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.

Open to Public

OMB No. 1545-0047 2017

Depa Inter	artment of th nal Revenue	ne Treasury e Service	► 0	io to www.i	rs.gov/Form990 for in	structions and	the latest i	nformati	ion.		Inspe	ction
Α	For the 2	2017 calend	lar year, or tax	year begin	ning 9/01	, 2017,	and ending	I 8/3	31	,	2018	
В	Check if ap	plicable:	C					· · · · ·	D Employ	er identi	fication num	ber
	Addres	ss change	ACCOUNTAB	ILITY C	OUNSEL				46-	19090	035	
	Name	change	244 KEARN	Y ST FL	OOR 6				E Telepho	one numb	er	
	Initial	return	SAN FRANC	ISCO, C	A 94108				415	-296-	-6761	
	Final ret	turn/terminated										
	Amen	ded return							G Gross r	eceipts \$	5 1.4	113,811.
	Applic	ation pending	F Name and add	ress of principal	officer: NATALTE F	S FIFLDS	ŀ	I(a) Is this				Yes X No
			SAME AS C	ABOVE			H	H(b) Are all	subordinates	included	?	Yes No
ī	Tax-exer) < (insert no.)	4947(a)(1) or	527	IT INO,	attach a list.	(see inst	ructions)	
J	Websi	te:► WWI			COUNSEL, ORG			I(c) Group	exemption nu	ımber 🕨		
κ	Form of		X Corporation	Trust	Association Other ►	LY		••				CA
		-	/						-		5	011
	Initial return Final return/terminated Anended return SAN FRANCISCO, CA 94108 415-296-6761 Image: Source of the state state of the state state of the state of the state of the state o											
-	Check if applicable: Account TABILLITY COUNSEL 244 KEARNY ST FLOOR 6 Avere change ACCOUNT ABILLITY COUNSEL 244 KEARNY ST FLOOR 6 Arrended return SAN FRANCISCO, CA 94108 46-1909035 Take dem/hemisted F Name and address of principal officer: NATALIE B FIELDS H00 let is a goop return for subcontainted: wes Arrended return Arrended return F Name and address of principal officer: NATALIE B FIELDS H00 let is a goop return for subcontainted: wes Form of organization's COUNTABILLITYCOUNSEL, ORG Web Xet all subcontainted: wes Web Xet all subcontainted: wes Web Xet all subcontainted: Wes Point of subcontaint: X Cooporation Tast A Association Other* L veor of formation: 2014 M State of legal domicie: CA art1 Summary State of legal domicie: CA H00 let is a form organization's mission or most significant activities: ACCOUNTABILLY FUNANCED PROJECTS, We Course comption number VOICES OF COMMUNITIES ANDOUND THE WORLD POLICY LEVEL STRATEGIES TO ACCESS JUSTICE. 2 Check this box *											
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	8 Co	ntributions	and grants (Pa	art VIII. line	1h)					89		
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ven									1	17.		375.
В												
	12 To	tal revenue	- add lines 8	through 11	(must equal Part VIII	, column (A), lir	ne 12)	1			1,4	
	13 Gr	ants and sir	milar amounts	paid (Part I	X, column (A), lines	1-3)						
	14 Be	nefits paid	to or for memb	ers (Part I)	(, column (A), line 4)							
	15 Sa	laries, othe	r compensatio	n, employee	e benefits (Part IX, co	olumn (A), lines	5-10)	-	604,8	87.	8	899,189.
ses	16a Pr	ofessional f	undraising fee	s (Part IX, c	olumn (A), line 11e).							
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Net / Fund	21 10							- 1				
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Sic	n	Signatur	e of officer					Da	ate			
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May	v the IRS	discuss thi			shown above? (see i	nstructions)					X Yes	
	-				he separate instructi	•						n 990 (2017)
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Form	n 990 (2017) ACCOUNTABILITY COUNSEL	46-1909035	Page 2
Par	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	SEE SCHEDULE O		
2	Did the organization undertake any significant program services during the year which were not listed on the prior		
	Form 990 or 990-EZ?	Ye	es X No
	If 'Yes,' describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program serv	ices? Ye	es X No
	If 'Yes,' describe these changes on Schedule O.		_
4	Describe the organization's program service accomplishments for each of its three largest program servic Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations and revenue, if any, for each program service reported.	es, as measured to others, the tota	by expenses. al expenses,
4 2	a (Code:) (Expenses \$ 648,065. including grants of \$) (Re	venue \$	
- 4	COMMUNITIES - ADVOCATES IN OUR COMMUNITIES TEAM WORKED AT THE REQU		/
	HARMED BY INTERNATIONAL INVESTMENT TO RAISE THEIR GRIEVANCES THROU		101111110
	ACCOUNTABILITY OFFICES AS PART OF BROADER CAMPAIGNS FOR JUSTICE.		MPLES OF
	ACCOMPLISHMENTS FROM OUR CASES AROUND THE WORLD INCLUDE: (1) IN MO		
	SUPPORTED NOMADIC HERDERS WITH IMPLEMENTATION OF AGREEMENTS REACH		DISPUTE
	RESOLUTION TO REMEDY HARM FROM A LARGE MINE. (2) IN NEPAL, WE SUPP		

ACCOMPLISHMENTS FROM OUR CASES AROUND THE WORLD INCLUDE: (1) IN MONGOLIA, WE SUPPORTED NOMADIC HERDERS WITH IMPLEMENTATION OF AGREEMENTS REACHED THROUGH DISPUTE RESOLUTION TO REMEDY HARM FROM A LARGE MINE. (2) IN NEPAL, WE SUPPORTED INDIGENOUS COMMUNITIES TO OBTAIN ACCESS TO INFORMATION ABOUT HARM FROM HIGH-VOLTAGE TRANSMISSION LINES, IN ONE CASE AS PART OF A COMPLETED COMPLAINT PROCESS, AND IN ANOTHER CASE TO PREPARE FOR A COMPLAINT NOW IN PROCESS. (3) IN INDIA, WE SUPPORTED DOCUMENTATION OF ABUSE OF TEA WORKERS LIVING LIKE MODERN-DAY SLAVES, RESULTING IN INDEPENDENT VERIFICATION THAT IS LEADING TO DIALOGUE AROUND THESE ISSUES. MORE IN SCHEDULE 0.

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4e Total program service expens			
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 Form 990 (2017)
 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	X	
2		2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I</i>	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? 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? <i>If 'Yes,' complete Schedule D, Part V</i>	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
i	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	
l	b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
1	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
l	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
l	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
	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

Forn	n 990 (2017) ACCOUNTABILITY COUNSEL 46-190903	5	F	Page 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
20a	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? <i>If 'Yes,' complete Schedule I, Parts I and II</i>	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> .	23		Х
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a.	24a		х
ł	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
c	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
ł	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? <i>If 'Yes,' complete Schedule L, Part II.</i>	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		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
ł	A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		х
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? <i>If 'Yes,' complete Schedule L, Part IV</i>	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		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? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ł	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)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	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 ((2017)

Form 990 (2017)

Part VI Statements Regarding Other IRS Fillings and Tax Compliance Image: Complex Statements Regarding Other IRS Fillings and Tax Compliance a Enter the number of ports WG included in line 1a. Enter -0- if not applicable 1a	Form 990 (2017) ACCOUNTABILITY COUNSEL 40	6-1909035	Р	age 5
Check if Schedule C contains a response or note to any line in this Part V. Vest Not 1a Einer the number of Forms V322 includes in the 1a. Enter -0- if not applicable. 1a/1 1a/2 2 Einer the number of Forms V322 includes in the 1a. Enter -0- if not applicable. 1a/2 1a/2 2 Einer the number of forms V32 includes in the 1a. Enter -0- if not applicable. 1a/2 1a/2 2 Einer the number of forms V32 includes in the 1a. Enter -0- if not applicable. 2a/2 10 bit at least one is reported an line 2a, did the organization file all required forderal employment tax returns? 2a/2 X Note, if the sum off into 2 and 2a is greater than 250, you may be required to e-file (see instructions) 3a/2 X 3a Did the organization have unrelated business: groos income of \$1,000 or more during the year? 3a/2 X bit Yst, inter the nume of the foreign curve, -1 4a/2 X X See instructions for file groupments for FiCOX Ferm 114. Report of Foreign Eaxie and Financial Accounts (FBAP). 5a/2 X See instructions for the groupments for FiCOX Ferm 114. Report of Foreign Eaxie and Financial Accounts (FBAP). 5a/2 X See instructions for the groupments on the were not bar doclube a contributions or gifts were not bar doclube as contributions file any second and guide origanization secti				0
1 a Enter the number exported in Box 3 of Form 106. Enter 0- if not applicable 1 a 1 b 0 0 b Enter the number exported in Box 3 of Form 106. Enter 0- if not applicable 1 b 0 2 a Enter the number of Forms W-26 included in line 1a. Enter 0- if not applicable 1 c X 2 a Enter the number of exployee reported on form W.3. Transmittal of Wage and Tax State 2 a 1 c transmittal of Wage and Tax State 2 a Enter the number of exployee reported on form W.3. Transmittal of Wage and Tax State 2 a 1 c transmittal of Wage and Tax State 2 a Enter the number of exployee reported on form W.3. Transmittal of Wage and Tax State 2 a 1 c transmittal of Wage and Tax State 2 a D c the expanzion in the 2. A of the organization file an inclusion of the state of th				. 🗌
b Enter the number of Forms W-20 included in line 1a. Enter -0- if not applicable Image: Control of the second			Yes	No
c D the organization comply with backgo withinking rules for reportable payments to venders and reportable payments. The second reportable payments is the rest of the cale and the second reported on Form W-3. Transmittal of Wage and Tax Sitter 1 and 1	1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1 a	16		
gambling) winnings to prize winners? 1c X 2a Entrik the number of employees reported on Form W-3, Transmittal of Wage and Tax State- 10 bit at least one is reported on line 2a, did the cognization file all equiped federal employment tax returns? 2b X Note. If the sum of Ines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a 3a X 3b Uf the organization have unrelated business gross income of 51.000 or more during the year? 3a X 3b 4a A any time during the calendar year, dif the rganization have an inferest in, or a signature or after authority over, a timeneal account). 4a X bit Tres, enter the num of the foreign country over a subskin country over a bank account, or or ather functional account or foreign attrasschorn? 5b X 5a Was the organization have minuted res to the same subskin or a signature or other authority over; a time same of the foreign bank are any time during the tax year? 5a X bit Dres, taxte the name of the foreign bank are any time during the tax year? 5a X bit dres, taxte the name of the foreign bank are country or a party to a prohibutid tax shells that masschorn? 5c 5c c Hres, to the same of the dreganization file form 8365.71 5c 5a X bit Hres, induce the number of forms 8282 filed during the year.	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
2a Enter the number of employees reported on Form W-3, Transmittel of Wage and Tax Sitter. 2a 10 bit at least one is reported on live 2a, dut the organization tite all required tedral employment tax returns? 2b X Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a X bit Tex, its title a Emm 93-1 for the year 1 W to live 2b, mode an equination of statution of the year? 3b 3a bit Tex, its title a Emm 93-1 for the year 1 W to live 2b, mode an equination of statution of the year? 3b 3b bit Tex, its title a Emm 93-1 for the year 1 W to live 2b, mode an equination of statution of the required or e-file (see instructions) 3a X bit Tex, its title a Emm 93-1 for the year 1 W to live 2b, mode an equination of statution of the required or e-file (see instructions) 3a X bit Tex, its title a Emm 93-1 for the year 1 W to inside a equination of statution of the required or e-file (see instructions) 3a X bit Tex, its title a Emm 93-1 for the year 1 W to inside a equination and primorial accounts (EMR). See X See the structure the name of the torgen country. *1 See X bit Tex, it of the organization have employment tax relations and primorial accounts (EMR). See X bit Tex, it of the organization have emula tox sceles that are normally greater that stat	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		Х	
mens, like for the calendar year ending with or within the year covered by this return				
Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a 3a X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X bif Yes, inst during the calendar year, did the organization have an interest, nor a signature or other authority over, a financial accounts of the ingregationens for thing requirements for Finder Schell Form 114, Report of Foreign Bank and Financial accounts (FBAR). 5a 5w enstructions for thing requirements for Finder Schell Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a 5w status of the organization in that it was or is a party to a prohibited tax shelter transaction? 5a 5b C 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization file organization file organization a express statement that such onthibutions or gifts were not tax deductible ac charable contributions? 6a 7 Organization stude under were of tax deductible ac charable contributions? 7a X 7b Y'ss', indicate the number of Form 8282 filed during the year? 7a X 7b Y'ss', indicate the number of Forms 8282 filed during the year? 7d 7b X 7b Y'ss', indicate the number of Forms 8282 filed during the year? 7d X 7d X	ments, filed for the calendar year ending with or within the year covered by this return		37	
3 D dth eorganization have unrelated business gross income of \$1.000 or more during the year? 3 a X b H Yes; has tille a form 990-T for this year? H W to ble organization have an interest in, or a signature or other authority over, a financial accountly (such as a bank account, securities account), or other financial accounts? 4 a X b H Yes; inter the name of the toregin county? 5 a 5 a X See instructions for Hing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FEAR). 5 a X b Dd any taxable party notify the organization have annual gross receipts that are normally greater than \$100.000, and did the organization of the form 8886-T? 5 a X 6 a Dees the organization a party include with every conserves statement that such contributions or gifts were nor tax deductible? 6 a X 0 If Yes; i duite organization notify the donor of the value of the goods or services provided? 7 a X 7 Organizations that may receive deductible contributions under section 170(c). 8 b 8 b X 1 If Yes; indicate the number of Forms 8282 filed during the year. 7 a X X 7 D definitions that may receive deductible contributions under section 170(c). 8 b X X a Uf the organization notify the donor of the value of the goods or services provided? 7 b X X		2b	Х	
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b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12. 10 a a B Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b 10 b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders. 11 a 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 12 a 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12 b 13 a 13 Section 501(c)(29) qualified nonprofit health plans in more than one state? 13 a 13 a Note. See the instructions for additional information the organization must report on Schedule O. 5 b 5 b 13 b 13 a Note. See the instructions for additional information is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13 b 13 a 14 Did the organization receive any payments for indoor tanning services during the tax year? 14a X				
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a Initiation fees and capital contributions included on Part VIII, line 12 10 a 10 a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b 10 b 11 Section 501(c)(12) organizations. Enter: 10 a 10 b 11 a a Gross income from members or shareholders. 11 a 11 b 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 12 a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12 b 12 a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13 a 13 a Note. See the instructions for additional information the organization must report on Schedule O. 13 b 13 a b 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. 13 b 14 a				
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11 Section 501(c)(12) organizations. Enter: a 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 12a 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12 b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13 a a 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 Schedule O. 13 b b 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. 13 b c Enter the amount of reserves on hand 13 c 14 a				
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13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13 a a 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 Schedule O. 13 a b 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. 13 b c Enter the amount of reserves on hand 13 c 14 a Did the organization receive any payments for indoor tanning services during the tax year? 14 a X	12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a b 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 c Enter the amount of reserves on hand 13c 14a				
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b 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	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	ů i			
14a Did the organization receive any payments for indoor tanning services during the tax year?	b 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			
	c Enter the amount of reserves on hand			
b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation in Schedule O</i> 14b	14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		

		Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 8 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. 1 a 8			
b Enter the number of voting members included in line 1a, above, who are independent 1b 7			
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Х
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	-		X
6 Did the organization have members or stockholders?	6		X
 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? 	0 7 a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		Х
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8 a	Х	
b Each committee with authority to act on behalf of the governing body?	8 b	Х	
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		Х
Section B. Policies (This Section B requests information about policies not required by the Internal Re	evenu	ie Co	ode.)
		Yes	No
10 a Did the organization have local chapters, branches, or affiliates?	10 a	Х	
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	Х	
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O			
12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	Х	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done SEE. SCHEDULE . Q	12c	Х	
13 Did the organization have a written whistleblower policy?	13	Х	
14 Did the organization have a written document retention and destruction policy?	14	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent			
persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE. O.	15a	X	
b Other officers or key employees of the organization.	15 b	Х	
If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Х
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			L
17 List the states with which a copy of this Form 990 is required to be filed E			
 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s for public inspection. Indicate how you made these available. Check all that apply. 			able
X Own website Another's website Upon request X Other (explain in Schedule O) S	EE S	SCH.	0
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements availal the public during the tax year. SEE SCHEDULE O	ole to		
20 State the name, address, and telephone number of the person who possesses the organization's books and records:			
ACCOUNTABILITY COUNSEL 244 KEARNY ST FLOOR 6 SAN FRANCISCO CA 94108 415-29	6-67	61	
BAA TEEA0106L 08/08/17			(2017)

Form 990 (2017) ACCOUNTABILITY COUNSEL

Section A. Governing Body and Management

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.Χ

Check if Schedule	O contains a	response or r	note to any	/ line in this	Part VI
) I CIL VI

46-1909035

Form 990 (2017) ACCOUNTABILITY COUNSEI								46-19090	35 Page 7
Part VII Compensation of Officers, Directo Independent Contractors	-	stee	s, Ke	y E	mplo	ye	es, Highest C		• •
Check if Schedule O contains a response	or note to	anv	line in	this	Part \	/11.			П
Section A. Officers, Directors, Trustees, Ko									
 1 a Complete this table for all persons required to be listed organization's tax year. List all of the organization's current officers, direction of the organization's current officers, direction of the organization of the organization of the organization's current officers, direction of the organization of	. Report co	ompe stees	nsatior s (whe	n for t ther i	the cal	enc	lar year ending wit	h or within the	nount of
compensation. Enter -0- in columns (D), (E), and (F) i • List all of the organization's current key employed				•		d۵	finition of 'key en	nlovee '	
 List the organization's five current highest comp who received reportable compensation (Box 5 of Form organization and any related organizations. 	ensated e	mplo	yees	(othe	r than	an	officer, director,	trustee, or key emp	
• List all of the organization's former officers, key of reportable compensation from the organization and any				nest (compe	ensi	ated employees v	who received more t	han \$100,000:
• List all of the organization's former directors or truster organization, more than \$10,000 of reportable comper-									
List persons in the following order: individual trustees employees; and former such persons.	or director	rs; in	stitutio	onal f	trustee	es;	officers; key emp	loyees; highest con	npensated
Check this box if neither the organization nor any relat	ed organiz	ation	compe	ensate	ed any	си	rrent officer, direct	or, or trustee.	
			(0)					
(A) Name and Title	(B) Average hours	than is	ition (do one bo both an directo	<, unle office	ss perso r and a ee)	on	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Omcer Institutional trustee	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) KATHLEEN KELLY JANUS	1								
BOARD CHAIR	0	X	X				0	0	0

(1)	KATHLEEN KELLY JANUS	T								
	BOARD CHAIR	0	Х	Х				0.	0.	0.
(2)	KIM KELLER	1								
	SECRETARY	0	Х	Х				0.	0.	0.
(3)	JASON HAGGINS	1								
	TREASURER	0	Х	Х				0.	0.	0.
(4)	GARY_COOKHORN	0.5								
	DIRECTOR	0	Х					0.	0.	0.
(5)	ERICA_GOULD	0.5								
	DIRECTOR	0	Х					0.	0.	0.
(6)	BRENT HOROWITZ	0.5	-							
	DIRECTOR	0	Х					0.	0.	0.
_(7)	PARU_YUSUF	0.5	-							
	DIRECTOR	0	Х					0.	0.	0.
(8)	NATALIE B FIELDS	40								
	PRESIDENT & ED	0		Х				139,513.	0.	0.
<u>(9)</u>										
(10)			-							
(11)										
(12)										
(12)										
(13)										
(14)										
BAA		TEEA0	107L	08/08/1	7	1	1		I	Form 990 (2017)

Form 990 (2017) ACCOUNTABILITY COUNSEL

46-1909035 Page 8

Pa	t VII Section A. Officers, Directors, Tru	istees,	Key	En	ıplo	oye	es,	and	d Highest Com	pensated Emp	oloyee	S (continued)
		(B)			•	C)						
	(A) Name and title	Average hours per week	box	, unle	check ess pe	erson	e than is botl or/trus	h an itee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	amo	(F) Istimated ount of other
		(list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	org ar	npensation from the ganization nd related janizations
(15)												
(16)												
(17)												
(18)												
(19)	·											
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
	Sub-total							•	139,513.	0.	,	0.
	Total from continuation sheets to Part VII, Section							•	0.	0.		0.
	Total (add lines 1b and 1c)							ved	139,513. more than \$100.00	0. 0 of reportable com		0.
	from the organization \blacktriangleright 1				- /				, ,			
												Yes No
3	Did the organization list any former officer, direc on line 1a? If 'Yes,' complete Schedule J for suc	tor, or tru h individu	stee, <i>ial</i>	ke	y en	nplo <u>r</u>	yee,	or h	nighest compensa	ted employee	3	X
4	For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	f reportab er than \$1	le co 50,0	mpe 00?	ensa If '\	ation Yes,	and ' <i>con</i>	oth 1 <i>ple</i>	er compensation te Schedule J for	from	4	X
5	Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes	e comper	satio	on fr	om	anv	unre	elate	d organization or	individual		X
Sec	tion B. Independent Contractors											
1	Complete this table for your five highest compen compensation from the organization. Report compen	sated ind sation for	epen the c	den alen	t coi dar	ntra year	ctors endi	tha ng v	It received more the till the or with or within the or	han \$100,000 of ganization's tax yea	ar.	
	(A) Name and business add	ress				-			(B) Description of	of services	(Compe	C) ensation
2	Total number of independent contractors (including b \$100,000 of compensation from the organization		ited t	o the	ose l	listeo	d abo	ve)	who received more	than		

46-1909035

Page 9

	Check if Schedule O contains a response or note to any				-
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512-514
nts	1 a Federated campaigns				
Amounts	b Membership dues 1 b				
	c Fundraising events 1c				
Similar	d Related organizations 1d				
imi	e Government grants (contributions) 1 e				
and Other S	f All other contributions, gifts, grants, and similar amounts not included above 1f 1,409,063.				
0 p	g Noncash contributions included in lines 1a-1f: \$ 3,123.				
an	h Total. Add lines 1a-1f	1,409,063.			
	Business Code				
	2a				
	b				
2	c				
ŝ	d				
	e				
2	f All other program service revenue				
É	g Total. Add lines 2a-2f				
:	3 Investment income (including dividends, interest and				
	other similar amounts)	375.	375.		
4	4 Income from investment of tax-exempt bond proceeds . ▶				
!	5 Royalties				
	(i) Real (ii) Personal				
•	6 a Gross rents				
	b Less: rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory				
	b Less: cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)►				
	Ba Gross income from fundraising events (not including. \$				
2	of contributions reported on line 1c).				
Ŭ	See Part IV, line 18 a				
5	b Less: direct expenses b				
	c Net income or (loss) from fundraising events				
۰	9a Gross income from gaming activities. See Part IV, line 19a				
	b Less: direct expenses b				
	c Net income or (loss) from gaming activities				
10	0a Gross sales of inventory, less returns and allowances a				
	b Less: cost of goods sold b				
	c Net income or (loss) from sales of inventory				
┝	C Net Income of (IOSS) from sales of inventory				
1		4 070	4 070		
 	1a <u>OTHER_INCOME900099</u>	4,373.	4,373.		
	b				<u> </u>
					ļ
	d All other revenue				
	e Total. Add lines 11a-11d	4,373.			
12	2 Total revenue. See instructions	1,413,811.	4,748.	0.	

	t IX Statement of Functional Expension 501(c)(3) and 501(c)(4) organizations must com		or organizations must a	amplata column (A)
Secti	Check if Schedule O contains a re			
Do n 3b, 7	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
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		expenses	general expenses
2	Grants and other assistance to domestic individuals. See Part IV, line 22			
3	Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16			
	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	140,000.	105,000.	7,000
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
7	Other salaries and wages	598,211.	506,973.	46,571
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5507211.	3007373.	10/0/1
9	Other employee benefits	103,582.	85,282.	7,147
	Payroll taxes	57,396.	47,603.	4,157
	Fees for services (non-employees):	0170001	11/0001	1/20/
	Management			
b	Legal			
	Accounting	10,975.		10,975
d	Lobbying			
е	Professional fundraising services. See Part IV, line 17			
f	Investment management fees			
-	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0., SCH. O Advertising and promotion	271,965.	235,142.	24,227
	Office expenses	1,244.	1 111	55
	Information technology	24,480.	<u>1,111.</u> 7,045.	16,635
	Royalties.	24,400.	7,043.	10,055
16	Occupancy	121,000.	105,234.	6,700
17	Travel.	145,482.	134,404.	423
	Payments of travel or entertainment expenses for any federal, state, or local public officials.	110,102.	101,101.	
19	Conferences, conventions, and meetings	4,089.	3,220.	44
	Interest	1,401.	399.	70

825. 44. 70. 932. 20 1,401 21 Payments to affiliates..... 22 Depreciation, depletion, and amortization.... 4,907. 4,907. **23** Insurance 9,607. 5,448. 3,512. 647. 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.). 9,106 5,676 92 3,338. a PRINTING AND PUBLICATIONS **b** <u>PARTNER</u> EXPENSES 8,681 8,681 7,623 1,230 935 5,458. c <u>MISCELLANEOUS EXPENSES</u> <u>6,042</u> d TECHNICAL LICENSES & SOFTWARE 5,164 148 730. 22,015. 17,501. 293. 4,221. e All other expenses..... 25 Total functional expenses. Add lines 1 through 24e. . 1,547,806. 1,275,113. 133,891. 138,802. Joint costs. Complete this line only if 26 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).....

1909035 Page 10

(D) Fundraising

expenses

28,000.

44,667.

11,153.

12,596.

78.

800.

9,066.

10,655.

5,636.

0.

Х

Form 990 (2017) ACCOUNTABILITY COUNSEL Part X Balance Sheet

46-1909035	
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Page 11

art X	Check if Schedule O contains a response or note to	o any line	in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash – non-interest-bearing.			32,727.	1	32,982
2	Savings and temporary cash investments			1,265,044.	2	1,210,044
3	Pledges and grants receivable, net			, ,	3	, ,
4	Accounts receivable, net			125,000.	4	88,981
5	Loans and other receivables from current and former trustees, key employees, and highest compensated e Part II of Schedule L	mployees.	Complete		5	
6	Loans and other receivables from other disqualified p section 4958(f)(1)), persons described in section 4958(c)(employers and sponsoring organizations of section 501(c beneficiary organizations (see instructions). Complete	s defined under contributing ary employees' Schedule L		6		
3 7	Notes and loans receivable, net	[7		
2 7 2 8 8 8	Inventories for sale or use				8	
č 9	Prepaid expenses and deferred charges			22,989.	9	22,838
10 <i>a</i>	a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	33,175.	,		,
ŀ	b Less: accumulated depreciation.	10 b	8,845.	37,231.	10 c	24,330
	Investments – publicly traded securities			57,251.	11	24,330
12	Investments – other securities. See Part IV, line 11.				12	
13	Investments – program-related. See Part IV, line 11.				13	
14	Intangible assets.				14	
	Other assets. See Part IV, line 11			15 010		14 50
15		15,210.	15	14,538		
16	Total assets. Add lines 1 through 15 (must equal line Accounts payable and accrued expenses			1,498,201.	16	1,393,713
17 18	Grants payable			21,944.	17 18	26,618
10	Deferred revenue				10	
	Tax-exempt bond liabilities		_		20	
20	1				-	
21	Escrow or custodial account liability. Complete Part				21	
21 22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L	d disqualifi	ied persons.		22	
23	Secured mortgages and notes payable to unrelated the	nird parties	S		23	
24	Unsecured notes and loans payable to unrelated third	parties.			24	
25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	•		50,866.	25	75,699
26	Total liabilities. Add lines 17 through 25			72,810.	26	102,317
3	Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	ere ► X	and complete			
27 28 29	Unrestricted net assets			1,269,748.	27	939,998
28	Temporarily restricted net assets.			155,643.	28	351,398
29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117 (ASC 958), cl and complete lines 30 through 34.					
5 30	Capital stock or trust principal, or current funds				30	
31	Paid-in or capital surplus, or land, building, or equipn				30	
32	Retained earnings, endowment, accumulated income				32	
3	Total net assets or fund balances			1 405 201	33	1 201 207
33	Total liabilities and net assets/fund balances			1,425,391.		1,291,396
34 AA				1,498,201.	34	1,393,713 Form 990 (201

		1909035	Р	age 12
Par	t 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)		1,413,	811.
2	Total expenses (must equal Part IX, column (A), line 25)		1,547,	806.
3	Revenue less expenses. Subtract line 2 from line 1	3	-133,	995.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,425,	391.
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	1,291,	<u>396.</u>
Par	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			🗍
			Yes	No
1	Accounting method used to prepare the Form 990: 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	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ed on a		
ŀ	Were the organization's financial statements audited by an independent accountant?		2 b	Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separ basis, consolidated basis, or both: 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?	. ,	2 c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
32	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?		3 a	Х
Ł	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required au or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b	
BAA			Form 990	(2017)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

.

201	17	

OMB No. 1545-0047

Open to Public

Departr Interna	nent of the Treasury Revenue Service	► (Go to www.irs.gov/Fo	rm990 for instructions	nformation.	Inspection			
Name of the organization							Employer identifica	ation number	
-	OUNTABILITY						46-190903		
Part				rganizations must o				tions.	
The o	Ĕ-	•		For lines 1 through 12,		-	,		
1	· ·		,	hurches described in sec	``		(i).		
2				Schedule E (Form 990 or					
3		•		ization described in sec					
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, a								
5	An organizati	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, sta	ite, or local gov	ernment or governme	ental unit described in s	ection 1	70(b)(1))(A)(v).		
7	X An organizatio	on that normally i 0(b)(1)(A)(vi). (eceives a substantial p Complete Part II.)	part of its support from a	governm	ental un	it or from the general pul	blic described	
8	A community	trust described	in section 170(b)(1)(A)(vi). (Complete Part I	ll.)				
9	or university o			ction 170(b)(1)(A)(ix) oper e (see instructions). Enter					
10	from activities	n that normally is related to its a	eceives: (1) more than exempt functions-sub	33-1/3% of its support fr oject to certain exception e income (less section Part III)	rom contr ons, and	(2) no	more than 33-1/3% of i	ts support from gross	
11				ely to test for public safe	etv. See	section	n 509(a)(4).		
12		5	•	ely for the benefit of, to	2			it the nurnoses of one	
	or more publi	clv supported o	rganizations describe	ed in section 509(a)(1) o	or sectio	n 509(a)(2). See section 509(a	(3). Check the box in	
	lines 12a thro	ough 12d that de	escribes the type of s	upporting organization	and corr	iplete li	nes 12e, 12f, and 12g.		
а	organization(s complete Par) the power to re t IV, Sections /	on operated, supervise gularly appoint or elect A and B.	d, or controlled by its sup t a majority of the directo	ported o rs or trus	tees of	ion(s), typically by giving the supporting organization	the supported on. You must	
b	management of	oporting organiz of the supporting te Part IV, Sect	organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ed organization(s), by the supported organizat	having control or ion(s). You	
С	Type III function	onally integrated s) (see instructi	. A supporting organizat ons). You must com	tion operated in connectio plete Part IV, Sections	n with, ar A, D, an d	nd functi d E.	onally integrated with, its	supported	
d	functionally in instructions).	inctionally integ ntegrated. The o You must com	rated. A supporting org organization generally plete Part IV, Section	anization operated in cor must satisfy a distribu Is A and D, and Part V.	nnection tion requ	with its : uiremen	supported organization(s) t and an attentiveness) that is not requirement (see	
е	Check this bo	x if the organiz	ation received a writt	en determination from	the IRS t				
				supporting organization				[]	
			n about the supported	d organization(s)					
	i) Name of supported of	-	(ii) EIN	(iii) Type of organization	(iv) h	c tho	(v) Amount of monetary	(vi) Amount of other	
Ň		, guinzation		(described on lines 1-10 above (see instructions))	(iv) la organizat in your g docur	overning	support (see instructions)	support (see instructions)	
					Yes	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.)

Section A. Public Support

Cale begi	ndar year (or fiscal year nning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')		845,742.	1,127,784.	1,599,889.	1,409,063.	4,982,478.
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.	845,742.	1,127,784.	1,599,889.	1,409,063.	4,982,478.
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)						375,118.
6	Public support. Subtract line 5 from line 4						4,607,360.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	0.	845,742.	1,127,784.	1,599,889.	1,409,063.	4,982,478.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		357.	357.	117.	375.	1,206.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE TART VI				8,977.	4,373.	13,350.
	Total support. Add lines 7 through 10						4,997,034.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	0.
13	First five years. If the Form 990 is organization, check this box and						► X
	tion C. Computation of Pu						
	Public support percentage for 20						%
15	Public support percentage from	2016 Schedule A,	Part II, line 14			15	%
16a	33-1/3% support test-2017. If t and stop here. The organization	he organization di qualifies as a put	d not check the b blicly supported o	oox on line 13, an rganization	d line 14 is 33-1/3	3% or more, check	this box
b	33-1/3% support test-2016. If the and stop here. The organization	ne organization dic qualifies as a pul	l not check a box blicly supported c	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more, c	theck this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test. check this	box and stop her	re. Explain in Part	VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances' f	and-circumstance test. The organiza	s' test, check this ation qualifies as	box and stop he a publicly support	re. Explain in Part ed organization.	VI how the ►
18	Private foundation. If the organized	zation did not che	CK a box on line	13, 16a, 16b, 17a	, or 1/b, check th	is box and see ins	structions ►
BAA					Sc	hedule A (Form 99	0 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

46-1909035

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						
	lar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include						
2	any 'unusual grants.') Gross receipts from admissions,						
2	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	ļ					
/a	Amounts included on lines 1, 2, and 3 received from						
	disqualified persons						
b	Amounts included on lines 2						
	and 3 received from other than disgualified persons that						
	exceed the greater of \$5,000 or						
	1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line						
	7c from line 6.)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from						
h	similar sources Unrelated business taxable						
U	income (less section 511						
	taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	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	1					
	Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990	is for the organiz:	L ation's first, seco	nd. third. fourth c	ı or fifth tax vear as	a section 501(c)(3)
	organization, check this box and	stop here		· · · · · · · · · · · · · · · · · · ·			∽
	tion C. Computation of Pu						
	Public support percentage for 20	-					00
	Public support percentage from						0/0
Sec	tion D. Computation of Inv					rr	
17	Investment income percentage f	•		-			00
18	Investment income percentage f						8
19a	33-1/3% support tests — 2017. If t is not more than 33-1/3%, check						
h	33-1/3% support tests—2016. If t		• •	•		-	
J	line 18 is not more than 33-1/3%						
20	Private foundation. If the organi	zation did not che	eck a box on line	14, 19a, or 19b, o	check this box and	d see instructions.	

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

- Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 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 2 described in section 509(a)(1) or (2). 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below. 3a **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in **Part VI** when and how the organization made the determination. 3b c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in **Part VI** what controls the organization put in place to ensure such use. 3c
- **4a** Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If 'Yes,' provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)*.
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If 'Yes,' provide detail in Part VI*.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If 'Yes,' provide detail in Part VI*.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

10a

10b

		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b A family member of a person described in (a) above?	11b		
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		

1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities.

- If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s)
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*

Section C. Type II Supporting Organizations

			162	NU
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played			
	in this regard.			

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - a The organization satisfied the Activities Test. Complete line 2 below.
 - **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
 - c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in **Part VI identify those supported** organization how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in **Part VI** the role played by the organization in this regard.

Yes

Voc No

Yes

2a

2b

3a

3h

No

1

2

No

Page 6

	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on No ns mus	v. 20, 1970 (explain in t complete Sections A	n Part VI). See through E.
ec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Yea (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		
ec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Yea (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):			
ć	Average monthly value of securities	1a		
ł	Average monthly cash balances	1b		
C	: Fair market value of other non-exempt-use assets	1c		
C	I Total (add lines 1a, 1b, and 1c)	1d		
e	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		
ec	tion C – Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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

7

Schedule A (Form 990 or 990-EZ) 2017

	dule A (Form 990 or 990-EZ) 2017 ACCOUNTABILITY COUNS		46-190	09035 Page 7
	t V Type III Non-Functionally Integrated 509(a)(3) Su	ipporting Organiza	tions (continued)	0
	tion D – Distributions			Current Year
	Amounts paid to supported organizations to accomplish exempt pu			
	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity		S,	
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations		
	Amounts paid to acquire exempt-use assets			
	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 in Part VI). See instructions.	on is responsive (provide	details	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required – explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
	P From 2013			
_	From 2014			
	From 2015			
e	Prom 2016			
1	f Total of lines 3a through e			
ç	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
	i Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
_	Applied to 2017 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
c	Excess from 2016			
e	Excess from 2017			

BAA

Schedule A (Form 990 or 990-EZ) 2017

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	:		2017		2016	 2015	 2014	 2013
OTHER INCOME	TOTAL	\$ \$	<u>4,373.</u> 4,373.	\$ \$	<u>8,977.</u> 8,977.	\$ 0.	\$ 0.	\$ 0.

46-1909035

SCHE	EDL	JLI	Ε	С	
(Form	99 0	or	99	90-	EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
 ► Go to at www.irs.gov/Form990 for instructions and the latest information

Open to Public Inspection

• 5	Section 501(c)(3) organization	on Form 990, Part IV, line 3, or Form 990-EZ, I is: Complete Parts I-A and B. Do not comp	lete Part I-C.							
	 Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. Section 527 organizations: Complete Part I-A only. 									
	-		Part VI line 17 (Labbui	ng Activities) then						
	-	on Form 990, Part IV, line 4, or Form 990-EZ, I that have filed Form 5768 (election under sect		-	Part II-B					
• 5		is that have NOT filed Form 5768 (election								
If the (Pro:	e organization answered 'Yes xy Tax) (see separate instruc	, ' on Form 990, Part IV, line 5 (Proxy Tax) tions), then organizations: Complete Part III.	(see separate instruc	tions) or Form 990-EZ,	Part V, line 35c					
		ABILITY COUNSEL		Employer identifica	tion number					
				46-190903						
	-	rganization is exempt under section			zation.					
1		organization's direct and indirect political c n of 'political campaign activities')	ampaign activities in	Part IV.						
2	Political campaign activity ex	xpenditures (see instructions)		▶\$						
3	Volunteer hours for political	campaign activities (see instructions)								
Par	-	rganization is exempt under section								
1	-	sise tax incurred by the organization under		•	0.					
2	Enter the amount of any exc	sise tax incurred by organization managers	under section 4955.	▶\$	0.					
3	0	a section 4955 tax, did it file Form 4720 for	2							
4 a	Was a correction made?				Yes No					
	If 'Yes,' describe in Part IV.									
Par	-	rganization is exempt under section	· · · ·							
1	Enter the amount directly ex	pended by the filing organization for section	on 527 exempt function	on activities 🏲 \$						
2	Enter the amount of the filing of function activities	organization's funds contributed to other organ	izations for section 52	7 exempt ► \$						
3	Total exempt function expen line 17b.	ditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	►\$						
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No					
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filin organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also ent amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.										
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0					
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
BAA	For Paperwork Reduction Act	Notice, see the Instructions for Form 990 or	990-EZ.	Schedule C (For	m 990 or 990-EZ) 2017					

Schedule C (Form 990 or 990-EZ) 2017	ACCOUNTABILITY	COUNSEL
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Schedule C (Form 990 or 990-EZ) 2017 ACCOUNTABI	LITY COUNSEL	46-1909	035 Page 2
	on is exempt under section 501(c)(3) and	filed Form 5768 (ele	ection under
address, EIN, expenses, a	ngs to an affiliated group (and list in Part IV each affilia nd share of excess lobbying expenditures).	ted group member's name	,
B Check ► if the filing organization ch	ecked box A and 'limited control' provisions apply.		
Limits on Lobb (The term 'expenditures' me	ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to influence p	ublic opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a	legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a	and 1b)		
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add l	ines 1c and 1d)		
f Lobbying nontaxable amount. Enter the a both columns	mount from the following table in		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
5	6 of line 1f)		
h Subtract line 1g from line 1a. If zero or le	ss, enter -0		
i Subtract line 1f from line 1c. If zero or les	s, enter -0		
j If there is an amount other than zero on either section 4911 tax for this year?	er line 1h or line 1i, did the organization file Form 4720	reporting	Yes No
	4-Year Averaging Period Under section 501(h) aat made a section 501(h) election do not have to c elow. See the separate instructions for lines 2a thr		
Lob	bying Expenditures During 4-Year Averaging Perio	od	

	=====;	9	· · •••• · •••••••••••••••••••••••••••		
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

BAA

Schedule C (Form 990 or 990-EZ) 2017

b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х				
c Media advertisements?		Х			
d Mailings to members, legislators, or the public?		Х			
e Publications, or published or broadcast statements?	Х			3	376.
f Grants to other organizations for lobbying purposes?		Х			
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Х			3,2	293.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х			
i Other activities?	Х			3,3	339.
j Total. Add lines 1c through 1i				7,0	08.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х			
b If 'Yes,' enter the amount of any tax incurred under section 4912					
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5),	or			
section 501(c)(6).					
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?					
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the					
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5),	or s	ection 5	J1(c)	
(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) answered 'Yes.'	Part I	II-A, I	ine 3, is		
1 Dues, assessments and similar amounts from members		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a Current year		2 a			
b Carryover from last year		2 b			
c Total		2 c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
Is attack were part and the encount on line 2s areands the encount on line 2, what parties of the evenes					
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?					
	-	4			
5 Taxable amount of lobbying and political expenditures (see instructions)		5			

5 Part IV Supplemental Information

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

of the lobbying activity.

through the use of:

1

For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description

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

During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum,

a Volunteers?.....

46-1909035

(b)

Amount

(a)

No

Yes

Х

Page 3

OMB No 1545-0047 Supplemental Financial Statements SCHEDULE D ► 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. (Form 990) Attach to Form 990. **Open to Public** Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization Employer identification number ACCOUNTABILITY COUNSEL 46-1909035 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... 1 Aggregate value of contributions to (during year). 2 3 Aggregate value of grants from (during year). Aggregate value at end of year 4 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?... No Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring 6 impermissible private benefit?..... No Yes Part II **Conservation Easements.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a gualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements..... 2 a **b** Total acreage restricted by conservation easements. 2 b c Number of conservation easements on a certified historic structure included in (a)..... 2 c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register..... 2 d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ► 4 Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, 5 and enforcement of the conservation easements it holds?..... No Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ►\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)?..... Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and 9 include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, 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 statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: ►Ś (i) Revenue included on Form 990, Part VIII, line 1..... (iii) Assets included in Form 990 Part X ► Ś

		+
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	e following
ä	a Revenue included on Form 990, Part VIII, line 1	▶\$
1	b Assets included in Form 990, Part X	►\$

TEEA3301L 10/11/17

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 99	BAA	For Paperwork	Reduction	Act Notice.	see the	Instructions	for Form	990
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Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 ACCOL	JNTABILIT	Y COUNSEL		46-190	9035 Page 2
Part III Organizations Maintai	ining Colle	ctions of Art, Histe	orical Treasures, or	Other Similar Ass	ets (continued)
3 Using the organization's acquisition items (check all that apply):	, accession, ar	d other records, check a	any of the following that are	a significant use of its of	collection
a Public exhibition		d Loan	or exchange programs		
b Scholarly research		e Other			
c Preservation for future gener	ations				
4 Provide a description of the organiz Part XIII.	ation's collection	ons and explain how the	y further the organization's	exempt purpose in	
5 During the year, did the organiza to be sold to raise funds rather the					Yes No
Part IV Escrow and Custodia line 9, or reported an a	I Arrangem amount on	ents. Complete if Form 990, Part X,	the organization ans line 21.	wered 'Yes' on Fo	rm 990, Part IV,
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodiar	n or other intermediary	for contributions or other	r assets not included	Yes No
b If 'Yes,' explain the arrangement					
			-		Amount
c Beginning balance				1c	
d Additions during the year				1d	
e Distributions during the year				1e	
f Ending balance				1f	
2 a Did the organization include an a	mount on For	m 990, Part X, line 21,	, for escrow or custodial a	account liability?	Yes No
b If 'Yes,' explain the arrangement	in Part XIII. C	heck here if the expla	nation has been provided	on Part XIII	
Part V Endowment Funds. C	omplete if t	he organization ar	nswered 'Yes' on For	m 990, Part IV, lir	ne 10.
· · · · · · · · · · · · · · · · · · ·	(a) Current			(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					1
g End of year balance					
2 Provide the estimated percentage	e of the currer	it year end balance (li	ne 1g, column (a)) held a	s:	<u>.I</u>
a Board designated or guasi-endowm		8	3,		
b Permanent endowment					
c Temporarily restricted endowmer		2			
The percentages on lines 2a, 2b, ar		ual 100%			
3a Are there endowment funds not in t organization by:	he possession	of the organization that	are held and administered i	for the	Yes No
(i) unrelated organizations					3a(i)
(ii) related organizations					3a(ii)
b If 'Yes' on line 3a(ii), are the rela					3b
4 Describe in Part XIII the intended	-				55
Part VI Land, Buildings, and		-			
Complete if the organi			m 990. Part IV. line	11a. See Form 99	0. Part X. line 10.
Description of property		(investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		(การธรณาธาน)			
b Buildings					
c Leasehold improvements	-				
d Equipment	-	6 107		E 011	000
	-	6,167.		5,244.	923.
e Other		27,008.	column (P) line 10e)	3,601.	23,407.
Total. Add lines 1a through 1e. (Colum BAA	iii (u) must eq	uai FUIII 990, Part X,	сонинни (в), нпе ТОС.)		24,330.
				Schedu	ule D (Form 990) 2017

Schedule **D** (Form 990) 2017

Schedule D (Form 990) 2017	ACCOUNTABILITY	COUNSEL
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Schedule D (Form 990) 2017 ACCOUNTABILI	edule D (Form 990) 2017 ACCOUNTABILITY COUNSEL			46-1909035 Pag		
Part VII Investments – Other Securitie	s.		N/A			
Complete if the organization ar						
(a) Description of security or category (including name of security of securit		(b) Book value	(c) Method of valu	uation: Cost or end-of-year market v	alue	
(1) Financial derivatives						
					<u> </u>	
(1)						
(A) (B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(<u>H)</u>						
<u>()</u>						
Total. (Column (b) must equal Form 990, Part X, column (B) line			/-			
Part VIII Investments – Program Relate Complete if the organization ar	ed. Iswered 'Y	es' on Form 990	N/A Part IV line 11c	See Form 990 Part X	í line 13	
(a) Description of investment		(b) Book value		ion: Cost or end-of-year mar		
(1)			()	,		
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10) Tatel (Column (b) must equal Form 000, Part X, column (B) (in	o 12) ►					
Total. (Column (b) must equal Form 990, Part X, column (B) line Part IX Other Assets.	e /3.) •	N/A				
Complete if the organization ar		es' on Form 990	, Part IV, line 11d			
(4)	(a) Descrip	otion		(b) Book	< value	
(1)						
(2) (3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9) (10)						
Total. (Column (b) must equal Form 990, Part X,	column (R) li	ne 15)		▶		
Part X Other Liabilities.		ne 10. <i>j</i>				
Complete if the organization answered '	Yes' on Form	990, Part IV, line 11	e or 11f. See Form 990), Part X, line 25		
(a) Description of liability		(b) Book value				
(1) Federal income taxes			_			
(2) ACCRUED PAYROLL LIABILITIES		29,05				
(3) ACCRUED PAYROLL TAXES (4) ACCRUED VACATION		2,16				
(5) CREDIT CARD PAYABLE		11,42				
(6)		11/12				
(7)						
(8)						
(9)						
(10)						
(11) Tetel (Column (b) must small Form 000, Deet K, solumn (B) line	25.	75 60				
Total. (Column (b) must equal Form 990, Part X, column (B) line	· ∠J.) · · · · · · · · · · · · ·	75,69	7.			

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

Schedule D (Form 990) 2017 ACCOUNTABILITY COUNSEL	46-1909035	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return. 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 2a		
b Donated services and use of facilities		
c Recoveries of prior year grants 2c		
d Other (Describe in Part XIII.) 2d		
e Add lines 2a through 2d.	2e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4c	
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 Expense	s per Return. N/A	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	•	
1 Total expenses and losses per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities 2a		
b Prior year adjustments		
c Other losses.		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	
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 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	
Part XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 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.

SCHEDULE F	Statement	OMB No. 1545-0047					
(Form 990) ► Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b, 15, or ► Attach to Form 990.					2017 Open to Public		
Department of the Treasury Internal Revenue Service	partment of the Treasury						
Name of the organization ACCO	ACCOUNTABILITY COUNSEL						
Part I General Inform	nation on Activiti	es Autside th	e United States. Complet	46-190			
	Part IV, line 14b.		e onned States. Complet				
			substantiate the amount of its selection criteria used to award				
2 For grantmakers. Descri United States.	be in Part V the organi	zation's procedures	s for monitoring the use of its gra	ants and other assistar	nce outside the		
3 Activities per Region. (The following Part I,	line 3 table can b	e duplicated if additional space	e 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 (d) is a program service, describe specific type of service(s) in the region	expenditures for		
				TECHNICAL			
(1) SOUTH ASIA		3	PROGRAM SERVICES	ASSISTANCE	170,000.		
(2) SUB-SAHARAN AFRICA		1	PROGRAM SERVICES	TECHNICAL ASSISTANCE	60,000.		
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
<u>(10)</u>							
(11)							
(12)							
(13)							
<u>(14)</u>							
(15)							
(16)							
(17)							
3a Sub-total		4			230,000.		
b Total from continuation sheets to Part I		4			230,000.		
c Totals (add lines 3a and 3b)	I U	4			230,000.		

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

Schedule F (Form 990) 2017

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)									
	the grantee or counsel has provided a section 501(c)(3) equivalency letter.								
3 EI BAA	nter total number of other organiza	tions or entities							0 (Form 990) 2017

Schedule F (Form 990) 2017 ACCOUNTABILITY COUNSEL

46-1909035

Page 3

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)							

Sche	edule F (Form 990) 2017 ACCOUNTABILITY COUNSEL	46-1909035	Page 4
Pa	rt IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to separately file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)		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 or 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 que electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621).	_	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).	gn 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 (s Instructions for Form 5713; do not file with Form 990)	see	X No

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Schedule F (Form 990) 2017

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.

46-1909035

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

ACCOUNTABILITY COUNSEL

Employer identification number 46-1909035

SUPPLEMENTAL NOTE ON OTHER REVENUE

IN ADDITION TO THE REVENUE REPORTED IN CONTRIBUTIONS AND GRANTS, ACCOUNTABILITY COUNSEL RECEIVED PRO BONO SUPPORT FROM A VARIETY OF SOURCES DURING THE TAX YEAR THAT WAS VALUED AT \$214,259. THE ORGANIZATION RECEIVED PRO BONO SUPPORT FOR EACH OF ITS PROGRAM AREAS FROM: LAW FIRMS, ACADEMIC INSTITUTIONS, DIGITAL SECURITY FIRMS, VIDEOGRAPHERS, POLICY CONSULTING FIRMS, AND DATA SCIENCE EXPERTS.

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 III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

CONTINUATION FROM LINE 4A, COMMUNITIES PROGRAM SERVICES - (4) IN KENYA, WE SUPPORTED COMMUNITIES IN LAMU CHALLENGING A COAL-FIRED POWER PLANT. (5) IN HAITI, WE SUPPORTED FAMILIES DISPLACED BY AN INDUSTRIAL PARK IN DISPUTE RESOLUTION. (6) WE TRAINED CIVIL SOCIETY COLLEAGUES AND COMMUNITIES ON ACCOUNTABILITY OFFICE STRATEGY.

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