	1,470.	760.
23	Other expenses. Itemize expenses not	2,999.	375.	2,624.	Section 1 But State 1 1 1 1 1 1 1
24	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 0.)				
	SPECIAL PROJECTS EXPENSES	74,974.	70,476.	3,749.	749.
	INTERNATIONAL STAFF EXPENSES	60,405.	56,781.	3,020.	604.
	COMPUTER & WEBSITE	33,385.	33,250.	135.	
	WEBSITE DEVELOPMENT	11,578.	10,883.	579.	116.
	All other expenses	49,091.	32,392.	15,860.	839.
25	Total functional expenses. Add lines 1 through 24e	1,013,845.	861,915.	106,972.	44,958.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here ► if following SOP 98-2 (ASC 958-720)				

Part X ≥ Balance Sheet (A) Beginning of year End of year 69,268 ī 96,485. Cash - non-interest-bearing..... 2 Savings and temporary cash investments..... Pledges and grants receivable, net..... 133,800. 15,000 3 3 4 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.......... 5 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). all the first of the first of 6 7 Notes and loans receivable, net..... Inventories for sale or use...... 8 , 336 2,670 9 Prepaid expenses and deferred charges..... A-L 人名英格 41,784 10a b Less: accumulated depreciation...... 10b 16,820. 24,763 24.964 100 11 Investments — publicly traded securities..... 12 Investments – other securities. See Part IV, line 11,..... 13 13 14 Other assets, See Part IV, line 11..... 2,500. 15 1.20015 113,567. 260,419. 16 Total assets. Add lines 1 through 15 (must equal time 34)...... 16 93,778. 78,834. 17 17 Accounts payable and accrued expenses...... Grants payable 18 18 19 19 20 20 Tax-exempt bond liabilities..... 21 Escrow or custodial account liability, Complete Part IV of Schedule D...... 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 5,000 22 5,000. 23 24 24 Unsecured notes and loans payable to unrelated third parties..... 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. 25 83,834 26 98. 778. 26 Total liabilities, Add lines 17 through 25..... Organizations that follow SFAS 117, check here 💌 X and complete lines 'n 27 through 29 and lines 33 and 34. -45,267-7,827. ASSETS 27 27 Unrestricted net assets..... 75,000. 169,468. Temporarily restricted net assets...... 28 28 29 Permanently restricted net assets..... Ŕ Organizations that do not follow SFAS 117, check here 🕨 🗌 and complete 6 lines 30 through 34. 30 30 Capital stock or trust principal, or current funds...... 31 31 Paid-in or capital surplus, or land, building, or equipment fund...... BALIANCES 32 Retained earnings, endowment, accumulated income, or other funds..... 32 29.733. 33 161,641. 33 Total net assets or fund balances..... 113,567. 34 260,419. Total liabilities and net assets/fund balances..... BAA Form 990 (2011)

Form 990 (2011) ACCESS NOW, INC.	27-0597430	P	age 12
Part XI. Reconciliation of Net Assets			
Check If Schedule O contains a response to any question in this Part XI			<u></u>
		1,145,	753
1 Total revenue (must equal Part VIII, column (A), line 12)	········· <u> </u>		
2 Total expenses (must equal Part IX, column (A), line 25)	2	1,013,	
3 Revenue less expenses. Subtract line 2 from line 1		131,	
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		29,	733.
5 Other changes in net assets or fund balances (explain in Schedule 0)			0.
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	161,	641.
Part XII Financial Statements and Reporting			
Check if Schedule O contains a response to any question in this Part XII			<u></u>
		Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?			X
b Were the organization's financial statements audited by an independent accountant?		2b X	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for overeview, or compilation of its financial statements and selection of an independent accountant?	ersight of the audit,	2c X	
If the organization changed either its oversight process or selection process during the tax year, earlin Schedule O.			
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the yea separate basis, consolidated basis, or both:	r were issued on a		and a
X Separate basis Consolidated basis Both consolidated and separate basis		1.24-2	القديمة ا
3a As a result of a federal award, was the organization required to undergo an audit or audits as set to Audit Act and OMB Circular A-133?	forth in the Single	За:	х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not under or audits, explain why in Schedule O and describe any steps taken to undergo such audits	rgo the required audit	3ь	
BAA		Form 990	(2011)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 15/15-0047

Open to Public 50 g 27 kg . Inspection

Department of the Treasury Informal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Employer Identification number 27-0597430 ACCESS NOW, INC Part I. Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(I). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 176(b)(1)(A)(iii). Enter the hospital's 4 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.) 5 6 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.) 7 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 9 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h. 11 Type ill - Other b | Type li c | J Type III — Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box..... Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? No Yes A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? **(i)** 11 g (i) A family member of a person described in (i) above?..... 11 g (ii) 11 g (iii) Provide the following information about the supported organization(s) h (vi) is the organization in column (i) organized in the (v) Did you notify the organization in column (i) of your support? (III) Type of organization (described on lines 1-9 above or IRC section (lv) is the organization in column (l) listed in () Name of supported organization (il) EIN (VII) Amount at support (see instructions)) your governing document? Yes No Yes Nο Yes No (A) (B) (C) (D) (E) 1700 學 Total

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

Schedule A (Form 990 or 990-EZ) 2011

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

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

~ -	stand A. Davidia Command		····	· · ·			
	tion A. Public Support	ı					
Cak beg	endar year (or fiscal year inning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Ī	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.").			8,954.	466,141.	1,120,307.	1,595,402.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						D.
4	Total. Add lines 1 through 3	0.	0.	8,954.	466,141.	1,120,307.	1,595,402.
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						1,106,808.
	shown on line 11, column (f)	The second secon	5 Land Land - 105 2,122	March & Ward & Co.	- Add (本文)	The second of the second of	1,100,000.
	Public support. Subtract line 5 from line 4			2 (A)	A STATE OF THE STA		488,594.
Sec	tion B. Total Support	·			1	 -	
Cale begi	endar year (or fiscal year inning in) 🟲	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Yotal
7	Amounts from line 4	0.	0.	8,9 <u>54</u> .:	466,141.	1,120,307.	1,595,402.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on.					:	0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). SEE, PART. IV					5,509.	5,509.
11	Total support. Add lines 7 through 10	MANAGE TO SERVICE THE SERVICE				A THE STATE OF	1,600,911.
12	Gross receipts from related activ	ities, etc (see ins	tructions)				0.
13	First five years, If the Form 990 organization, check this box and	is for the organization	ation's first, seco	nd, third, fourth, o	r fifth tax year as	a section 501(c)(3)
Sec	tion C. Computation of Pu	blic Support P	ercentage				
14	Public support percentage for 20	111 (line 6, colum	n (f) divided by lin	ne 11, column (f))		14	%
15	Public support percentage from	2010 Schedule A,	Part II, fine 14			15	%
16	a 33-1/3% support test — 2011. If and stop here. The organization	the organization o qualifies as a put	iid not check the blicly supported o	box on line 13, an	nd the line 14 is 3	3-1/3% or more, o	theck this box
	33-1/3% support test — 2010. If and stop here. The organization	qualities as a put	olicly supported o	rganization			·····-
	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the facts	meets the fracts-a s-and-circumstand	and circumstance es' test. The orga	s' test, check this anization qualifies	as a publicly sup	re. Explain in Pan iported organizatio	it v now
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstance test. The organiza	s' test, check this ation qualifies as :	box and stop her a publicly support	re, Explain in Part led organization	IV how the
	Private foundation, if the organi	zation did not che	ack a box on line	13, 16a, 16b, 17a			
BA/	\				50	пеаше и (гогт У	90 or 990 EZ) 2011

Schedule A (Form 990 or 990 EZ) 2011 ACCESS NOW, INC.

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

	_					
retail to the second of	ranta de la compania	N O at Doubles if the	a aranaizətlər faib	ad ta auglificunder.	Part II if the area	anization fails
(Complete only	ir vou checked the box c	nn une y or ranci or ii ui	ę organization tam	eu to quality under	i arrii, ii die olge	ALLIED RIGHT I HING
(waterbase)		to a constant Count II V	-			
to quality under	If you checked the box of the tests listed below, p	Jease comblete Faπ II.)				
th degree 1 miles	min inner market water. h					

Sec	tion A. Public Support						
Calen	dar vear (or liscal vr beginning in) >	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any unusual grants.)						
2	Gross receipts from admissions, merchandlse sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.					<u> </u>	
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b					Est un bisa	
8	Public support (Subtract fine 7c from line 6.)			AND AV			<u> </u>
	it D T-4-1 C4						
Sec	tion B. Total Support	, 					
	dar year (or fiscal yr boginning in) >	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Calon		(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Caloni 9 10 a	dar year (or fiscal yr boginning in) Amounts from line 5	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Caleni 9 10 a	dar year (or fiscal yr boginning in) Amounts from line 5	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Calon 9 10 a b	dar year (or fiscal yr boginning in) Amounts from line 5	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Galeni 9 10 a b c 11	dar year (or fiscal yr boginning in) Amounts from line 5						
Calend 9 10 a b 11 12 13	dar year (or fiscal yr boginning in) Amounts from line 5	is for the organiz	alion's first, seco				
Calent 9 10 a b 6 11 12 13 14 Sec	dar year (or fiscal yr boginning in) Amounts from line 5 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (fess section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add in 8, 10s, H, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu	is for the organiz stop here	ation's first, seco	nd, third, fourth, o	or fifth tax year as	a section 501(c)(3) <u> </u>
Calent 9 10 a b 6 11 12 13 14 Sec	dar year (or fiscal yr boginning in) Amounts from line 5	is for the organiz stop here	ation's first, seco	nd, third, fourth, o	or fifth tax year as	a section 501(c)(3)
11 12 13 14 Sec 15	dar year (or fiscal yr boginning in) Amounts from line 5 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (fess section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add in 8, 10s, H, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu	is for the organiz stop here blic Support F	ation's first, secon Percentage on (f) divided by lin	nd, third, fourth, one 13, column (f)	or fifth tax year as	a section 501(c)(3) > []
11 12 13 14 Sec 15 16	dar year (or fiscal yr boginning in) Amounts from line 5	is for the organiz I stop here Dic Support F Di (line 8, colum: 2010 Schedule A,	ation's first, secondercentage on (f) divided by line. Part III, line 15.	nd, third, fourth, one 13, optumn (f))	or fifth tax year as	a section 501(c)(3) \
11 12 13 14 Sec 15 16 Sec 15	dar year (or fiscal yr boginning in) Amounts from line 5	is for the organiz istop here blic Support F 011 (line 8, colum 2010 Schedule A,	etion's first, second of the s	nd, third, fourth, one 13, column (f)	or fifth tax year as	a section 501(c))(3)
11 12 13 14 Sec 17 18	dar year (or fiscal yr boginning in) Amounts from line 5 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV). Total support. (Add ins 9, 10s, 11, MM 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pupulic support percentage for 21 Public support percentage from the street income percentage investment income percentage investment income percentage in Investment in Investment income perc	is for the organized stop here Diffus Support For Color Support And Color Support Incorporation 2011 (line 10c, from 2010 Schedule Schedule Schedule Support Incorporate Support Supp	ation's first, secondercentage of) divided by lint. Part III, line 15. The Percentage of column (f) divided le A, Part III, line	nd, third, fourth, one 13, column (f))	or fifth tax year as	a section 501(c) 15 16 17 18)(3)
10 a b c c 11 12 13 14 Sec 15 16 19 a 19 a	dar year (or fiscal yr boginning in) Amounts from line 5 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add iss 9, 10s, H, MN 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pupublic support percentage for 21 Public support percentage from the street income percentage investment income percentage investment income percentage in 133-1/3% support tests — 2011. It is not more than 33-1/3%, check	is for the organized stop here. Difful (line 8, column 2010 Schedule A, restment Incorporation 2011 (line 10c, from 2010 Schedule 4, this box and stop stop 10 stop 1	ation's first, secondercentage of) divided by lin Part III, line 15. me Percentage column (f) divided lie A, Part III, lined did not check the phere. The organ	nd, third, fourth, one 13, column (f)) and by line 13, column (f) abox on line 14, anization qualifies	or fifth tax year as mn (f))	a section 501(c) 15 16 17 18 e than 33-1/3%, orted organization	\$ \$ \$ and line 17 on
10 a b c c 11 12 13 14 Sec 15 16 19 a b	dar year (or fiscal yr boginning in) Amounts from line 5 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV). Total support (Add in 9, 105, H, M) 12) First five years, If the Form 990 organization, check this box and tion C. Computation of Pupulic support percentage from the support percentage from th	is for the organized stop here. Difful Comport For 2010 Schedule A, restment Incomport Form 2010 Schedule organization of the organization organizat	ation's first, secondercentage of (f) divided by lin. Part III, line 15. The Percentage column (f) divided lie A, Part III, lined lid not check the phere. The organistic did not check a tand stop here. The	nd, third, fourth, one 13, column (f)) abox on line 14, column qualifies abox on line 14 or line organization qualifor qualifies abox on line 14 or line organization qualifies abox on li	or fifth tax year as orm (f)) and line 15 is mor as a publicly supp line 19a, and line palifies as a public	a section 501(c) 15 16 17 18 e than 33-1/3%, orted organization or	\$ \$ and line 17 on

Schedule A	Æorm 990 c	or 990-EZ) 20	DIE ACC	ESS NOW,	INC.			27-059	97430	Page 4
Part IV	Suppleme Part II, lin (See instr	ental Infor le 17a or 1	mation. (17b; and	Complete t Part III, lin	his part to e 12. Also	provide the complete	ne explanation this part for	ons required by any additional	Part II, line information.	10;
	(See Histi	uctions).								
					-		-			·
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2011 SCHEDULE	A, PART	IV - SUPPLEI	MENTAL II	VFORMATI	ON PAGE 5
CLIENT 13-00000	\$	CCESS NOW, INC.			27-0597430
11/10/12	_				08:54AM
PART II, LINE 10 - OTHER INCOM					
NATURE AND SOURCE	2011	2010	2009	2008	2007
OTHER INCOME LOSS ON FOREIGN CURRENCY TOTAL \$	5,670. -161. 5,509.	<u>\$ 0.</u> <u>\$</u>	0. \$	<u> </u>	0.
			ı		

'SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2011

Open to Public

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

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

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

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

		,' to Form 990, Part IV, line 5 (Proxy Tax) o rganizations: Complete Part III.	or Form 990-EZ, Part	V, line 35a (Proxy Tax),	then
	of organization	rganizational complete Fair III.		Employer dentifica	tion number
	_			27-059743	
AU.	CESS NOW, INC.	rganization is exempt under section	on 501(c) or is a c		
rai	rt I-A Complete if the or	rganization is exempt under sector)	Deat IV	
1	Provide a description of the	organization's direct and indirect political (ampaign activities in	rartiv.	
_ 3	Volunteer hours				
Pai	rt I-B Complete if the or	rganization is exempt under section	on 501(c)(3).		
		ise tax incurred by the organization under			
		ise tax incurred by organization managers			
3	If the organization incurred a	section 4955 lax, did it file Form 4720 for	this year?		Yes No
48	a Was a correction made?		, f - ,		Yes No
ı	off 'Yes,' describe in Part IV.				
Pai	rt I-C: Complete if the or	rganization is exempt under secti	on 501(c) , excep	t section 501(c)(3).	
1	Enter the amount directly ex	pended by the filing organization for section	n 527 exempt function	n activities 🟲 \$	
2	Enter the amount of the filing	g organization's funds contributed to other	organizations for sec	tion 527 exempt	
	Total exempt function expen	ditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,		
4	Did the fiting organization file	e Form 1120-POL for this year?			Yes No
5	Enter the names, addresses organization made payments amount of political contributi segregated fund or a political	and employer identification number (EIN) s. For each organization listed, enter the a- ions received that were promptly and direct al action committee (PAC). If additional spe	of all section 527 pol mount paid from the f tly delivered to a sep- ace is needed, provid	tical organizations to w ifing organization's fund arate political organizati e Information in Part IV	hich the filing is. Also enter the on, such as a separate
	(a) Namu	(b) Apáress	(e) EIN	(d) Amount paid from filling organization's funds. It name, enter &.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter 40.
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2011

Part II-A Complete if section 501(the organization	on is exempt under se	ction 501(c)(3) and	filed Form 5768 (e	lection under
	• • •	longs to an affiliated group	(and list in Part IV eac	n affillated group memb	er's name,
		nd share of excess lobbying		- '	
		ecked box A and 'limited co			
(The term	Limits on Lobb 'expenditures' ma	ying Expenditures ans amounts paid or incur	red.)	(\$) Filing organization's totals	(b) Affiliated group totals
Ta Total lobbying expendit	ures to influence p	ublic opinion (grass roots l	obbying)		
		legislative body (direct lob			
		and 1b)			<u></u>
d Other exempt purpose (expenditures				• •
e Total exempt purpose e	xpenditures (add l	ines 1c and 1d)			
f Lobbying nontaxable an both columns.	nount. Enter the ar	mount from the following ta			
If the amount on line 1e, col	umn (a) or (b) ls:	The lobbying nontaxable :	amount is:	The state of the s	
Not over \$500,000		20% of the amount on line 1e.			The same of the sa
Over \$500,000 but not over \$1		\$100,000 plus 15% of the excess			
Over \$1,000,000 but not over \$	•	\$175,000 plus 10% of the excess			1.00
Over \$1,500,000 but not over \$	17,000,000	\$225,000 plus 5% of the excess	over \$1,500,000.	美国教育	
Over \$17,000,000	1.4.1	\$1,000,000		12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Ten e . * *
		6 of line 1f)ss, enter -0-			
		ss, enter ·0·			
i If there is an amount of	her than zero on e	either line 1h or line 1i, did	the organization file For	m 4720 reporting	Yes No
		4-Year Averaging Period nat made a section 501(h) e nas below. See the instruct	Under Section 501(h)		
		ons below. See the Instruct			
	<u> </u>	bying Expenditures burning	4 Teal Averaging Fer	1	
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
6 Lobbying ceiling			A STATE OF THE STA		
amount (150% of line					
2a, column (e))	Charles de la Contraction de l	A SAN THE REAL PROPERTY.	"加州农业的"等。	THE TOWN TO MAKE THE POPULAR	
c Total lobbying expenditures					
d Grassroots nontaxable amount			Tallage to the all many for the color		
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots tobbying expenditures				Sahaahula C 55	m 990 or 990-EZ) 2011
BAA				Schedule C (Fo:	m 990 or 990-EZ) 2011

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

(election under section sortin)).			43
For each "Yes" response to lines 1a through 11 below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	(b) Amount
1 During the year, dld 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:	X		
a Volunteers?	X	X	
c Media advertisements?		Λ	1,521.
d Mailings to members, legislators, or the public?			3,499.
e Publications, or published or broadcast statements?	1	Х	3,433.
f Grants to other organizations for lobbying purposes?			24,835.
g Direct contact with legislators, their starfs, government officials, or a legislative body?		X	24,000.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
j Total. Add lines 1c through 1i.		30.7	29,855.
2a Did the activities In line 1 cause the organization to be not described in section 501(c)(3)?		X	
Elf (Van Lanter the amount of pay tay incurred under section 4912	120		Table in committee of the committee of t
b If 'Yes,' enter the amount of any tax incurred under section 4912	200	\$7.5	
d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year?		X	高速引动性 医泌璃
Part III-A. Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)		
section 501(c)(6).	\- {\-	,	
			Yes No
1 Were substantially all (90% or more) dues received nondeductible by members?			7
Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2
3 Dld the organization agree to carry over lobbying and political expenditures from the prior year?			
Part III-B [Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	section
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' C answered 'Yes.'	PR (b)	Part	:III-A, line 3, is
1 Dues, assessments and similar amounts from members		1	
2 Section 152(e) nondeductible tobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).) Žit	
a Current year		2a	
b Carryover from last year,		<u>25</u>	
c Total.		<u>2c</u>	
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 exceedes the arganization agree to carryover to the reasonable estimate of nondeductible tobbying and pole	ss Itical	्र जुर्दे क्रिकेट 4	
expenditure next year?		5	<u> </u>
Part IV Supplemental Information			
Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; F			
Also, complete this part for any additional information.			
			· - · · · · · · · · · · · · · · · · · ·
		<u>:</u>	

Schedule C (Form 990 or 990-EZ) 2011 ACCESS NOW, INC.	27-0597430	Page 4
Part IV* Supplemental Information (continued)		
		
		
		. –
		
		
		_
		
	 _	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

➤ Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11a, 11f, 12a, or 12b. ► Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047

2011

Open to PublicInspection
Employer Identification number

AÇ(CESS NOW, INC.			27-0597430
Pa	rt l: Organizations Maintaining Donor the organization answered 'Yes' to	r Advised Funtis or Othe o Form 990 Part IV line	r Similar Funds or A - 6	ccounts. Complete if
	tile organization driswered Tes to	(a) Donor advised f		b) Funds and other accounts
	Tabal acceptance at an afficiency	(a) Donor advised i	unus (1	b) Fullus and other accounts
_	Total number at end of year		•	
2				
5	Aggregate grants from (during year)			••
4	Aggregate value at end of year			
5	Did the organization inform all donors and don funds are the organization's property, subject	to the organization's exclusive	legal control?	<u> Yes </u>
6	used only for charitable purposes and not for t purpose conferring impermissible private bene	#it7		Yes No
	t II Conservation Easements. Compl			n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by			
	Preservation of land for public use (e.g., A	ecreation or education)	_	orically important land area
	Protection of natural habitat	Į	Preservation of a certifi	ied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization last day of the tax year.	on held a qualified conservation		· · · · · · · · · · · · · · · · · · ·
			12. W	Held at the End of the Tax Year
	Total number of conservation easements			
	Total acreage restricted by conservation easer			
	Number of conservation easements on a certif			
	Number of conservation easements included in structure listed in the National Register			
3	Number of conservation easements modified, tax year ►	Iransferred, released, extingui:	shed, or terminated by the	e organization during the
4	Number of states where property subject to co	nservation easement is locate	d ►	
5	Does the organization have a written policy read enforcement of the conservation easemen			
6	Staff and volunteer hours devoted to monitorin	ng, inspecting, and enforcing o	onservation easements du	uring the year
7	Amount of expenses incurred in monitoring, in ►\$	specting, and enforcing conse	rvation easements during	the year
8	Does each conservation easement reported or 170(h)(4)(B)(i) and section 170(h)(4)(B)(i)?	line 2(d) above satisfy the re-	quirements of section	
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote to	conservation easements in its root the organization's financial s	evenue and expense statem statements that describes	ent, and balance sheet, and the organization's accounting for
Par	conservation easements. † III Organizations Maintaining Colle Complete if the organization ansy	ctions of Art, Historical wered 'Yes' to Form 990.	Treasures, or Other S	Similar Assets.
_	If the organization elected, as permitted under			meal and halance choot works of
12	art, historical treasures, or other similar assets in Part XIV, the text of the footnote to its finar	s held for public exhibition, edu	ucation, or research in turi	therance of public service, provide,
ŀ	o If the organization elected, as permitted under historical breasures, or other similar assets hel following amounts relating to these items:	d for public exhibition, educati	on, or research in further	ance of public service, provide the
	(i) Revenues Included in Form 990, Part VIII,	line 1		+\$
	(ii) Assets included in Form 990, Part X \dots			
	If the organization received or held works of a amounts required to be reported under SFAS	116 (ASC 958) relating to thes	e items:	
	Revenues included in Form 990, Part VIII, line			
ŀ	Assets Included in Form 990, Part X			F \$

Part III. Organizations Maintaining Coll					
3 Using the organization's acquisition, accessic items (check all that apply):			j that are a significant ι	ise of its colle	ction
a 🔲 Public exhibition	d Loan o	or exchange programs			
b Scholarly research	e 💹 Other				
c Preservation for future generations					
4 Provide a description of the organization's co Part XIV.					
5 During the year, did the organization solicit o assets to be sold to raise funds rather than to	r receive donations of art be maintained as part o	, historical treasures, of the organization's <u>co</u>	or other similar flection?	Yes De	No.
Part IV Escrow and Custodial Arranger line 9, or reported an amount or	ments. Complete if the Form 990, Part X, I	he organization an line 21.	swered 'Yes' to Fo.	m 990, Pai	πιν,
1a Is the organization an agent, trustee, custodi included on Form 990, Part X?	an, or other intermediary	for contributions or other	ner assets not	Yes	No
b If 'Yes,' explain the arrangement in Part XIV	and complete the following	ng table:	·-·-	•	
			<u> </u>	Amount	
c Beginning balance			16		
d Additions during the year					
e Distributions during the year		, . ,	1e		
f Ending balance	,,	.,,-,-,-,-,-,-,-,-,	<u>If</u>	T7.:	
2a Did the organization include an amount on Fe				Yes	No
bif 'Yes,' explain the arrangement in Part XIV		1 07 Lt- E	- OOO Down IV Door	- 10	
Part V Endowment Funds. Complete if					
(a) Curre	nt year (b) Prior year	(c) Two years bac	k (d) Three years back	(e) Four yea	
1a Beginning of year balance				The second	
b Contributions.				Continue of the Continue	42 25 02 08
c Net investment earnings, gains, and losses					1. 16. 2
d Grants or scholarships				18.720.1867年	of control of
e Other expenditures for facilities and programs				27. 27. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
f Administrative expenses				1/10/2004	
g End of year balance		<u>. </u>		1200	4 9 5 B
2 Provide the estimated percentage of the curr	ent year end balance (lin-	e 1g, column (a)) held	as:		
a Board designated or quasi-endowment 🐣	<u></u> ቄ				
	8				
c Temporarily restricted endowment 🕒					
The percentages in lines 2a, 2b, and 2c show	ild equal 100%.				
3a Are there endowment funds not in the posse organization by:	ssion of the organization	that are held and adm	inlatered for the	Yes	No
(i) unrelated organizations	* , , . , . , . ,			. 3a(i)	
(ii) related organizations					
b if 'Yes' to 3a(ii), are the related organization.					T
4 Describe in Part XIV the intended uses of the					
Part VI Land, Buildings, and Equipmer					
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v	/alue
1a Land			Mark Mark Comment		
b Buildings					
c Leasehold improvements					
d Equipment		37,384.	16,820.		5,564.
e Other		4,400.	·		4,400.
Total. Add lines 1a through 1e. (Column (d) must		column (B), line 10(c).	} ⊢		4,964.
BAA			Sche	dule D (Form 9	90) 2011

Part VII	Investments - Other Securities. See F	orm 990, Part X,	line 12. N/A	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market v	/alue
(1) Financ	ial derivatives			
(2) Closely	r-held equity interests			
(3) Other				
<u> (A)</u>				
<u>(F)</u>				
(G)				
<u>(H)</u>				
<u> </u>				
Total. (Colu	ma (b) must equal Form 990 Part X, column (B) line 12.) 🕒	<u>.</u>	(1000) · · · · · · · · · · · · · · · · · ·	<u>entrescriberal</u>
Part VIII	Investments Program Related. See	Form 990, P <u>art X,</u>	line 13. N/A	
	(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market v	ralue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				-
(7)				
(8)				
(9)		·		
(10)			Conference of Colors (1940) to the Colors (1940) to	-100 File (100, 100, 100, 100, 100, 100, 100, 100
Total. (Colun	nn (b) must equal Form 990, Part X. column (B) line 13.) . 💌		· · · · · · · · · · · · · · · · · · ·	A CONTRACT THE STATE OF THE STATE OF
Part IX	Other Assets. See Form 990, Part X, li			de Sanda de la contraction
	(a) Des	cription		(b) Book value
(1)				.
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	lumn (b) must equal Form 990, Part X, column (B), line 15.)	······	
Part X			A second Manager Company of the Comp	- 1444 and the state of the second
	(a) Description of liability	(b) Book value		
(1) <u>Fede</u>	ral income taxes	<u></u>		
(2)		· <u>-</u> ·		
(3)		<u> </u>		5、1000000000000000000000000000000000000
(4)				
(5)	<u> </u>			
(6)			— 医静脉系统 安安的特别的特别	
(7)				
(8)				The state of the s
(9)				KIT DAY NA
(10)				
(11)				
	nn (b) must equal Form 990, Part X, column (B) line 25.).	>	「大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大	大選階を入り込みを

2 FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

SEE PART XIV

Sch	edule D (Form 990) 2011 ACCESS NOW, INC.	27-0597430	Page 4
Pá	rt XI: Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1,145,753.
2	Total expenses (Form 990, Part IX, column (A), line 25)		1,013,845.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		131,908.
4	Net unrealized gains (fosses) on investments		
5	Donated services and use of facilities.		·
5	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV.)		
9	Total adjustments (net). Add lines 4 through 8.		
	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		131,908.
10 (Bas	TXII Reconciliation of Revenue per Audited Financial Statements With Revenue		131,900.
<u> [Fai</u>	Total revenue, gains, and other support per audited financial statements		1,145,753.
-	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	26.00	1,145,155,
2	· · · · · · · · · · · · · · · · · · ·		
	Net unrealized gains on investments		
	Donated services and use of facilities		
	Recoveries of prior year grants ,		
	Other (Describe in Part XIV.)		
	Add lines 2a through 2d		
	Subtract line 2e from line 1		1,145,753.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	N. (1989)	
	Investment expenses not included on Form 990, Part VIII, line 7b		
Ė	Other (Describe in Part XIV.)	a di Godina,	
c	Add lines 4a and 4b,	4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		1,145,753.
Par	t XIII Reconciliation of Expenses per Audited Financial Statements With Expe	nses per Return	_
1	Total expenses and losses per audited financial statements		1,013,845.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1.54 1.54 1.54	
a	Donated services and use of facilities		
b	Prior year adjustments	Artico	
c	Other losses		
d	Other (Describe in Part XIV.)	¥	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,013,845.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4 × 3	
	Investment expenses not included on Form 990, Part VIII, line 7b	البرين در	
	Other (Describe In Part XIV.). 4b	<u></u>	
	Add lines 4a and 4b	4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,013,845.
Par	t XIV. Supplemental Information		
Comp Part any a	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Als additional information.	4; Part IV, lines 15 and complete this part to p	: 2b; provide
_ _ _	PART X-FIN 48 FOOTNOTE	--	
	ACCESS NOW'S ACCOUNTING POLICY IS TO RECORD LIABILITIES FOR UN	CERTAIN TAX POS	ITIONS
	WHEN A LIABILITY IS PROBABLE AND ESTIMABLE. MANAGEMENT IS NOT	AWARE OF ANY VI	OLATION _
	OF ITS TAX STATUS AS AN ORGANIZATION EXEMPT FROM INCOME TAXES.	NOR OF ANY EXP	OSURE
_ _	TO UNRELATED BUSINESS INCOME TAX.		
	. — — — — — — — — — — — — — — — — — — —		
	·		

Schedule D (Form 990) 2011 ACCESS NOW, INC.	27-0597430	Page 5
Part XIV Supplemental Information (continued)		
~== 		
<u></u>		
		
		
		
		
		
		
	 _	

* Schedule F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

2011

Department of the Treasury Internal Revenue Service Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16.
 Attach to Form 990.
 See separate instructions.

Open to Public Missing Inspection

Name of the organization					
ACCESS NOW, INC.				27-059743	
Part I General Informat to Form 990, Part	ion on Activiti ; įV, line 14b.	es Outside the	e United States. Complet	e if the organization	answered 'Yes'
1 For grantmakers. Does the the grantees' eligibility for	e organization mai the grants or assi	intain records to s stance, and the s	substantiate the amount of its g election criteria used to award	grants and other assistant the grants or assistance	nce, XYes No
	in Part V the org	anization's proce	dures for monitoring the use of	its grants and other ass	sistance outside the
3 Activities per Region. (The		ine 3 table can b	o dunlicated if additional space	is needed.)	
3 Activities per Region, (The	·				
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and Investments in region
			PRGM SVCES AND	PUBLIC	
(1) EUROPE		4	GRANTS	AWARENESS	84,705.
MIDDLE EAST AND			PROGRAM SERVICES	PUBLIC	
(2) N AFRICA			AND GRAN	AWARENESS	30,747.
EAST ASIA & THE		_]	PUBLIC	20.000
(3) PACIFIC		3	PROGRAM SERVICES	AWARENESS	32,827.
(4)					
		i			
(5)				<u> </u>	
(6)					
<u></u>					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)	<u> </u>				
(14)					
(15)					<u></u>
(16)					
(17)					
3a Sub-total		7	STATE OF THE STATE	· · · · · · · · · · · · · · · · · · ·	148,279.
b Total from continuation sheets to Part I,				THE PARTY OF THE P	···
c Totals (add lines 3a and 3b)	0	7	14 -1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	The same of the same	148,279.

		NOW, INC.					27-05	97430	Page 2
Part'l	Is Grants and Other Assistan Form 990, Part IV, line 15,	ce to Organizatio	ons or Entities	Outside the U	Inited States. C	complete if the	organization a	nswered 'Yes' to	
	Part II can be duplicated if	additional space	wno receivea i is needed.	nore man stom	JUU, Check this	рох іт по опе	recipient receiv	ed more than \$	5,000 ►
ד	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
na Cit			EUROPE	EXE PURPOSE	10,000.	WIRE	·		FMV
(2)			EUROPE	EXE PURPOSE	15,000.	WIRE			FMV
(3)			EUROPE	EXE PURPOSE	5,000.	WIRE			FMV
(4)		The second second							
(5)		\$ (** to 1949)							
(6)				!					ļ
Ø		Transfer of the second							
(8)		The second second							
(9)		A STATE OF THE STA							
(10)								-	<u> </u>
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(12)	Magazine Pilipina. Di dekartan dan Pilipina.					<u> </u>			<u> </u>
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(14) (THE PROPERTY OF THE							1
(15)		TO THE STATE OF TH							1
(16)		1 3 4 4 5 7 7 7 7					<u> </u>	<u> </u>	<u> </u>

2	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.	<u> </u>
3	Enter total number of other organizations or entities	▶

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (c) Number of recipients (d) Amount of (e) Manner (f) Amount of (g) Description of non-cash assistance (a) Type of grant or assistance (b) Region cash grant of cash non-cash assistance (book, FMV, appraisal, other) disbursement (7) (10) (11) (12)(13) (14)(15) (16) (17) (18) BAA

Sche	edute F (Form 990) 2011 ACCESS NOW, INC. 27	-0597430	Page 4
	t IV - Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).	X Yes	☐ No
2	Did the organization have an Interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gitts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A).	<u> </u>	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to life Form 5471, Information Return of U.S. Persons With Respect To Certal. Foreign Corporations. (see Instructions for Form 5471).	¹ ∐Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If 'Yes,' the organization may be required to title Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).		X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865).	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X No
BAA	TEEA3505L 01/17/12	Schedule F (F	Form 990) 2011

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 21 or 22.
• Attatch to Form 990.

Open to Public inspection

Employer identification pember

ACCESS NOW, INC.						27-059743	30
Part 1 General Information on Gr.	ants and Assista	ınce					
 Does the organization maintain record the selection criteria used to award the Describe in Part IV the organization's Part II Grants and Other Assistant Form 990, Part IV, line 21 the 	e grants or assistand procedures for monit nce to Governme for any recipient	toring the use of g ints and Organ that received r	rant funds in the United lizations in the United nore than \$5,000, Cl	States. 2d States. Complet heck this box if no	e if the organizat	ion answered 'Y eived more thar	1 \$5,000.
Part II can be duplicated if	additional space	is needed		<u> </u>			······ >
T (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, PMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) NEW AMERICA FOUNDATION 199 LAFAYETTE STREET, STE 3B NEW YORK, NY 10012	52-2096845	501 (C) (3)	25,000.	0.			FURTHERANCE OF EXEMPT PURPOSE
(2) SMALL WORLD NEWS 1125 SE DIVISION PORTLAND, OR 97202	26 <u>-1</u> 716580		15,000.	ū,			FURTHERANCE OF EXEMPT PURPOSE
(3) TUMBLEWEED VENTURE 940 HIGHLAND AVENUE DEL MAR, CA 92014	45-1445679		10,000.	0.			FURTHERANCE OF EXEMPT PURPOSE
(4)							
(5)						L	
(<u>6</u>							
<u></u>							
<u></u>							
2 Enter total number of section 501(c)()3 Enter total number of other organization.							<u>1</u>
RAA For Panerwork Reduction Art Notice	,			TEEA3901L		Schedu	ule I (Form 990) (2011)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Meland of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
				-	
BIII - BB 111					<u> </u>
Vis. Supplemental Information, Co	omplete this part to p	rovide the informa	ation required in Pa	art I, line 2, and any oth	ner additional information.
IV Supplemental Information. Co	omplete this part to p	rovide the informa	ation required in Pa	art I, line 2, and any oth	ner additional information.
V::. Supplemental Information. Co	omplete this part to p	rovide the informa	ation required in Pa	art I, line 2, and any oth	ner additional information.
IV: Supplemental Information. Co	omplete this part to p	rovide the informa	ation required in Pa	art I, line 2, and any oth	ner additional information.
IV* Supplemental Information. Co	omplete this part to p	rovide the informa	ation required in Pa	art I, line 2, and any oth	ner additional information.
IV Supplemental Information. Co	omplete this part to p	rovide the informa	ation required in Pa	art I, line 2, and any oth	ner additional information.
IV* Supplemental Information. Co	omplete this part to p	rovide the informa	ation required in Pa	art I, line 2, and any oth	ner additional information.
: IV: Supplemental Information. Co	omplete this part to p	rovide the informa	ation required in Pa	art I, line 2, and any oth	ner additional information.

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

CMB No. 1545-0047

2011

Open to Public

Department of the Treasury Informal Revenue Service

 Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection 🗀 Employer Identification number Name of the organization 27-0597430 ACCESS NOW, INC Part I :: Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

	Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.				
_		(b) Description of transaction			
1	(a) Name of disqualified person	(b) Cestaryllan or iransaction	Yos	No	
(1)			<u> </u>		
(2)					
(3)					
(4)				ļ	
(5)				ļ	
(5)		<u></u>	<u>. </u>	<u> </u>	

2	Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958.	► 5	\$
	Enter the amount of tax if any on line 2 shove reimburged by the productation.	- 8	}

Part II ... Loans to and/or From Interested Persons.

			Form 990-EZ, Part Y, lin	V 000					
gan lo	or from contracts			(e) in d		(f) App by boa comma	roved ard or iltee?	(g) W agreei	rittan ment?
Т	From			Yes	No	Yes	No	Yes	No
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Part ill. Grants or Assistance Benefiting Interested Persons.

	Complete if the organization answere	d 'Yes' on Form 990, Part IV, l <u>ine 27.</u>	
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)			
(2)			
(3)			
(4)			
(<u>5</u>)			
(6)			
(7)			
(8)			
(9)			
(10)			

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

Schedule L (Form 990 or 990-EZ) 2011

Schedule L (Form 990 or 990-EZ) 2011 ACCESS NOW, INC.	27-0597430	Р	age 2
Part IV: Business Transactions Involving Interested Persons.			
Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28			
(a) Name of interested person (b) Relationship between (c) Amount interested person and the iransaction organization	it of (d) Description of transaction	(e) Sha organiz reyen	ues?
(1)		Yes	No
(2)			
(3)			
(4)			
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(6)		\dashv	
(8)			
(9)			
(10)	<u></u>		
Part V Supplemental Information Complete this part to provide additional information for responses to questions	an Ordendula I. Zaga Saston atta 12		
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

CMB No. 1545-0047

Open to Public 🤌 Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

Name of the organization ACCRISC MICH. TATC	Employer Identification number 27-0597430
ACCESS NOW, INC.	
FORM 990, PART III, LINE 2 - NEW SERVICES	
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION	
OTHER PROGRAMS THAT FURTHER THE MISSION OF THE ORGANIZATION.	
ACCESS HAS CONDUCTED PUBLIC AWARENESS PROJECTS AROUND DIGITAL	RIGHTS AND INTERNET
FREEDOM.	
	
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS	
THE 990 TAX FORMS ARE SENT ELECTRONICALLY TO ALL BOARD MEMBER	RS FOR REVIEW AND
APPROVAL.	
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCE	EMENT OF CONFLICTS
THE PURPOSE OF THE POLICY IS TO AVOID POTENTIAL CONFLICTS ARI	ISING BETWEEN THE
PRIVATE INTERESTS OF BOARD MEMBERS/KEY STAFF AND HIS/HER RESE	PONSIBILITIES TO THE
AGENCY. ON AN ANNUAL BASIS EACH BOARD MEMBER/KEY EMPLOYEE RE	EVIEWS THE POLICY AND
SIGNS A CONFLICT DISCLOSURE FORM. IF ANY CONFLICTS ARE DISCI	LOSED, THE BOARD
EXECUTIVE COMMITTEE MEETS TO REVIEW THEM TO DETERMINE APPROPR	RIATE ACTION, IF
CIRCUMSTANCES ARE UNDISCLOSED AND ONLY LATER COME TO THE ATTI	ENTION OF THE EXECUTIVE
DIRECTOR OR PRESIDENT THEY SHALL TAKE IMMEDIATE ACTION TO REM	MEDY THE EVENT.
APPROPRIATE ACTIONS SHALL INCLUDE DISMISSAL WITH CAUSE, SUSPI	ENSION, OR OTHER SUCH
REMEDIES AS SHALL BE DETERMINED BY THE BOARD PRESIDENT.	
FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCE	ESS FOR CEO, EXEC. DIR., OR TOP MG
EXECUTIVE DIRECTOR AND OTHER DIRECTOR SALARIES WERE DETERMINED	ED THROUGH CONSULTATION
WITH PARTNER ORGANIZATIONS WITH COMPARABLE GOALS, BUDGETS AND	D POSITIONS. THESE
SALARIES WERE THEN CLEARED WITH THE BOARD OF DIRECTORS.	

Schedule O (Form 990 or 990-EZ) 2011	Page 2
Name of the organization	Employer Identification number 27-0597430
ACCESS NOW, INC.	
FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPRO	VAL PROCESS FOR OFFICERS & KEY EMPLOYED
EXECUTIVE DIRECTOR AND OTHER DIRECTOR SALARIES WERE	DETERMINED THROUGH CONSULTATION
WITH PARTNER ORGANIZATIONS WITH COMPARABLE GOALS, BU	DESTS AND POSITIONS. THESE
SALARIES WERE THEN CLEARED WITH THE BOARD OF DIRECTO	DRS
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS	PUBLICLY AVAILABLE
THESE DOCUMENTS ARE AVAILABLE UPON REQUEST.	
	
	
	
	

Form 88 6 8	3 (Rev 1-2012)				Page 2
• If you	are filing for an Additional (Not Automatic) 3-Mont	h Extensio	n, complete only Part II and check	this box	➤ 🟋
Note, Only	complete Part II if you have already been granted	l an automa	itic 3-month extension on a previou	sly filed Form 8868.	_
• If you	are filing for an Automatic 3-Month Extension, cor	nplete only	Part i (on page 1).		
	Additional (Not Automatic) 3-Month Exte			no copies needed).	"-
				identifying number, see I	nstructions
	Name of exempt organization or other filer, see instructions.			Employer identification number	
Type or					
print	ACCESS NOW, INC.			X 27-0597430	
-11 1 1	Number, street, and room or suite number. If a P.O. box, see Instructions.			Social security member (SSN)	
File by the extended	LEDERER, LEVINE & ASSOCIATES LLC				
due date for fiting the return. See instructions.	1099 WALL ST WEST SUITE 280				
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.				
	LYNDHURST, NJ 07071				
Enter the F	Return code for the return that this application is fo	or (file a sep	parate application for each return).		[01]
Application Is For			Application Return Is For Code		
Form 990		01			157
Form 990-BL			Form 1041-A	80	
Form 990-EZ		01	Form 4720	20 09	
Form 990-PF			Form 5227	orm 5227 10	
Form 990-T (section 401(a) or 408(a) trust)			Form 6069		. 11
Form 990-T (trust other than above)			Form 8870		12
If the oIf this is whose ground	one No 262-385-5295 rganization does not have an office or place of but so for a Group Return, enter the organization's four p, check this box If it is for part of the grade extension is for.	FAX No. ► siness in the digit Group	e United States, check this box Exemption Number (GEN)	If this	is for the
5 For c 6 If the	sest an additional 3-month extension of time until alendar year _2011_, or other tax year beginnin tax year entered in line 5 is for less than 12 month thange in accounting period in detail why you need the extension TAXP. HER_INFORMATION_NECESSARY_TO_FI	g hs, check ra	, 20, and ending eason:		<u>- '</u>
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 8a \$					
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.					
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions					
	4 ()		st be completed for Part II or	•	
Under penaltie correct, and co Signalure	s of perjudy. Videolare that Phave examined this form, including accomplete, and that I at Monterized to grepare this form. Title	companying schu	edules and statements, and to the best of my fo	nowledge and belief, it is true, Date - 8///	/12
BAA			07/29/11	Form 8868 (Rev 1-2012)

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Form **8868** (Rev January 2012)

Department of the Treasury Internal Revenue Service Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box..... If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8968. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofils. ্বির্মান্ত Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only Alf other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's Identifying number, see Instructions Name of exempt organization or other filer, see instructions. Employer Identification number (EIN) or Type or print X 27-0597430 ACCESS NOW, INC. File by the due date for filing your return. See instructions. Number, street, and room or suite number, if a P.O. Yox, see instructions, Social security number (SSN) P O BOX 115 City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10113 Application Application Return Return Code is For ls For Code 01 Form 990-T (corporation) Form 990 ۵7 80 Form 990-BL 02 Form 1041-A Form 990-EZ 01 Form 4720 09 Form 990-PF 04 Form 5227 10 05 11 Form 990-T (section 401(a) or 408(a) trust) Form 6069 Form 990-T (trust other than above) Form 8870 The books are in the care of . > JOSEPH STEELE Telephone No. ► 262-385-5295 FAX No. 🟲 If the organization does not have an office or place of business in the United States, check this box..... If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🟲 🔲 . If it is for part of the group, check this box 🟲 🔲 and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 20 12, to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 11 or tax year beginning ______, 20 ____, and ending ______, 20 ____, 2 If the tax year entered in line 1 is for less than 12 months, check reason: | Initial return Final return Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentalive tax, less any nonrefundable credits. See instructions..... 3al\$ Û. bilf this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax зыіз Û. payments made. Include any prior year overpayment allowed as a credit..... c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c|\$ Ο. Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.