_{-orm} 990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2016

Open to Subsc ได้รักษัตน์เดา

Department of the Treasury Informal Revenue Service

 Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

2016, and ending For the 2016 calendar year, or tax year beginning D Employer Identification number Ciseox it applicable. ACCESS NOW, INC. 27-0597430 Address change PO BOX 20429 4 E. 27TH ST **栏** Telephone numbor Name change NEW YORK, NY 10001-9998 888-414-8100 -nitial roturn Final return/terminated G Gross receipts \$ 4.905.042. Amerided relation H(a) signis a group return for subordinates? Application pending. F. Name and address of principal officer: BRETT SOLOMON $|X|_{No}$ H(b) Are all supports nates included?
I No. attach a list (see instructions) SAME AS C ABOVE) 🤻 (inser no.) Тах елетірі, stabus X 301(c)(3) 4947(a)(1) or H(c) Group exencution reinter 🛰 Website: > WWW.ACCESSNOW.ORG M State of legal cornicile: CA Lifear of formation 2009 Form of organization: X Corporation Otrer* Part Summary Briefly describe the organization's mission or most significant activities: ACCESS_NOW_DEFENDS_AND_EXTENDS_THE DIGITAL RIGHTS OF USERS AT RISK AROUND THE WORLD, BY COMBINING INNOVATIVE POLIC Governance USER ENGAGEMENT, AND DIRECT TECHNICAL SUPPORT, WE WORK FOR OPEN AND SECURE COMMUNICATIONS FOR ALL. Check this box 🛌 if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)..... œ Number of independent voting members of the governing body (Part VI, line 16). 4 Total number of individuals employed in calendar year 2015 (Part V, line 2a) . . . 5 6 7a Tota: unrelated business rayonue from Part VIII, column (C), line 12... 78 b Net unrelated business taxable income from Form 990-T, iins 34. 7b Prior Year Current Year Contributions and grants (Part V:II, line 1h) 4,763,403. 3,260,369, 168,326. 9 Program service revenue (Part VIII, line 2g)................ 79<u>,875:</u> Investment income (Part Vill, column (A), littles 3, 4, and 76) ΤO Other revenue (Part VIII, column (A), lines 5, 5d, 8d, 9d, 10d, and 11e) -1,928 -26,687. 11 Total revenue — add times 8 farough \mathbb{N} (must equal Part VIII, column (A), time $12)\dots$ **4,9**05,042. 3,338,316. Grants and similar amounts paid (Part X, column (A), lines 1-3). 36,978. 886,236. Benefits paid to or for members (Part IX, column (A), The 4) Salaries, other compensation, employee benefits (Part IX, column (A), Fina 5-10) 1,699.847 1,812,714. b Total fundraising expenses (Part IX, column (D), line 25) ► 1,636,907. 17 1,471,575 4,335,857. 3,208,400 Total expenses, Add lines 13-17 (must equal Part X, column (A), tipe 25). Revenue less expenses, Subtract line 18 from line 12........ 569,185. 129,916. End of Year Beginning of Current Year 1.479,015. 1,017,262. Fotal assets (Part X, 4nd 46) 20 21 Total liabilities (Part X. ine 26) 400,179. 292,747. Net assets or fund balances. Subtract line 21 from the 20. 617,083. 1,186,268. Part II Signature Block Under penalties of perjuny - declars that I have examined this return, inclining accompanying spherologists and waterments, and to the best of my knowledge and botter, it is true, correct, and complete. Declaration of preparer (other stan officer) is based on an endormalizer of which preparer has any knowledge. Case Signature of officer Sign Here EXECUTIVE DIRECTOR BRETT SOLOMON Type or point hame and fitte Cate Print/Type preparet's carea Úřack **P0039637**3 KENNETH J LEDERER Paid ► LEDERER, LEVINE Preparer & ASSOČIATES Use Only Finds EN ► 22-3778048 1099 WALL ST WEST SUITE 280 201-933-3780 LYNDHURST, NJ 07071 Риспе по. Yes No May trie IRS discuss this return with the preparer shown above? (see instructions)

Form 990 (2016) ACCESS NOW, INC.	27-0597430	Page 2
Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		Х
1 Briefly describe the organization's mission: ACCESS NOW DEFENDS AND EXTENDS THE DIGITAL RIGHTS OF USERS AT R. BY COMBINING INNOVATIVE POLICY, USER ENGAGEMENT, AND DIRECT TECH WORK FOR OPEN AND SECURE COMMUNICATIONS FOR ALL.	ISK AROUND THE WO	ORLD.
 2 Did the organization undertake any significant program services during the year which were not listed on the program 990 or 990-EZ?	services? Yes Yes Yes	X No X No
and revenue, if any, for each program service reported.	ons to others, the total exp	enses,
4a (Code:) (Expenses \$1,109,576. including grants of \$886,236.) ACCESS NOW GRANTS, IMPLEMENTED WITH THE SUPPORT OF THE SWEDISH DEVELOPMENT AGENCY, LEVERAGES ACCESS NOW'S PROGRAMMATIC STAFF INTECH TO PROVIDE FUNDING TO DIGITAL ACTIVISTS AND CIVIL SOCIETY (ACCESS NOW'S CHARITABLE PURPOSE, WORKING AT THE INTERSECTION OF TECHNOLOGY	INTERNATIONAL N POLICY, ADVOCAC GROUPS IN LINE WI	ITH
4b (Code:) (Expenses \$ 972,762. including grants of \$) SEE SCHEDULE O		,326.
4c (Code:) (Expenses \$720,278. including grants of \$) ACCESS NOW'S DIGITAL SECURITY WORK PROVIDES TECHNOLOGICAL SERVION DIRECTLY TO AT-RISK USERS TO ENSURE THEY CAN EXERCISE THEIR FUNDED TO A THE PROVIDED TH)
4d Other program services (Describe in Schedule O.) SEE SCHEDULE O (Expenses \$ 644,316. including grants of \$) (Revenue \$ 4e Total program service expenses ► 3,446,932.	\$)	

Form 990 (2016) ACCESS NOW, INC. Part IV Checklist of Required Schedules

	· · · · · · · · · · · · · · · · · · ·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		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, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i>	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		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
i	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	
ı	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.	11 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	11 e		X
1	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	11 f	Х	
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	17	X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
ı	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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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? <i>If 'Yes,' complete Schedule G, Part I</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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х

Form 990 (2016) ACCESS NOW, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		Х
	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
Ł	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
C	1 Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		X
k	s Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
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	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	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
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part l</i>	33		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
Ł	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2016) ACCESS NOW, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V....

	Check if Schedule O contains a response or note to any line in this Part V				. 🔲
				Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 18	3		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b (
C	Did the organization comply with backup withholding rules for reportable payments to vendors and r (gambling) winnings to prize winners?	eportable gaming	1 c	Χ	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2 a 22	,		
ŀ	of at least one is reported on line 2a, did the organization file all required federal employmen	L	2 b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see in:		2.0		
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year	-	3 a		Χ
	of Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O		3 b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other f	er authority over, a inancial account)?	4 a	Х	
	olf 'Yes,' enter the name of the foreign country: TUNIS , COSTA RICA	•			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accounts (FBAR).			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the ta	x year?	5 a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelt	er transaction?	5 b		X
C	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?	nd did the organization	6 a		Х
b	olf 'Yes,' did the organization include with every solicitation an express statement that such contribut not tax deductible?		6 b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and particles provided to the payor?	partly for goods and	7 a		X
b	olf 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v. Form 8282?	vas required to file	7 c		Х
	If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d	70		71
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal		7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ben		7 f		X
	If the organization received a contribution of qualified intellectual property, did the organization file I as required?	Form 8899	7 g		
ł	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	organization file a	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	• •			
_	3		8		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 49662		0 -		
	Did the sponsoring organization make any taxable distributions under section 4966?		9 a		
	Section 501(c)(7) organizations. Enter:	JUII	30		
	Initiation fees and capital contributions included on Part VIII, line 12	10 a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b			
11	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders	11 a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).	11 b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu or	f Form 1041?	12a		
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedul	e O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b			
	Enter the amount of reserves on hand	13 c			37
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
Ł N A	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in	Schedule O	14b	agn /	2016)

JOSEPH STEELE PO BOX

20429

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 or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent ... 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Did the organization have members or stockholders?..... Χ 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... Χ 8 a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official.. SEE . SCHEDULE..Q...... 15 a Χ **b** Other officers or key employees of the organization..... 15 b X 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?..... Χ 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NY CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records:

NEW YORK NY 10001-9998 888-414-8100

27TH

Form	990	(2016)	ACCESS	NOW	INC

27-0597430

Page 7

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

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 nor any related organization compensated any current officer, director, or trustee.

		Position (do not check more than one box, unless person is both an officer and a director/trustee)								
(A) Name and Title	(B) Average hours			box, an o	unles officer	s pers and a	on	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual pustee or director	Institut protitusise	Ciii:3	Key employee	Highyst componystyd ump bywb	Fi;rme/	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) BRETT SOLOMON	40									
EXECUTIVE DIREC	0	Χ		Χ				126,880.	0.	13,575.
(2) YVETTE ALBERDINGK-THIJM DIRECTOR	$-\frac{4}{0}$	Х						0.	0.	0.
(3) ANDREW MCLAUGHLIN	4									
PRESIDENT	0	Х		Χ				0.	0.	0.
(4) RONALDO LEMOS	4									
DIRECTOR	0	Χ						0.	0.	0.
(5) ANDREW COHEN	4									•
TREASURER	0	Χ		Χ				0.	0.	0.
	4	,						0	0	0
DIRECTOR	0	Χ						0.	0.	0.
US_POLICY_MGR	$-\frac{40}{0}$					Х		119,574.	0.	9,402.
(8) JOSEPH STEELE	40					Λ		117,374.	0.	7,402.
DIR - ORG DEVELOP	0					Χ		111,384.	0.	11,112.
(9) NERIDA BROWNLEE	40							·		<u> </u>
DIR FINANCE & HR	0					Χ		102,000.	0.	4,521.
(10) NATHAN WHITE	40									
SR. LEG. MGR	0					Χ		97,814.	0.	8,507.
OIRECTOR, ADVOCACY	0					Х		92,600.	0.	8,597.
(12)								, , , , , ,		.,
(13)										
(14)										

Part VII	Section A. Officers, Directors, Tri		Key	En		_	es,	and	d Highest Com	pensated Emp	oyee	S (contir	nued)
		(B)			((
	(A) Name and title	Average hours per week (list any hours	offi	, unle cer a	ess pe	erson direct	than is both or/trus	h an tee)	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amo con	(F) stimated unt of oth npensation rom the ganization	her on
		for related organiza - tions below dotted line)	individual buste∈ or director	nslitut anal trustee	4	Key employee	Highlest somponsated employed	πe,			ar	id related anization	t
(15)													
(16)													
(17)													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1 b Sub-	total							>	650,252.	0.		55,7	14.
c Tota	I from continuation sheets to Part VII, Secti	on A						>	0.	0.			0.
	(add lines 1b and 1c)							<u> </u>	650,252.	0.		55,7	14.
	number of individuals (including but not limited the organization $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	I to those I	ısted	abo	ve) v	who	recei	ved	more than \$100,00	0 of reportable comp	ensatio	n	
3 Did t	he organization list any former officer, direc	tor, or tru	stee	, ke	y en	nplo	yee,	or h	nighest compensa	ted employee		Yes	No
	ne 1a? If 'Yes,' complete Schedule J for suc any individual listed on line 1a, is the sum o organization and related organizations great										. 3		X
such	individual										. 4		Х
for s	any person listed on line 1a receive or accruervices rendered to the organization? If 'Yes B. Independent Contractors	e comper s,' comple	isatio	on tr	om dule	any <i>J fo</i>	unre r suc	hate ch p	ed organization or erson	ındıvidual	. 5		Χ
1 Com	plete this table for your five highest comper ensation from the organization. Report comper	sated indessation for	epen the c	den alen	t co dar	ntra year	ctors endi	tha	t received more the transition of the transition	nan \$100,000 of ganization's tax year			
	(A) Name and business add	ress							Description (of services	Compe	C) ensatio	n
-													
	number of independent contractors (including 0,000 of compensation from the organization		ited t	o the	ose I	listed	abo	ve)	who received more	than			
	, , , , , , , , , , , , , , , , , , , ,	<u> </u>											

		Check if Schedule O contains a response or note to any	Ine in this Part VI	III		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Giffs, Grants and Other Similar Amounts	b c d e	Federated campaigns				
Co ata	h	Total. Add lines 1a-1f	4,763,403.			
üė		Business Code				
Program Service Rovenue	2a b		168,326.	168,326.		
3 Servi	d					
190	٤	All other program service revenue				
Ç		Total. Add lines 2a-2f	160 206			
۵.	3	Investment income (including dividends, interest and	168,326.			
	_	other similar amounts)				
	4	Income from investment of tax-exempt bond proceeds >				
	5	Royalties				
	_	(i) Real (ii) Personal				
		Gross rents				
		Less: rental expenses				
		Rental income or (loss)				
	d	Net rental income or (loss) ▶				
	7 a	Gross amount from sales of assets other than inventory (i) Securities (ii) Other				
	b	Less: cost or other basis and sales expenses				
	С	Gain or (loss)				
	d	Net gain or (loss)				
SPILE	8 a	Gross income from fundraising events (not including\$				
64		of contributions reported on line 1c).				
Other Reven		See Part IV, line 18 a				
Ş		Less: direct expenses b				
δ	С	Net income or (loss) from fundraising events ▶				
		Gross income from gaming activities. See Part IV, line 19 a				
	b	Less: direct expenses b				
	С	Net income or (loss) from gaming activities ▶				
	10 a	Gross sales of inventory, less returns and allowances a				
	b	Less: cost of goods sold b				
	С	Net income or (loss) from sales of inventory ▶				
		Miscellaneous Revenue Business Code				
	11 a	OTHER INCOME 900099				
		LOSS ON FOREIGN CURRENCY 900099	-26,687.			-26,687.
	С					
	d	All other revenue				
	е	Total. Add lines 11a-11d	-26,687.			
	12	Total revenue. See instructions	4.905.042	168.326.	0.	-26.687

Part IX | Statement of Functional Expenses

Do i 6b,	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	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	85,295.	85,295.		·
2	Grants and other assistance to domestic individuals. See Part IV, line 22	03/233.	00/230.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	800,941.	800,941.		
4 5	Benefits paid to or for members				
	trustees, and key employees	140,455.	62,171.	31,338.	46,946.
6	disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	1,379,818.	1,018,047.	262,332.	99,439.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	53,526.	39,771.	12,000.	1,755.
9	Other employee benefits	104,715.	75,870.	23,742.	5,103.
10	Payroll taxes	134,200.	91,856.	37,227.	5,117.
11	Fees for services (non-employees):				
	Management	11 404		11 404	
	Legal	11,494. 51,190.		11,494. 51,190.	
	Lobbying	51,190.		51,190.	
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)	2,886.	2,886.		
13	Office expenses	14,211.	2,131.	12,080.	
14	Information technology	/ ·			
15	Royalties				
16	Occupancy	155,698.	17,850.	137,848.	
17	Travel	137,494.	119,025.	6,717.	11,752.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates Depreciation, depletion, and amortization	10 200		10 200	
22 23	Insurance	18,380. 7,599.	591.	18,380. 7,008.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.).	1,333.	391.	7,000.	
	INTERNATIONAL STAFF EXPENSES	615,331.	574,392.	34,951.	5,988.
	SPECIAL PROJECTS EXPENSES	391,494.	389,300.	561.	1,633.
	WEBSITE DEVELOPMENT/SUPPORT	118,643.	117,234.	1,237.	172.
	TELECOMMUNICATIONS	25,766.	11,800.	13,966.	005
	All other expenses	86,721. 4,335,857.	37,772. 3,446,932.	47,964. 710,035.	985. 178,890.
	•	4,333,037.	3,440,332.	110,033.	1/0,030.
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

		Check if Schedule O contains a response or note to	any lin	e in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing			328,312.	1	460,164.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			505,574.	3	843,948.
	4	Accounts receivable, net			·	4	<u> </u>
	5	Loans and other receivables from current and former trustees, key employees, and highest compensated er	mplovee	es. Complete			
		Part II of Schedule L		<u> </u>		5	
	6	Loans and other receivables from other disqualified posection 4958(f)(1)), persons described in section 4958(c)(3 employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions). Complete	as defined under id contributing itary employees' of Schedule L		6		
23	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
4	9	Prepaid expenses and deferred charges			52,637.	9	54,966.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	36,604.			
	b	Less: accumulated depreciation	10 b	29,213.	18,165.	10 c	7,391.
	11	Investments — publicly traded securities			,	11	,
	12	Investments – other securities. See Part IV, line 11				12	
	13	Investments – program-related. See Part IV, line 11.			13		
	14	Intangible assets	98,091.	14	81,420.		
	15	Other assets. See Part IV, line 11			14,483.	15	31,126.
	16	Total assets. Add lines 1 through 15 (must equal line	34)		1,017,262.	16	1,479,015.
	17	Accounts payable and accrued expenses			194,429.	17	230,280.
	18	Grants payable		<u> </u>		18	13,126.
	19	Deferred revenue		_	205,750.	19	49,341.
	20	Tax-exempt bond liabilities				20	
50	21	Escrow or custodial account liability. Complete Part I		<u> </u>		21	
Liab新fes	22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L	l disqua	lified persons.		22	
⋥	23	Secured mortgages and notes payable to unrelated th		 -		23	
	24	Unsecured notes and loans payable to unrelated third		 -		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com				25	
	26	Total liabilities. Add lines 17 through 25			400,179.	26	292,747.
		Organizations that follow SFAS 117 (ASC 958), check he	re ►	X and complete			
663		lines 27 through 29, and lines 33 and 34.		_			
Š	27	Unrestricted net assets			-110,260.	27	111,584.
Sal	28	Temporarily restricted net assets			727,343.	28	1,074,684.
2	29	Permanently restricted net assets				29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), ch and complete lines 30 through 34.	eck her	e ►			
¢.	30	Capital stock or trust principal, or current funds				30	
361	31	Paid-in or capital surplus, or land, building, or equipm			31		
4	32	Retained earnings, endowment, accumulated income,			32		
40	33	Total net assets or fund balances			617,083.	33	1,186,268.
Z	34	Total liabilities and net assets/fund balances		<u>-</u>	1,017,262.	34	1,479,015.

BAA Form 990 (2016)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,9	05,0)42.
2	Total expenses (must equal Part IX, column (A), line 25).	2	4,3	35,8	357.
3	Revenue less expenses. Subtract line 2 from line 1	3			L85.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			083.
5	Net unrealized gains (losses) on investments.	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O).	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,1	06 1	260
Pa	rt XII Financial Statements and Reporting	10	1,1	00,2	200.
ıa	<u> </u>				
	Check if Schedule O contains a response or note to any line in this Part XII				
_				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviews separate basis, consolidated basis, or both: Separate basis Both consolidated and separate basis	ed on a			
	b Were the organization's financial statements audited by an independent accountant?		2b	Χ	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separabasis, consolidated basis, or both:	te			
	Separate basis X Consolidated basis Both consolidated and separate basis				
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		За		Х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit	it			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
BAA	1		Form	990	(2016)

Form **8868**

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

File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

A l l	- C. Maralla Falanciana (Time Only and								
	ic 6-Month Extension of Time. Only subr								
All corporat	tions required to file an income tax return other the 1904 to request an extension of time to file income	an Form 99 • tax returns	Ю-Т (including 1120-С filers), partnership s	s, REI	MICs, and	trusts must			
usc 1 01111 7	554 to request an extension of time to me income	tax retains	Enter filer's identi	fying r	umber, se	ee instructions			
	Name of exempt organization or other filer, see instructions.			Emplo	yer identificat	ion number (EIN) or			
Type or									
print	ACCESS NOW, INC.			27-0597430					
ile by the	Number, street, and room or suite number. If a P.O. box, see in	Social security number (SSN)							
due date for filing your	PO BOX 20429 4 E. 27TH ST								
return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.								
nstructions.	NEW YORK, NY 10001-9998								
Enter the R	Peturn Code for the return that this application is for	or (file a se	parate application for each return)			01			
Application	1	Return Code	Application			Return			
ls For			Is For			Code			
	Form 990-EZ	01	Form 990-T (corporation)			07			
Form 990-BL		02	Form 1041-A			08			
Form 4720 (individual) Form 990-PF		03	Form 4720 (other than individual)			09			
Form 990-T (section 401(a) or 408(a) trust)		04	Form 5227	10					
form 990-T (section 401(a) or 408(a) trust)		05 06	Form 6069 Form 8870			11			
	(index editer diam decre)		55,75						
If the orIf this is check the	ks are in the care of ► JOSEPH STEELE ne No. ► 888-414-8100 rganization does not have an office or place of but so for a Group Return, enter the organization's four his box ► If it is for part of the group, coension is for.	digit Group	e United States, check this box Exemption Number (GEN)	this is	for the w	hole group,			
1 I requ	est an automatic 6-month extension of time until	11/15	, 20 17 , to file the exempt organize	zation	return				
for the	e organization named above. The extension is for the	organization	's return for:						
> 2	calendar year 20 16 or								
▶	tax year beginning , 20	, and endir	ng , 20 .						
	tax year entered in line 1 is for less than 12 mont			nal retu	rn				
	hange in accounting period	iis, ciieck i	eason. Initial return	iai i ett	111				
	nange in accounting period			1					
3a If this nonre	application is for Forms 990-BL, 990-PF, 990-T, 4 fundable credits. See instructions	1720, or 606	59, enter the tentative tax, less any	3 a	\$	0.			
	application is for Forms 990-PF, 990-T, 4720, or ayments made. Include any prior year overpaymen			3 b	\$	0.			
c Balan EFTP	nce due. Subtract line 3b from line 3a. Include you S (Electronic Federal Tax Payment System). See	r payment v	with this form, if required, by using	3 c	\$	0.			
Caution: If payment in	you are going to make an electronic funds withdra structions.	awal (direct	debit) with this Form 8868, see Form 84	153-EC	and Form	n 8879-EO for			

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2017)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is

OMB No. 1545-0047 2016

Open to Public

Department of the Treasury Internal Revenue Service Inspection at www.irs.gov/form990. Name of the organization Employer identification number ACCESS NOW, INC 27-0597430 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 12, 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 (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 Χ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. C **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) Total

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.)

Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	1,251,433.	2,774,920.	1,957,517.	3,260,369.	4,763,403	. 14,007,642.
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						0.
4	Total. Add lines 1 through 3	1,251,433.	2,774,920.	1,957,517.	3,260,369.	4,763,403	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3,166,059.
6	Public support. Subtract line 5 from line 4						10,841,583.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	1,251,433.	2,774,920.	1,957,517.	3,260,369.	4,763,403	. 14,007,642.
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 VI.) SEE PART VI	1,910.	6,547.	977.	9,183.		18,617.
11	Total support. Add lines 7 through 10						14,026,259.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	0.
13	First five years. If the Form 990 is organization, check this box and						▶
Sec	tion C. Computation of Pu						
	Public support percentage for 20						77.29%
15	Public support percentage from	2015 Schedule A,	Part II, line 14			15	70.81 %
16a	6a 33-1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.						
b	b 33-1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	e. Explain in Pa	art VI how
	10%-facts-and-circumstances te 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	e. Explain in Pa ed organization	art VI how the ►
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see i	nstructions ►

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support		product compress :	<u></u>			
	lar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	(4) 2012	(3) 2313	(-,	(4) 2515	(6) 2515	(i) Foto:
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	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.						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support				T		
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6 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.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 organization, check this box and						
Sec	tion C. Computation of Pul	blic Support F	Percentage				
15	Public support percentage for 20	16 (line 8, colum	n (f) divided by lin	e 13, column (f)))	15	%
	Public support percentage from 2				<u></u>	16	%
Sec	tion D. Computation of Inv						
17		•	• • •	-			%
18	Investment income percentage f	rom 2015 Schedu	ile A, Part III, line	17		18	90
19a	33-1/3% support tests—2016. If t is not more than 33-1/3%, check	the organization of this box and sto	did not check the b p here. The organ	ox on line 14, ar ization qualifies	nd line 15 is more as a publicly supp	than 33-1/3%, and orted organization	I line 17 ►
	33-1/3% support tests—2015. If the line 18 is not more than 33-1/3% Private foundation. If the organization of the support tests—2015.	the organization of the check this box	did not check a box and stop here. The	c on line 14 or lir e organization qu	ne 19a, and line 1 ualifies as a public	6 is more than 33- ly supported organ	1/3%, and ization ▶

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9а	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI .	9с		
l0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

BAA

Pai	rt IV	Supporting Organizations (continued)			
				Yes	No
		the organization accepted a gift or contribution from any of the following persons? son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
•	gove	rning body of a supported organization?	11a		
ŀ	a A fan	nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sec	tion	B. Type I Supporting Organizations	II.		
1	Did th	ne directors, trustees, or membership of one or more supported organizations have the power to regularly appoint		Yes	No
•	or ele Part If the	ct at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in the supported organization(s) effectively operated, supervised, or controlled the organization's activities. The organization had more than one supported organization, describe how the powers to appoint and/or remove stors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,			
		ied to such powers during the tax year.	1		
2	that of bene	the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Sec	tion	C. Type II Supporting Organizations		<u> </u>	
				Yes	No
1	of ea	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ich of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion l	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	he organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year,	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	-		
	orgar	nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	orgar the o	nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	voice	eason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at			
		mes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played is regard.	3		
Sec	tion	E. Type III Functionally Integrated Supporting Organizations		<u> </u>	
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
á	а∏т	The organization satisfied the Activities Test. Complete line 2 below.			
	吕	The organization is the parent of each of its supported organizations. Complete line 3 below.			
_		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	actruo	tions)	
,	C ∐ 1	The organization supported a governmental entity. Describe in Fait VI now you supported a government entity (see in	istiuc	110115).	•
2	Activ	ities Test. Answer (a) and (b) below.		Yes	No
ć	suppo orgai	substantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported inizations and explain how these activities directly furthered their exempt purposes, how the organization was consive to those supported organizations, and how the organization determined that these activities constituted			
		tantially all of its activities.	2a		
ŀ	the o	the activities described in (a) constitute activities that, but for the organization's involvement, one or more of organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for organization's position that its supported organization(s) would have engaged in these activities but for the			
		nization's involvement.	2b		
		nt of Supported Organizations. Answer (a) and (b) below.			
ā		he organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI.</i>	3a		
ŀ		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

SCITE	adde A (Form 990 of 990-EZ) 2016 ACCESS NOW, INC.		27-05	97430 Page
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organic	aniza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	st on Nons mu	ov. 20, 1970 (explain in st complete Sections A	Part VI). See through E.
Sec	tion A — Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
- 6	Average monthly value of securities	1a		
ŀ	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
•	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990 or 990-EZ) 2016

9 Distributable amount for 2016 from Section C, line 6

	name in the state of the state	27 00077400			
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (co	ntinued)			
Section D – Distributions					
1	Amounts paid to supported organizations to accomplish exempt purposes				
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purposes of supported organizations				
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.				

10 Line 8 amount divided by Line 9 amount		
Section E — Distribution Allocations (see instructions)	(iii) Distributable Amount for 2016	
1 Distributable amount for 2016 from Section C, line 6		
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI). See instructions.		
3 Excess distributions carryover, if any, to 2016:		
a		
b		
c From 2013		
d From 2014		
e From 2015		
f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2016 distributable amount		
i Carryover from 2011 not applied (see instructions)		
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4 Distributions for 2016 from Section D, line 7: \$		
a Applied to underdistributions of prior years		
b Applied to 2016 distributable amount		
c Remainder. Subtract lines 4a and 4b from 4.		
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7 Excess distributions carryover to 2017. Add lines 3j and 4c.		
8 Breakdown of line 7:		
a		
b Excess from 2013		
c Excess from 2014		
d Excess from 2015		
e Excess from 2016		

BAA

Schedule A (Form 990 or 990-EZ) 2016

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

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2016	2015	2014	2013	2012
		\$ 9,183.	\$ 977.	\$ 6,547.	\$ 1,910.
TOTAL	\$ 0	\$ 9,183.	\$ 977.	\$ 6,547.	\$ 1,910.

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Employer identification number

ACCESS NOW, INC.	27-0597430
Organization type (check one):	
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
Check if your organization is covered by the Genera	I Rule or a Special Rule.
Note. Only a section 501(c)(7), (8), or (10) organized	anization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
For an organization filing Form 990, 990-Eaproperty) from any one contributor. Complete	Z, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or ete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
\square under sections 509(a)(1) and 170(b)(1)(A)(vi)	11(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that he year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) 0-EZ, line 1. Complete Parts I and II.
during the year, total contributions of more	11(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or educational or children or animals. Complete Parts I, II, and III.
during the year, contributions exclusively to \$1,000. If this box is checked, enter here the charitable, etc., purpose. Don't complete a	or (c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, for religious, charitable, etc., purposes, but no such contributions totaled more than the total contributions that were received during the year for an <i>exclusively</i> religious, may of the parts unless the General Rule applies to this organization because tole, etc., contributions totaling \$5,000 or more during the year
Caution. An organization that isn't covered by 990-PF), but it must answer 'No' on Part IV. Iir	the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or ne 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF,
Part I, line 2, to certify that it doesn't meet the	filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

1 of

2 of Part I

ACCESS NOW, INC.

Employer identification number

27-0597430

Part I Cont	t ributors (see in	structions). Use du	plicate copies of	f Part I if additio	nal space is needed.
-------------	---------------------------	---------------------	-------------------	---------------------	----------------------

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GOOGLE INC.		Person X
	PO_BOX_2050	\$550,000.	Payroll Noncash
	MOUNTAINVIEW, CA 94042-2050		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	THE SIGRID RAUSING TRUST		Person X Payroll
	12 PENZANCE PLACE	\$ <u>434,</u> 559.	
	LONDON, EUROPE W114PA UNITED KINGDOM		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	MICROSOFT CORPORATION		Person X Payroll
	ONE MICROSOFT WAY	\$135,000.	Noncash
	REDMOND, WA 98052		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	SWEDISH INT'L DEV CO-OP AGENCY		Person X Payroll
	VALHALLAVAGEN 199	\$2,069,798.	
	STOCKHOLM, EUROPE SE-105 25 SWEDEN		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>5</u>	FIDELITY CHARITABLE GIFT PROGRAM		Person X Payroll
	P.O. BOX 770001	\$400,000.	Noncash
	CINCINNATI , OH 452777-005		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u>	11TH HOUR PROJECT		Person X Payroll
	555 BRYANT STREET	\$125,000.	Noncash
	PALO ALTO, CA 94301		(Complete Part II for noncash contributions.)

2 of

2 of Part I

ACCESS NOW, INC.

Employer identification number

27-0597430

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	OAK FOUNDATION 43 PALACE ST. 2ND FLR. LONDON, EUROPE SW IE 5HL UNITED KINGDOM	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		ф	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
 BAA	TEEA0702L 08/09/16	Schedula P (Form 90)	Person Payroll Noncash (Complete Part II for noncash contributions.) 0, 990-EZ, or 990-PF) (2016)

1 to

of Part II

ACCESS NOW, INC.

Name of organization

27-0597430

Employer identification number

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (b)
Description of noncash property given (a) No. from Part I (c) FMV (or estimate) (see instructions) (d) Date received N/A (a) No. from Part I (c) FMV (or estimate) (see instructions) (b) (d) Description of noncash property given Date received (a) No. from (b) Description of noncash property given (d) Date received (c) FMV (or estimate) (see instructions) Part I (a) No. from Part I (b) Description of noncash property given (d) Date received (c) FMV (or estimate) (see instructions) (a) No. from (d) Date received (b) Description of noncash property given (c) FMV (or estimate) Part I (see instructions) (b) Description of noncash property given (c) FMV (or estimate) (d) (a) No. Date received from (see instructions) Part I

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

1 of Part III

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

ACCESS NOW, INC.

Part III Frequency religious charitable 1 to Employer identification number 27-0597430

Part III	or (10) that total more than \$1,000 for the following line entry. For organizations of	he year from any one contribut ompleting Part III, enter the total o (Enter this information once. See	of <i>exclusively</i> religious, charitable, etc., instructions.)		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I	N/A				
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, addres	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee		

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

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

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

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

• 5	Section	501(c)(4), (5), or (6) o	rganizations: Complete Part III.			
	of organ		,		Employer identifica	ation number
ACC	ESS	NOW, INC.			27-059743	0
Par	t I-A	Complete if the or	rganization is exempt under section	on 501(c) or is a s	section 527 organia	zation.
1			organization's direct and indirect political on of 'political campaign activities')	ampaign activities in	Part IV.	
2	Politic	cal campaign activity ex	penditures (see instructions)		⊳ \$	
3	Volun	teer hours for political	campaign activities (see instructions)			
Par	t I-B	Complete if the or	rganization is exempt under section	on 501(c)(3).		
1	Enter	the amount of any exc	ise tax incurred by the organization under	section 4955	▶ \$	0.
2	Enter	the amount of any exc	ise tax incurred by organization managers	under section 4955.	▶\$	0.
3			a section 4955 tax, did it file Form 4720 for			
4 a	Was a	a correction made?				Yes No
		s,' describe in Part IV.				
			rganization is exempt under section	• •	, , , ,	
1	Enter	the amount directly exp	pended by the filing organization for section	n 527 exempt function	n activities 🟲 \$	
2			organization's funds contributed to other organ			
3			ditures. Add lines 1 and 2. Enter here and		▶\$	
4	Did th	ne filing organization file	e Form 1120-POL for this year?			Yes No
5	amour	nt of political contribution	and employer identification number (EIN) s. For each organization listed, enter the all s received that were promptly and directly del I action committee (PAC). If additional spa	ivered to a separate po	olitical organization, such	as a separate
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(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) 2016

, , , , , , , , , , , , , , , , , , , ,	ACCESS NOW,	INC.		21 033	7430	
Part II-A Complete if section 501(the organization h)).	is exempt under se	ction 501(c)(3) and	filed Form 5768 (e	lection under	
	· · · ·	to an affiliated group (and	list in Part IV each affilia	ated group member's nam	ie.	
		share of excess lobbying		3	-,	
	·	ked box A and 'limited co				
(The term	Limits on Lobbyi 'expenditures' mear	ng Expenditures is amounts paid or incur	red.)	(a) Filing organization's totals	(b) Affiliated group totals	
1 a Total lobbying expenditu	•			4,727.		
b Total lobbying expenditudes		• • • • • • • • • • • • • • • • • • • •	, ,,	3,284.		
c Total lobbying expenditu	,	•		8,011.	0.	
d Other exempt purpose e	•			4,327,846.		
e Total exempt purpose e	•	·		4,335,857.	0.	
f Lobbying nontaxable an both columns	nount. Enter the amo	unt from the following tal	ble in 	366,793.		
If the amount on line 1e, col	.,,,,	he lobbying nontaxable	amount is:			
Not over \$500,000		0% of the amount on line 1e.	4-1-1-1-1			
Over \$500,000 but not over \$1,		100,000 plus 15% of the excess	·			
Over \$1,000,000 but not over \$ Over \$1,500,000 but not over \$		175,000 plus 10% of the excess 225,000 plus 5% of the excess (
Over \$17,000,000		1,000,000.	JVei \$1,500,000.			
q Grassroots nontaxable a			I	91,698.	0.	
h Subtract line 1g from lin	•	•		0.	0.	
i Subtract line 1f from lin				0.	0.	
j If there is an amount other	er than zero on either I	ine 1h or line 1i, did the ord	nanization file Form 4720	reporting		
section 4911 tax for this	year?				Yes No	
(Fam.		-Year Averaging Period		complete all of the five		
(5011)		made a section 501(h) el ow. See the separate inst				
	Lobby	ing Expenditures During	4-Year Averaging Peri	od		
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total	
2 a Lobbying nontaxable amount	228,058	. 294,686.	311,499.	366,793.	1,201,036.	
amount	220,030	294,000.	311,433.	300,793.	1,201,030.	
b Lobbying ceiling						
amount (150% of line 2a, column (e))					1,801,554.	
c Total lobbying					, ,	
expenditures	36,781	. 65,186.	21,548.	8,011.	131,526.	
d Grassroots nontaxable	d Grassroots nontaxable					
amount	57,015	. 73,672.	77,875.	91,698.	300,260.	
e Grassroots ceiling						
amount (150% of line 2d, column (e))					450,390.	
					430,330.	
f Grassroots lobbying expenditures	14,138	. 28,252.	9,609.	4,727.	56,726.	
ВАА	•	•	·		m 990 or 990-EZ) 2016	

27-0597430

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

(election under section 501(n)).					
	(a)		(b)		
For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. Yes	s N	lo	Am	ount	
 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? 					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements?					
d Mailings to members, legislators, or the public?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
j Total. Add lines 1c through 1i					
b If 'Yes,' enter the amount of any tax incurred under section 4912 c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5) section 501(c)(6).	5), o	r			
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?					
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior	year	ſ ?	. 3		i
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Par answered 'Yes.'	t III-	A, line	tion 50 e 3, is	01(c)	
1 Dues, assessments and similar amounts from members.		1			
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a Current year		2 a			
b Carryover from last year.		2 b			
c Total	_	2 c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4			
5 Taxable amount of lobbying and political expenditures (see instructions)	-	5			

Part IV | Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

m990. Open to Public Inspection
Employer identification number

	ACCESS NOW, INC.	27-0597430							
Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.								
1 2 3 4	Total number at end of year	(b) Funds and other accounts							
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor are the organization's property, subject to the organization's exclusive legal control?	Yes No							
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds of for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purimpermissible private benefit?	rpose conferring Yes No							
Par	Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.								
2	Protection of natural habitat Preservation of a Preservation of a Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of	historically important land area certified historic structure f a conservation easement on the							
ĺ	last day of the tax year. a Total number of conservation easements. b Total acreage restricted by conservation easements. c Number of conservation easements on a certified historic structure included in (a)	Held at the End of the Tax Year 2 a 2 b 2 c							
(d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register.	2 d							
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the contact tax year ►	organization during the							
4 5 6		Yes No							
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservations \$\display\$\$	on easements during the year							
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section and section 170(h)(4)(B)(ii)?	Yes No							
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense sinclude, if applicable, the text of the footnote to the organization's financial statements that described conservation easements.	cribes the organization's accounting for							
Par	Organizations Maintaining Collections of Art, Historical Treasures, or Ot Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.	ther Similar Assets.							
1 8	a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue art, historical treasures, or other similar assets held for public exhibition, education, or research in further in Part XIII, the text of the footnote to its financial statements that describes these items.	statement and balance sheet works of erance of public service, provide,							
ı	b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue sta historical treasures, or other similar assets held for public exhibition, education, or research in furtheran following amounts relating to these items:	ce of public service, provide the							
	(i) Revenue included of Form 990, P. H.Y.								
_	(ii) Assets included in Form 990, Part X	▶\$							
2	If the organization received or held works of art, historical treasures, or other similar assets for financial amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1								
	b Assets included in Form 990, Part X								

Part III Organizations Maintai	ning Colle	ections of An	i, Historic	ai ireasures, or	Otner Similar Ass	ets (contin	uea)
3 Using the organization's acquisition, items (check all that apply):	, accession, a	nd other records,	_	•	e a significant use of its o	collection	
a Public exhibition		d	Loan or e	xchange programs			
b Scholarly research		е	Other				
c Preservation for future generation							
4 Provide a description of the organize Part XIII.							
5 During the year, did the organizate to be sold to raise funds rather the	nan to be ma	intained as part	of the organ	nization's collection?	'	Yes	No
Part IV Escrow and Custodial line 9, or reported an a	amount on	Form 990, F	'art X, line	e 21.	swered res on For	111 990, Pa	rt iv,
1 a Is the organization an agent, trus on Form 990, Part X?	tee, custodia	n or other inter	mediary for	contributions or othe	r assets not included	Yes	No
b If 'Yes,' explain the arrangement	in Part XIII a	and complete the	e following t	able:	L	_	
						Amount	
c Beginning balance							
d Additions during the year							
e Distributions during the year							
f Ending balance						1	
2a Did the organization include an a					- L	Yes	No
b If 'Yes,' explain the arrangement	in Part XIII.	Check here if th	e explanation	on has been provided	d on Part XIII		
Dalv E I I I	1 1 '6			10/ 1 5	000 D 11// 1:	1.0	
Part V Endowment Funds. Co							
1 - Deginning of year belongs	(a) Current	year (b)	Prior year	(c) Two years back	(d) Three years back	(e) Four yea	irs back
1 a Beginning of year balance b Contributions							
b Continuations							
c Net investment earnings, gains,							
and losses							
e Other expenditures for facilities							
and programs							
f Administrative expenses							
g End of year balance				1			
2 Provide the estimated percentage		-	ance (line 1	g, column (a)) held a	as:		
a Board designated or quasi-endowme	ent ► 	<u></u> ~					
b Permanent endowment		%					
c Temporarily restricted endowmen							
The percentages on lines 2a, 2b, ar	iu 20 Siloulu e	qual 100%.					
3a Are there endowment funds not in the organization by:	he possession	of the organizati	ion that are h	neld and administered	for the	Yes	No
(i) unrelated organizations						3a(i)	110
(ii) related organizations						3a(ii)	_
b If 'Yes' on line 3a(ii), are the rela						3b	+
4 Describe in Part XIII the intended	-		•				
Part VI Land, Buildings, and I							
Complete if the organia			on Form 9	90, Part IV, line	11a. See Form 990	0, Part X, I	ine 10.
Description of property		(a) Cost or othe (investmer	r basis ((b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v	alue
1 a Land							
b Buildings							
c Leasehold improvements							
d Equipment				36,604.	29,213.	7	,391.
e Other					·		
Total. Add lines 1a through 1e. (Colum	n (d) must e	qual Form 990,	Part X, colu	mn (B), line 10c.)			,391.
BAA	·				Schedu	ıle D (Form 99	0) 2016

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b, See Form 990, Part X, line 12 (2) Closely-half equal vinterests. (a) Consely-half equal vinterests. (b) Sook value (c) Method of valuation; Cost or oral-d-year market value (c) Method of valuation; Cost or oral-d-year market value (d) Complete if the organization answered "Yes" on Form 990, Part IV, line 11c, See Form 990, Part X, line 15 (2) Fart IV, line 11c, See Form 990, Part X, line 15 (3) Gescription of investment (d) Book value (e) Method of valuation; Cost or oral-d-year market value (f) Fart IVIII Investments — Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c, See Form 990, Part X, line 15 (3) Gescription of investment (d) Book value (e) Method of valuation; Cost or end-of-year market value (f) Book value (g) Method of valuation; Cost or end-of-year market value (g) Book value (g) Method of valuation; Cost or end-of-year market value (g) Book value (g) Method of valuation; Cost or end-of-year market value (g) Book value (g) Method of valuation; Cost or end-of-year market value (g) Book value (g) Method of valuation; Cost or end-of-year market value (g) Book value (g) Method of valuation; Cost or end-of-year market value (g) Book value (g) Method of valuation; Cost or end-of-year market value (g) Method of valuation; Cost or end-of-year market value (g) Method of valuation; Cost or end-of-year market value (g) Method of valuation; Cost or end-of-year market value (g) Method of valuation; Cost or end-of-year market value (g) Method of valuation; Cost or end-of-year market value (g) Method of valuation; Cost or end-of-year market value (g) Method of valuation; Cost or end-of-year market value (g) Method of valuation; Cost or end-of-year market value (g) Method of valuation; Cost or end-of-year market value (g) Method of valuation; Cost or end-of-year market value (g) Method of valuation; Cost or end-of-year market value (g) Method of valuation; Cost or	Part VII Investments – Other Securities.	LIV-al an Farma 00	N/A	000 Dawl V III.a. 10
(2) Closely-held equity interests. (3) Other (A) (B) (Closely-held equity interests. (B) (Closely-held equity interests. (B) (Closely-held equity interests. (
(2) Closely-held equity interests. (A) (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C		(b) Book value	(c) Method of Valuation: Cost or end-	or-year market value
(3) Other (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C				
(A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C				
(6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9				
(G) (F) (F) (G) (F) (F) (F) (G) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F				
(C)				
(E) (F) (G) (F) (G) (F) (G) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F				
(G)				
(a) Description (b) Good (column (b) must equal Form 990, Part X, column (B) line 13). (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) Description of investment (e) Book value (c) Method of valuation: Cost or end-of-year market value (d) Description of investment (e) Book value (f) Method of valuation: Cost or end-of-year market value (g) Good (g				
Total,				
Total. (Column (b) must equal Form 990, Part X, column (B) line 12).				
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part VIII Investments — Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c, See Form 990, Part X, line 13 (c) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-ye				
Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 12 (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) (e) (e) Method of valuation: Cost or end-of-year market value (d) (e) (e) Method of valuation: Cost or end-of-year market value (d) (e) (e) Method of valuation: Cost or end-of-year market value (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f				
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (c) (c) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	Part VIII Investments — Program Related.		N/A	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 999, Part X, column (B) line 13.) (a) Description (b) Book value (c) (c) (d) (d) (d) (e) (e) (e) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	Complete if the organization answered		0, Part IV, line 11c. See Form 9	990, Part X, line 13
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(3) (4) (5) (6) (7) (8) (9) (10) Total, (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets.				
(4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) ► Part X Other Assets. (b) Book value	,			
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets.				
(6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 15.). Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (4) (5) (6) (9) (10) (10) (11)				
(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets.				
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Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . N/A				
Part IX				
(a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 15.). Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	Part IX Other Assets.	N/A	1	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 15.) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (a) Description of liability (b) Book value (2) (3) (4) (4) (5) (6) (7) (8) (9) (10) (11)			0, Part IV, line 11d. See Form 9	
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Total. (Column (b) must equal Form 990, Part X, column (B) line 15.). Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)				
Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)		P) line 15.)	•	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)		b) IIIIe 13.)		
(a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	Complete if the organization answered 'Yes' on F	orm 990. Part IV. line 1	1e or 11f. See Form 990. Part X. line 25	
(2) (3) (4) (5) (6) (7) (8) (9) (10) (11)				
(3) (4) (5) (6) (7) (8) (9) (10) (11)				
(4) (5) (6) (7) (8) (9) (10) (11)				
(5) (6) (7) (8) (9) (10) (11)				
(6) (7) (8) (9) (10) (11)				
(7) (8) (9) (10) (11)				
(8) (9) (10) (11)				
(9) (10) (11)				
(10) (11)				
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) ▶	(11)			
	Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	. •		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue	ue per Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a	a.	
1 Total revenue, gains, and other support per audited financial statements		4,981,083.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities	76,041.	
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2e	76,041.
3 Subtract line 2e from line 1		4,905,042.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	4с	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		4,905,042.
Part XII Reconciliation of Expenses per Audited Financial Statements With Exper	nses per Return	l .
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a	a.	
1 Total expenses and losses per audited financial statements		4,411,898.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	76,041.	
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2e	76,041.
3 Subtract line 2e from line 1		4,335,857.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		4 005 055
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		4,335,857.

Part XIII | Supplemental Information.

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

PART X - FIN 48 FOOTNOTE

ACCESS NOW'S ACCOUNTING POLICY IS TO RECORD LIABILITIES FOR UNCERTAIN TAX POSITIONS WHEN A LIABILITY IS PROBABLE AND ESTIMABLE. MANAGEMENT IS NOT AWARE OF ANY VIOLATION OF ITS TAX STATUS AS AN ORGANIZATION EXEMPT FROM INCOME TAXES, NOR OF ANY EXPOSURE TO UNRELATED BUSINESS INCOME TAX.

BAA Schedule **D** (Form 990) 2016

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. 2016
Open to Public Inspection

Department of the Treasury Internal Revenue Service

ACCESS NOW, INC

Employer identification number

27-0597430

Part I General Information on Activities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ... X Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. PART V

3 Activities per Region. (The	following Part I, I	ine 3 table can b	e duplicated if additional space	e is needed.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
				ED. & PUB	
(1) EUROPE	1		PROGRAM SERVICES	AWARENESS	16,061.
			GRANTS TO RECIPIENTS	ED. & PUB	
(2) SOUTH AMERICA			IN THE RE	AWARENESS	70,100.
EAST ASIA & THE				ED. & PUB	
(3) PACIFIC	1	5	PROGRAM SERVICES	AWARENESS	103,978.
			GRANTS TO RECIPIENTS -	ED. & PUB	
(4) NORTH AMERICA			REGION	AWARENESS	2,222.
			GRANTS TO RECIPIENTS -	ED. & PUB	
(5) SUB-SAHARAN AFRICA		1	REGION	AWARENESS	81,352.
MIDDLE EAST & NORTH				TECH, ED & PUBL	
(6) AFRICA	1	10	PROGRAM SERVICES	AWARENESS	197,317.
			GRANTS TO RECIPIENTS -	ED. & PUB	
(7) EUROPE			REGION	AWARENESS	247,850.
EAST ASIA & THE			GRANTS TO RECIPIENTS -	ED. & PUB	
(8) PACIFIC			REGION	AWARENESS	224,608.
MIDDLE EAST & NORTH			GRANTS TO RECIPIENTS -	ED. & PUB	,
(9) AFRICA			REGION	AWARENESS	120,070.
			GRANTS TO RECIPIENTS -	ED. & PUB	===,,,,,,,,
(10) CENTAM/CARIB			REGION	AWARENESS	58,784.
, , , , , , , , , , , , , , , , , , , ,				ED. & PUB	20,1020
(11) CENTAM/CARIB	1	5	PROGRAM SERVICES	AWARENESS	290,169.
(**) CHNTHI, CHNTB			TROOTERT BERVICES	ED. & PUB	230,103.
(12) RUSIA AND NEIGHBORING		1	PROGRAM SERVICES	AWARENESS	10,558.
() ROSIN AND NEIGHBORING			TROUGHT SERVICES	ED. & PUB	10,330.
(13) SUB-SAHARAN AFRICA		1	PROGRAM SERVICES	AWARENESS	22,305.
(10) SOD SAHAKAN AFKICA			TROGRAM SERVICES	AWARENESS	22,303.
(14)					
(15)					
(16)					
(17)					
3a Sub-total	4	23			1,445,374.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	4	23			1,445,374.
RAA For Panerwork Reduction	-		у Газия 000	Calaa	dule F (Form 990) 2016

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

Schedule F (Form 990) 2016

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				ED & PUB					
(1)			CENTAM/CARIB	AWARENESS	58,784.	WIRE			FMV
(2)				ED & PUB					
(2)			EAST ASIA/PAC	AWARENESS ED & PUB	186,108.	WIRE			FMV
(3)			EUROPE	AWARENESS	86,460.	WIRE			FMV
(0)			EOROI E	ED & PUB	00,400.	WILL			THV
(4)			MENA	AWARENESS	117,120.	WIRE			FMV
				ED & PUB	•				
(5)			SOUTH AMERICA	AWARENESS	68,600.	WIRE			FMV
			SUB SAHA	ED & PUB					
(6)			AFRICA	AWARENESS	80,602.	WIRE			FMV
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

	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.	•
3	Enter total number of other organizations or entities	-

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Schedule F (Form 990) 2016

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
BAA	1	l		l	l	Schedule F	(Form 990) 2016

Pa	rt 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).	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to separately file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990).	Yes	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 file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471).	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 file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621).	Yes	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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990).	Yes	X No

 BAA
 TEEA3505L
 09/26/16
 Schedule F (Form 990) 2016

Part V Supplemental Information

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

PART I, LINE 2 - GRANTMAKERS EXPLANATION FOR MONITORING USE OF FUNDS OUTSIDE US

ACCESS NOW REQUESTS PERIODIC NARRATIVE AND FINANCIAL REPORTING OF GRANT-FUNDED ACTIVITIES FROM GRANTEES. GRANT EXPENDITURES ARE ACCOUNTED FOR UNDER THE ACCRUAL METHOD.

BAA TEEA3504L 09/26/16 Schedule F (Form 990) 2016

SCHEDULE I (Form 990)

Department of the Treasury

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Nevenue Service		. about concaute.	(1 01111 000) una 113 11130		.901/10/11/1000		
Name of the organization						Employer identific	
ACCESS NOW, INC.						27-059743	30
Part I General Information on G	rants and Assista	ance					
1 Does the organization maintain records the selection criteria used to award the	to substantiate the amone grants or assistant		r assistance, the grantees				X Yes No
2 Describe in Part IV the organization's pr	ocedures for monitoring	g the use of grant fu	unds in the United States.		SEE PA	ART IV	<u> </u>
Form 990, Part IV, line 21,							
1 (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, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) APC							
PO BOX 29755							ED & PUBLIC
MELVILLE, SOUTH AFRICA 2109 S			25,000.	0.	FMV		AWARENESS
(2) ASTRAEA FOUNDATION 16TH STREET							ED. & PUB
NEW YORK, NY 10003	13-2992977	501C3	38,500.	0.	FMV		AWARENESS
(3) FRACTURED ATLAS		**-**					
248 W 35TH STREET #7							ED. & PUB
NEW YORK, NY 10001	11-3451703	501C3	15,000.	0.	FMV		AWARENESS
(4) CYBER INTEGRITY	11 0101/00	00100	10,000.	<u> </u>			
% ACESS NOW PO BOX 20429							ED. & PUB
NEW YORK, NY 10001			6,795.	0.	FMV		AWARENESS
(5)			7,1001				
(6)							
<u>(7)</u>							
(8)							
2 Enter total number of section 501(c)(3) and government of	ganizations listed	in the line 1 table				2

3 Enter total number of other organizations listed in the line 1 table.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

ACCESS NOW REQUESTS PERIODIC NARRATIVE AND FINANCIAL REPORTING OF GRANT FUNDED ACTIVITIES FROM GRANTEES. GRANT EXPENDITURES ARE ACCOUNTED FOR UNDER THE ACCRUAL METHOD.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ACCESS NOW, INC

Employer identification number

27-0597430

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

ACCESS NOW'S EDUCATIONAL WORK HAS INVOLVED THE DEVELOPMENT OF EXTENSIVELY RESEARCHED REPORTS ASSESSING THE CHALLENGES TO THE HUMAN RIGHTS, HIGH-TECH AND GOVERNMENT SECTORS IN PLANNING AND MANAGING THE HUMAN RIGHTS IMPLICATIONS OF TECHNOLOGY. ACCESS' EDUCATIONAL REPORTS IN THIS AREA WERE ALSO MADE AVAILABLE TO THE GENERAL PUBLIC.

ACCESS NOW HAS ALSO CONDUCTED PUBLIC AWARENESS PROJECTS AROUND DIGITAL RIGHTS AND INTERNET FREEDOM. ACCESS NOW HELD AN EDUCATIONAL CONFERENCE, RIGHTSCON SILICON VALLEY 2016, ON MARCH 30 THROUGH APRIL 1 IN SAN FRANCISCO. RIGHTSCON SILICON VALLEY 2016 BROUGHT TOGETHER ACTIVISTS, CIVIL SOCIETY ORGANIZATIONS, CORPORATIONS AND GOVERNMENTS TO DISCUSS HUMAN RIGHTS AND TECHNOLOGY.

ACCESS NOW ALSO BEGAN WORKING ON RIGHTSCON BRUSSELS 2017 IN THE SECOND HALF OF 2016 TO FURTHER THE MISSION OF THE ORGANIZATION.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

ACCESS NOW HAS CONDUCTED PUBLIC AWARENESS CAMPAIGNS AND 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 MEMBERS FOR REVIEW AND APPROVAL BEFORE THE FILING OF THE 990.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS THE PURPOSE OF THIS POLICY IS TO AVOID POTENTIAL CONFLICTS ARISING BETWEEN THE PRIVATE INTERESTS OF BOARD MEMBERS/KEY STAFF AND THEIR RESPONSIBILITIES TO THE AGENCY. ON AN ANNUAL BASIS EACH BOARD MEMBER/KEY EMPLOYEE REVIEWS THE POLICY AND SIGNS A CONFLICT DISCLOSURE FORM. IF ANY CONFLICTS ARE DISCLOSED, THE BOARD

Name of the organization

ACCESS NOW, INC.

Employer identification number
27-0597430

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS (CONTINUED)

EXECUTIVE COMMITTEE MEETS TO REVIEW THEM TO DETERMINE APPROPRIATE ACTION. IF

CIRCUMSTANCES ARE UNDISCLOSED AND ONLY LATER COME TO THE ATTENTION OF THE EXECUTIVE

DIRECTOR OR PRESIDENT, THEY SHALL TAKE IMMEDIATE ACTION TO REMEDY THE SITUATION.

APPROPRIATE ACTIONS SHALL INCLUDE DISMISSAL WITH CAUSE, SUSPENSION, OR OTHER SUCH

REMEDIES AS SHALL BE DETERMINED BY THE BOARD PRESIDENT.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

THE EXECUTIVE DIRECTOR'S AND OTHER DIRECTOR SALARIES WERE DETERMINED THROUGH CONSULTATION WITH PARTNER ORGANIZATIONS WITH COMPARABLE GOALS, BUDGETS AND POSITIONS. THESE SALARIES WERE THEN CLEARED WITH THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE
THESE DOCUMENTS ARE AVAILABLE UPON REQUEST. THE 990 IS ALSO AVAILABLE ON
WWW.GUIDESTAR.ORG.