Department of the Treasury Internal Revenue Service

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Tax year beginning SEP 1, 2015 and ending AUG 31,

Open to Public Inspection

OMB No. 1545-0047

_	. 0	and	enumy 1	<u>100 31, 2010</u>	
В	Check if applicable	C Name of organization		D Employer identifi	ication number
	Addre				
	Name chang	Doing business as		46-1	.909035
	Initial return		Room/suite	E Telephone numbe	er
	Final return	244 KEYDNA GADEEM ELOOD 6			296-6761
	termir ated			G Gross receipts \$	1,128,169.
Г	Amen			H(a) Is this a group r	
F	Applic		ETELDS	for subordinates	
_	tion pendi	244 KEARNY ST, FL 6, SAN FRANCISCO, CA		H(b) Are all subordinates i	
_					
		empt status: $X = 501(c)(3) = 501(c)(1) $ (insert no.) $4947(a)(1) $	or 527		a list. (see instructions)
_		te: HTTP: //WWW.ACCOUNTABILITYCOUNSEL.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 2014	<b>M</b> State of legal domicile: <b>CA</b>
P	art I	Summary			
ø	1	Briefly describe the organization's mission or most significant activities: ACCO	UNTABI	LITY COUNSE	L AMPLIFIES
JL C		THE VOICES OF COMMUNITIES AROUND THE WORL	LD TO	PROTECT THE	IR HUMAN
ž	2	Check this box  if the organization discontinued its operations or dispos	sed of more	e than 25% of its net a	ssets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	8
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			7
Š	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)			7
Activities & Governance		Total number of volunteers (estimate if necessary)		_	10
ŧ		Total unrelated business revenue from Part VIII, column (C), line 12			
ď		Net unrelated business taxable income from Form 990-T, line 34			0.
_	<del>                                     </del>	Tect difficiated business taxable income from 1 offit 550 1, line 64	·····	Prior Year	Current Year
	8	Contributions and grants (Part VIII line 1h)		845,742.	
Revenue		Contributions and grants (Part VIII, line 1h)		10,392.	
		Program service revenue (Part VIII, line 2g)		357.	
		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		856,491.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		-	1,128,169.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		434,382.	508,884.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)		0.	0.
ğ	b	Total fundraising expenses (Part IX, column (D), line 25)   39,60	<u>60.</u>		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		172,396.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		606,778.	758,287.
	19	Revenue less expenses. Subtract line 18 from line 12		249,713.	369,882.
Net Assets or Fund Balances		·		ginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)		581,630.	963,454.
ASS	21	Total liabilities (Part X, line 26)		40,678.	52,620.
Net I	22	Net assets or fund balances. Subtract line 21 from line 20		540,952.	910,834.
P	art II	Signature Block		010,001	720,0020
		alties of perjury, I declare that I have examined this return, including accompanying schedule:	s and statem	ents, and to the hest of m	ny knowledge and helief it is
		st, and complete. Declaration of preparer (other than officer) is based on all information of wh			iy kilowicago alla bollol, it is
uuu	, 001100	L. And complete. Declaration of proparci (other than officer) is based on an information of wi	non proparci	ilas arīy kriowicuge.	
٥.		Signature of officer		I Date	
Sig		NATALIE BRIDGEMAN FIELDS, EXECUTIVE D	TDECMC		
He	re	Type or print name and title	IRECTO	JK	
		, , ,	- 11	Data I I	T DTIN
		Print/Type preparer's name  Preparer's signature		Date Check [	PTIN
Pai		DAVID NEIGHBORS		self-employ	
	parer	Firm's name CLIFTONLARSONALLEN LLP		Firm's EIN ▶	41-0746749
Use	Only	Firm's address 60 S. MARKET STREET, SUITE 1550			
		SAN JOSE, CA 95113-2379		Phone no. $40$	8-294-1025
Ма	y the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

1 Birlify describe the organization's mission: ACCOUNTABILITY COUNSEL AMPLIFIES THE VOICES OF COMMUNITIES AROUND THE WORLD TO PROTECT THEIR HUMAN RIGHTS AND ENVIRONMENT. AS ADVOCATES FOR PEOPLE HARMED BY INTERNATIONALLY-FINANCED PROJECTS, WE EMPLOY COMMUNITY DRIVEN AND POLICY LEVEL STRATEGIES TO ACCESS JUSTICE.  2 Did the organization undertake any significant program services during the year which were not listed on the prior from 990 or 990 e22?  If 'Yes,' describe these new services on Schedule O.  3 Did the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(c)3 and 501(c)4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service exported.  4a (comparization's program service reported.  4a (comparization's program service reported.  4b (comparization's program service seconduction to others, the total expenses, and revenue, if any, for each program service exported.  4c (comparization's program service reported.  4c (comparization's program service exported.  4d (comparization's program service exported.  4d (comparization's program service exported.  4d (comparization's program service accomplishments for each of its three largest program services, as measured by expenses.  4d (comparization's program service accomplishments for each of its three largest program services.  4d (comparization's program service accomplishments for each of its three largest program services.  4d (comparization's program service accomplishments and its three largest program services.  4d (comparization's program service accomplishments in the program services.  4d (comparization's program service accomplishments in the program services.  4d (comparization's program service accomplishments in the program services	Pa	Check if Schedule O contains a response or note to any line in this Part III
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4d Other program services (Describe in Schedule O.)	4d	Other program services (Describe in Schedule O.)
(Expenses \$ \text{including grants of \$ \text{) (Revenue \$ \text{)}}		C20_001
4e Total program service expenses ► 639,801.	<u>4e</u>	Total program service expenses ► 639,801.

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## 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?	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		X
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		X
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		X
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		X
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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	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	11c		X
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	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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			v
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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	4-		х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	46		Х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		Х
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		-22
18	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,"	10		
13		19		Х
	complete Schedule G, Part III	19		

## Part IV Checklist of Required Schedules (continued)

			Yes	No
<b>20</b> a	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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	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			37
	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,"			Х
	complete Schedule L, Part II	26		Λ
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			Х
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		Λ
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):	200		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		21
C	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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		-25
30	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
01	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
<b>-</b>	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? If "Yes," complete Schedule R, Part I	33		Х
34	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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "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		X
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? If "Yes," complete Schedule R, Part VI	37		X
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	

## Part V Statements Regarding Other IRS Filings and Tax Compliance

Second Part		Check if Schedule O contains a response or note to any line in this Part V				
b Enter the number of Forms W-2G included in line 1s. Enter of India applicable					Yes	No
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming gramming winnings to prize winners?  2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  5 If all least one is reported on line 28, did the organization file all required federal employment tax returns?  7 In If all least one is reported on line 28, did the organization file all required federal employment tax returns?  8 Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-rife (see instructions)  8 Did the organization have unrealed business greater than 250, you may be required to e-rife (see instructions)  8 Did the visual during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountly?  8 Did any taxobe party nority the organization have in threas in, or a signature or other authority over, a financial accountly and frequence of the organization have in the value of a party to a prohibited tax shelter transaction?  8 Was the organization as party to a prohibited tax shelter transaction?  9 Did any taxobe party nority the organization that it was or is a party to a prohibited at shelter transaction?  9 Did any taxobe party nority the organization their twas or is a party to a prohibited at shelter transaction solicit any contributions that may receive deductible as charitable contributions?  9 Did the organization have manual gross received that are normally greater than \$100,000, and did the organization solicit and any object that are normally greater than \$100,000, and did the organization solicit and any object that are normally greater than \$100,000, and did the organization solicit and the organization and party for goods and services provided to the payor?  9 Did the organizatio	1a					
distribution winnings to prize winners?  a Fitter 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  b I fall teast one is reported on line 2a, did the organization life all required federal employment tax returns?  Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-fife (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a I far any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts?  5b If "Yes," inter the name of the foreign country. Exemination for the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  5c I was the organization approximant to the organization from SBB6.7 See instructions for filing requirements for Fince Fince Firem 1816. Report of Foreign Bank and Financial Accounts (FBAR).  5c I was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles of scharibable contributions?  6c I was a fire organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charibable contributions?  6c I was a fire organization receive a payment in excess of \$76 made partly as a contribution of quality for goods and services provided?  7c Organizations that may receive deductible contributions under section 170(c).  8d I "Yes," indicate the number of Forms 8822 filed during the year  6 Did t	b					
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendary year ending with or within the year covered by this return.  b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a Is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unreaded business gross income of \$1,000 or more during the year?  3a X  b If Yes, "has it filed a Form 990-T for this year? If "No," to file 2b, provide an explanation in Schedule O  3b A At any time during the calendary year, did the organization have an interest it, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b If Yes," an explanation a party to a prohibited tax shelter transaction and rother than amount of the foreign country?  b If Yes," an explanation in Schedule O  b Did any taxable party notify the organization have an interest in, or a signature or other authority over, a financial account in foreign country (such as a bank account, securities account, or other financial Accounts (FBAF).  5a Was the organization aparty to a prohibited tax shelter transaction?  5b If Yes," it is line 5a or 5b, did the organization file Form 8868-T7  6c If Yes," it is line 5a or 5b, did the organization file Form 8868-T7  6d Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organization shart many receive deductible contributions under section 170(c).  b If Yes," idld the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7b If Yes," idld the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor 2b of the organization receive a payment in excess of \$75 m	С					
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Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Dit the organization have unrelated business gross across more of \$1,000 more during the year?  3b If 1'ves, "set lifted a Form 9801 for this year? If "No," to line \$50, provide an explanation in Schedule 0  3b If "Yes," set lifted a Form 9801 for this year? If "No," to line \$50, provide an explanation in Schedule 0  3c If any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. ►  5c If "Yes," enter the name of the foreign country. ►  5se instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accountry.  5c If "Yes," the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5c If "Yes," the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductibles as charitable contributions?  6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8d bif the organization state may receive deductible contributions under section 170(c).  9d bif the organization state in a secses of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7b Organizations that may receive deductible contributions under section 170(c).  8d bif "Yes," indicate the number of Forms 8282 filed during the year  9d bif "Yes," indicate the number of Forms 8282 filed during the year  10 bif the organization received an contribution of or the value of the goods or services provided?  7c X  7d If "Yes," indicate the number of Forms 8282 filed during the year  9d bif the organization received an contribution of cars, boats, an indirectly, to pay premiums on a person					77	
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  4b If Yes,* has if filed a Form 900-17 for this year, "I "\0," to lira 8, provide an explanation in Schedule 0  4c At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial all account)?  4c If Yes, and there the name of the foreign country   Provided in the provided in the foreign country   Provided   Provided in the foreign country   Provided in the provided in the foreign country	b		-	2b	Λ	
b If "Yes," has it flied a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country.   4a X  5b If "Yes," enter the name of the foreign country.   5c See instructions for filling requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Id any taxable party notify the organization file Form 888617?  6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductibles?  6c If "Yes," to line 5a or 5b, did the organization file Form 888617?  6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductibles?  6c Jerus (If "Yes," tid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles?  7c Organizations that may receive deductible contributions under section 170(c).  8d If "Yes," idicate that a promise that the section of the value of the goods or services provided?  9 If "Yes," idicate the organization notify the donor of the value of the goods or services provided?  9 To Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 88827.  10 If "Yes," indicate the number of Forms 8282 filed during the year  10 Did the organization, during the year, pay premiums, directly or indirectly, no a personal benefit contract?  7c X  7d To Did the organization exceived a contribution of culaffied intellectual property, did the organization file Form 8899 as required?  10 Did the organization have excess business holdings at any time during the year?  1						v
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6a Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6a X  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 To If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  Sponsoring organization make any taxable distributions under section 4966?  Sponsoring organization make any taxable distributions under section 4966?  Section 501(c)(17) organization make any taxable distributions under section 4966?  9a Did the sponsoring organization make any taxable distributions under section 4966?  9a Did the sponsoring organization make any taxable distributions under section 4966?  9a Did the sponsoring organization make any taxable distributions under section 4966?  9a Did the sponsoring organization make any taxable distributions under section 4966?  9a Did the sponsoring organization make any taxable distribution to a donor, donor advised fund maintained by the sponsoring organization make any taxable distribution to a donor, donor advised fund maintain						- 21
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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.

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Sec	tion A. Governing Body and Management				
		1 1	_	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	3		
	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	1b '	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ip with any other			
	officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the				
Ü	of officers, directors, or trustees, or key employees to a management company or other person?		3		Х
			4		X
4	Did the organization make any significant changes to its governing documents since the prior Form		<u> </u>		X
5	Did the organization become aware during the year of a significant diversion of the organization's as		5		
6	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint one or			
	more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or			
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the following:			
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R		•		
		,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such c				
-	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing boo		11a	Х	
b		before filling the forms	Ha		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		100	х	
12a		to conflicted	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12b	- 22	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y		100	х	
	in Schedule O how this was done		12c		
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and approve	•			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization		15b	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 arrange	ment with a			
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	nization's			
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶CA				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.				
	X Own website Another's website Upon request Other (explain	n in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest policy, ar	d finan	cial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks and records:			
	FINANCIAL ADMINISTRATIVE SUPPORT SERVICES - 408-51				
	3180 NEWBERRY DRIVE, SUITE 200, SAN JOSE, CA 9511				

## 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

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

<b>(A)</b> Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than is bot	h an		<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below line)	stee or director	_	Officer p	Key employee	Highest compensated supplying employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) ERICA GOULD DIRECTOR	2.00	X						0.	0.	0
(2) GERALD GRAY	2.00							-		
DIRECTOR		X						0.	0.	0
(3) BRENT HOROWITZ	2.00									
DIRECTOR		Х						0.	0.	0
(4) JULIA SHEPARDSON DIRECTOR	2.00	X						0.	0.	0
(5) NATALIE BRIDGEMAN FIELDS	40.00	123						· ·	•	
FOUNDER/EXECUTIVE DIRECTOR		1		x				117,885.	0.	0
(6) CHRISTY CHIN	2.00							,		
TREASURER		i		х				0.	0.	0
(7) KATHLEEN KELLY JANUS	2.00									
CHAIRPERSON OF THE BOARD				Х				0.	0.	0
(8) KIM KELLER BOARD SECRETARY	2.00	-		х				0.	0.	0
BOARD SECRETARI				21				· ·		
		-								
	I	1	ı	ı	l	1				
	+									

Ра	rt VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)		(C)					(D)	(E)			(F)	
	Name and title	Average hours per week (list any	box offi	not c	ss pe	more rson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related		am	timate nount o other	of
		hours for related organizations	Individual trustee or director	Institutional trustee		loyee	Highest compensated employee		the organization (W-2/1099-MISC)	organization: (W-2/1099-MIS		frorgand	pensa om the anizati d relate	e on ed
		below line)	Individu	Institutio	Officer	Key employee	Highest	Former				orga	ınizatio	ons
	Sub-total							▶	117,885.		0.			0.
	Total from continuation sheets to Part V								0.		0.			0.
	Total (add lines 1b and 1c)							<b></b>	117,885.		0.			0.
2	Total number of individuals (including but numbers of individuals (including but numbers of individuals).	not limited to th	ose	liste	ed al	bov	e) wl	no r	eceived more than \$100	0,000 of reportable	е			1
	dempendation from the organization												Yes	No
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s	such individual					· · · · · · · ·					3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$15	0,000? <i>If</i> "Yes,	" co	mple	ete S	Sch	edul	e J f	for such individual			4		Х
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	•				•			ted organization or indiv	idual for services		5		Х
Sec	tion B. Independent Contractors												<u>'</u>	
1	Complete this table for your five highest co the organization. Report compensation for	=	-								ıpens	ation f	rom	
	(A)					VICII	OI W		(B)			(C	;)	
	Name and business	address	NO	INC	<u> </u>				Description of s	services		Comper	nsatio	า
								_						
								_						
2	Total number of independent contractors (i	including but n	ot li	mite	d to	tho	se li	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organi	ization >				(	U					Form 9	990 (c	2015

532008 12-16-15

Form	1 99	0 (2	2015) ACCOU	NTABILIT	Y COUNSE	L		46-1909	035 Page 9
Pa	rt V	/III	Statement of Rever	nue					
			Check if Schedule O cont	ains a response	or note to any lir	ne in this Part VIII			
					·	<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues	1b					
		С	Fundraising events	1c					
Gift		d	Related organizations	1d					
ıs, ( imi		е	Government grants (contribut	ions) 1e					
tion r S		f	All other contributions, gifts, gran	ts, and					
bu			similar amounts not included abo	ve   1f   1 ,	127,784.				
nt d O		g	Noncash contributions included in lines	1a-1f: \$					
a Co			Total. Add lines 1a-1f		<b>&gt;</b>	1,127,784.			
					Business Code				
e	2	а							
e Ži		b							
Senne		С							
ran lev		d							
Program Service Revenue		е							
<u> </u>		f	All other program service reve	enue					
		g	Total. Add lines 2a-2f		<b></b>				
	3		Investment income (including	dividends, intere	est, and				
			other similar amounts)			385.	385.		
	4		Income from investment of ta	x-exempt bond p	proceeds				
	5		Royalties		<b></b>				
				(i) Real	(ii) Personal				
	6		Gross rents						
			Less: rental expenses						
			Rental income or (loss)						
			Net rental income or (loss)		<b></b>				
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory						
		b	Less: cost or other basis						
			and sales expenses						
			Gain or (loss)						
			Net gain or (loss)		<b>D</b>				
ne	8	а	Gross income from fundraisin						
ven			including \$						
Re			contributions reported on line	•					
Other Revenue			Part IV, line 18						
ŏ			Less: direct expenses						
	0		Net income or (loss) from fund Gross income from gaming ad						
	9	а							
		h	Part IV, line 19 Less: direct expenses						
			Net income or (loss) from gam						
	10		Gross sales of inventory, less	-					
	10	u	and allowances						
		h	Less: cost of goods sold						
			Net income or (loss) from sale						
			Miscellaneous Revenu		Business Code				
	11	a							
	••	b							
		c							
			All other revenue						
			Total. Add lines 11a-11d						

1,128,169

## Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response clude amounts reported on lines 6b, 1b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
	nts and other assistance to domestic organizations domestic governments. See Part IV, line 21		·		·
2 Grai	nts and other assistance to domestic viduals. See Part IV, line 22				
3 Grai	nts and other assistance to foreign anizations, foreign governments, and foreign viduals. See Part IV, lines 15 and 16				
4 Ben	efits paid to or for members				
	npensation of current officers, directors,				
	tees, and key employees				
	pensation not included above, to disqualified				
	ons (as defined under section 4958(f)(1)) and				
	ons described in section 4958(c)(3)(B)	420 154	250 240	26 501	04 242
	er salaries and wages	439,174.	378,340.	36,521.	24,313
	sion plan accruals and contributions (include				
	ion 401(k) and 403(b) employer contributions)	22 - 44	20 054		0.40
	er employee benefits	33,541.	30,854.	2,447.	240
	roll taxes	36,169.	31,255.	3,045.	1,869
	s for services (non-employees):	7 41 6	1 507	F (F(	222
	nagement	7,416.	1,527.	5,656.	233
	al	11 505	202	11 265	17
	ounting	11,585.	203.	11,365.	17
	bying				
	essional fundraising services. See Part IV, line 17				
	estment management fees				
_	er. (If line 11g amount exceeds 10% of line 25,	EE 172	EO 127	172	2 064
	mn (A) amount, list line 11g expenses on Sch O.)	55,173.	52,137.	172.	2,864
	rertising and promotion	10,427.	7,365.		3,062
	ce expenses	10,427.	1,303.		3,002
	rmation technology				
	ralties	54,741.	50,695.	1,855.	2,191
	cupancy	56,820.	55,566.	77.	1,177
	/el	30,020.	33,300.	7 7 •	Ξ, Ξ / /
,	ments of travel or entertainment expenses				
	any federal, state, or local public officials Inferences, conventions, and meetings	3,858.	2,604.	92.	1,162
		3,030.	2,001.	72.	1,102
	ments to affiliates				
	preciation, depletion, and amortization	1,171.		1,171.	
		10,910.	1,123.	9,787.	
24 Othe abov 24e	arrance for expenses. Itemize expenses not covered for. (List miscellaneous expenses in line 24e. If line for amount exceeds 10% of line 25, column (A) for anount exceeds 10% of line 25, column (A) for anount exceeds 10% of line 25, column (A)				
	OFESSIONAL DEV.	15,435.	14,365.	522.	548
	NOR EQUIPMENT	5,193.	4,092.	987.	114
-	LEPHONE	3,636.	2,380.	789.	467
d MI	SCELLANEOUS	3,351.	-398.	3,281.	468
e All o	other expenses	9,687.	7,693.	1,059.	935
25 Tota	Il functional expenses. Add lines 1 through 24e	758,287.	639,801.	78,826.	39,660
	t costs. Complete this line only if the organization				
	orted in column (B) joint costs from a combined				
	cational campaign and fundraising solicitation.				
Chec	k here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (201

## Form 990 (2015) Part X Balance Sheet

		Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	558,046.	1	861,015
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	75,000
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
SI		employees' beneficiary organizations (see instr). Complete Part II of Sch L $\dots$		6	
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	14,711.	9	17,255
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 6,167			
	b	Less: accumulated depreciation 10b 1,908	· · · · · · · · · · · · · · · · · · ·	10c	4,259
	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		14	
	15	Other assets. See Part IV, line 11	5,925.	15	5,925
	16	Total assets. Add lines 1 through 15 (must equal line 34)	22 222	16	963,454
	17	Accounts payable and accrued expenses		17	11,458
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of	2,000.		41,162
		Schedule D	40,678.	25	52,620
	26	Total liabilities. Add lines 17 through 25	40,070.	26	32,020
		Organizations that follow SFAS 117 (ASC 958), check here ▶			
rund Balances	07	complete lines 27 through 29, and lines 33 and 34.		07	
an I	27	Unrestricted net assets		27 28	
29	28	Temporarily restricted net assets		-	
S I	29	Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here		29	
		- · · · · · · · · · · · · · · · · · · ·			
Ū O	20	and complete lines 30 through 34.	0.	20	0
S C	30	Capital stock or trust principal, or current funds		30 31	291,239
Ä	31		0.40 540	31	619,595
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds		33	910,834
	33	Total net assets or fund balances  Total liabilities and net assets/fund balances		33	963,454

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	1,12				
2	Total expenses (must equal Part IX, column (A), line 25)	2			87.		
3	Revenue less expenses. Subtract line 2 from line 1	3			82.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	54	0,9	52.		
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	91	0,8	34.		
Pa	rt XII Financial Statements and Reporting						
	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: X Cash Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.					
За	3a 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		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2015)		

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(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 at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ACCOUNTABILITY COUNSEL

**Employer identification number** 46-1909035

Pai	t I	Reason for Public (	Charity Status (	All organizations must co	omplete th	is part.) Se	ee instructions.	
he o	organi	zation is not a private found	ation because it is: (	(For lines 1 through 11, o	check only	one box.)		
1		A church, convention of ch					)(A)(i).	
2		A school described in <b>secti</b>	•					
3		A hospital or a cooperative		•			i).	
4		A medical research organiz					-	the hospital's name.
		city, and state:		,			(	,
5		An organization operated for	or the benefit of a co	ollege or university owner	d or opera	ted by a g	overnmental unit describ	ped in
_		section 170(b)(1)(A)(iv). (C		,	•	, ,		
6		A federal, state, or local gov		mental unit described in	section 17	70(b)(1)(A)	(v).	
	37	An organization that norma	-				•	public described in
		section 170(b)(1)(A)(vi). (Co	•				anno en menn ane general	
8		A community trust describe	• •	(1)(A)(vi). (Complete Par	t II.)			
9		An organization that norma				contributio	ons membership fees a	nd gross receipts from
		activities related to its exem	•	•	-			-
		income and unrelated busin	•	·				-
		See section 509(a)(2). (Cor		(1000 000 1101 101 1 102 1)				a
10		An organization organized a	•	ively to test for public sa	afetv. See	section 50	9(a)(4).	
11		An organization organized a	•	•				purposes of one or
		more publicly supported or	•	•	•		•	
		lines 11a through 11d that	~					
а		Type I. A supporting orga	• •			•		giving
		the supported organization	•	•				
		organization. You must c						•
b		Type II. A supporting orga	-		tion with it	s supporte	ed organization(s), by ha	ving
		control or management o	f the supporting org	anization vested in the s	ame perso	ons that co	entrol or manage the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.	-			
С		Type III functionally inte	grated. A supportin	g organization operated	in connec	tion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.	
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organi	zation(s)
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness
		requirement (see instruct	ions). <b>You must con</b>	nplete Part IV, Sections	s A and D,	and Part	V.	
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-functio	nally integrated support	ing organi	zation.		
f	Ente	r the number of supported o	organizations					
g	Prov	ide the following information	about the supporte					
	(i	Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the o listed i		(v) Amount of monetary	(vi) Amount of
		organization		above (see instructions))	governing	document?	support (see instructions)	other support (see instructions)
					Yes	No	mondono)	inotraction by
ota	ı							

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

## 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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				845,742.	1,127,784.	1,973,526.
2	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						_
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3				845,742.	1,127,784.	1,973,526.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						1,973,526.
Sec	tion B. Total Support				•		,
Cale	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4		, ,	, ,	845,742.	1,127,784.	1,973,526.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources				357.	357.	714.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1,974,240.
12	Gross receipts from related activities,	etc. (see instructi	ons)		•	12	10,392.
13	First five years. If the Form 990 is for	· ·				n 501(c)(3)	
	organization, check this box and stop	) here					<b>X</b>
Sec	tion C. Computation of Publ						
14	Public support percentage for 2015 (	ine 6, column (f) d	livided by line 11,	column (f))		14	%
15	Public support percentage from 2014	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2015. If the o	organization did no	ot check the box o	on line 13, and line	e 14 is 33 1/3% or n	nore, check this box	k and
	stop here. The organization qualifies	as a publicly supp	orted organizatio	n			▶□
b	33 1/3% support test - 2014. If the o	organization did no	ot check a box on	line 13 or 16a, an	d line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly	supported organiz	zation			▶□
17a	10% -facts-and-circumstances tes	<b>t - 2015.</b> If the orc	anization did not	check a box on lir	ne 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the "fac	ts-and-circumstar	nces" test, check	this box and <b>stop</b>	here. Explain in Par	t VI how the organi	zation
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	ed organization		▶□
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the	าe "facts-and-circเ	ımstances" test, o	check this box and	d <b>stop here.</b> Explain	in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a pub	licly supported orga	anization	<b>▶</b> □
18	Private foundation. If the organization						

Schedule A (Form 990 or 990-EZ) 2015

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4							
-	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
·	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	a Amounts included on lines 1, 2, and						
, ,	3 received from disqualified persons						
ŀ	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	·	(=) 0011	(h) 0010	(=) 0010	(4) 001 4	(-) 0015	(6) Total
	endar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6  Gross income from interest,						
10	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
t	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						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectic	n 501(c)(3) organiz	zation,
_	check this box and stop here						<u></u>
	ction C. Computation of Publ						
15	Public support percentage for 2015 (	line 8, column (f) d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2014					16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20	<b>)15</b> (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%
18	Investment income percentage from	2014 Schedule A,	Part III, line 17			18	%
19	a 33 1/3% support tests - 2015. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	e organization qual	ifies as a publicly	supported organiz	ation	▶□
ŀ	33 1/3% support tests - 2014. If the						and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

## Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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.
- 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.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- 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.
- 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.
- 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).
- 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- 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.
- 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.
- 10a 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.
  - 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.)

	Yes	No
1		
2		
_		
За		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
ฮม		
9с		
10a		
10h		
 10b	00 E7	2015

Pa	rt IV   Supporting Organizations <sub>(continued)</sub>			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (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			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			1

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970. See instru	uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
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		
Sect	ion 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		
7	Check here if the current year is the organization's first as a non-functional	y-integral	ed Type III supporting org	anization (see
	instructions).			·

Schedule A (Form 990 or 990-EZ) 2015

Par	<sup>ব</sup> V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
C4:	ion E. Dietvikution Allocations (acc instructions)	Excess Distributions	Underdistributions	Distributable
Secu	ion E - Distribution Allocations (see instructions)		Pre-2015	Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
	Excess from 2013			
	Excess from 2014			
е	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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 Open to Public Inspection

Name of the organization

ACCOUNTABILITY COUNSEL

**Employer identification number** 46-1909035

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
	-	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advi	sed funds
	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 ad		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	servation easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserv	ation easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	s the organization's accounting for
Do	conservation easements.  † III   Organizations Maintaining Collections of	Art Historical Transuras or (	Other Similar Assets
Га	Complete if the organization answered "Yes" on Form		other Sillilai Assets.
			ment and belongs about works of ort
Id	If the organization elected, as permitted under SFAS 116 (AS historical treasures, or other similar assets held for public exh		
	•	,	arice of public service, provide, in Part Alli,
h	the text of the footnote to its financial statements that describe the examination placed as permitted under SEAS 116 (AS		at and halance sheet works of art, historical
D	If the organization elected, as permitted under SFAS 116 (AS treasures, or other similar assets held for public exhibition, ed		
	relating to these items:	ducation, or research in furtherance of pr	ablic service, provide the following amounts
			▶ Φ
	(i) Revenue included on Form 990, Part VIII, line 1		
0	(ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical trea		
2	the following amounts required to be reported under SFAS 1		ai gairi, provide
•	·	` ,	<b>*</b>
d	Revenue included on Form 990, Part VIII, line 1  Assets included in Form 990, Part X		

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Schedule D (Form 990) 2015

Pai	t III Organizations Maintaining C	collections of A	rt, Histo	orical Tr	easures, c	r Other	Similar As	ssets(contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following tha	t are a sigr	ificant use of	f its collection	items
	(check all that apply):								
а	Public exhibition	d		oan or exc	hange progra	ıms			
b	Scholarly research	е		ther					
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how the	ey further t	he organization	on's exemp	ot purpose in	Part XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, his	torical trea	sures, or othe	er similar a	ssets		
	to be sold to raise funds rather than to be ma	aintained as part of t	he organ	ization's co	ollection?			Yes	No_
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the o	organizatio	n answered "	'Yes" on Fo	orm 990, Parl	IV, line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for c	ontributior	ns or other as	sets not in	cluded		
	on Form 990, Part X?							Yes	└─ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	ıble:					
								Amount	
С	Beginning balance						1c		
d	Additions during the year						1d		
е	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for es	scrow or c	ustodial acco	unt liability	?	Yes	└─ No
	If "Yes," explain the arrangement in Part XIII.								
Pai	t V Endowment Funds. Complete i	f the organization an	swered "	Yes" on Fo					
		(a) Current year	<b>(b)</b> Pri	or year	(c) Two year	s back (d)	Three years b	ack (e) Four	years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g	, column (a	a)) held as:				
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	ession of the organiza	ation that	are held a	and administe	red for the	organization	_	
	by:								Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations								
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	red on Sc	hedule R?				3b	
4	Describe in Part XIII the intended uses of the		wment fu	ınds.					
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 990	), Part IV,	line 11a. S	See Form 990	, Part X, lir	ie 10.		
	Description of property	(a) Cost or o			or other		umulated	(d) Book	value
		basis (investr	nent)	basis	(other)	depre	ciation		
	Land								
	Buildings								
	Leasehold improvements								
	Equipment				C 1 C 17		1 000		1 050
	Other				6,167.		1,908.		1,259.
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, columi	n (B), line 1	10c.)			4	1,259.

Schedule D (Form 990) 2015

Part VII Investments - Other Securiti	es
---------------------------------------	----

(a) Department	mplete if the organization answered "Ye						l of voor meaning to a
	of security or category (including name of security		9	(c) Method of	valuation: C	ost or end	I-of-year market value
	rivatives						
Closely-held	equity interests						
Other							
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
	ust equal Form 990, Part X, col. (B) line 12.)	•					
	vestments - Program Related.						
	_	-	N/ 15mm 44m	. Caa Farra 000	N David V Ilina	10	
Loi La	mplete if the organization answered "Yea) Description of investment	(b) Book value					l-of-year market value
	n Description of investment	(b) DOOK Value	-	(C) Wethod of	valuation. O	031 01 6110	1-01-year market value
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(9)	ust equal Form 990, Part X, col. (B) line 13.)	•					
(9) otal. (Col. (b) mu	ıst equal Form 990, Part X, col. (B) line 13.) ▶ her Assets.	<b>-</b>					
(9) tal. (Col. (b) mu Part IX Ot	her Assets.		V, line 11c	d. See Form 990	), Part X, line	e 15.	
(9) tal. (Col. (b) mu Part IX Ot	her Assets. mplete if the organization answered "Ye		V, line 11c	d. See Form 990	), Part X, line	÷ 15.	(b) Book value
tal. (Col. (b) mu Part IX Ot	her Assets. mplete if the organization answered "Ye	s" on Form 990, Part	V, line 11c	d. See Form 990	), Part X, line	e 15.	(b) Book value
tal. (Col. (b) mu Part IX Ot Col	her Assets. mplete if the organization answered "Ye	s" on Form 990, Part	V, line 11c	d. See Form 990	), Part X, line	÷ 15.	<b>(b)</b> Book value
(9) tal. (Col. (b) mt Part IX Ot Con (1) (2)	her Assets. mplete if the organization answered "Ye	s" on Form 990, Part	V, line 11c	d. See Form 990	), Part X, line	15.	<b>(b)</b> Book value
(9) tal. (Col. (b) mt Part IX Ot  (1) (2) (3)	her Assets. mplete if the organization answered "Ye	s" on Form 990, Part	V, line 11c	d. See Form 990	), Part X, line	15.	<b>(b)</b> Book value
(9) tal. (Col. (b) mt Part IX Ot  (1) (2) (3) (4)	her Assets. mplete if the organization answered "Ye	s" on Form 990, Part	V, line 11c	d. See Form 990	), Part X, line	15.	(b) Book value
(9) tal. (Col. (b) mt Part IX Ot  (1) (2) (3) (4) (5)	her Assets. mplete if the organization answered "Ye	s" on Form 990, Part	V, line 11c	d. See Form 990	), Part X, line	÷ 15.	(b) Book value
(9) tal. (Col. (b) mu Part IX Ot  (1) (2) (3) (4) (5)	her Assets. mplete if the organization answered "Ye	s" on Form 990, Part	V, line 11c	d. See Form 990	), Part X, line	÷ 15.	(b) Book value
(9) tal. (Col. (b) mt art IX Ot  (1) (2) (3) (4) (5) (6) (7)	her Assets. mplete if the organization answered "Ye	s" on Form 990, Part	V, line 11c	d. See Form 990	), Part X, line	÷ 15.	(b) Book value
(9) tal. (Col. (b) mt eart IX Ot  (1) (2) (3) (4) (5) (6) (7) (8)	her Assets. mplete if the organization answered "Ye	s" on Form 990, Part	V, line 11c	d. See Form 990	), Part X, line	÷ 15.	(b) Book value
(9) tal. (Col. (b) mt Part IX Ot  (1) (2) (3) (4) (5) (6) (7) (8) (9)	her Assets.  mplete if the organization answered "Ye (;	s" on Form 990, Part	V, line 11c	d. See Form 990	), Part X, line	e 15.	(b) Book value
(9) tal. (Col. (b) mu cart IX Ot (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (	her Assets.  Implete if the organization answered "Ye (:  (i)	s" on Form 990, Part	V, line 11c	d. See Form 990	), Part X, line	⇒ 15.	<b>(b)</b> Book value
(9) tal. (Col. (b) mt  Part IX Ot  (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (c	her Assets.  mplete if the organization answered "Ye (:  (i)  (b) must equal Form 990, Part X, col. (B) in the Liabilities.	s" on Form 990, Part a) Description					
(9) tal. (Col. (b) mt  Col  (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (	her Assets.  mplete if the organization answered "Ye (:  (i)  (b) must equal Form 990, Part X, col. (B) (her Liabilities.  mplete if the organization answered "Ye	s" on Form 990, Part a) Description	V, line 11e	e or 11f. See Fo			
(9) tal. (Col. (b) mt cart IX Ot (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (col	her Assets.  mplete if the organization answered "Ye (:  (i)  (b) must equal Form 990, Part X, col. (B) in the Liabilities.	s" on Form 990, Part a) Description	V, line 11e				
(9)  tal. (Col. (b) mu cart IX Ot  (1) (2) (3) (4) (5) (6) (7) (8) (9)  tal. (Column (cart X Ot	her Assets.  mplete if the organization answered "Ye (:  (i)  (b) must equal Form 990, Part X, col. (B) (her Liabilities.  mplete if the organization answered "Ye	s" on Form 990, Part a) Description	V, line 11e	e or 11f. See Fo			
(9)  tal. (Col. (b) mu cart IX Ot  (1) (2) (3) (4) (5) (6) (7) (8) (9)  tal. (Column (cart X Ot  Column (column (colum	her Assets.  mplete if the organization answered "Ye (:  b) must equal Form 990, Part X, col. (B) her Liabilities.  mplete if the organization answered "Ye (a) Description of liability	s" on Form 990, Part a) Description	V, line 11e	e or 11f. See Fo	rm 990, Part		
(9)  al. (Col. (b) mu art IX Ot  Col  (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (art X Ot  Col  (1) Federal (2) SECU	her Assets.  Implete if the organization answered "Ye (:  (i)  Ib) must equal Form 990, Part X, col. (B) in the Liabilities.  Implete if the organization answered "Ye (a) Description of liability income taxes	s" on Form 990, Part a) Description	V, line 11e	e or 11f. See For Book value	rm 990, Part		
(9)  tal. (Col. (b) mt  art IX Ot  (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (art X Ot  Column (art X Ot  (1) Federal (2) SECU (3) OTHE	her Assets.  mplete if the organization answered "Ye (:  (i)  (b) must equal Form 990, Part X, col. (B) (ii)  her Liabilities.  mplete if the organization answered "Ye (a) Description of liability income taxes  RITY DEPOSIT	s" on Form 990, Part a) Description	V, line 11e	e or 11f. See For Book value 2,000	rm 990, Part		
(9)  tal. (Col. (b) mt  Col  (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column	her Assets.  mplete if the organization answered "Ye (i)  (i)  (b) must equal Form 990, Part X, col. (B) (ii)  her Liabilities.  mplete if the organization answered "Ye (a) Description of liability income taxes  RITY DEPOSIT  R ACCRUED EXPENSES  IT CARD PAYABLE	s" on Form 990, Part a) Description  line 15.) s" on Form 990, Part	V, line 11e	2,000 900 15,164	rm 990, Part		
(9)  al. (Col. (b) mt art IX Ot  (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (art X Ot  Column (art X Ot  (3) OTHE (4) CRED (5) ACCR	ther Assets.  Implete if the organization answered "Ye (in the implete if the organization answered "Ye (in the implete if the organization answered "Ye (in the implete if the organization of liability income taxes RITY DEPOSIT R ACCRUED EXPENSES	s" on Form 990, Part a) Description  line 15.) s" on Form 990, Part	V, line 11e	e or 11f. See Foi Book value 2,000 900	rm 990, Part		
(9)    (al. (Col. (b) mu art IX	her Assets.  mplete if the organization answered "Ye (i)  (i)  (b) must equal Form 990, Part X, col. (B) (ii)  her Liabilities.  mplete if the organization answered "Ye (a) Description of liability income taxes  RITY DEPOSIT  R ACCRUED EXPENSES  IT CARD PAYABLE	s" on Form 990, Part a) Description  line 15.) s" on Form 990, Part	V, line 11e	2,000 900 15,164	rm 990, Part		
(9)  tal. (Col. (b) mt  Cor  (1) (2) (3) (4) (5) (6) (7) (8) (9)  tal. (Column	her Assets.  mplete if the organization answered "Ye (i)  (i)  (b) must equal Form 990, Part X, col. (B) (ii)  her Liabilities.  mplete if the organization answered "Ye (a) Description of liability income taxes  RITY DEPOSIT  R ACCRUED EXPENSES  IT CARD PAYABLE	s" on Form 990, Part a) Description  line 15.) s" on Form 990, Part	V, line 11e	2,000 900 15,164	rm 990, Part		
(9)  tal. (Col. (b) mt  cart IX Ot  (1) (2) (3) (4) (5) (6) (7) (8) (9)  tal. (Column ( art X Ot  Con  (1) Federal (2) SECU (3) OTHE (4) CRED (5) ACCR (6) (7) (8)	her Assets.  mplete if the organization answered "Ye (i)  (i)  (b) must equal Form 990, Part X, col. (B) (ii)  her Liabilities.  mplete if the organization answered "Ye (a) Description of liability income taxes  RITY DEPOSIT  R ACCRUED EXPENSES  IT CARD PAYABLE	s" on Form 990, Part a) Description  line 15.) s" on Form 990, Part	V, line 11e	2,000 900 15,164	rm 990, Part		
(9)  lal. (Col. (b) mt  art IX Ot  (2) (3) (4) (5) (6) (7) (8) (9)  tal. (Column ( art X Ot  (2) SECU (3) OTHE (4) CRED (5) ACCR (6) (7) (8) (9)	her Assets.  mplete if the organization answered "Ye (i)  (i)  (b) must equal Form 990, Part X, col. (B) (ii)  her Liabilities.  mplete if the organization answered "Ye (a) Description of liability income taxes  RITY DEPOSIT  R ACCRUED EXPENSES  IT CARD PAYABLE	s" on Form 990, Part a) Description  line 15.) s" on Form 990, Part	V, line 11e	2,000 900 15,164	rm 990, Part		

Schedule D (Form 990) 2015

Pa	rt XI Reconciliation of Revenue per Audited Financial S		
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities		
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1		5
Pa	rt XII Reconciliation of Expenses per Audited Financial	Statements With Expe	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV,		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4b	
с 5	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, lines	4b	
с 5 <b>Ра</b>	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form</i> 990, <i>Part I, line</i> rt XIII Supplemental Information.	4b	5
5 Pa	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, lines	4b 18.) d 4; Part IV, lines 1b and 2b;	5
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 18.) d 4; Part IV, lines 1b and 2b;	5
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 18.) d 4; Part IV, lines 1b and 2b;	5
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 18.) d 4; Part IV, lines 1b and 2b;	5
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 18.) d 4; Part IV, lines 1b and 2b;	5
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 18.) d 4; Part IV, lines 1b and 2b;	5
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 18.) d 4; Part IV, lines 1b and 2b;	5
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 18.) d 4; Part IV, lines 1b and 2b;	5
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 18.) d 4; Part IV, lines 1b and 2b;	5
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 18.) d 4; Part IV, lines 1b and 2b;	5
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 18.) d 4; Part IV, lines 1b and 2b;	5
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 18.) d 4; Part IV, lines 1b and 2b;	5
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 18.) d 4; Part IV, lines 1b and 2b;	5
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 18.) d 4; Part IV, lines 1b and 2b;	5
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 18.) d 4; Part IV, lines 1b and 2b;	5
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 18.) d 4; Part IV, lines 1b and 2b;	5
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 18.) d 4; Part IV, lines 1b and 2b;	5
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 18.) d 4; Part IV, lines 1b and 2b;	5
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 18.) d 4; Part IV, lines 1b and 2b;	5
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 18.) d 4; Part IV, lines 1b and 2b;	5
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 18.) d 4; Part IV, lines 1b and 2b;	5
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 18.) d 4; Part IV, lines 1b and 2b;	5
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 18.) d 4; Part IV, lines 1b and 2b;	5

## **SCHEDULE J** (Form 990)

**Compensation Information** 

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

Compensated Employees

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

ACCOUNTABILITY COUNSEL

Employer identification number 46-1909035

Pa	art I Questions Regarding Compensation							
			Yes	No				
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,							
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.							
	First-class or charter travel Housing allowance or residence for personal use							
	Travel for companions Payments for business use of personal residence							
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees							
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)							
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or							
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b						
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,							
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2						
_								
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's							
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to							
	establish compensation of the CEO/Executive Director, but explain in Part III.							
	Compensation committee Written employment contract							
	☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ X Approval by the board or compensation committee							
	Form 990 of other organizations  Approval by the board or compensation committee							
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
•	organization or a related organization:							
а	Receive a severance payment or change-of-control payment?	4a		Х				
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X				
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X				
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation							
	contingent on the revenues of:							
а	The organization?	5a		X				
b	Any related organization?	5b		Х				
	If "Yes" to line 5a or 5b, describe in Part III.							
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation							
	contingent on the net earnings of:							
а	The organization?	6a		X				
b	Any related organization?	6b		Х				
_	If "Yes" on line 6a or 6b, describe in Part III.							
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			v				
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X				
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v				
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X				
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in							
	Regulations section 53.4958-6(c)?	9						

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

Schedule J (Form 990) 2015

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of	W-2 and/or 1099-MI	ISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(i)								
(ii								
(i)								
(ii								
(i)								
(ii								
(i)								
(ii								
(1)							_	
(ii								
(i)								
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Part III   Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

## SCHEDULE O

Department of the Treasury

Internal Revenue Service

(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.

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

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

ACCOUNTABILITY COUNSEL

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

**Employer identification number** 46-1909035

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: RIGHTS AND ENVIRONMENT. AS ADVOCATES FOR PEOPLE HARMED BY INTERNATIONALLY-FINANCED PROJECTS, WE EMPLOY COMMUNITY DRIVEN AND POLICY LEVEL STRATEGIES TO ACCESS JUSTICE.

FOR MORE INFORMATION REGARDING THE PRO BONO IN-KIND CONTRIBUTION ACCOUNTABILITY COUNSEL RECEIVED THIS FISCAL YEAR, PLEASE REFER TO OUR WEBSITE:

HTTP://WWW.ACCOUNTABILITYCOUNSEL.ORG/ABOUT/SUPPORTERS-FINANCIALS/

FORM 990, PART VI, SECTION B, LINE 11:

COPIES OF FORM 990 ARE DISTRIBUTED TO THE BOARD OF DIRECTORS BY EMAIL. AN ADDITIONAL COPY IS AVAILABLE ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART VI, SECTION B, LINE 12C:

OUR BOARD GOVERNANCE COMMITTEE REGULARLY REVIEWS OUR POLICIES WITH EACH BOARD MEMBER. WHEN CONFLICTS ARISE, WE MEET AS A BOARD AND REVIEW CONFLICT WITH THE PERSON WHOSE ROLE IS INVOLVED WITH THE CONFLICT AND WORK TO ADDRESS AND RESOLVE ANY ISSUES.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE DIRECTOR WITH THE APPROVAL OF THE FINANCE COMMITTEE SETS COMPENSATION FOR KEY EMPLOYEES . THE BOARD'S EXECUTIVE COMMITTEE SETS THE EXECUTIVE DIRECTOR'S COMPENSATION. ALL COMPENSATION DECISION ARE BASED ON THE GOAL OF PROVIDING MARKET COMPETITIVE COMPENSATION PACKAGES WITHIN THE

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

Schedule O (Form 990 or 990-EZ) (2015)

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization ACCOUNTABILITY COUNSEL	Employer identification number 46-1909035
CONSTRAINTS OF OUR BUDGET.	
FORM 990, PART VI, SECTION C, LINE 19:	
ALL DOCUMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE	1.

#### 2015 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	₋ine No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MANAGEMENT AND GENERAL														
1	COMPUTER - MACBOOK AIR	09/29/14	SL	5.00	1	.6	2,049.				2,049.	573.		410.	983.
2	APPLIANCES	02/06/15	SL	5.00	1	.6	1,636.				1,636.	164.		327.	491.
3	COMPUTER - MACBOOK AIR	09/30/15	SL	5.00	1	.6	1,221.				1,221.			224.	224.
4	COMPUTER - MACBOOK AIR	10/31/15	SL	5.00	1	.6	1,261.				1,261.			210.	210.
	* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL						6,167.				6,167.	737.		1,171.	1,908.
	* GRAND TOTAL 990 PAGE 10 DEPR						6,167.				6,167.	737.		1,171.	1,908.
	CURRENT ACTIVITY														
	BEGINNING BALANCE						3,685.			0.	3,685.	737.			
	ACQUISITIONS						2,482.			0.	2,482.	0.			
	DISPOSITIONS						0.			0.	0.	0.			
	ENDING BALANCE						6,167.			0.	6,167.	737.			
	ENDING ACCUM DEPR											1,908.			
	ENDING BOOK VALUE											4,259.			