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

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A	For the	2014 calendar year, or tax year beginning $SEP~1$, 2014 and ending	g AUG 31, 201	5
В	Check if applicable	C Name of organization	D Employer identi	
Γ-	Address	ACCOUNTABILITY COUNSEL	ľ	
Ξ	Name change	Doing business as	46-1	1909035
F	Initial return	Number and street (or P.O box if mail is not delivered to street address) Room/		
Ē	Final return/	244 KEARNY STREET, FLOOR 6	- '	-412-6704
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	856,491.
	Amende		H(a) Is this a group	
	Applica-	F Name and address of principal officer MATALLE BATEGERMAN TIES	LDS for subordinate	s? Yes X No
	pending	244 KEARNY ST, FL 6, SAN FRANCISCO, CA 94:	108 H(b) Are all subordinates	included? Yes No
		npt status X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or	527 If "No," attach	a list (see instructions)
		: ► HTTP://WWW.ACCOUNTABILITYCOUNSEL.ORG	H(c) Group exempti	
_			Year of formation: 2014	M State of legal domicile; CA
P		Summary		
ø	1 E	riefly describe the organization's mission or most significant activities ACCOUNTS		
Activities & Governance] 2	THE VOICES OF COMMUNITIES AROUND THE WORLD		
ern	2 0	check this box if the organization discontinued its operations or disposed of		I .
30	3 N	lumber of voting members of the governing body (Part VI, line 1a)	3	8
ಶ	4 1	lumber of independent voting members of the governing body (Part VI, line 1b)	4	7
ies	5 T	otal number of individuals employed in calendar year 2014 (Part V, line 2a)	5	6
Ę	6 1	otal number of volunteers (estimate if necessary)	6	10
Aci	7a ⊺	otal unrelated business revenue from Part VIII, column (C), line 12	78	
	b N	let unrelated business taxable income from Form 990-T, line 34	7t	
		Contributions and grants (Dort VIII line 1b)	Prior Year 79,069	Current Year 845,742.
ïe	1	contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	0.	
Revenue	l	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	0	357.
Re		other revenue (Part VIII, column (A), lines 5, 4, and 70)	73	. 337.
		otal revenue - add lines 8 through 11, (must equal Park VIII, column (A), line 12)	79,142	
_	13 (Grants and similar amount sipaid (Part IX, column (A), lines 1-3)	0.	
		Benefits paid to or for members (Part Column (A), line 4)	0	
s	ء ۔ ا	salaries, other compensation employed benefits (Part IX, column (A), lines 5·10)	58,354	
JSe	16a F	Professional fundraising fees (Part X, column (A), line 11e)	4,129	
Expenses	ьт	otal fundraising expenses (Part IX, column (D), line 25) 68,312.		
ũ	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	19,325	172,396.
	18 1	otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	81,808	606,778.
9	∦ 19 F	Revenue less expenses Subtract line 18 from line 12	-2,666	249,713.
5	3		Beginning of Current Year	
sets	20 T	otal assets (Part X, line 16)	301,317	581,630.
Net Assets or	21 T	otal liabilities (Part X, line 26)	10,078	
킬	22 1	otal liabilities (Part X, line 26) let assets or fund balances Subtract line 21 from line 20 Signature Block	291,239	540,952.
	-			
Uño	ger penali	ies of perjury, I declare that I have examitied this eturn, including accompanying schedules and s	tatements, and to the best of r	ny knowledge and belief, it is
true	s, correct	and complete. Declaration of preparer (ofher) than officer) is based on all information of which pre	eparer has any knowledge	
To the		Signature of officer	Date	6
Sig	ın			
He	re	NATALIE BRIDGEMAN FIELDS, EXECUTIVE DIRECTIVE OF DIRECTIVE PRINTED IN TYPE OF DEPTH PRINTED IN THE PRINTED IN T	CTOR	
			Daţe / / Check	PTIN
ρ-		Print/Type preparer's name Preparer's signature	1 4/11/1/ 1	·/
Pai)-	DAVID NEIGHBORS	Self-emplo	
		Firm's name GALLINA LLP	/ Firm's EIN	94-2147510
USE	Only	Firm's address 60 S. MARKET STREET, SUITE 1550	Dhone no / /	1081 201-1025
_		SAN JOSE, CA 95113-2379	[Prione no (4	108) 294-1025 X Yes No
		S discuss this return with the preparer shown above? (see instructions) 14 LHA For Paperwork Reduction Act Notice, see the separate instructions.		Yes No Form 990 (2014)
4320	JUL 11-07	-14 LIM FOI FADELWOIK REQUULION ACT NOTICE, SEE THE SEPALATE INSTRUCTIONS.		1 01111 000 (2014)

Form 990 (2014)

Form 990 (2014) 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	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	}		
_	during the tax year? If "Yes," complete Schedule C, Part II	4_		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		7.7
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		v
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
8	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	0		
5	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<u>11f</u>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			37
	Schedule D, Parts XI and XII	12a		<u> </u>
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	40h		Х
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	<u>. ru</u>	1	
_	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	-	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		- 1	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
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		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	ļ		
	complete Schedule G, Part III	19		<u>X</u>
20a		20a		<u>X</u>
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	990 (2011
		corm	33U ()	/LI14\

ACCOUNTABILITY COUNSEL <u>46-190</u>9035 Form 990 (2014) Page 4 Part IV Checklist of Required Schedules (continued) Yes No 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Х Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Х Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х Schedule K If "No", go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X Schedule L, Part I 25b 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," Х 26 complete Schedule L. Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member Х of any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 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 Х 28a **b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M X 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 X Part V. line 1 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X If "Yes," complete Schedule R, Part V, line 2 36

Form 990 (2014)

37

X

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

Note. All Form 990 filers are required to complete Schedule O

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	0		1	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		J	j	
	(gambling) winnings to prize winners?	1	c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2	ь	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		\Box	-]	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3	а		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3	ь		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4:	а		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	_		1	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5	а		X
b	District the second of the sec	51	\neg	1	Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	50	c	Ī	
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit				
	any contributions that were not tax deductible as charitable contributions?	6	a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		\Box		
	were not tax deductible?	61	ь		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the pay	yor? 7:	a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	71	b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			Ī	
	to file Form 8282?	70	c L		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			Ţ	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	76	e	[
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7	f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7	9		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-	C? 7	h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?	8	3		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?	98	а		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	91	b		
10	Section 501(c)(7) organizations. Enter				
а	Initiation fees and capital contributions included on Part VIII, line 12				
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations. Enter				
а	Gross income from members or shareholders			ľ	
b	Gross income from other sources (Do not net amounts due or paid to other sources against		Ì		
	amounts due or received from them)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12	<u>:a</u>	_	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>	+	.	
а	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			1	
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				
_	Enter the amount of reserves on hand		+		
	Did the organization receive any payments for indoor tanning services during the tax year?	14			Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14	D	- 1	

ACCOUNTABILITY COUNSEL 46-1909035 Form 990 (2014) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a 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? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? Яa b Each committee with authority to act on behalf of the governing body? 8b X 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a X 10a Did the organization have local chapters, branches, or affiliates? 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? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a X b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 13 X Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a X 15b X Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a **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?	
Section C	Disclosure	

17	List the states with which a copy of this Form 990 is required to be filed CA
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available

for public inspection. Indicate how you made these available. Check all that apply

X Own website Another's website Upon request Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records ► FINANCIAL ADMINISTRATIVE SUPPORT SERVICES - 408-513-8755

3180 NEWBERRY DRIVE, SUITE 200, SAN JOSE, CA 95118

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ACCOUNTABILITY COUNSEL

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

Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part V	Check if Schedule	O contains a response or note to an	v line in this Part VI
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Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

Check this box if neither the organization r	or any related organization compensate							ted any current officer, director, or trustee				
(A)	(B)			_ ((C)			(D)	(E)	(F)		
Name and Title	Average	(do	not c	Pos			one	Reportable	Reportable	Estimated		
	hours per	box	, unte	ss pe	rson	is bot	th an	1	compensation	amount of		
	week		Cer au		l ecre	T	100)	from	from related	other		
	(list any	rrecto				_		the	organizations	compensation		
	hours for related	10.0	<u>ş</u>			safec	1	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization		
	organizations	Individual trustee or director	Institutional trustee		2	шрег		(** 27 1000 141100)		and related		
	below	dual	i ii	_	ed iii	est co	E			organizations		
	line)	a pul	Inst	Officer	Key	Highest compensated employee	Former					
(1) NATALIE BRIDGEMAN FIELDS	40.00		l		1							
FOUNDER & EXECUTIVE DIRECTOR	ļ		_	X		<u> </u>		93,269.	0.	0.		
(2) KATHLEEN JANUS	4.00							_				
CHAIR OF THE BOARD		<u> </u>		<u> </u>		Ĺ.,	$oxed{oxed}$	0.	0.	0.		
(3) GERALD GRAY	4.00											
DIRECTOR		<u> </u>				L	1_	0.	0.	0.		
(4) KIM KELLER	4.00				İ	Į				_		
SECRETARY	ļ	<u> </u>	ļ			_	<u> </u>	0.	0.	0.		
(5) SHASHI BULUSWAR	4.00									_		
DIRECTOR	 	<u> </u>		ļ	ļ _	1	 	0.	0.	0.		
(6) JULIA SHEPARDSON	4.00											
DIRECTOR	ļ	<u> </u>	ļ	ļ	ļ		igspace	0.	0.	0.		
(7) FARIS NATOUR	4.00				ł		1			_		
DIRECTOR	1			ļ		<u> </u>	₩	0.	0.	0.		
(8) CHRISTY CHIN	4.00	1		ŀ						_		
TREASURER	ļ	<u> </u>	_	<u> </u>	<u> </u>	<u> </u>	₩	0.	0.	0.		
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					*****	_	-	* · · · · · · · · · · · · · · · · · · ·	·	Form 990 (001.4)		

(A) Name and title	(B) Average hours per week	(do box	not c	Posi heck iss period a diameter	tion more rson i	than	one h an	(D) Reportable compensation from	(E) Reportable compensatio	n	am	(F) timate lount other	_
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fro orga and	oensa om the anizat I relat nizati	e ion ed
			_				_						
							_						
						_	-			_			
		-											
4.0 6.44								93,269.		0.			
1b Sub-total c Total from continuation sheets to Part V	II, Section A							0.		0.			0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but r	not limited to th	nose	liste	ed at	oove	e) wh	no re	93,269. eceived more than \$100),000 of reportable	0. le			0.
compensation from the organization			_									Yes	0 N o
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s			e, ke	y en	nplo	yee,	ori	highest compensated e	mployee on		3		х
4 For any individual listed on line 1a, is the s and related organizations greater than \$15	um of reportab	le co							the organization		4		x
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion f	rom	any	unr unr			idual for services				
rendered to the organization? If "Yes," con Section B. Independent Contractors							_				5	<u>.</u>	X
Complete this table for your five highest countered the organization. Report compensation for										pens	ation fr	om	
(A) Name and business	address	N	INC	3				(B) Description of s	services	С	(C) ompen		1
				_			_						
							_						
							-						
								National Control of the Control of t					
2 Total number of independent contractors (including but r	ot l		d to	the	ال مو	sted	l above) who received m	ore than				
2 Total number of independent contractors (\$100,000 of compensation from the organ				J 10		0			.0.0 (1141)		Form S	100	

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	•	Check if Schedule O cont	ains a response	or note to any line	in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
इड	1 a	Federated campaigns	1a					1
ira ou		Membership dues	1b					
S, E	С	Fundraising events	1c]]
ar la	d	Related organizations	1d					
is,	е	Government grants (contribut	ions) 1e					
tion	f	All other contributions, gifts, gran	its, and					
t pg		similar amounts not included abo	ve 1f	845,742.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	1a-1f \$	\				1
<u>8</u> 8	<u>h</u>	Total. Add lines 1a-1f			845,742.			
l				Business Code				
ice	2 a							
Program Service Revenue	b							·
n S	С							
Rev	d							
, j	е			F 41 1 0 0	10 200	10 200		
<u>-</u>	f	All other program service reve	enue	541100	10,392.	10,392.		
	<u> </u>		 _		10,392.			
	3	Investment income (including	dividends, intere	est, and	357.	257		
Į		other similar amounts)		. 🔼	35/.	357.		
	4	Income from investment of ta	x-exempt bond p	roceeas				
	5	Royalties	() 5	() D				
	_	0	(i) Real	(II) Personal				
	6 a	Gross rents						
]	b	Less rental expenses		 				
	C	Rental income or (loss)						
	d	• • •	(A) Consumban					
	/ a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory		 				
	D	Less cost or other basis	1					
	_	and sales expenses Gain or (loss)		 				
				>				
	d	Gross income from fundraising	ia events (not					
anc.	0 4	including \$	•					
Other Rever		contributions reported on line		1				
Ä		Part IV, line 18	a a	ļ				
her	h	Less direct expenses	b					
Ö		Net income or (loss) from fund		—				
		Gross income from gaming a	=					
		Part IV, line 19	а	Į				
	ь	Less direct expenses	b			ĺ		
		Net income or (loss) from gan	ning activities	>				
		Gross sales of inventory, less	-					
		and allowances	а					
	b	Less cost of goods sold	b					
		Net income or (loss) from sale	es of inventory	•	_			
		Miscellaneous Revenu		Business Code				
	11 a							<u> </u>
	b							
	С							
ļ	d	All other revenue						
ľ	е	Total. Add lines 11a-11d		>				
	12	Total revenue. See instructions.			<u>856,491.</u>	10,749.	0.	
43200	9 -14							Form 990 (2014)

Form 990 (2014) ACCOUNTABILITY COUNSEL
Part IX Statement of Functional Expenses

Do -	Check if Schedule O contains a response to linclude amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic			1	
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign	{	}		
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members			-	
5	Compensation of current officers, directors,			ļ	
_	trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	371,832.	287,304.	36,346.	48,182
8	Pension plan accruals and contributions (include		201,700 20		
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	33,335.	26,402.	3,829.	3,104
10	Payroll taxes	29,215.	22,308.	2,983.	3,924
11	Fees for services (non-employees)				<u></u>
	Management	10,672.	3,791.	6,881.	
b	Legal				
	Accounting	14,725.	4,772.	9,305.	648
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	15,058.	13,217.	705.	1,136
12	Advertising and promotion				
13	Office expenses	2,877.	1,421.		1,456
14	Information technology				
15	Royalties		20 400	2 106	2 0 2 0
16	Occupancy	37,607.	30,482.	3,186.	3,939
17	Travel	53,333.	52,509.	268.	<u> 556</u>
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1 005	1 672	163.	F.0
19	Conferences, conventions, and meetings	1,885.	1,672.	103.	50
20	Interest				
21	Payments to affiliates	737.		737.	
22	Depreciation, depletion, and amortization Insurance	2,038.	256.	1,782.	
23 24	Other expenses. Itemize expenses not covered	2,030.		1,702.	
24	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 0.)				
а	MISCELLANEOUS	11,893.	5,104.	2,937.	3,852
b	SUPPLIES AND MATERIALS	5,482.	4,796.	7.	679
С	PROFESSIONAL DEVELOPMEN	4,237.	1,766.	2,471.	0
d	MINOR EQUIPMENT	3,219.	2,049.	1,166.	4
	All other expenses	8,633.	5,021.	2,830.	782
25_	Total functional expenses. Add lines 1 through 24e	606,778.	462,870.	75,596.	68,312
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined	ļ			
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2014

Part 2		Balance Sneet				
•		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non interest-bearing		301,317.	1	558,046
	2	Savings and temporary cash investments			2	
;	3	Pledges and grants receivable, net			3	
4	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and for	ormer officers, directors,			
		trustees, key employees, and highest compensations	ated employees Complete		1	
		Part II of Schedule L			5	
(6	Loans and other receivables from other disquali	fied persons (as defined under			
ł		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing		l i	
		employers and sponsoring organizations of sections	tion 501(c)(9) voluntary			
2		employees' beneficiary organizations (see instr).	Complete Part II of Sch L		6	_
Assets	7	Notes and loans receivable, net			7	
₹ ;	8	Inventories for sale or use			8	
1	9	Prepaid expenses and deferred charges			9	14,711
10	0a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D	10a 3,685.]	
	b	Less accumulated depreciation	10b 737.	O.	10c	2,948
1	1	Investments - publicly traded securities			11	
1:	2	Investments - other securities See Part IV, line	11		12	
1:	3	Investments - program-related See Part IV, line	11		13	
1.	4	Intangible assets			14	
1:	5	Other assets See Part IV, line 11			15	5,925
19	6	Total assets. Add lines 1 through 15 (must equ	al line 34)	301,317.	16	<u>581,630</u>
1	7	Accounts payable and accrued expenses		10,078.	17	38,678
18	8	Grants payable			18	
1:	9	Deferred revenue			19	
2	20	Tax-exempt bond liabilities	<u> </u>		20	
2	1	Escrow or custodial account liability Complete	Part IV of Schedule D		21	
ള 2	22	Loans and other payables to current and former	r officers, directors, trustees,			
		key employees, highest compensated employee	es, and disqualified persons.			
		Complete Part II of Schedule L		· · · · · · · · · · · · · · · · · · ·	22	-
- 2	23	Secured mortgages and notes payable to unrela	ated third parties		23	
2	4	Unsecured notes and loans payable to unrelate	d third parties		24	
2	25	Other liabilities (including federal income tax, pa	·			
		parties, and other liabilities not included on lines	s 17-24) Complete Part X of	•		
ĺ		Schedule D	<u> </u>	0.	25	2,000
2	<u> 6</u>	Total liabilities. Add lines 17 through 25		10,078.	26	40,678
		Organizations that follow SFAS 117 (ASC 958				
Net Assets or Fund balances		complete lines 27 through 29, and lines 33 ar	nd 34.			
2		Unrestricted net assets	-		27	
	8	Temporarily restricted net assets	-		_28	
2	9	Permanently restricted net assets			_29	
-		Organizations that do not follow SFAS 117 (A	SC 958), check here ▶ 🔼		' i	
5	_	and complete lines 30 through 34.		0		•
3		Capital stock or trust principal, or current funds		0.	30	201 220
į 3		Paid-in or capital surplus, or land, building, or ed	· · ·	291,239.	31	291,239.
3		Retained earnings, endowment, accumulated in	come, or other tunds	0. 291,239.	32	249,713.
٠,		Total heliting and not specified belongs	<u> </u>	301,317.	33	540,952.
3	4	Total liabilities and net assets/fund balances		301,31/.	34	581,630. Form 990 (2014)

orm	rm 990 (2014) ACCOUNTABILITY COUNSEL	46-1909	035	Page 12
Pa	art XI Réconciliation 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	856	<u>5,491.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		778.
3	Revenue less expenses. Subtract line 2 from line 1	3		713.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	291	<u>.,239.</u>
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	540	952.
Pa	art XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				Yes No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule ()		
2a	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			1
b	b Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		
	consolidated basis, or both		' I	
	Separate basis Consolidated basis Both consolidated and separate basis			
C	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O		
За	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audıt		
	Act and OMB Circular A-133?		_3a	X_
b	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form 9	990 (2014)

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number

		ACCO	ONLABILITA	COUNSEL			4	6-1909035				
Pa	rt I	Reason for Public C	Charity Status (A	All organizations must co	mplete th	is part) Se	e instructions					
he	organi	zation is not a private found	ation because it is: (I	For lines 1 through 11, c	heck only	one box)						
1		A church, convention of chu		=			YAYi).					
2	一	A school described in secti					W. W.					
3	一				ction 170	/L\/4\/A\/;;	i)					
	\vdash	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
4	LJ	-	ation operated in cor	ijunction with a nospital	described	in sectio	n 170(b)(1)(A)(III). Enter	the nospital's name,				
		city, and state						_ _				
5		An organization operated for	r the benefit of a col	lege or university owner	or operat	ted by a go	overnmental unit describ	oed in				
		section 170(b)(1)(A)(ıv). (C	omplete Part II.)									
6		A federal, state, or local gov	ernment or governm	nental unit described in s	section 17	⁷ 0(b)(1)(A)	(v).					
7	X	An organization that normal	ly receives a substai	ntial part of its support f	rom a gove	ernmental	unit or from the general	public described in				
		section 170(b)(1)(A)(vi). (Co	omplete Part II)									
8		A community trust describe	·	1)(A)(vi). (Complete Part	: 11.)							
9	一	An organization that normal		* * * * * * * * * * * * * * * * * * * *		contribution	ons mamharshin faas a	and arose receipts from				
9	لـــا	activities related to its exem	•									
		income and unrelated busin		(less section 511 tax) in	om busine	sses acqu	ired by the organization	arter June 30, 1975				
		See section 509(a)(2). (Con	•									
10	닟	An organization organized a										
11		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	the functio	ns of, or to carry out the	purposes of one or				
		more publicly supported org	ganizations describe	d in section 509(a)(1) o	section (509(a)(2)	See section 509(a)(3). C	Check the box in				
		lines 11a through 11d that of	describes the type o	f supporting organization	n and com	plete lines	11e, 11f, and 11g.					
а		Type I. A supporting orga	nization operated, si	upervised, or controlled	by its sup	ported org	janization(s), typically by	giving				
		the supported organization	n(s) the power to reg	gularly appoint or elect a	majority o	of the direc	ctors or trustees of the s	supporting				
		organization You must c										
h	. [Type II. A supporting orga			tion with it	s supporte	ed organization(s), by ha	vina				
_	'	control or management of										
								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	Γ—	organization(s) You mus	-			t.aa.uutb	and functionally integrat	and south				
C	:		-					ea wiin,				
	Γ	its supported organization		•								
C	ı											
		that is not functionally int	egrated The organiz	ation generally must saf	isfy a disti	ribution re	quirement and an attent	iveness				
		requirement (see instructi	ons) You must con	nplete Part IV, Sections	A and D,	and Part	V.					
е	. [_	Check this box if the orga	inization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III					
		functionally integrated, or	Type III non-function	nally integrated support	ng organiz	zation						
f	Ente	er the number of supported o	organizations									
c		vide the following information	•	d organization(s)								
=		i) Name of supported	(iı) EIN			rganization	(v) Amount of monetary	(vi) Amount of				
		organization		(described on lines 1-9	listed i aovernina d	n your document?	support (see	other support (see				
				above of the section	Yes	No	Instructions)	Instructions)				
			- -	(see instructions))			<u> </u>					
			ļ			ļ						
				l								
			<u></u>									
												
												

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")					845,742.	845,742.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to	· ·					
	or expended on its behalf						
3	The value of services or facilities				_		
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3					845,742.	845,742.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly				}	1	
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						845,742.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4					845,742.	845,742.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources					357.	357.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital		1	1			
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						846,099.
	Gross receipts from related activities,	etc (see instructi	ons)			12	10,392.
13	First five years. If the Form 990 is for	r the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
	organization, check this box and stop						_ X
Se	ction C. Computation of Publ	ic Support Pe	rcentage		- -		
14	Public support percentage for 2014 (line 6, column (f) d	ivided by line 11,	column (f))		14	
	Public support percentage from 2013					15	
16a	33 1/3% support test - 2014. If the	organization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or	more, check this bo	x and
	stop here. The organization qualifies		-				▶□
b	33 1/3% support test - 2013. If the	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	% or more, check th	ıs box
	and stop here. The organization qual						▶∟⊥
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ts-and-circumstar	ices" test, check t	this box and stop I	here. Explain in Pa	art VI how the organ	ızatıon
	meets the "facts-and-circumstances"	_					▶□
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
	organization meets the "facts-and-circ						▶ 🛄
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box	and see instructions	

Schedule A (Form 990 or 990-EZ) 2014 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not			1			
	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-					T	
-	ization's benefit and either paid to						
	or expended on its behalf]		1	
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				 		
	Amounts included on lines 1, 2, and		 	 		 	
, a	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
_	Public support (Subtract line 7c from line 6)						
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6						
-	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975			<u> </u>		<u> </u>	
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI) Total support (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for	r the organization'	s first, second, th	ird, fourth, or fifth t	ax year as a section	on 501(c)(3) organ	ization,
	check this box and stop here	Ū					▶ 🗀
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2014 (column (f))		15	
	Public support percentage from 2013			• • • • • • • • • • • • • • • • • • • •		16	%
	tion D. Computation of Inve						
$\overline{}$	Investment income percentage for 20					17	%
	Investment income percentage from					18	<u> </u>
	33 1/3% support tests - 2014. If the			on line 14, and line	e 15 is more than:	·	
130	more than 33 1/3%, check this box a						>
	33 1/3% support tests - 2013. If the						and
0	line 18 is not more than 33 1/3%, che						
00	Private foundation. If the organization						
20	Private foundation. If the organization	ar did not check a	DON OIT III 14, 1	ou, or roo, check t			90 or 990-EZ\ 2014

Part IV Supporting Organizations

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

	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V)			
Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by			1
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
За	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		[
С	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 11a or 11b in Part I, answer (b) and (c) below	4a		
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	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used		,	
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5a	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,	j		
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class	İ		
	benefited by one or more of its supported organizations; or (c) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in	1		
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial	J		
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent			
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	ĺ		
	If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	1		
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	ın section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
þ	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	<u> </u>	
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit	ĺ	[
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)	1		
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting			
	organizations)? If "Yes," answer (b) below.	10a		_
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to		1 1	

determine whether the organization had excess business holdings)

За

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

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

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

instructions)

Schedule A	(Form 990 d	or 990-EZ)	2014

	dule A (Form 990 or 990-EZ) 2014 ACCOUNTABILIT			16-1909035 Page 7
Paı	t V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	<u> </u>	
4_	Amounts paid to acquire exempt-use assets			
_ 5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which	the organization is responsive	Э	
	(provide details in Part VI) See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount		, 	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable
	Distributed a secret for 2014 from Costing C. Inn. 6		Pre-2014	Amount for 2014
	Distributable amount for 2014 from Section C, line 6			<u> </u>
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014			<u> </u>
a_				
<u>b</u>				
<u> </u>		 		
<u>d</u>	5 0040			
	From 2013	 		
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2014 distributable amount		-	
	Carryover from 2009 not applied (see instructions)			
ـــــ	Remainder Subtract lines 3g, 3h, and 3i from 3f.			<u> </u>
4	Distributions for 2014 from Section D,			
	line 7 \$			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
<u>c</u>	Remainder Subtract lines 4a and 4b from 4		<u> </u>	
5	Remaining underdistributions for years prior to 2014, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)	<u> </u>		
6	Remaining underdistributions for 2014 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			1
	instructions)		ļ_ 	<u> </u>
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c			
8	Breakdown of line 7	 		<u> </u>
а		1		

Schedule A (Form 990 or 990-EZ) 2014

b

d Excess from 2013 e Excess from 2014

Schedule A	(Form 990 or 990-EZ) 2	2014 ACCOUNTABI	LITY	COUNSEL		46-1909035 Page 8
Part VI	Supplemental In	formation. Provide the	e explana	tions required by	y Part II, line 10, Part II, line 17a	or 17b, and Part III, line 12
•	Also complete this pa	rt for any additional inforr	nation (S	ee instructions)		
						
						
						
				, ,		
						
			<u>.</u>			<u> </u>
				 -		
						
						
<u></u>						
						
						
				_ _		
						

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 Open to Public

Name of the organization

Inspection Employer identification number

Pai	t I Organizations Maintaining Donor Advise		Accounts Complete if the
rai	organization answered "Yes" to Form 990, Part IV, lin		Accounts. Complete it the
	organization answered Tes to Form 990, Fart IV, IIII	(a) Donor advised funds	(b) Funds and other accounts
	Tatal assessment and afternan	(a) Bollot advised fulles	(b) rands and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	-	
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose conf	
Da	impermissible private benefit?	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Yes No
Pa			v, line /
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or e		
	Protection of natural habitat	Preservation of a certified	nistoric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the organic	anization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
_	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		 -
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(n)(4)	
_	and section 170(h)(4)(B)(ii)?	war accompanie in the review is and avenues state	Yes No
9	In Part XIII, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	tion's illiancial statements that describes the c	organization's accounting for
Pa	conservation easements t III Organizations Maintaining Collections o	of Art Historical Treasures or Other	r Similar Assets
	Complete if the organization answered "Yes" to Form		
10	If the organization elected, as permitted under SFAS 116 (A		and halance sheet works of art
ıa	historical treasures, or other similar assets held for public ex	·	
	the text of the footnote to its financial statements that descri		or public dervice, provide, in r art XIII,
L	If the organization elected, as permitted under SFAS 116 (A)		halance sheet works of art, historical
b	treasures, or other similar assets held for public exhibition, e		
	· ·	edication, or research in furtherance of public s	ervice, provide the following amounts
	relating to these items (i) Revenue included in Form 990, Part VIII, line 1		• •
	(i) Hevenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		► \$ ► \$
_	If the organization received or held works of art, historical tre	pacures or other similar assets for financial asir	
2	the following amounts required to be reported under SFAS 1		i, provide
_	Revenue included in Form 990, Part VIII, line 1	To poo 300) tolating to these nems	> \$
a	Assets included in Form 990, Part X		► \$ ► \$
b	Assets included in Form 550, Fart A		

		ABILITY C						46-19			age 2
Par	t III Organizations Maintaining C	Collections of A	Art, His	torical Tr	easures,	or Oth	<u>er Simil</u>	ar Asse	ts(contir	ued)	
3	Using the organization's acquisition, accessi	on, and other reco	rds, chec	k any of the	following tha	at are a s	significant	use of its	collection	ıtem	s
	(check all that apply)										
а	Public exhibition		a 🔲	Loan or exc	hange progra	ams					
b	Scholarly research		е 📖	Other							
C	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expl	aın how th	ney further t	he organizati	on's exe	empt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit o	or receive donations	s of art, h	istorical trea	sures, or oth	er sımıla	ır assets	_	_		_
г	to be sold to raise funds rather than to be ma								Yes_		No
Par	t IV Escrow and Custodial Arran		olete if the	organizatio	n answered	"Yes" to	Form 990), Part IV,	lıne 9, or		
	reported an amount on Form 990, Par			<u> </u>							
1a	Is the organization an agent, trustee, custod	ian or other intermi	ediary for	contribution	ns or other as	sets no	t included		<u> </u>	_	_
	on Form 990, Part X?								」Yes	L.	No
b	If "Yes," explain the arrangement in Part XIII	and complete the	following	table				ı			
									Amount	<u> </u>	
	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e		_		
f	Ending balance						<u>_1f</u>	L	7	_	1
	Did the organization include an amount on F						-	L	」Yes	F	No
Par	If "Yes," explain the arrangement in Part XIII										<u></u>
Fai	rt V Endowment Funds. Complete			Prior year	(c) Two yea			years back	(a) Four	VOORG	———
4-	Designation of year belongs	(a) Current year	(0) 1	rior year	(C) TWO yea	IS Dack	(a) Three	years Dack	(e) FOUI	years	Dack
1a	Beginning of year balance		- 								
b	Contributions				 					_	
ن م	Net investment earnings, gains, and losses Grants or scholarships				 						
d	Other expenditures for facilities		 		-						
E	and programs		1								
	Administrative expenses		1		-						
g	End of year balance		1								
2	Provide the estimated percentage of the curr	rent vear end balar	nce (line 1	a. column (a	a)) held as				L		
_		,	%	3 , (-	-,,						
b											
	Temporarily restricted endowment	%									
_	The percentages in lines 2a, 2b, and 2c shou	uld equal 100%									
За	Are there endowment funds not in the posse		zation th	at are held a	ind administe	ered for	the organi	zation			
	by	_							[Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(II)		
b	If "Yes" to 3a(ii), are the related organizations	s listed as required	on Sche	dule R?					3b		
4	Describe in Part XIII the intended uses of the	organization's en	dowment	funds			<u>.</u>				
Pa	rt VI Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	d "Yes" to Form 99	0, Part IV	/, line 11a S	ee Form 990	, Part X,	line 10				
	Description of property	(a) Cost or		, , ,	or other	• • •	ccumulat		(d) Book	value)
		basis (inves	tment)	basis	(other)	de	preciation		- .		
1a	Land					_	<u></u>			_	
b	Buildings										
С	Leasehold improvements										
d	Equipment	<u> </u>		ļ <u>.</u>	225		<u>_</u>				
	Other			L	3,685.		7	37.		2,94	
<u>Tota</u>	1. Add lines 1a through 1e (Column (d) must e	equal Form 990, Pa	rt X, colui	mn (B), line	10c)					2,94	<u> 18.</u>

2,948. Schedule D (Form 990) 2014

(a) Description of country or enterprise			n Cost or end-of-year market value
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Valuation	To Cost of end-of-year market value
(1) Financial derivatives	 	 	
(2) Closely-held equity interests			
(3) Other		 	
(A)	 		
(B)		 	
(C)	-	 	
(D)		 	
<u>(E)</u>		 	
<u>(F)</u>			
(G)			
(H)		<u> </u>	
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<u> </u>	<u></u>	
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation	n Cost or end-of-year market value
(1)			
(2)		<u> </u>	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total (Col (b) must equal Form 990, Part X, col. (B) line 13.)		<u> </u>	
Part IX Other Assets.		44 L O - 5 000 D - 4 V	1 45
Complete if the organization answered "Yes"	to Form 990, Part IV, line Description	11d See Form 990, Part X,	(b) Book value
	Description		(b) Book value
(1)			
(2)			
(3)			··
(4)	<u> </u>		
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.	e 15.)		
Complete if the organization answered "Yes"	to Form 990 Part IV line	11a or 11f See Form 990 E	Part Y line 25
(a) Description of lightly		(b) Book value	art X, inte 20
		(4)	
(1) Federal income taxes (2) SECURITY DEPOSIT		2,000.	
		2,000.	
(3)			
(4) (5)			
(6)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.)	2,000.	
Total. [Column [D] must equal Form 330, Fart A, Col. [B) IIII	<u> </u>	2,000.	

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

Sched	dule D	(Form 990) 2014	ACCOUNTABILI'	TY COUNSEL		46-1909	035 Page 4
Par	t XI	Reconciliation of	Revenue per Audit	ed Financial State	ments With Revenu	e per Return.	
		Complete if the organi	zation answered "Yes" to	Form 990, Part IV, line 1	2a		
1	Total	revenue, gains, and oth	er support per audited fina	ancial statements		1	
2	Amou	nts included on line 1 b	ut not on Form 990, Part \	/III, line 12			
а	Net u	nrealized gains (losses)	on investments		2a		
ь	Donat	ed services and use of	facilities		2b		
C	Recov	veries of prior year grant	s		2c		
d	Other	(Describe in Part XIII)			2d		
е	Add I	nes 2a through 2d				2e	
3	Subtra	act line 2e from line 1				3	
4	Amou	nts included on Form 9	90, Part VIII, line 12, but n	ot on line 1	1 1	[[
а	Invest	ment expenses not inc	uded on Form 990, Part V	III, line 7b	4a		
		(Describe in Part XIII)			4b		
C	Add lı	nes 4a and 4b				4c	
			d 4c . (This must equal For			5	
Par	t XII	,	Expenses per Audi			ses per Return.	
			zation answered "Yes" to		2a		
		•	er audited financial statem			1	
			ut not on Form 990, Part I	X, line 25	1 1		
_		ed services and use of	facilities		2a		
		year adjustments			_2b		
		losses			2c		
		(Describe in Part XIII)			_2d		
		nes 2a through 2d				2e	
-		act line 2e from line 1				3	
			90, Part IX, line 25, but no		1 1		
			uded on Form 990, Part V	'III, line 7b	4a		
		(Describe in Part XIII)			_4b		
		nes 4a and 4b				4c	
		expenses Add lines 3 a	nd 4c. (This must equal Fo	orm 990, Part I, line 18)	 	5	
			or Part II, lines 3, 5, and 9, 2d and 4b Also complete			art V, line 4, Part X, line 2,	Part XI,
				<u> </u>			
	-						

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ACCOUNTABILITY COUNSEL

Employer identification number 46-1909035

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:							
RIGHTS AND ENVIRONMENT. AS ADVOCATES FOR PEOPLE HARMED BY							
INTERNATIONALLY-FINANCED PROJECTS, WE EMPLOY COMMUNITY DRIVEN AND							
POLICY LEVEL STRATEGIES TO ACCESS JUSTICE.							
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:							
FOR MORE INFORMATION REGARDING THE PRO BONO IN-KIND CONTRIBUTION							
ACCOUNTABILITY COUNSEL RECEIVED THIS FISCAL YEAR, PLEASE REFER TO OUR							
WEBSITE:							
HTTP://WWW.ACCOUNTABILITYCOUNSEL.ORG/ABOUT/SUPPORTERS-FINANCIALS/							
FORM 990, PART VI, SECTION B, LINE 11:							
COPIES OF FORM 990 ARE DISTRIBUTED TO THE BOARD OF DIRECTORS BY EMAIL. AN							
ADDITIONAL COPY IS AVAILABLE ON THE ORGANIZATION'S WEBSITE.							
FORM 990, PART VI, SECTION B, LINE 12C:							
OUR BOARD GOVERNANCE COMMITTEE REGULARLY REVIEWS OUR POLICIES WITH EACH							
BOARD MEMBER. WHEN CONFLICTS ARISE, WE MEET AS A BOARD AND REVIEW CONFLICT							
WITH THE PERSON WHOSE ROLE IS INVOLVED WITH THE CONFLICT AND WORK TO							
ADDRESS AND RESOLVE ANY ISSUES.							
FORM 990, PART VI, SECTION B, LINE 15:							
THE EXECUTIVE DIRECTOR WITH THE APPROVAL OF THE FINANCE COMMITTEE SETS							
COMPENSATION FOR KEY EMPLOYEES . THE BOARD'S EXECUTIVE COMMITTEE SETS THE							
EXECUTIVE DIRECTOR'S COMPENSATION. ALL COMPENSATION DECISION ARE BASED ON							
THE GOAL OF PROVIDING MARKET COMPETITIVE COMPENSATION PACKAGES WITHIN THE							
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2014) 432211 08-27-14							

Schedule O (Form 990 or 990 EZ) (2014) Page 2							
Name of the organization ACCOUNTABILITY COUNSEL	Employer identification number 46-1909035						
CONSTRAINTS OF OUR BUDGET.							
FORM 990, PART VI, SECTION C, LINE 19:							
ALL DOCUMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSI'	TE.						