## Form **990-EZ**

## Short Form 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. 1545-1150

2015

Open to Public

Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

AF	or the	2015 calendar year, or tax year beginning 10/01/14 , 2015, and ending	9/30/1	5 , 20	
B	check if ap	oplicable: C Name of organization DE	mployer ic	lentification number	
	Address c	Process Connectical Now, mo.	46-3864489		
Ц	Name cha	nge Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E T	E Telephone number		
lane and	Initial retur	1639 Park Road	86	60-306-0900	
-	Final retun Amended	City or town state or province, country, and ZIP or foreign postal code	F Group Exemption		
pattering			Number >		
betterd.			:k ▶ □	if the organization is not	
	Vebsite		ired to attach Schedule B		
				0-EZ, or 990-PF).	
-	The state of the s	organization: Corporation Trust Association Other			
		s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asset	ets		
		umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		7,325	
SAMMAN	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the inst			
		Check if the organization used Schedule O to respond to any question in this Part I.			
	1	Contributions, gifts, grants, and similar amounts received		7,325	
	2	Program service revenue including government fees and contracts	. 2	7,363	
	3	Membership dues and assessments	. 3		
	4	Investment income	4		
		Gross amount from sale of assets other than inventory 5a			
	5a		-		
	b	Less: cost or other basis and sales expenses	. 5c		
	6	Gaming and fundraising events	. 30		
		Gross income from gaming (attach Schedule G if greater than			
ane	а	\$15,000)			
Revenue	b	Gross income from fundraising events (not including \$ of contributions			
9		from fundraising events reported on line 1) (attach Schedule G if the			
QL.		sum of such gross income and contributions exceeds \$15,000) 6b			
	C	Less: direct expenses from gaming and fundraising events 6c			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	ct		
		line 6c)	. 6d		
	7a	Gross sales of inventory, less returns and allowances			
	b	Less: cost of goods sold			
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	. 7c	0	
	8	Other revenue (describe in Schedule O)	. 8	7,325	
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9		
	10	Grants and similar amounts paid (list in Schedule O)	. 10		
	11	Benefits paid to or for members	. 11		
in	12	Salaries, other compensation, and employee benefits	. 12		
Se	13	Professional fees and other payments to independent contractors	. 13	3,000	
De	14	Occupancy, rent, utilities, and maintenance	. 14		
Expenses	15	Printing, publications, postage, and shipping	. 15	154	
	16	Other expenses (describe in Schedule O)	-	1,379	
	17	Total expenses. Add lines 10 through 16		4,533	
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	. 18	2,792	
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with			
		end-of-year figure reported on prior year's return)		453	
de la	20	Other changes in net assets or fund balances (explain in Schedule O)	-		
and the same	21	Net assets or fund balances at end of year. Combine lines 18 through 20		3,245	
			A STATE OF THE PARTY OF THE PAR	Annual control of the	

orm 9	390-EZ (2015)		Page 2
Pai	Balance Sheets (see the instructions for Part II)	tarioners, holonos	
	Check if the organization used Schedule O to respond to any question in this Part II		$\square$
	(A) Beginning of year	(	B) End of year
22	Cash, savings, and investments	22	3,245
23	Land and buildings	23	
24	Other assets (describe in Schedule O)	24	
25		25	3,245
26	Total liabilities (describe in Schedule O)	26	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	27	3,245
	Statement of Program Service Accomplishments (see the instructions for Part III)  Check if the organization used Schedule O to respond to any question in this Part III	(Regu	Expenses ired for section
esc s m	ribe the organization's program service accomplishments for each of its three largest program services, neasured by expenses. In a clear and concise manner, describe the services provided, the number of ons benefited, and other relevant information for each program title.		(3) and 501(c)(4) izations; optional for s.)
28	(Grants \$ ) If this amount includes foreign grants, check here ▶ □	28a	
29		29a	
30			
	laured .	30a	
31	Other program services (describe in Schedule O)	24 -	
20	(Grants \$ ) If this amount includes foreign grants, check here ▶ ☐  Total program service expenses (add lines 28a through 31a)	31a 32	commo yang managkan olak koron ng tartifa ato mo commin go commo AA taran dis
	Total program service expenses (and lines 28a through 31a)	32	

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(	Check if the organization used Schedule	O to respond to ar			
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Karen Caffrey	, President, Director				
Eileen McQua	de, Secretary, Director			gang padangan kecamatah di didakan dalam sari hari saparatan pana dan panjah di dan panggan sari 1994. Sari sa	
Marion Conkli	n, Treasurer, Director				
Brian Donahu	e, Vice Pres. of Development, Director				
Carolyn Good	ridge, Director				
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Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	ran	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	103	1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c	-	1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file <b>Form 1120-POL</b> for this year?	37b		1
38a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	000		
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ► Connecticut			-
42a	The organization o books are in our or in	360-30 061		0
h	Located at ► 639 Park Road, West Hartford, CT ZIP + 4 ►  At any time during the calendar year, did the organization have an interest in or a signature or other authority over	00		No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		1
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		1
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
C	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	District Annual Property of the Property of th	1

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	Yes	No
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	Yes	No
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49b		
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Form 990-EZ (2015)

## 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► 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.

Open to Public Inspection

Name of the organiz	MON	Employer identification number
Access Connecti	cut Now, Inc.	46-364489
Other expenses:		
Licenses and fee	s: \$1,350	
Federal tax expe	ise: \$29	
Total:	\$1,379	
Part III What is the	ne organization's primary exempt purpose?	
We educate and	obby for the rights of adoptees and adoption reform efforts. Activites include: prese	entations to the public and community
groups blogging	and other social media, publications of Op-Ed articles and Letters to the Ediros, rad	lio and television annearances written
groups, blogging	and other social media, passications of op-La articles and Lettors to the Laros, rad	no una television appearances, writer
testimony, resea	ch, meetings with government officials, and collaboration with other state and natio	nal adoption reform organizations.
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