Forn	990-T	Ex	empt Organization (and proxy tax		siness Income der section 6033			OMB N	lo 1545-0047
	-	For calendar year 2019 or other tax year beginning $04/01$, 2019, and ending $03/31$							@1Q
Deparlmi	ent of the Treasury	of the Treasury So to www irs gov/Form990T for instructions and the latest information							
	al Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) Organizations Only								
A	Check box if address changed Name of organization (Check box if name changed and see instructions) D Employer identification number (Employees' trust see instructions)								
	pt under section		ACCESSLEX INSTITUTE				_		
X 5	01(C D 3)	Print	Number, street, and room or suite no	faPO	box, see instructions			719985	
	08(e) 220(e)	Type	10 Normu utou ompan			CMP 400		ated busine: istructions)	ss activity code
1	08A530(a)		10 NORTH HIGH STREE City or town, state or province, countr		IP or foreign postal code	STE 400	_		
	value of all assets		WEST CHESTER, PA 19		tir or toreign postar code		5419	0.0	
	d of year	F Gro	up exemption number (See instruct				1 3.23		
32	251661264		ck organization type ► X 501			(c) trust	401(a)	trust	Other trust
H Ente	er the number of		nization's unrelated trades or busine					(or first) ui	
	e or business her					e, complete Parts	I-V If mor	e than one,	describe the
fırst	in the blank spa	ice at the	end of the previous sentence, con	nplete	Parts I and II, complete a	Schedule M for ea	ich additio	nal	
trad	e or business, th	en comple	ete Parts III-V					<u>.</u>	
I. Dur	ing the tax year,	was the	corporation a subsidiary in an affil	ated g	roup or a parent-subsidiary	controlled group?		▶ ∟	Yes X No
			identifying number of the parent co	rporati					
_			RISTOPHER CHAPMAN			one number > 48			
•			or Business Income	ı	(A) Income	(B) Expe	nses	1	(C) Net
	Gross receipts or s								
	ess returns and allowa		c Balance ▶	1 c					
			ule A, line 7)	3		+			
	•		ttach Schedule D)	4a					•
			Part II, line 17) (attach Form 4797)	4b		RE	CEIVI	ED	
			rusts	4c				72	
	•		an S corporation (attach statement).	5			15 20	120 0	
				6 /				3	
7 L	Jnrelated debt-fir	nanced in	come (Schedule E)	1		OCE	TEM		
8 Ir	nterest, annuities, roya	alties, and re	nts from a controlled organization (Schedule F)	8			رو السلام	11	<u> </u>
9 Ir	nvestment income of a	section 50	1(c)(7), (9), or (17) organization (Safiedule G)	9					
		•	ncome (Schedule I)	10					
			ule J)	11					
			tions, attach schedule)		0				
13 T	otal Combine lii	nes 3 thre	ough 12	13		deductions \ (Daduati	000 0040	be directly
Part			ne uprelated business incom			, ,		ons musi	. be directly
14 (directors, and trustees (Schedule K)	_ <u>'</u> _				T	
			· · · · · · · · · · · · · · · · · · ·						
			see instructions)						
			4562)						
			on Schedule A and elsewhere on re		——————————————————————————————————————		21b		
	,						r	<u> </u>	
			compensation plans					 	
								 	
			Schedule I)					 	
	/		chedule J)				- 1	 	
,			chedule)					 	
,			s 14 through 27					-	
			e income before het operating gloss arising in tax years beginnir					 	ATCH 2
,		•	e income Subtract line 30 from line	-	• • •	• •			
			otice, see instructions		 		17	For	m 990-T (2019)

Νo 58 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? . . . If "Yes," see instructions for other forms the organization may have to file Enter the amount of tax-exempt interest received or accrued during the tax year > \$ Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Sign May the IRS discuss this return President and CEO C2010 09/28/2020 Here with the preparer shown below (see instructions)? X Yes Signature of officer Date Preparer's signature Print/Type preparer's name Date PTIN Check Paid atircia Solichi ALYCIA SOLECKI P01272637 9/29/2020

JSA

Preparer

Use Only

Form 990-T (2019)

36-6055558

Phone no 215-561-4200

SUITE 700,

► GRANT THORNTON LLP

Firm's address ▶ 2001 MARKET STREET,

PHILADELPHIA, PA 19103

self-employed

Firm's EIN

Firm's name

Form 990-T (2019)

Part I, line 7, column (B)

Total dividends-received deductions included in column 8.

Part I, line 7, column (A)

Schedule F - Interest, Ann	uities, Royalties		pt Controlled O			ations (se	e mstructio	115)	<u> </u>
1 Name of controlled organization	2 Employer identification numb	C1	3 Net unrelated income (loss) (see instructions)		4 Total of specified payments made		5 Part of column 4 that is included in the controlling organization's gross income		6 Deductions directly connected with income in column 5
(1)				1					
(2)									
(3)				1					-
(4)			_						
Nonexempt Controlled Organiz			- <u>, ,,</u>		10.9	Dost of polymon	O that is		L Daduation durant
7 Taxable Income	8 Net unrelated in (loss) (see instruct	t t	9 Total of speci payments mad		ıncl	Part of column uded in the co nization's gros	ntroiling	cor	Deductions directly inected with income in column 10
(1)									
(2)									
(3)									
(4)						d columns 5 a			id columns 6 and 11
Totals		tion 501(c	:)(7), (9), or (1	7) Orga	Pai	er here and on t I, line 8, colu on (see ins	mn (A)		er here and on page 1, rt I, line 8, column (B)
1 Description of income	2 Amount of	ıncome	3 Dedi directly co (attach s	onnected			t-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)
(1)									
(2)			 	 					
(3)									
(4)	Enter here and o Part I, line 9, co								Enter here and on page 1 Part I, line 9, column (B)
Totals ▶ Schedule I – Exploited Exe	empt Activity Inc	3 Expense directly	es 4 Net inco	me (loss) ated trade	5 G	oss income	ctions)	nses	7 Excess exempt expenses
1 Description of exploited activity	business income from trade or business	connected production unrelated business inc	of If a gain,	computé	ls no	activity that of unrelated less income	attributable to column 5		(column 6 minus column 5, but not more than column 4)
(1)									
(2)									
(3)									
(4)									
	Enter here and on page 1, Part I, line 10, col (A)	Enter here ar page 1, Par line 10, col	rt I,		-				Enter here and on page 1, Part II, line 25
Schedule J- Advertising In			no clidate d De	aia .					1
Part I Income From Per	TOUICAIS REPOR	eu on a Co	insuluated Ba	1313			T		T
1 Name of periodical	2 Gross advertising income	3 Direct advertising o	1 2	oss) (col col 3) If compute	5 Circulation 6 Readershi income costs		•	7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)									
(2)									
(3)									
(4)									
Totals (carry to Part II, line (5))									5000 T.co.
									Form 990-T (2019

Part II Income From Per 2 through 7 on a	riodicals Repor Ine-by-line basis	rted on a Separ S)	rate Basis (For	each periodical	listed in Part II	, fill in columns
. 1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5) ▶						
Schedule K - Compensatio	n of Officers, D	irectors, and Tr	ustees (see insti	ructions)		· · · · · · · · · · · · · · · · · · ·
1 Name		2	Title	3 Percent of time devoted to business	4 Compensation unrelated	
(1)			_	%		
(2)				%		
(3)				%		
(4)		· · · · · · · · · · · · · · · · · · ·		%		
Total Enter here and on page 1, P	art II, line 14		<u> </u>	. .		

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an **Unrelated Trade or Business**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning 04/01, 2019, and ending

► Go to www irs gov/Form990T for instructions and the latest information ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Name of the organization ACCESSLEX INSTITUTE

Employer identification number 23-2719985

Unrelated Business Activity Code (see instructions) ▶ 518210

Describe the unrelated trade or business ► STUDENT LOAN PROCESSING

Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales 75, 697				
b	Less returns and allowances c Balance	1c	75,697		
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3	75,697		75,697
4 a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			
0	Exploited exempt activity income (Schedule I)	10	_		
1	Advertising income (Schedule J)	11			
2	Other income (See instructions, attach schedule)	12			
3	Total Combine lines 3 through 12	13	75,697		75,697

connected with the unrelated business income)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages		
16	Repairs and maintenance		
17	Bad debts		
18	Interest (attach schedule) (see instructions).	18	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562)		· ·
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule)		
28	Total deductions Add lines 14 through 27	28	
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	75,697
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions),	30	
31	Unrelated business taxable income Subtract line 30 from line 29	31_	75,697

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2019

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ORGANIZATION'S FIRST UNRELATED TRADE OR BUSINESS ACTIVITY

DATA ANALYSIS FOR STRATEGIC DECISIONS, OPERATIONS CEASED DURING FISCAL YEAR 2019 HOWEVER, A NET OPERATING LOSS EXISTS

ATTACHMENT	2	_

UNRELATED TRADE OR BUSINESS LAWYERMETRIX (CONSULTING)

FORM 990-T - NET OPEPATING LOSS ARISING IN TAX YEARS BEGINNING AFTEP JANUARY 1, 2018

	TAXABLE INCOME		NOL	NOL
TY ENDING	BEFORE NOL	NOL INCURRED	UTILIZED	CARRYFORWARD
3/31/2019	-	(2,856,449 00)	-	(2,856,449 00)
	NOL CA	RRYFORWARD AVAILABLE	AS OF 3/31/2020	(2,856,449 00)

ATTACHMENT 3

FORM 990-T, PART II, LINE 35 - NET OPERATING LOSS ARISING IN TAX YEARS BEGINNING BEFORE JANUARY 1, 2018

TY ENDING	TAXABLE INCOME BEFORE NOL	NOL INCURRED	NOL UTILIZED	NOL CURRENT UTILIZATION	NOL CARRYFORWARD
3/31/2017	-	(222,167 00)	82,213 00	75,697 00	(64, 257 00)
3/31/2018	-	(572,624 00)	-	-	(572,624 00)
		NOL CARR	YFORWARD AVAILA	BLE AS OF 3/31/2020	(636,881 00)
*	157,336 00	INITIAL NOL UTII	LIZED IN FYE 3/	31/2019	
	75,123 00	QUALIFIED TRANSE	PORTATION FRING	E REPORTED IN FYE 3/31/2	2019
-	82,213 00	. ADJUSTMENT FOR F	REPEAL OF IRC SI	ECTION 512(A)(7)	