Form **990**

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Inter	nal Rev	venue Service	- Illioillation	about Form 990 and its i	iisti uctions is at w	ww.iis.gov	//IUIIII990.			inspection	
Α	For t	he 2016 calen	dar year, or tax year begin	ning 9/01	, 2016,	and endin	g 8/31		,	2017	
В	Check	if applicable:	С				D	Employe	er identific	ation number	
		ddress change	ACCOUNTABILITY CO	OTINGET.				16-1	90903	3.5	
	_	-	244 KEARNY ST FLO				 -		ne number		
	\vdash	ame change	SAN FRANCISCO, CA				-				
	In	nitial return	JAN FRANCISCO, CA	A 94100				415-	-296-0	6761	
	Fi	nal return/terminated									
	А	mended return					G	Gross re	ceipts \$	1,629,	973.
	А	pplication pending	F Name and address of principal	officer: אַדאַדאַד דּדָּ	S ELEIDS		H(a) Is this a gro				X _{No}
		., .	SAME AS C ABOVE	NVIVIII			H(b) Are all subc	rdinates	included?	Yes	No
_	Tav	-exempt status	X 501(c)(3) 501(c) ()◀ (insert no.)	4947(a)(1) or	527	If 'No,' attac	h a list.	(see instru	ictions)	
÷					4347(a)(1) 01	JLI					
J			W.ACCOUNTABILITYC		1-		H(c) Group exem				
<u>K</u>		n of organization:	X Corporation Trust	Association Other ►	LY	ear of format	ion: 2014	M S	tate of lega	al domicile: CA	
Pa	ırt I	Summar									
	1	Briefly descri	be the organization's missi	on or most significar	t activities: AC	COUNTA	BILITY CO	DUNSE	EL AM	PLIFIES :	ГНЕ
a			F COMMUNITIES ARC								
ဋ			ENT. AS ADVOCATES								'S.
'n			Y COMMUNITY DRIVE								- <i>-</i>
ē	2		ox ► if the organization								
පි	3		oting members of the gover						3		7
•ઇ	4		dependent voting members						4		6
<u>.8</u>	5	Total number	of individuals employed in	calendar year 2016	(Part V, line 2a))			5		9
≅	6		of volunteers (estimate if						6		12
Activities & Governance	7a	Total unrelate	ed business revenue from F	Part VIII, column (C).	line 12				7a		0.
			I business taxable income t					L	7b		0.
				,				Year		Current Ye	
	8	Contributions	and grants (Part VIII, line	1h)				27,7	Ω /	1,599	
ne	9		vice revenue (Part VIII, line					21,1	04.	1,333,	, 009.
Revenue	10	-	ncome (Part VIII, column (A					2	85.		117.
ě	11		e (Part VIII, column (A), lin					3	03.	20	
								20 1	60		,967.
	12		e – add lines 8 through 11					28,1	69.	1,629	,913.
	13		imilar amounts paid (Part I	• •	•						
	14		to or for members (Part IX								
"	15	Salaries, other	er compensation, employee	e benefits (Part IX, co	olumn (A), lines	5-10)	. 5	08,8	84.	604	,887.
Se	16 a	Professional	fundraising fees (Part IX, c	column (A), line 11e)							
Expenses	h	Total fundrais	sing expenses (Part IX, col	umn (D) line 25) ▶	6	9,066.					
益	1.7										
			ses (Part IX, column (A), lir					49,4			,529.
	18		es. Add lines 13-17 (must e					58,2		1,115	
	19	Revenue less	expenses. Subtract line 18	8 from line 12			. 3	69,8	82.	514,	,557.
9 9							Beginning of	Current	Year	End of Ye	ar
Net Assets or Fund Balances	20	Total assets	(Part X, line 16)				. 9	63,4	54.	1,498	,201.
A B	21	Total liabilitie	s (Part X, line 26)					52,6	20.		,810.
₹ş	22	Net assets or	fund balances. Subtract li	ne 21 from line 20				10,8		1,425	
	rt II	Signatur					·	10,0	J4.	1,425	, 371.
Unde	er pena olete. D	ilties of perjury, I de Declaration of prepa	eclare that I have examined this retu arer (other than officer) is based on a	rn, including accompanying all information of which prep	schedules and stater parer has any knowled	nents, and to	the best of my kno	owledge a	and belief,	it is true, correct	, and
		<u> </u>				-					
		Signatu	re of officer				Date				
Siç	jn –	Signatu	Te of officer								
He	re		ALIE B FIELDS				PRESIDE	NT 8	EXE(C DIR	
		Type or	print name and title								
		Print/Type p	preparer's name	Preparer's signature		Date	Che	ck	if PT	ΓIN	
Pa	id	HUSNE	SIDDIQUI-KHAN	HUSNE SIDDIQ	UI-KHAN		self	-employe	d P	01958878	
	epar					1			<u> +</u>		
	e Or	-l						n'e EINI 🕨	→ 01 1	1.400021	
-3	J J1	Firm's addre		AVE STE 250				n's EIN P		L489821	
				94520-4939					925-6	03-0800	1
May	/ the	IRS discuss th	is return with the preparer	shown above? (see	instructions)					X Yes	No

Par	t III	Statement of Program Service Accomplishments	
	=	Check if Schedule O contains a response or note to any line in this Part III	X
1		describe the organization's mission:	
	SEE_	SCHEDULE O	. — –
			. — –
2	Did th	organization undertake any significant program services during the year which were not listed on the prior	
_			lo
	If 'Ye	,' describe these new services on Schedule O.	
3	Did th	e organization cease conducting, or make significant changes in how it conducts, any program services?	lo
	If 'Ye	,' describe these changes on Schedule O.	
4	Section	be the organization's program service accomplishments for each of its three largest program services, as measured by expense n 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses venue, if any, for each program service reported.	s. ,
4 a	(Code) (Expenses \$ 503,424. including grants of \$) (Revenue \$)
		UNITIES - OUR LAWYERS ASSIST COMMUNITIES TO EFFECTIVELY USE ACCOUNTABILITY OFFI	 CES
		DEFEND THEIR RIGHTS AND REMEDY HARM CAUSED BY INTERNATIONALLY-FINANCED PROJECTS.	
		SE OUR EXPERTISE WITH THESE OFFICES TO ADD VALUE TO LOCALLY-LED STRATEGIES FOR	
		IN RIGHTS AND ENVIRONMENTAL JUSTICE. PROGRAM ACCOMPLISHMENTS INCLUDE: SUPPORTING	
		DIC HERDERS IN MONGOLIA THROUGHOUT A COMPLEX DISPUTE RESOLUTION PROCESS THAT	. .
		LTED IN A SERIES OF AGREEMENTS TO REMEDY HARM; ASSISTING TEA WORKERS IN INDIA	. — —
		COMPLAINTS THAT LED TO INDEPENDENT INVESTIGATIONS THAT VINDICATED THEIR	
		ERNS; AND HELPING A COLLECTIVE OF FARMERS IN HAITI INITIATE A DIALOGUE PROCESS I	10
	NEG	TIATE REDRESS FOR PROJECT-RELATED HARM.	
4 b	(Code) (Expenses \$ 308,045. including grants of \$) (Revenue \$	
	•	CY ADVOCACY - WE ADVOCATE FOR COMPLAINT OFFICES THAT ARE ACCESSIBLE, INDEPENDENT	´ [,
		SPARENT, FAIR, AND EFFECTIVE TOOLS FOR JUSTICE. WE ALSO ADVOCATE FOR NEW OFFICES	. <u>-</u> -
		E NONE EXIST. OUR ADVOCACY HAS CONTRIBUTED TO A NEW COMPLAINT OFFICE AT THE GREE	
	CLI	NATE FUND BASED ON INTERNATIONAL BEST PRACTICE, AS WELL AS STRONGER ENVIRONMENTAL	
	AND	SOCIAL POLICIES AT THE OVERSEAS PRIVATE INVESTMENT CORPORATION. WE HAVE BEEN	
		RUMENTAL IN ENSURING THAT KEY STAKEHOLDERS STRENGTHEN COMPLAINT OFFICES AT THE	
		<u>D_BANK, EUROPEAN_BANK_FOR_RECONSTRUCTION_AND_DEVELOPMENT, AND_OTHER_FINANCIAL</u>	
	INS	<u>'ITUTIONS.</u>	
			. — —
			· — –
4.0	(Code) (Expenses \$ 162,514. including grants of \$) (Revenue \$	
	•	CARCH & RESOURCES - WE PROVIDE TRAININGS AND TOOLS FOR COMMUNITIES AND THEIR	—′
		CATES TO UNDERSTAND HOW COMPLAINT OFFICES WORK, WE COLLABORATE WITH A NETWORK OF	₹ -
		BAL ACCOUNTABILITY ADVOCATES, AND WE TRACK DATA AND TRENDS WITHIN THE	
		OUNTABILITY FIELD. PROGRAM ACCOMPLISHMENTS INCLUDE: HOSTING A RETREAT FOR 40	
	ADV	CATES FROM AROUND THE WORLD WHERE WE SHARED EXPERIENCES AND LESSONS LEARNED FROM	4
	OUR	COLLECTIVE CASE ADVOCACY; PRODUCTION OF A REPORT CALLED "MAPPING ACCOUNTABILITY"	<i>,</i>
		' IS BEING USED TO SHOW THE DATA UNDERPINNING OUR ADVOCACY; AND CONTINUED	
		LOPMENT OF OUR DATABASE OF EVERY CASE SUBMITTED TO AN ACCOUNTABILITY OFFICE THAT	ſ <u> </u>
		WS US TO EXPOSE PATTERNS IN OUR FIELD AND SHOW ADVOCATES, POLICYMAKERS,	
		STORS, AND THE INSTITUTIONS THEMSELVES BEST PRACTICE AND WHERE IMPROVEMENT IS	. — –
	<u>NE</u> E	DED MOST.	. — –
/1 ^	Other	program services (Describe in Schedule O.)	
4 e	Total	nses \$ including grants of \$) (Revenue \$) program service expenses ► 973,983.	

Form 990 (2016) ACCOUNTABILITY COUNSEL 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	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II</i>	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		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.			
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a	Х	
	b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i>	11 b		Х
	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Χ
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12	a 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
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a 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 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х

Form 990 (2016) ACCOUNTABILITY COUNSEL Part IV Checklist of Required Schedules (continued)

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

BAA Form **990** (2016)

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V....

	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 11			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r (gambling) winnings to prize winners?	eportable gaming	1 c	Χ	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-	3-	. 0		
	ments, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employmen	2a 9	2 b	Χ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see in:		20	Λ	
	Did the organization have unrelated business gross income of \$1,000 or more during the year	•	3 a		Х
	If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule Q.</i>		3 b		
	At any time during the calendar year, did the organization have an interest in, or a signature or othe financial account in a foreign country (such as a bank account, securities account, or other f		4 a		Х
	If 'Yes,' enter the name of the foreign country: ►	•			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accounts (FBAR).			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the ta	x year?	5 a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelt	er transaction?	5 b		X
С	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?	nd did the organization	6a		Х
	If 'Yes,' did the organization include with every solicitation an express statement that such contribut not tax deductible?	ions or gifts were	6 b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partices provided to the payor?	artly for goods and	7 a	X	
	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b	Χ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w				37
	Form 8282?	- d	7 c		X
	If 'Yes,' indicate the number of Forms 8282 filed during the year		7.		Χ
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal		7 e 7 f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ben		/1		Λ
•	If the organization received a contribution of qualified intellectual property, did the organization file I as required?		7 g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?		7 h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained organization have excess business holdings at any time during the year?	, ,	8		
	Sponsoring organizations maintaining donor advised funds.		0		
	Did the sponsoring organization make any taxable distributions under section 4966?		9 a		
	Did the sponsoring organization make any taxable distributions and section 4500		9 b		
	Section 501(c)(7) organizations. Enter:		2.5		
	Initiation fees and capital contributions included on Part VIII, line 12	10 a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b			
11	Section 501(c)(12) organizations. Enter:	1			
а	Gross income from members or shareholders	11 a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).	11 b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu o	f Form 1041?	12a		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?		13 a		
	Note. See the instructions for additional information the organization must report on Schedul	e O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13 c			
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
b AA	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in	Schedule O	14b	000	2016)

Form 990 (2016) ACCOUNTABILITY COUNSEL 46-1909035 Page 6 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent . . . 6 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... Χ 8 a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b Χ 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... X b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Χ Schedule O how this was done 12c **13** Did the organization have a written whistleblower policy?..... 13 Χ Χ **14** Did the organization have a written document retention and destruction policy?..... 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Χ a The organization's CEO, Executive Director, or top management official.. SEE . SCHEDULE..Q...... 15a **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... Χ 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed \rightarrow CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request X Other (explain in Schedule O) SEE SCH. O Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records:

SAN FRANCISCO CA 94108 415-296-6761

ORGANIZATION 244 KEARNY ST FLOOR 6

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (do not check more than one box, unless person is both an officer and a (B) (E) (F) Name and Title Reportable Reportable Estimated Average hours director/trustee) compensation from compensation from amount of other compensation from the organization the organization (W-2/1099-MISC) related organizations (W-2/1099-MISC) Officer ndividual nstitutional trustee lighest compensated ormer (list any employee hours for and related related organizations organiza tions helow dotted (1) BRENT HOROWITZ 2 DIRECTOR 0 Χ 0 0 0. (2) CHRISTY CHIN 2 BOARD TREASURER 0 Χ Χ 0 0 0. (3) ERICA GOULD 2 DIRECTOR 0. 0 Χ 0 0 (4) JASON HAGGINS 2 DIRECTOR 0 Χ 0 0 0. (5) NATALIE B FIELDS 40 PRESIDENT & ED 0 Χ Χ 131,346 0. 0. 2 (6) KATHLEEN KELLY JANUS BOARD CHAIR 0 Χ Χ 0. 0 0. 2 (7) KIM KELLER BOARD SECRETARY 0 Χ Χ 0. 0. 0. (8) (10) (11)(12)(13)(14)

Part VII Section A. Officers, Directors, 110	(B)	ney	Em	1DIC		es,	and	Hignest Con	ipensated Empi	oyees	(contii	nued)
(4)	, ,			•	•	e than		(D)	(E)		(F)	
(A) Name and title	Average hours per	box	, unle	ess pe	erson	e than is both or/trus	h an	Reportable compensation from	Reportable compensation from	E	stimated	hor
	week (list any							the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	com	unt of oth pensation om the	on
	hours for related	Individual or director	titutic	Officer	y em	ploye	Former	, ,	, ,	añ	anization	t
	organiza - tions	Individual trustee or director	onal t		Key employee	ë				org	anization	15
	below dotted line)	stee	nstitutional trustee		Ф	Highest compensated employee						
			()			ed						
(15)												
(16)												
(17)												
(18)												
(10)	1	•										
(19)												
(20)												
(20)												
(21)												
(00)												
(22)												
(23)												
(0.1)												
(24)												
(25)												
		<u> </u>										
1 b Sub-total							-	131,346. 0.	0.			0.
d Total (add lines 1b and 1c)							>	131,346.	0.			0.
2 Total number of individuals (including but not limited	I to those I	isted	abov	ve) v	who	recei	ved		0 of reportable comp	ensatio	n	
from the organization • 1											Yes	No
3 Did the organization list any former officer, direct	tor or tru	stee	kev	/ em	ากได	VEE	or h	nighest compensa	ted employee		165	NO
on line 1a? If 'Yes,' complete Schedule J for suc	h individu	ial								3		Χ
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate	f reportab	le co	mpe	ensa If '\	ation	and	oth	er compensation	from			
such individual										4		Χ
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes	e comper	satio	n fro	om Iule	any <i>J fo</i>	unre	late	ed organization or	individual	5		Х
Section B. Independent Contractors												
Complete this table for your five highest compen compensation from the organization. Report comper	sated indessation for	epen the c	dent alen	t coi dar i	ntra year	ctors endi	tha ng v	it received more th vith or within the or	han \$100,000 of ganization's tax year			
(A) Name and business add					-			(B))	(C)	
	ress							Description of	or services	Compe	IISalio	
2 Total number of independent contractors (including I	out not lim	ited to	o tha	se I	ister	d aho	ve)	who received more	than			
\$100,000 of compensation from the organization							,					

Part VIII Statement of Revenue

	Check if Schedule O contains a response or note to any	line in this Part VI	III		
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f: \$ 27,187.				
<u>ම</u> දි	h Total. Add lines 1a-1f	1,599,889.			
Program Service Revenue	Business Code 2 a b c d e f All other program service revenue				
ā	g Total. Add lines 2a-2f				
	 Investment income (including dividends, interest and other similar amounts)	117.	117.		
	(i) Real (ii) Personal 6 a Gross rents				
	d Net rental income or (loss) ▶	20,990.			20,990.
	7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses				
	d Net gain or (loss)				
Other Revenue	8 a Gross income from fundraising events (not including. \$ of contributions reported on line 1c). See Part IV, line 18				
₹	c Net income or (loss) from fundraising events ▶				
	9 a Gross income from gaming activities. See Part IV, line 19a				
	b Less: direct expenses b c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances				
	c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code				
	11a OTHER INCOME 900099 b	8,977.	8,977.		
	C				
	d All other revenue e Total. Add lines 11a-11d	0 077			
	12 Total revenue. See instructions.	8,977. 1,629,973.	9,094.	0.	20,990.

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).

Do i	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		одрензез	general expenses	охроносс
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	140,000.	105,000.	7,000.	28,000.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	357,473.	314,187.	30,672.	12,614.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	33.72.33	021,20	30,072	
9	Other employee benefits	68,432.	57,823.	5,221.	5,388.
10	Payroll taxes	38,982.	32,859.	2,938.	3,185.
11	Fees for services (non-employees):				
ā	Management				
ŀ) Legal				
(Accounting	12,979.		12,979.	
C	Lobbying				
6	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
_	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0. SCH. OAdvertising and promotion.	207,381.	205,258.	537.	1,586.
13	Office expenses	1,711.	1,414.	55.	242.
14	Information technology	13,653.	8,251.	4,787.	615.
15	Royalties	20,000.	0,2021	27.0.0	0101
16	Occupancy	104,052.	92,198.	6,770.	5,084.
17	Travel	102,291.	98,818.	74.	3,399.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				2,222.
19	Conferences, conventions, and meetings	6,540.	6,501.		39.
20	Interest	471.	100.	-60.	431.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,495.		1,495.	
23	Insurance	-64.	1,132.	-1,304.	108.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
ā	IN-KIND EXPENSE - GOODS	27,187.	24,041.	646.	2,500.
_	PARTNER EXPENSES	7,791.	7,791.		•
(PROGRAM & EVENT EXPENSES	6,493.	1,703.	354.	4,436.
	COMPUTER HARDWARE	4,143.	3,926.	5.	212.
6	All other expenses	14,406.	12,981.	198.	1,227.
25	Total functional expenses. Add lines 1 through 24e	1,115,416.	973,983.	72,367.	69,066.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720).				

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing.	861,015.	1	32,727.
	2	Savings and temporary cash investments		2	1,265,044.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	75,000.	4	125,000.
	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 employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Ø	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	22,989.
	-	Land, buildings, and equipment: cost or other basis.	,		22,303.
		Complete Part VI of Schedule D		10 c	27 221
	11	Investments – publicly traded securities.	·	11	37,231.
	12	Investments – publicly traded securities. Investments – other securities. See Part IV, line 11.		12	
	13	Investments – order securities. See Part IV, line 11		13	
	14	Intangible assets.		14	
	15	Other assets. See Part IV, line 11.		15	15 010
					15,210.
_	16 17	Total assets. Add lines 1 through 15 (must equal line 34)		16 17	1,498,201.
	18	Grants payable		18	21,944.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
iţie	22	Loans and other payables to current and former officers, directors, trustees,	• •		
Liabilities		key employees, highest compensated employees, and disqualified persons. 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 Schedule	D. 41,162.	25	50,866.
	26	Total liabilities. Add lines 17 through 25.	52,620.	26	72,810.
es		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
ĭ	27	Unrestricted net assets	619,595.	27	1,269,748.
Sal	28	Temporarily restricted net assets.		28	155,643.
d E	29	Permanently restricted net assets		29	,
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
ō	30	Capital stock or trust principal, or current funds		30	
ė E	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
58	32	Retained earnings, endowment, accumulated income, or other funds		32	
et/	33	Total net assets or fund balances		33	1,425,391.
ž	34	Total liabilities and net assets/fund balances.		34	1,423,391.

Form **990** (2016) BAA

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	1,629,	973.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,115,	416.
3	Revenue less expenses. Subtract line 2 from line 1	3	514,	557.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	910,	834.
5	Net unrealized gains (losses) on investments.	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,425,	391.
Pa	rt XII Financial Statements and Reporting	!	, ,	
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Both consolidated and separate basis	d on a		
			. 2b	X
	b Were the organization's financial statements audited by an independent accountant?		20	
	basis, consolidated basis, or both:	E		
	Separate basis Consolidated basis Both consolidated and separate basis			
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		. 3a	Х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b	
BAA			Form 990	(2016)

TEEA0112L 11/16/16

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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 Employer identification number 46-1909035 ACCOUNTABILITY COUNSEL Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 Χ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. C **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) Total

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

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

Sec	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')			845,742.	1,127,784.	1,599,889.	3,573,415.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	0.	0.	845,742.	1,127,784.	1,599,889.	3,573,415.
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)						0.
6	Public support. Subtract line 5 from line 4						3,573,415.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	0.	0.	845,742.	1,127,784.	1,599,889.	3,573,415.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			357.	357.	117.	831.
9	Net income from unrelated business activities, whether or not the business is regularly carried on			0071	3371	117.	0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI					8,977.	8,977.
11	Total support. Add lines 7 through 10						3,583,223.
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	0.
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	s first, second, thi	ird, fourth, or fifth	tax year as a section	on 501(c)(3)	► X
Sec	tion C. Computation of Pu	blic Support P	ercentage				
14	Public support percentage for 20	016 (line 6, column	n (f) divided by lin	ne 11, column (f))		14	%
15	Public support percentage from	2015 Schedule A,	Part II, line 14				%
16a	33-1/3% support test—2016. If t and stop here. The organization	he organization di qualifies as a pub	d not check the b	ox on line 13, an	d line 14 is 33-1/3	3% or more, check	this box►
b	33-1/3% support test—2015. If the and stop here. The organization	ne organization dic qualifies as a pul	I not check a box olicly supported o	on line 13 or 16a rganization	a, and line 15 is 3	3-1/3% or more, c	check this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	ind-circumstances	s' test, check this	box and stop her	re. Explain in Part	VI how
b	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a	ind-circumstances	s' test check this	hox and stop her	re. Explain in Part	VI how the
18	Private foundation. If the organization	zation did not che	ck a box on line 1	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions ►

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

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

Sec	tion A. Public Support		prodes semprete :	<u></u>			
Calend	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	•		•			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support		I		T		
	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 organization, check this box and	stop here	· · · · · · · · · · · · · · · · · · ·				
	tion C. Computation of Pul						
	Public support percentage for 20	•	•				96
	Public support percentage from 2					16	0/0
Sec	tion D. Computation of Inv						
17	Investment income percentage for	•	• • •	-			%
18	Investment income percentage fr					<u> </u>	olo
	33-1/3% support tests—2016. If t is not more than 33-1/3%, check	this box and sto	p here. The organ	ization qualifies	as a publicly supp	orted organization	▶ ∐
	33-1/3% support tests—2015. If t line 18 is not more than 33-1/3% Private foundation. If the organization	, check this box	and stop here. The	e organization qu	ualifies as a public	ly supported organ	ization ►

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Pa	rt IV	Supporting Organizations (continued)			
11	∐ac :	the organization accepted a gift or contribution from any of the following persons?		Yes	No
		rson who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
		erning body of a supported organization?	11a		
	b A far	mily member of a person described in (a) above?	11b		
	c 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	ction	B. Type I Supporting Organizations			
	D: 1 11			Yes	No
1	or ele Part If the direc	he directors, trustees, or membership of one or more supported organizations have the power to regularly appoint ect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in 'VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. e organization had more than one supported organization, describe how the powers to appoint and/or remove ctors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, lied to such powers during the tax year.	1		
2	Did t that	the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such efit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization.	2		
Sec	ction	C. Type II Supporting Organizations			
				Yes	No
1	of ea	e a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the porting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	ction	D. All Type III Supporting Organizations			
				Yes	No
1	orgai year,	the organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	orgai	e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported inization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	voice all tir	eason of the relationship described in (2), did the organization's supported organizations have a significant e in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played his regard.	3		
Sec	ction	E. Type III Functionally Integrated Supporting Organizations			
1	Chec	ck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
		The organization satisfied the Activities Test. Complete line 2 below.			
	ᆷ	The organization is the parent of each of its supported organizations. Complete line 3 below.			
	ᆷ	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstruc	tions).	
	• Ш	g			
2	Activ	vities Test. Answer (a) and (b) below.		Yes	No
i	suppo orga respo	substantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported anizations and explain how these activities directly furthered their exempt purposes, how the organization was consive to those supported organizations, and how the organization determined that these activities constituted stantially all of its activities.	2a		
	the c	the activities described in (a) constitute activities that, but for the organization's involvement, one or more of organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for organization's position that its supported organization(s) would have engaged in these activities but for the inization's involvement.	2b		
3	Pare	ent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
i	a Did t each	the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI.</i>	3a		
	b Did th supp	he organization exercise a substantial degree of direction over the policies, programs, and activities of each of its ported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organization	anizati	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	st on No ons mus	v. 20, 1970 (explain in t complete Sections A	n Part VI). See through E.
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
ā	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
•	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990 or 990-EZ) 2016

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Sec	Section D — Distributions Current Year					
1	Amounts paid to supported organizations to accomplish exempt purposes					
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purposes of supported organizations					
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.					
9	Distributable amount for 2016 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount					

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			
BAA		Schedule A (Fo	rm 990 or 990-EZ) 2016

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Schedule A (Form 990 or 990-EZ) 2016

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

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE		2016	201	<u>5</u> _	2014		2013	2012
OTHER INCOME TOTAL	\$ L <u>\$</u>	8,977. 8,977.	\$	0. \$	\$ (). \$	0.	\$ 0.

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

m990. Open to Public Inspection
Employer identification number

	ACCOUNTABILITY COUNSEL		46-1909035	
Pai	rt Organizations Maintaining Donor Advised Funds or Other Similar Fund	ds or Acc		
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 6	5.		
	(a) Donor advised funds	(b) F	unds and other acc	counts
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 writing that the assets held in don are the organization's property, subject to the organization's exclusive legal control?	or advised	funds Yes	No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds for charitable purposes and not for the benefit of the donor or donor advisor, or for any other p impermissible private benefit?	can be use ourpose cor	ed only Inferring	□ No
Dai	· ·		🔲 - 90	
Pai	rt II Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7	7		
1	,	•		
•		a historical	ly important land a	area
			historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form	of a conserv	vation easement on	the
	last day of the tax year.			
			leld at the End of t	he Tax Year
	a Total number of conservation easements	_		
	b Total acreage restricted by conservation easements.			
(c Number of conservation easements on a certified historic structure included in (a)	. 2c		
(d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register.	2 d		
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the		n during the	
3	tax year	organizatio	in during the	
4	Number of states where property subject to conservation easement is located ►			
5	Does the organization have a written policy regarding the periodic monitoring, inspection, hand	dling of viola	ations,	
	and enforcement of the conservation easements it holds?		····· Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing cons	servation eas	sements during the	year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conserva ►\$	tion easeme	ents during the year	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sect and section 170(h)(4)(B)(ii)?			No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense include, if applicable, the text of the footnote to the organization's financial statements that desconservation easements.	e statement, scribes the	and balance sheet, organization's acc	and ounting for
Pai	Organizations Maintaining Collections of Art, Historical Treasures, or Complete if the organization answered 'Yes' on Form 990, Part IV, line 8	Other Sin	nilar Assets.	
1:	a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenuart, historical treasures, or other similar assets held for public exhibition, education, or research in furt	ue statemer	nt and balance she	et works of
	in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue st		•	
	historical treasures, or other similar assets held for public exhibition, education, or research in furthera following amounts relating to these items:	ance of publ	ic service, provide t	ne
	(i) Revenue included on Form 990, Part VIII, line 1			
	(ii) Assets included in Form 990, Part X			
	If the organization received or held works of art, historical treasures, or other similar assets for financi amounts required to be reported under SFAS 116 (ASC 958) relating to these items:			
	a Revenue included on Form 990, Part VIII, line 1			
	b Assets included in Form 990, Part X		▶\$	

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):	
- Dublic oxhibition	
a Public exhibition d Loan or exchange programs	
b Scholarly research e Other	
c Preservation for future generations	
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.	
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	No
Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part Iine 9, or reported an amount on Form 990, Part X, line 21.	IV,
1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	No
b If 'Yes,' explain the arrangement in Part XIII and complete the following table:	J
Amount	
c Beginning balance	
d Additions during the year	
e Distributions during the year	
f Ending balance	
2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes	No
b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.]
Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.	
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years	hack
1 a Beginning of year balance	buok
b Contributions	
c Net investment earnings, gains,	
and losses	
d Grants or scholarships	
e Other expenditures for facilities and programs	
f Administrative expenses	
g End of year balance	
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:	
<u></u>	
b Permanent endowment	
c Temporarily restricted endowment	
The percentages on lines 2a, 2b, and 2c should equal 100%.	
3 a Are there endowment funds not in the possession of the organization that are held and administered for the	
organization by:	No
(i) unrelated organizations	
(ii) related organizations	
b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?	
4 Describe in Part XIII the intended uses of the organization's endowment funds.	
Part VI Land, Buildings, and Equipment.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, lin	e 10.
Description of property (a) Cost or other basis (b) Cost or other (c) Accumulated (d) Book va	
(investment) basis (other) depreciation	uc
1 a Land	
b Buildings	
c Leasehold improvements	
· · · · · · · · · · · · · · · · · · ·	231.
0/2011	000.
	231.

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

Part VII Investments – Other Securities.	'Ves' on Form 996	N/A 0, Part IV, line 11b. See Form 990, Part X, line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	(3) 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(S) manage of familiation cost of one of join manage familia
(2) Closely-held equity interests.		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
<u></u> (H)		
(l)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) ▶		
Part VIII Investments — Program Related.		N/A
		0, Part IV, line 11c. See Form 990, Part X, line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ▶ Part IX Other Assets.	N/A	
Complete if the organization answered	Yes' on Form 990	0, Part IV, line 11d. See Form 990, Part X, line 15
	scription	(b) Book value
(1)		
(2)		
(3)		
(4) (E)		
(5) (6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (b)	B) line 15.)	>
Part X Other Liabilities.		•
Complete if the organization answered 'Yes' on F		
(a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) ACCRUED PAYROLL LIABILITIES	25,04	
(3) ACCRUED VACATION	16,92	
(4) CREDIT CARD PAYABLE (5) OTHER ACCRUED EXPENSES	8,80	01.
(6)	10	U 1 .
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	. > 50,86	66.
2. Liability for uncertain tax positions. In Part XIII, provide the text of the fo		
	=	II

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn. N/A
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:	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d.	2 e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b.	4 c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	117 11
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	1
1 Total expenses and losses per audited financial statements	
1 Total expenses and losses per audited financial statements	
1 Total expenses and losses per audited financial statements	
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities.	
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities.	1
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities.	1 2e
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	1 2e
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 b Other (Describe in Part XIII.)	2e 3
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	1 2e

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

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

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

► Attach to Form 990.

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

OMB No. 1545-0047 **2016** Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

AC(COUNTABILITY COUNS	SEL			46-19090	35			
Pa	rt I General Informat on Form 990, Par	ion on Activiti t IV, line 14b.	es Outside the	e United States. Complet	te if the organization	n answered 'Yes'			
1	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No								
2	For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.								
3	Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) PART V								
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region			
(1)					TECHNICAL				
(1)	SOUTH ASIA		3	PROGRAM SERVICES	ASSISTANCE	137,400.			
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
(17)									
3 8	Sub-total		3			137,400.			
ı	Total from continuation sheets to Part I								
	Totals (add lines 3a and 3b)	0	3			137,400.			

46-1909035

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which	
	the grantee or counsel has provided a section 501(c)(3) equivalency letter	>
3	Enter total number of other organizations or entities	<u> </u>

BAA Schedule F (Form 990) 2016

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

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

	edule F (Form 990) 2016 ACCOUNTABILITY COUNSEL rt IV Foreign Forms	46-1909035	Page 4
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to separately file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990).		X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Foreign Corporations (see Instructions for Form 5471).	Certain Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a quelecting fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621).	_	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865).	ign Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year If 'Yes,' the organization may be required to separately file Form 5713, International Boycott Report (substructions for Form 5713; do not file with Form 990)	see <u> </u>	X No

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

Part V Supplemental Information

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

PART I - ADDITIONAL SUPPLEMENTAL INFORMATION

MONITORING PROCEDURE: INDEPENDENT CONTRACTORS COMMUNICATE THROUGH MULTIPLE FORMATS
ON A WEEKLY BASIS WITH THE EXECUTIVE DIRECTOR TO DISCUSS THE STATUS AND PROGRESSION
OF THEIR PROJECTS. THEY ALSO PROVIDE WEEKLY WRITTEN UPDATES ON THEIR PROJECTS THAT
ARE SHARED WITH THE FULL ORGANIZATION. ON A QUARTERLY BASIS, THE BOARD OF DIRECTORS
REVIEWS THE IMPACT AND PROGRESS RELATED THE INDEPENDENT CONTRACTORS' PROJECTS.
BEFORE BEGINNING A PROJECT, INDEPENDENT CONTRACTORS ARE REQUIRED TO PRODUCE A FORMAL
MEMO THAT IS REVIEWED BY THE DIRECTOR-LEVEL STAFF OF THE ORGANIZATION. AT THE
CONCLUSION OF A PROJECT, THEY PRODUCE A FORMAL MEMO THAT IS DISTRIBUTED TO THE FULL
ORGANIZATION.

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

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

OMB No. 1545-0047 2016

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Employer identification number 46-1909035

Par	l I	ıyp	es of Property							
				(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Meth noncash	(d nod of c contrib	letermin	ing mounts
1	Art ·	– Wo	rks of art							
2	Art ·	– His	torical treasures							
3	Art ·	– Fra	ctional interests							
4	Воо	ks an	d publications							
5	Clot	hing a	and household goods			800.	FMV			
6	Cars	s and	other vehicles							
7	Boa	ts and	d planes							
8	Inte	llectua	al property							
9	Sec	urities	s – Publicly traded							
10	Sec	urities	s - Closely held stock							
11	Sec	urities	s - Partnership, LLC, or trust interests .							
12	Sec	urities	s — Miscellaneous							
13			conservation contribution – tructures							
14	Qua	lified	conservation contribution — Other							
15	Rea	l esta	te – Residential							
16	Rea	l esta	te — Commercial							
17	Rea	l esta	te – Other							
18	Coll	ectible	es							
19	Foo	d inve	entory		1	646.	FMV			
20	Drug	gs and	d medical supplies							
21			y							
22	Hist	orical	artifacts							
23	Scie	entific	specimens							
24	Arch	neolog	gical artifacts							
25	Othe	er 🏲	(FELLOWSHIP FUND)		1	23,000.				
26	Othe	er 🏲	(CONFERENCE TIX)		1	2,500.				
27			(AIR_TICKETS)		1	241.	FMV			
28	Othe		()				1			
29			Forms 8283 received by the organization of completed Form 8283, Part IV, Done				29			
									Yes	No
30a			year, did the organization receive by contr							
			old for at least three years from the date					20		
			ot purposes for the entire holding period	·				30 a		X
b If 'Yes,' describe the arrangement in Part II.							2	21		37
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?							ns?	31		X
	32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?							32 a		Х
		,	escribe in Part II.							
33			anization didn't report an amount in colu in Part II.	ımn (c) for a	type of property for wh	hich column (a) is chec	ked,			

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

BAA TEEA4602L 08/24/16 Schedule M (Form 990) (2016)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

ACCOUNTABILITY COUNSEL

Employer identification number 46-1909035

FORM 990, PART III, LINE 1 - ORGANIZATION 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.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE TAX RETURN IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM. AFTER COMPLETION OF SAID RETURNS, THE ORGANIZATION IS SENT A DRAFT OF THE TAX RETURNS TO BE REVIEWED AND EXAMINED. THE ORGANIZATION MAKES COPIES OF THE RETURNS AND DISTRIBUTES TO THOSE INDIVIDUALS CHARGED WITH GOVERNANCE. THOSE INDIVIDUALS AT THAT TIME CAN REVIEW AND IF APPLICABLE DISCUSS ANY LINE ITEMS IN THE RETURN WITH THE ACCOUNTANT WHO HAS PREPARED THE RETURN. IF ALL ITEMS ARE FOUND TO BE ACCEPTABLE, AN AUTHORIZATION IS SIGNED AND PROVIDED TO AUTHORIZE THE OUTSIDE ACCOUNTING FIRM TO PROCESS, SIGN AND PROVIDE COPIES OF THE RETURNS TO BE FILED (PAPER OR ELECTRONICALLY) WITH THE DESIGNATED GOVERNMENTAL AGENCIES. THE TAX RETURNS ARE THEN SIGNED BY THE ORGANIZATION, STAMPED AND MAILED WITH CERTIFIED RETURN RECEIPT OR THE SIGNED FORM 8879 IS PROVIDED TO THE OUTSIDE ACCOUNTING FIRM ALLOWING ELECTRONIC FILING.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT
THE EXECUTIVE DIRECTOR'S COMPENSATION IS SET BY THE EXECUTIVE COMMITTEE OF THE BOARD
OF DIRECTORS (BOARD MEMBERS MINUS THE BOARD PRESIDENT, WHO IS THE EXECUTIVE
DIRECTOR). THE BOARD SETS COMPENSATION BASED ON EXECUTIVE DIRECTOR PERFORMANCE AND
BENCHMARKING TO OTHER LEADERS OF SOCIAL ENTERPRISES MAKING SIMILAR LEVELS OF IMPACT.
THE COMPENSATION OF OTHER KEY EMPLOYEES IS SET BY THE EXECUTIVE DIRECTOR, REVIEWING
PERFORMANCE AND BENCHMARKING TO SIMILAR KEY ROLES, WITH A GOAL OF BEING A
COMPETITIVE LEADER TO ATTRACT AND RETAIN KEY TALENT.

Name of the organization	Employer identification number
ACCOUNTABILITY COUNSEL	46-1909035

FORM 990, PART VI, LINE 18 - EXPLANATION OF OTHER MEANS FORMS AVAILABLE FOR PUBLIC INSPECTION

FEDERAL TAX RETURNS ARE AVAILABLE AT GUIDESTAR.ORG.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

GOVERNING DOCUMENTS ARE AVAILABLE FOR PUBLIC INSPECTION AT THE PRINCIPAL PLACE OF BUSINESS.

THE CONFLICT OF INTEREST POLICY AND THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G OTHER FEES FOR SERVICES

	(A)	(B) PROGRAM	(C) MANAGEMENT	(D) FUND-
<u>-</u>	TOTAL	SERVICES	& GENERAL	RAISING
INDEPENDENT CONTRACTORS OTHER PROFESSIONAL FEES PAYROLL SERVICE FEES SECURITY SERVICES & CONSULTANT	189,606. 14,903. 1,108. 1,764.	189,606. 12,986. 929. 1,737.	439. 85.	1,478. 94. 14.
TOTAL 3	\$ 207,381.	\$ 205,258.	\$ 537.	\$ 1,586.