Return of Organization Exempt From Income Tax

OMB No 1545-0047_ 15

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

lacktriangle 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.

A	For t	he 201	5 calendar year, or tax year beginning 07	/15 ,201	5, and	ending		12/	/31 , 20 15)			
			C Name of organization				D Employer ide	ntificati	ion number				
В	Check if a	appücable	THE ACCOUNTABILITY PROJECT INC				32-047	0290)				
X	Addr		Doing business as				¬j						
	_	e change	Number and street (or P O box if mail is not delivered to street addres	ss)	Room/	suite	E Telephone number						
X	_	l return	1725 I STREET NW #900				(202) 96	2-72	250				
\vdash	- Final	l return/	City or town, state or province, country, and ZIP or foreign postal code	e			1						
\vdash	Ame	inated nded	WASHINGTON, DC 20006				G Gross receipts	s \$	50	0,000.			
x	retur	ication	F Name and address of pnncipal officer STEVE ROSENTI	HAL			H(a) is this a gro						
<u> </u>	pend	aing	1725 I STREET NW #900 WASHINGTON, D		6		subordinates H(b) Are all subord		huded? Yes	, No			
_	Tax-ex	xempt st		4947(a)(1		527	⊣ ``		(see instructions				
J		ite: ►		1 4047 (U)(70.	1027	H(c) Group exem		•	•			
K			ization X Corporation Trust Association Other		l L	Year of form	nation 2015 M	<u> </u>		e DC			
	art l		mmary				1.0		r regul control				
			describe the organization's mission or most significant activitie	e EDUC	ATTNG	THE P	UBLIC ON T	HE T	SSUES TI	ТАН			
Ð			ANCE THE WELL-BEING OF MIDDLE-CLASS F.				RS						
Governance								-					
Ē	2	Check	this box I if the organization discontinued its operation	ns or disno	sed of m	ore than 2	5% of its net asset						
Š	3		er of voting members of the governing body (Part VI, line 1a)					3. a		3.			
ಷ	A	Numb	er of independent voting members of the governing body (Part			• • • • •		4		2.			
ies	5		number of individuals employed in calendar year 2015 (Part V, I					5		0.			
Activities &	5							6		0.			
Ąċ	70	Total	number of volunteers (estimate if necessary)					7a		0.			
<u> </u>	l 'a	Netu	prelated business taxable income from Form 900 T line 24			اً ۱۰۷۰ کا صا		7b		0.			
·	 	ivel u	nrelated business taxable income from Form 990-T, line 34		• • • •		Próf Yéar	1/6	Current				
:	8	Contr	butions and grants (Part VIII, line 1h)	0	MOA	0 8 20	16	0.1		0,000.			
enue	9	Dagas	Dutions and grants (Part VIII, line 111)	~ [0.		0.			
- ē	10	Progra	am service revenue (Part VIII, line 2g)		. O.C	DENT	jī ()	0.		 0.			
R 5	10	111403	interit meetile (i art viii, colainii (A), intes 5, 4, and 74)					0.1		0.			
f	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e			1-		0.	50	0,000.			
ــــــــــــــــــــــــــــــــــــــ	12		revenue - add lines 8 through 11 (must equal Part VIII, column (0.		5,000.			
]—-	13		s and similar amounts paid (Part IX, column (A), lines 1-3)					0.		0.			
~	14		its paid to or for members (Part IX, column (A), line 4)		0.		0.						
رگرن Expenses	15		es, other compensation, employee benefits (Part IX, column (A),	0.		0.							
eg 👉	10a	Prote	ssional fundraising fees (Part IX, column (A), line 11e)			• • •							
X]		fundraising expenses (Part IX, column (D), line 25)					0.	12	8,582.			
			expenses (Part IX, column (A), lines 11a-11d, 11f-24e)					0.1		$\frac{3,582.}{3,582.}$			
	18		expenses Add lines 13-17 (must equal Part IX, column (A), line					0.		6,418.			
_ G	19 }	Rever	nue less expenses Subtract line 18 from line 12	• • • • •	• • • •		sinning of Current		End of Y				
o str	20 21 22	T-4-1	essate (Dark V. June 4.0)			├	ginning of Current	0.		6,418.			
USSE Bala	20		assets (Part X, line 16)					0.	9	0,418.			
et d	21		liabilities (Part X, line 26)					0.	0				
	art II		ssets or fund balances Subtract line 21 from line 20			•••		<u> </u>		6,418.			
_		<u> </u>	of perjury, I declare that I have examined this return, including accomp	nonweg sche	dulae an	d statement	and to the hest of	of my k	nowledge and	helief it is			
			complete Declaration of preparer (other than officer) based on all info					-1 111 y KI					
			3 V44 - V6644 414 V				11/4	116					
Sig	าก		Signature of officer				_11_/_1						
He	-												
			Type or print name and title										
_		Print/	Type or print harne and tide Type preparer's name Presarer's sjonature										
Pai	d	1	C GILBERT										
Pre	parer	<u> </u>	CTIPEDE C WOLEAND D C										
Use	e Only												
<u> </u>	u tha '	•	saddress >2201 WISCONSIN AVE, NW SUITE 320 WASHINGTON										
	•		cuss this return with the preparer shown above? (see instructio										
For	Pape	rwork	Reduction Act Notice, see the separate Instructions.										

For	m 990 (2015) Page 2
P	art III Statement of Program Service Accomplishments
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission.
	EDUCATING THE PUBLIC ON ISSUES THAT ENHANCE THE WELL-BEING OF MIDDLE-
	CLASS FAMILIES AND WORKERS.
_	Dather was the second and the second
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes 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 services?
	services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others
	the total expenses, and revenue, if any, for each program service reported.
42	(Code) (Expenses \$ 394,264. Including grants of \$ 275,000.) (Revenue \$)
74	EDUCATING THE PUBLIC ON ISSUES THAT ENHANCE THE WELL-BEING OF
	MIDDLE-CLASS FAMILIES AND WORKERS. TO ACHIEVE THIS GOAL, THE
	PROJECT MONITORS POLICIES, PROMOTES TRANSPARENCY, AND WORKS TO
	PROMOTE PUBLIC DIALOGUE RELATED TO ISSUES SUCH AS PRESERVING AND
	CREATING HIGH QUALITY JOBS, BUILDING SOUND INFRASTRUCTURE,
	MAINTAINING A SAFE AND CLEAN ENVIRONMENT, PROVIDING BASIC HEALTH
	SERVICES, PROMOTING FAIR TAX POLICY, AND SUPPORTING QUALITY PUBLIC
	EDUCATION.
	EDUCATION:
	·
4 h	(Code) (Expenses \$ including grants of \$) (Revenue \$)
41	(Code) (Expenses \$) (Nevende \$)
4c	(Code) (Expenses \$ including grants of \$)
	/LAponoco +/(Laponoco +/(Laponoco +/
4d	Other program services (Describe in Schedule O)
	· · ·
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 394, 264.
ISA	

Form 9	90 (2015)		P	age 3
Part	V . 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,"			v
_	complete Schedule A	1	х	X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	_ X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		v
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			1
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			1
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	5	х	1
6	Part III			
Ū	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			1
	"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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>			
•	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			1
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
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		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	<u> </u>	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u> </u>	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	<u> </u>	X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			l .
	Schedule D, Parts XI and XII	12a	<u> </u> 	X
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	406		x
13	"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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u> 	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144	<u> </u> 	
	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		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	. 75	<u> </u>	
. •	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	<u> </u>		i
	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		i	
-	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		İ	i
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		ĺ	Ī
	If "Yes," complete Schedule G, Part III	19		X
			2.2.2	

Pan	Checklist of Required Schedules (Continued)		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	1 48	X
zua b		20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			l
	employees? If "Yes," complete Schedule J	23_	<u> </u>	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	,	· '	ĺ
	\$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	<u> </u>	X
b	and the organization involves, proceeds of tan enempt contact component, period encopiant of the contact conta	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to deliberating terminal termi	24c	<u> </u>	<u> </u>
d		24d	<u> </u>	Ļ
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			١
		25a	<u> </u>	<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b	 -	X
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			x
	disqualified persons? If "Yes," complete Schedule L, Part II	26_	 	 ^
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			1
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		x
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	21	 -	+
28				
•	Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	20a	├—-	 ^
b	Schedule L, Part IV	28b		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)		\vdash	
·		28c	x	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29	i	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			—
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31	İ	X
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		X
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	ļ	X
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	<u> </u>	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	ļ	X
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	<u> </u>	
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	1	<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization)	}	1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	۱	1	,
	Part VI	37	├ —-	<u> </u>
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	000	(2015
		r nm	2211	1/1175

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		لل
			Yes	No
12	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	-44		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and	33		
·	reportable gaming (gambling) winnings to prize winners?	1c	X	
٥-		22532		Device
Za	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.	ة السنانية ال	2	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Cade Silvinia.	MEMBA
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_ <u>X</u> _
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
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)?	4a		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		VI.	
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	7	
	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?	_{6a}	х	
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or	1		
-	gifts were not tax deductible?	6b	Х	
7	Organizations that may receive deductible contributions under section 170(c).	17.00	33.7	100
-	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	- CONTRACTOR	SHARKET.
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			Γ
·	required to file Form 8282?	7c		
А	If "Yes," indicate the number of Forms 8282 filed during the year	10	C A	riva'n
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		9530-5
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
ν.	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	1	7101	Min.
Ü	sponsoring organizations maintaining donor advised funds. Bid a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		Mark Services
9		7.0	3/3	
	Sponsoring organizations maintaining donor advised funds.	9a		A. S.
a	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			
a	406			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders		Ç1.	5 7 7
	Gross income from other sources (Do not net amounts due or paid to other sources	1		
b	against amounts due or received from them)		72	***
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	-	Sections:
	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.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O			
h				
U	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		141, 11	1
_	Enter the amount of reserves on hand		12	the state
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		
JSA	II. 165, 185 ti filo a Form 125 to report these payments. If No. provide all explanation in Schedule O		000	/2015

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

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 O 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 2 X Did the organization delegate control over management duties customarily performed by or under the direct 3 Х 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? . . X 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... X 5 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, stockholders, or other persons who had the power to elect or appoint Х Are any governance decisions of the organization reserved to (or subject to approval by) members, Х 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х 8a X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . X 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?. Describe in Schedule O the process, if any, used by the organization to review this Form 990 ٠., X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." 12c X 13 13 Did the organization have a written whistleblower policy?................. X 14 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? X 15a X 15b ٠ū 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 Х 16a 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 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶_ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply. | X | Upon request | Other (explain in Schedule O) Another's website 19 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 20 State the name, address, and telephone number of the person who possesses the organization's books and records ► GARY GRUVER 1725 I STREET NW #900 WASHINGTON, DC 20006 JSA 5E1042 1 000 Form 990 (2015)

000 \20 IC											9
Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent C	ontr	actors								

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

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

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

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

X Check this box if neither the organization nor	any related	orga	nıza	tion	cor	npens	sate	d any current offic	er, director, or trus	tee
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do r bōx, office or direc	not ch uñles	(C Posi ieck is pe	tion more rson irect	than or/trust Highest compensated	ne an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)WILL ROBINSON	1.00							_		
DIRECTOR/PRESIDENT		<u> </u>		Х				0.	0.	0.
(2)STEVE ROSENTHAL	1.00									
DIRECTOR/TREASURER	1 00	<u> </u>		X		<u> </u>	<u> </u>	0.	0.	0.
(3)RODELL MOLLINEAU DIRECTOR/SECRETARY	1.00	.l		.,				0.	0.	0.
		X	<u> </u>	X	<u> </u>	1	<u> </u> 	0.	1	<u> </u>
_(4)	 									
_(5)										
_(6)	 									
_(7)										
_(8)	 	-								
_(9)	 	-					!			
(10)		-								
(11)		-								
(12)	<u></u>	-								
(13)	 			ļ						
(14)	ļ	-								

Form **990** (2015)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	ge Position (do not check more than o box, unless person is both officer and a director/trust end or directed otted to the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the			than or s both a	ne an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reporta compensation related organizat (W-2/1099-	table Estimated tion from amount of led other ations			1	
	-												
										j			
	-												
		ļ							}				
1b Sub-total c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)	Section A						> > >	0.		0. 0.			0.
2 Total number of individuals (including but no reportable compensation from the organization)		hose 0		d at	bove	e) who	re	ceived more than	\$100,000	of			
3 Did the organization list any former officemployee on line 1a? If "Yes," complete Scheel 4 For any individual listed on line 1a, is the	dule J for su sum of rep	<i>ch ind</i> portat	lividu ole c	<i>Jal</i> :om	pen	 satıor	 n ai		sation from	the	3	Yes	No X
organization and related organizations g									le J for	such 	4		X
5 Did any person listed on line 1a receive o for services rendered to the organization? If "											5		X
Complete this table for your five highest cor compensation from the organization Report year													
(A)								(B) Description of services			(C) Compensation		
2 Total number of independent contractors (more than \$100,000 in compensation from t				nite	d to 0		e I	isted above) who	received			, , ,	, ,

		Check if Schedule O con	tains a respons	se or note to an	y line in this Part VII	<u> 1</u>		<u></u>
	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns	1b 1c 1d 1d ons) 1e rants,					
들		and similar amounts not included a		500,000.			_	
	9 h	Noncash contributions included in Total . Add lines 1a-1f			500,000.			
ne_		Town ridd inico id ii	<u> </u>	Business Code				
Program Service Revenue	2a b c d							
īā	e							
٢٥٥	f g	All other program service rever Total . Add lines 2a-2f			0.	· · · · · · · · · · · · · · · · · · ·	<u> </u>	'
_	3		uding dividend	ds, interest, ▶	0.			
	5	Royalties			0.			
	6a b	Gross rents		(II) Personal				
	d	Net rental income or (loss)			0.			
	7a	Gross amount from sales of	(i) Secunties	(II) Other				
	ь	Less cost or other basis and sales expenses Gain or (loss)						
	d	Net gain or (loss)			0.			
Other Revenue	8a	Gross income from fundrais events (not including \$ of contributions reported on lii See Part IV, line 18 Less: direct expenses	ne 1c)					
0		Net income or (loss) from fun			0.			
	9a	Gross income from gaming a See Part IV, line 19	а					
	Ь	Less direct expenses			0.		ļ. 	
	10a	Net income or (loss) from ga Gross sales of inventor returns and allowances	ry, less		0.1			
	b c	Less. cost of goods sold Net income or (loss) from sale	bl		0.			
		Miscellaneous Revenue		Business Code			1	1
	11a	·						
	ь							ļ <u> </u>
	C							
	d	All other revenue					1	-
	e	Total. Add lines 11a-11d			0.		 	
JSA 5E 10	<u>12</u> 51 1 000	Total revenue. See instruction	<u> </u>	· · · · · · <u>P</u>	500,000.		<u> </u>	Form 990 (2015)

Part X Statement of Functional Expenses	TABILITY PROJEC	CT INC	32-0	470290 Page 10
Section 501(c)(3) and 501(c)(4) organizations must			s must complete colu	mn (A)
Check if Schedule O contains a respon	nse or note to any line	in this Part IX		
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	275,000.	275,000.		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	0.			
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.			
7 Other salaries and wages	0.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0.			_
9 Other employee benefits	0.	<u> </u>		
10 Payroll taxes	0.			
11 Fees for services (non-employees)				
a Management	0.			
b Legal	17,525.	15,773.	1,752.	
c Accounting	0.			
d Lobbying	0.		<u> </u>	
e Professional fundraising services See Part IV, line 17.	0.			
f Investment management fees	0.			
9 Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). ATCH 1.	96,280.	90,000.	6,280.	
12 Advertising and promotion	0.			
13 Office expenses	697.		697.	
14 Information technology	0.			
15 Royalties	0.		500	
16 Occupancy	5,894.	5,305.	589.	
17 Travel	8,186.	8,186.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	0.			
23 Insurance	0.			
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)				

following SOP 98-2 (ASC 958-720). JSA 5E 1052 1 000

Form **990** (2015)

9,318.

e All other expenses _____

Total functional expenses. Add lines 1 through 24e
 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here

0.

403,582.

394,264.

art X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Pa	art X		
•	•	(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	0.	1	96,418
2	Savings and temporary cash investments	0.	2	0
3	Pledges and grants receivable, net	0.	3	0
4	Accounts receivable, net	0.	4	0
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees			
	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0.	5	0
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0.	6	0
3 7	Notes and loans receivable, net	0.	7	0
7 2 8	Inventories for sale or use	0.	8	0
9	Prepaid expenses and deferred charges	0.	9	0
1 -	Land, buildings, and equipment cost or			
.00	other basis. Complete Part VI of Schedule D 10a			
Ь.	Less accumulated depreciation	0.	10c	0
11	Investments - publicly traded securities		11	0
12	Investments - other securities. See Part IV, line 11		12	0
13	Investments - program-related See Part IV, line 11	0.	13	0
14	Intangible assets		14	0
15	Other assets See Part IV, line 11		15	0
16	Total assets. Add lines 1 through 15 (must equal line 34)		16	96,418
17	Accounts payable and accrued expenses.		17	0
18	Grants payable		18	0
19	Deferred revenue		19	0
20	Tax-exempt bond liabilities		20	0
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	0
1	Loans and other payables to current and former officers, directors,		İ	
22	trustees, key employees, highest compensated employees, and			
<u> </u>	disqualified persons Complete Part II of Schedule L	0.	22	0
j 23	Secured mortgages and notes payable to unrelated third parties		23	0
24	Unsecured notes and loans payable to unrelated thrd parties.		24	0
25	Other liabilities (including federal income tax, payables to related third			
1	parties, and other liabilities not included on lines 17-24) Complete Part X		1 1	
	of Schedule D	0.	25	0
26	Total liabilities. Add lines 17 through 25	0.	26	0
3	Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	0.	27	96,418
28	Temporarily restricted net assets	0.		0
29	Permanently restricted net assets	0.	29	0
27 28 29 30 31 32	Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	0.	33	96,418
34	Total liabilities and net assets/fund balances	0.	34	96,418

THE ACCOUNTABILITY PROJECT INC

orm 99	0 (2015)			Pa	ge 12			
Part	X Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>		<u> </u>				
1.	Total revenue (must equal Part VIII, column (A), line 12)	1		00,0				
2	Total expenses (must equal Part IX, column (A), line 25)	2	403,582					
3	Revenue less expenses Subtract line 2 from line 1	3		118.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			0.			
5	Net unrealized gains (losses) on investments	5	0.					
6	Donated services and use of facilities	6			0.			
7	Investment expenses 7							
8	Prior period adjustments	8			0.			
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		96,	418.			
Part		! <u></u>						
	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," e	xplain in						
	Schedule O							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were con	piled or						
	reviewed on a separate basis, consolidated basis, or both	•		_				
	Separate basis Consolidated basis Both consolidated and separate basis							
h	Were the organization's financial statements audited by an independent accountant?		2b		Х			
-	If "Yes," check a box below to indicate whether the financial statements for the year were audi							
	separate basis, consolidated basis, or both.							
	Separate basis Consolidated basis Both consolidated and separate basis							
	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 acc		2c					
	If the organization changed either its oversight process or selection process during the tax year, e							
	Schedule O.	Apidiii iii						
32	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth in						
va	the Single Audit Act and OMB Circular A-133?	. 101111 111	3a		Х			
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	eran the						
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		3ь					
			_	990	(2015)			

JSA

5E1054 1 000 4921KN 7165

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

20**15**

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete 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.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B Do not complete Part II-A

Tax)	(see separate instructions), then		Tax) (see separate in	structions) or Form 990-E	Z, Part V, line 35c (Proxy
	Section 501(c)(4), (5), or (6) orga	anizations: Complete Part III			40. 41
	e of organization	TROM TWO			ntification number
	ACCOUNTABILITY PRO		·	32-047	
		rganization is exempt under			nization.
1		organization's direct and indirect p			
2					
3				· · · · · · · · · · · · · · · · · · ·	
Par	<u> </u>	organization is exempt under s			
1		cise tax incurred by the organization			
2	Enter the amount of any exc	cise tax incurred by organization m	anagers under section	on 4955 ▶ \$	
3	If the organization incurred a	a section 4955 tax, did it file Form	4720 for this year?.		Yes No
	Was a correction made? If "Yes," describe in Part IV				Yes No
		organization is exempt under	section 501(c), ex	cept section 501(c)(3).
1	•	xpended by the filing organization		• • • • • • • • • • • • • • • • • • • •	<u>r</u>
-					
2		ng organization's funds contributed			
		es			
3	Total exempt function expe	enditures Add lines 1 and 2. En	ter here and on Fo	rm 1120-POL,	
4 5	Did the filing organization file Enter the names, addresses organization made payment the amount of political cont	e Form 1120-POL for this year? and employer identification numb s. For each organization listed, entributions received that were promed or a political action committee (F	er (EIN) of all section ter the amount paid ptly and directly de	on 527 political organization from the filing organization livered to a separate po	Yes No No ations to which the filing ation's funds Also enter olitical organization, such
	(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)					
<u> </u>					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2015

chedu	ule C (Form 990 or 990-EZ) 2015	THE ACCOUNTABI	LITY PROJECT	INC	32-0	470290 Page 2
Part	II-A Complete if the org section 501(h)).	anization is exem	npt under section	n 501(c)(3) and	filed Form 5768 (elec	ction under
A CI		nization belongs to IN, expenses, and			rt IV each affiliated gr litures).	oup member's
3 CI	heck ▶ if the filing organ	nization checked b	ox A and "limited	control" provisi	ons apply.	
		on Lobbying Expend		·	(a) Filing	(b) Affiliated
	(The term "expenditu	ures" means amoun	ts paid or incurred.	.)	organization's totals	group totals
1a T	Total lobbying expenditures to in	nfluence public opını	on (grass roots lobl	bying)		
b T	otal lobbying expenditures to ir	nfluence a legislative	body (direct lobby	ing)		
сТ	otal lobbying expenditures (add	d lines 1a and 1b)				
	Other exempt purpose expendit					
e T	Total exempt purpose expenditu	ires (add lines 1c and	d 1d)			
f L	obbying nontaxable amount l	Enter the amount fo	rom the following	table in both		
<u>_c</u>	columns					
if	f the amount on line 1e, column (a	or (b) is: The lobbyin	g nontaxable amount	is:		
N	lot over \$500,000	20% of the a	mount on line 1e			
Ç	Over \$500,000 but not over \$1,000	,000 \$100,000 pl	us 15% of the excess	over \$500,000		
<u>C</u>	Over \$1,000,000 but not over \$1,50	00,000 \$175,000 pl	us 10% of the excess	over \$1,000,000		
<u>C</u>	Over \$1,500,000 but not over \$17,0	000,000 \$225,000 pl	us 5% of the excess of	over \$1,500,000		
	Over \$17,000,000	\$1,000,000		<u>il</u>		
	Grassroots nontaxable amount					
	Subtract line 1g from line 1a If					
	Subtract line 1f from line 1c. If z					
-	f there is an amount other th			_		
<u>r</u>	eporting section 4911 tax for the				<u> </u>	Yes No
	(C Aba		aging Period Unde		ada all af dha firra aabuu	ma hala
	(Some organizations that		e instructions for	-		ins below.
		Lobbying Exper	nditures During 4-Y	ear Averaging Pe	riod	
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a L	obbying nontaxable amount					
	obbying ceiling amount 150% of line 2a, column (e))					
сТ	otal lobbying expenditures					
d G	Grassroots nontaxable amount					
	Grassroots ceiling amount 150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2015

r cook "You" manage on lines to through the below assume as Deat IV a detailed	(8	3)		(1	b)	
r`each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed scription of the lobbying activity	Yes	No		Am	ount	
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, through the use of Volunteers?						
Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
Media advertisements?						
Mailings to members, legislators, or the public?						
Publications, or published or broadcast statements?						
Grants to other organizations for lobbying purposes?						
Direct contact with legislators, their staffs, government officials, or a legislative body?						
Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
Other activities?						_
Total Add lines 1c through 1i						_
Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912						
If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912						-
If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
art III-A Complete if the organization is exempt under section 501(c)(4), section 50	(c)(5)	, or s	ectio	n		
501(c)(6).					1	_
Mars substantially all (000), as mars) dues recovered an additional by marshage 2					Yes	+
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?				1 2	X	+
Did the organization make only in-nouse lobbying experiorities of \$2,000 or less?				3	+^	+
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No,"	(c)(5)	, or s	ectio		- e 3, is	_ _ 3
Complete if the organization is exempt under section 501(c)(4), section 50° 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes." Dues, assessments and similar amounts from members	(c)(5) OR (), or s b) Pa	ectio		e 3, is	_ . S
Complete if the organization is exempt under section 501(c)(4), section 501 (c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amo political expenses for which the section 527(f) tax was paid).	(c)(5) OR (), or s b) Pa	ectio		e 3, is	_ _
Complete if the organization is exempt under section 501(c)(4), section 501 (c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amo political expenses for which the section 527(f) tax was paid). Current year	(c)(5) OR (), or s b) Pa of	ection 1		e 3, is	
Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No, answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amo political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	(c)(5) OR (), or s b) Pa of	ection art III-A		e 3, is	
Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No,' answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amo political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total	(c)(5)	b) Pa	1 2a 2b 2c		3, is	-
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Schedule C (Form 990 or 990-EZ) 2015

Page 4

Part IV Supplemental Information (continued)

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Open to Public Inspection

nternal Revenue Service ► Infoi	rmation about S	chedule I (Forn	n 990) and its inst	ructions is at www	w.irs.gov/form990.		Inspection
Name of the organization						Employer identific	
THE ACCOUNTABILITY PROJECT INC						32-0470290)
Part I General Information on Grants							
1 Does the organization maintain records t							
the selection criteria used to award the g							X Yes No
2 Describe in Part IV the organization's pro							
Part Grants and Other Assistance t							es" on Form
990, Part IV, line 21, for any re	ciplent that red	ceived more th	an \$5,000. Part II	can be duplica	ted if additional spa	ce is needed	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) NORTHWEST ACCOUNTABILITY PROJECT							
522 W RIVERSIDE AVE #560 SPOKANE, WA 992	32-0478413	501 (C) (4)	275,000.				GENERAL SUPPORT
(2)							
(3)							
(4)							
(5)							
(0)							
(6)							
(7)							
(8)							
(9)			1				
(0)							
10)							
11)							
12)	$\overline{}$						
2 Enter total number of section 501(c)(3)	and governmer	.∔ it organizations	listed in the line 1 t	able			1
3 Enter total number of other organization	•	-					1.

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

Schedule I (Form 990) (2015)

Schedule I (Form 990) (2015)

Page 2

Part III	Grants and Other Assistance to Individuals in the United States.	Complete if the organization answered "	Yes" on Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.	•	

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
1					
1					
L					
i					
art IV Supplemental Information Complete					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I LINE 2

THE ORGANIZATION MAINTAINS ONGOING CONTACT WITH ITS GRANTEES AND THUS IS

ABLE TO MONITOR THE USE OF ITS GRANTS.

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ) ▶ Complete if the organization answered "Yes" on Form 990. Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

►Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

Open To Public Inspection

Name of the organization Employer Identification number THE ACCOUNTABILITY PROJECT INC 32-0470290 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Part I

	Complete if the organization	answered "Yes" on Form 990, Part IV, line 25a	a or 25b, or Form 990-EZ, Part V, line 40b)	
4	And Administration of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of	(b) Relationship between disqualified person and		(d) c	meded?
1	(a) Name of disqualified person	organization	(c) Description of transaction	Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
2	Enter the amount of tax incurred	by the organization managers or disqualified pe	ersons during the year		
	under section 4959		▶ \$		

3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶	\$

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fron	an to or n the zation?	(e) Original principal amount	(f) Balance due	(g) In d	lefault?		ard or	(i) W agreer	
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(3) (4)												
(5)												
(6)												
(7)												
(8)									ĺ			
(9)									İ			
(10)	_											
Total						\$						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
<u>(10)</u>]

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

Schedule L (Form 990 or 990-EZ) 2015

THE ACCOUNTABILITY PROJECT INC

Schedule L (Form 990 or 990-EZ) 2015

Page 2

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Shorgania	_
				Yes	No
(1) STEVE ROSENTHAL	100% OWNER-ORG.GRP C CORP	90,000.	STRATEGIC CONSULTING		х
(2)_					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
10)					

JSA 5E 1507 1 000

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

Inspection

Name of the organization

THE ACCOUNTABILITY PROJECT INC

Employer identification number 32-0470290

PART VI, SECTION B, LINE 11B PRIOR TO FILING THE FORM 990, THE ORGANIZATION'S TREASURER AND OUTSIDE LEGAL COUNSEL REVIEW THE TAX RETURN PREPARED BY AN OUTSIDE CPA FIRM.

PART VI, SECTION C, LINE 19

THE ORGANIZATION PROVIDES THE 990 TAX RETURN UPON REQUEST.

A MM A CUMPNIM 1		
ATTACHMENT I	ATTAL HIMIP.NIT	1

FORM 990, PART IX - OTHER FEES

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
ADMINISTRATIVE SERVICES	6,280.		6,280.	
STRATEGIC CONSULTING	90,000.	90,000.		
TOTALS	96,280.	90,000.	6,280.	