Return of Organization Exempt From Income Tax

OMB No 1545-0047

Inspection

, 20

Department of the Treasury Internal Rêvenue Service

A For the 2016 calendar year, or tax year beginning

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

, 2016, and ending

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

ъ.				organization				D Employer identification number							
Б.	Check if a	pplicable	THE A	ACCOUNTAE	BILITY P	ROJECT I	NC				32-047	70290	0		
	Addre		Doing bu	isiness as		<u> </u>					1				
	Name	e change	Number	and street (or P	O box if mail i	s not delivered t	to street addre	ss)	Room/sui	te	E Telephone n	umber			
	Initial	Ireturn	1725	I STREET	NW #90	0					(202) 90	52 - 7	250		
		return/	City or to	own, state or pro	ovince, country,	and ZIP or fore	eign postal cod	e			,				
	Amer		WASH	INGTON, I	C 20006		-				G Gross receipts \$ 1,150,000.				
x		cation		nd address of pn			ROSENT	HAT.			H(a) Is this a gr			X No	
	pend	ing	1	I STREET	-						subordinate	s	—		
_	Tay-ey	cempt sta	·	501(c)(3)		4) ∢ (in		4947(a)(1)		527	H(b) Are all subor		(see instructions)	No	
<u> </u>		ite: ►		1 30 1(0)(3)	11 50 I(C) (-) - (III	seitho) j	4947(a)(1)	or j	521	1		•		
<u>-</u>		of organ		Corporation	Trust		l out-se N		1, ,,		H(c) Group exer tion 2015 M	<u> </u>		DC	
	art I	_	mmary	Corporation	Trust	Association	Other		I L Yes	ar or rorma	tion 2013 M	State	or legal domicile	DC	
	Υ .			41				EDIICA	PTNC T	ער סווו	OTTC ON T	ию т	COURC MILA		
•	1	Buen	ן describe ו אארב יינ	tne organization HE WELL-B	ON'S MISSION	or most signit	CTACC T	S EDUCA	AND W	ODKED	SPIC ON I	UP I	SSUES THAT	1	
2			ANCE II	TE WELL-L	DEING OF	MIDDLE-	CDA33 F	ALITES	AND W	OKKEK					
2017 & Governance						 						_			
	2		this box I		•		•				of its net asse	ī 1		_	
CS G⊃	3	Numb	er of voting	g members of	the governin	g body (Part V	/I, line 1a) .					3	· · · · · · · · · · · · · · · · · · ·	3.	
~~ s	4	Numb	er of indep	endent voting	members of	the governin	ig body (Part	VI, line 1b)				4		1.	
≈ <u>₹</u>	5			ındıvıduals em			016 (Part V, I	ine 2a)				5		0.	
بَةِ ح	6			volunteers (est								6			
NOV Z I	7a	Total	unrelated b	ousiness reveni usiness taxable	ue from Part	VIII, column ((C), line 12					7a		0.	
	b	Net ur	nrelated bu	ısıness taxable	e income from	n Form∜990 <u>-</u> T,	line 34	.∦.∀.((/ 				7b		0.	
<u> </u>									9		Prior Year		Current Yea		
∌ •	8	Contri	ibutions an	nd grants (Part	VIII, line 1h)	\\ <u>\S</u> .	.NO.V0.	7. 2017	[9]		500,0	00.	1,150,	000.	
ラ る	9	Progra	am service	revenue (Part \	VIII, line 2g) .	.			10.1			0.		Ö.	
ANNING REVENUE	10	Invest	ment incor	me (Part VIII, o Part VIII, colun	column (A), lir	nes 3, 4, and	7d). ヘラに	111.1.7.	<u></u>			0.		0.	
ดี	11	Other	revenue (F	Part VIII, colun	nn (A), lines 5	5, 6d, 8 <u>c, 9c,</u>	10c, and 11e) ^{1 V} , U I	. <u></u>			0.		0.	
	12	Total	revenue - a	add lines 8 thre	ough 11 (mu:	st equal Part \	/III, column (A), line 12).			500,0		1,150,	000.	
	13			lar amounts par							275,0	00.	570,0	000.	
	14	Benef	its paid to	or for members	s (Part IX, col	umn (A), line	4)					0.		0.	
ģ	15	Saları	es, other c	compensation,	employee bei	nefits (Part IX,	, column (A),	lines 5-10)		·		0.	85,0	000.	
nse	16 a			draising fees (F								0.		0.	
Expenses	ь	Total t	fundraising	expenses (Pa	rt IX, column	(D), line 25)	>	25,450		•			, , <u>, , , , , , , , , , , , , , , , , </u>		
ũ	17			(Part IX, colum						_	128,5	82.	337,8	836.	
	18			Add lines 13-1							403,5	82.	992,8		
	19			penses Subtra							96,4		157,		
0 9		-									ning of Current		End of Year		
Net Assets of Fund Balance	20	Total a	assets (Par	t X, line 16)							96,4		253,	582.	
Ass	21			Part X, line 26)				• • • • • •		· 		0.		0.	
5	22			nd balances. S			 1	• • • • • •		•	96,4		253,5	582	
	art II		nature B		JOST GOT WITE Z	1 110111 11110 20	<u>,, , , , , , , , , , , , , , , , , , ,</u>		· · · · ·	•					
_					ive examined t	his return, incli	udina accomo	anving schedi	iles and sta	tements :	and to the hest o	f my ki	nowledge and help	of it to	
tru	e, corre	ect, and	complete D	eclaration of pre-	parer (other the	an officer is ba	sed on all info	rmation of whi	ch prepare	has any k	nowledge	, iiiy ki	nowledge and belie	51, IL 15	
		١.) (W	I las	MYV	\					10.	21	2017		
Sig	ın		Signature of	f officer	00010						70	2.	2017		
He	-	(,	•	ROSENTHAL											
				it name and title											
			Type or prin			Preparer's si	ionature								
Pai	d	1	C GILE				V. 2								
Pre	parer				C MOT DAY		ريور								
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For	Pape	rwork i	Reduction	Act Notice, so	ee the separa	ite instructior	18.								

	990 <u>(2016)</u> Pag	e 2									
Pa	t III Statement of Program Service Accomplishments	_									
_	Gheck if Schedule O contains a response or note to any line in this Part III	ᆚ									
1	Briefly describe the organization's mission CDUCATING THE PUBLIC ON ISSUES THAT ENHANCE THE WELL-BEING OF MIDDLE-										
	CLASS FAMILIES AND WORKERS.										
		—									
2	Did the organization undertake any significant program services during the year which were not listed on the										
-	prior Form 990 or 990-EZ?	٧o									
3	Did the organization cease conducting, or make significant changes in how it conducts, any program										
	rervices?	Мо									
4	n res, describe these changes on schedule O 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 other he total expenses, and revenue, if any, for each program service reported										
4a	Code) (Expenses \$ss1,919 including grants of \$s70,000) (Revenue \$)										
	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 POLICY 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.										
	John Marie Committee Decommend										
4b	Code) (Expenses \$ including grants of \$) (Revenue \$)										
40	Code) (Expenses \$ including grants of \$) (Revenue \$)										
40	/(Country grants of w										
		_									
		_									
_											
4d	Other program services (Describe in Schedule O)										
	(Expenses \$ including grants of \$) (Revenue \$)										
4e	Total program service expenses ▶ 881,919.										

Form **990** (2016) PAGE 2

Form 990 (2016) Page 3 **Checklist of Required Schedules** Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?..... X 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 X 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............. Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C. Х Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Х 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II......... 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X 8 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 X Did the organization, directly or through a related organization, hold assets in temporarily restricted Х 10 endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X 11a b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more X 11b c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more 11c Х d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets Х 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If Х "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional". X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States?.......... b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate 14b Х foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Х 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Х

Form 990 (2016)

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Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

Х

Form 99	0 (2016)		F	age 4
Part	Checklist of Required Schedules (continued)			
	•		Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	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			
	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	•		
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	l		v
	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	ĺ		
	current or former officers, directors, trustees, key employees, highest compensated employees, or			Х
	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,			
	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	-		
28	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	i .	х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	-		
	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)	-		
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	x	ĺ
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		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		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		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			1
	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	<u> </u>	<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization]]
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	l .	1	
	Part VI	37	├	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		,	
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	(2016

Part				
	Check if Schedule O contains a response or note to any line in this Part V	· · · · ·		\perp
	Figure 1 and	+	Yes	No
	Enter the number of Forms W-2G included in line 13. Enter 0 if not applicable			
	Ether the number of Forms VV-20 included in line to Efficience II flot applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	x	
	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 2a 0.			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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	1 1	. [
	account)?	4a		Х
	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6 a	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	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	1		
	gifts were not tax deductible?	6b	X	
	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	<u> </u>		-
	and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.		
	required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			-
Ü	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
		9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
	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	1 1		
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
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	145		Х
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	140		

Part VI

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b bell			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule Check if Schedule O contains a response or note to any line in this Part VI			IONS
Secti	on A. Governing Body and Management			171
žecn	On 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 1a	3		
14	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	_1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	ــــــ		
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct	t		
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	_	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	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			х
	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	7b		x
	stockholders, or persons other than the governing body?			<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	9		
	the year by the following	8a	x	'
a	The governing body?	8b	Х	\vdash
р	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached a			
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Cod	e)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	L	Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapter	s,		
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			<u> </u>
11a	for the form of the form of the contract the form of t			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		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	e		
	rise to conflicts?	12b		 -
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes	,"		1
	describe in Schedule O how this was done	12c	 	x
13	Did the organization have a written whistleblower policy?	13		$\frac{1}{x}$
14	Did the organization have a written document retention and destruction policy?	14	-	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval to			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			X
а	The organization's CEO, Executive Director, or top management official	1	1	
b	Other officers or key employees of the organization	130	 	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	.]	
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements.		-	x
£.	with a taxable entity during the year?		 	
D	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	e		
	organization's exempt status with respect to such arrangements?	16b		1
Sect	ion C. Disclosure	•		
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sec	ion 501(c)(3)	s only)
	available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. X Upon request. Other (explain in Schedule O)	·		••
10	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of	interest	polic	v. and
19	financial statements available to the public during the tax year		٠٠	,,
20	State the name, address, and telephone number of the person who possesses the organization's books and rec GARY GRUVER 1725 I STREET NW #900 WASHINGTON, DC 20006 202-962-7250	ords >		
	GARY GRUVER 1725 I STREET NW #900 WASHINGTON, DC 20006 202-962-7250		. 000	

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Part VII	Compensation of	of Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Cor	ntractors						-		

Chreck 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

(A) Name and Title	(B) Average	box, unless person is both an officer and a director/trustee)					ne	(D) Reportable	(E) Reportable	(F) Estimated
Name and This	hours per week (list any							compensation from	compensation from related	amount of other
	hours for related organizations below dotted line)	1 24 2	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)WILL ROBINSON	1.00								_	
DIRECTOR/PRESIDENT	0.	X	<u></u>	Х				0.	0.	
(2)STEVE ROSENTHAL	20.00		•	v			ļ			,
DIRECTOR/TREASURER (3)RODELL MOLLINEAU	20.00	X	-	Х	<u> </u>		├	0.	0.	
DIRECTOR/SECRETARY	20.00	X		х				85,000.	0.	(
(4)		<u> </u>			-		-			
(5)	 	-		-	-					
(6)	 									
(7)		-					-			
(8)		-		-		_				
(9)										
10)				 						
11)		-								
12)	 	-		-			-		_	<u> </u>
13)		-	-	-	-		-			
14)		-	-	\vdash			\vdash			

	-
D	3

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	plo	yee	es,	and I	Higi	hest Compensat	ed Employ	ees (c	ontinue		age 8
Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	ot ch unles	s pe	ition more	n of the st highest compensated the story of employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportal compensatio related organizati (W-2/1099-	on from d ions	am comp fro orga and	(F) timated ount of other pensation om the anizatio I related nizatior	n d
						ä						_	 -
		1											
	 	-										·	_
									-				
		-			-								
										-	_		
1b Sub-total	Section A .						>	85,000. 0. 85,000.		0.			0.
d Total (add lines 1b and 1c)	limited to t	hose	lıste				o re		\$100,000 c				
reportable compensation from the organization	<u>n</u> ▶	0	<u> </u>									Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete School											3		X
4 For any individual listed on line 1a, is the	sum of re	portat	ole c	om	per	satio	n a	nd other compens	sation from	the			:
organization and related organizations grandividual											4		X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co <i>'es," comple</i>	mper te Sci	satı 1edu	on ile J	fron <i>I for</i>	n any such	un <i>per</i>	related organizations	on or indivi	dual	5		Ĩ
Section B. Independent Contractors 1 Complete this table for your five highest con	npensated i	nden	ende	ent	con	tracto	ors 1	that received more	than \$100	0.000 o			
compensation from the organization Report year													
(A) Name and business ad	dress							(B) Description of se	ervices	C	(C) Compens	ation	
ATTACHMENT 1							-						
							\perp						
2 Total number of independent contractors (i more than \$100,000 in compensation from the				nite	d to	thos	se I	listed above) who	received				

Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to an	y line in this Part V	<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	Federated campaigns					
ontributions nd Other Sir	e f g	Ail other contributions, gifts, grants, and similar amounts not included above . Noncash contributions included in lines 1a-1f \$	1,150,000.				
	h_	Total. Add lines 1a-1f	▶	1,150,000.			
ue		В	usiness Code				
Program Service Revenue	2a b c d						
5	٠,	All other program service revenue					
2	g	Total. Add lines 2a-2f	_	0.			<u>' </u>
	3	Investment income (including dividends, and other similar amounts)	ınterest,	0.			
	4	Income from investment of tax-exempt bond pro	oceeds . ►	0.			
	5	Royalties		0.			
	6a b	Gross rents	(II) Personal	0.			
	d 7a b	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses	(II) Other				
	d	Net gain or (loss)	🕨	0.			
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	0.				
•	C	Net income or (loss) from fundraising events	▶	0.			
	9a	Gross income from gaming activities See Part IV, line 19	0.				
	b	Less direct expenses b	0.				
	С	Net income or (loss) from gaming activities.	. ▶	0.			
	10a	Gross sales of inventory, less returns and allowances	0.				
	b	Less cost of goods sold b	0.	0.			
			usiness Code	İ			
	—						
	11a						
	Ь						
	С						
	d	All other revenue					
	e	Total. Add lines 11a-11d	▶	0.			
	12	Total revenue. See instructions		1,150,000.			

V 16-7F

Part IX Statement of Functional Expenses

Sec	ection 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)											
	Check if Schedule O contains a resp				X							
	not include amounts reported on lines 6b, 7b, 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	570,000.	570,000.									
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	85,000.	85,000.									
6	Compensation not included above, to disqualified											
	persons (as defined under section 4958(f)(1)) and											
	persons described in section 4958(c)(3)(B)	0.										
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.										
10	Payroll taxes	0.										
	Fees for services (non-employees)	0										
а	Management	0.		12 450								
	Legal	13,450.		13,450. 7,426.								
	Accounting	7,426.		7,420.								
d	Lobbying	0.										
	Professional fundraising services See Part IV, line 17.	0.										
	Investment management fees	- 0.	-									
9	Other (If line 11g amount exceeds 10% of line 25, column	302,980.	215,650.	61,880.	25,450.							
	(A) amount list line 11g expenses on Schedule O). ATCH 2	0.	213/030.	01,000.	207100.							
	Advertising and promotion	2,554.	2,044.	510.								
	Office expenses	0.										
	Information technology	0.	-									
	Royalties	6,197.	4,957.	1,240.								
	Occupancy	1,607.	1,607.									
	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.										
19	Conferences, conventions, and meetings	0.			·····							
	Interest	Õ.										
21	Payments to affiliates	0.										
22	Depreciation, depletion, and amortization	0.										
	Insurance	961.		961.								
24												
	above (List miscellaneous expenses in line 24e. If			ł								
	line 24e amount exceeds 10% of line 25, column											
	(A) amount, list line 24e expenses on Schedule O)											
а	MEDIA	2,661.	2,661.									
b												
c	:											
d	l											
e	All other expenses											
	Total functional expenses. Add lines 1 through 24e	992,836.	881,919.	85,467.	25,450.							
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and											
	fundraising solicitation. Check here following SOR 08.3 (ASC 058.730)	0.										
	following SOP 98-2 (ASC 958-720)	ı U.	i									

JSA 6E1052 1 000

ίΧ	Check if Schedule O contains a response or note to any line in this Pa	ert X		
:	Check if Schedule O contains a response of note to any line in this i a	(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	96,418.	1	253,582.
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,			
		!	1	
		0.	5	0.
6	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		6	0
7	Notes and loans receivable, net	0.	7	0.
8	Inventories for sale or use		8	0.
9	Prepaid expenses and deferred charges	0.	9	0.
10 a	Land, buildings, and equipment cost or	- · · ·		
	other basis Complete Part VI of Schedule D 10a			
b				0.
11				0.
12				0.
13		0.	13	0.
14				0.
15	Other assets See Part IV, line 11			0.
16		96,418.	16	253,582.
17				0.
18				0.
19				0.
20				0.
21		0.	21	0.
22	Loans and other payables to current and former officers, directors,			
				0.
23	·			0.
24		0.	24	0.
25				
		0.	25	0.
26	Total liabilities. Add lines 17 through 25	0.	26	0.
	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			253,582
28	Temporarily restricted net assets		 	0.
29	Permanently restricted net assets	0.	29	0.
·	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	
32	Retained earnings, endowment, accumulated income, or other funds		32	
			$\overline{}$	
33	Total net assets or fund balances	96,418 96,418		253,582 253,582
	2 3 4 5 6 7 8 9 10 a b 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25	Check if Schedule O contains a response or note to any line in this Parish Cash - non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net 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 4958(c)(1)), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D Less accumulated depreciation Investments - publicly traded securities Investments - other securities See Part IV, line 11 Intengible assets Other assets See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties. Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D Total liabilities. Add lines 17 through 25. Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	Check if Schedule O contains a response or note to any line in this Part X. (A) Beginning of year 1	Check if Schedule O contains a response or note to any line in this Part X. (A) Beginning of year 1

	(2016)			Pa	ge 1 Z
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,1	50,0	000.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9	92,	336.
3	Revenue less expenses Subtract line 2 from line 1	3	1		L64.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		96,	118.
5	Net unrealized gains (losses) on investments	5			0.
6	Donated services and use of facilities	6			0.
7	Investment expenses	7			0.
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	2	53,	582.
<u>Part</u>					
	Check if Schedule O contains a response or note to any line in this Part XII	<u>, , , , ,</u>	<u> </u>		
				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	xplaın ın		1	
	Schedule O				
2a	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 con	npiled or			
	reviewed on a separate basis, consolidated basis, or both		Ì		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audi			ļ	
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent acc	_	I -		
	If the organization changed either its oversight process or selection process during the tax year, e	explain in			
	Schedule O	•			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth in			
	the Single Audit Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		36	l	l

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

OMB No 1545-0047

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 ur	nder section 501(h)) Co	mplete Part II-A Do not con	nplete Part II-B
•	Section 501(c)(3) organizations	that have NOT filed Form 5768 (election	on under section 501(h)) Complete Part II-B Do no	ot complete Part II-A
f the	e organization answered "Yes."	on Form 990. Part IV. line 5 (Proxy	Tax) (see separate ii	nstructions) or Form 990-	EZ, Part V, line 35c (Proxy
	(see separate instructions), their Section 501(c)(4), (5), or (6) org				
	e of organization	anizations Complete Fait III	 	Employeride	ntification number
	ACCOUNTABILITY PRO	TECH INC		' '	
				32-047	
		organization is exempt under			
1		organization's direct and indirect j	political campaign a	ctivities in Part IV (see	instructions for definition
	of "political campaign activit	•			
		xpenditures (see instructions)			
3_	Volunteer hours for political	campaign activities (see instructio	ns)	<u> </u>	
		organization is exempt under			
1	Enter the amount of any exc	cise tax incurred by the organization	on under section 495	5 ▶ \$	
2	Enter the amount of any exc	cise tax incurred by organization m	anagers under secti	on 4955 ▶ \$	
3		a section 4955 tax, did it file Form			
					Yes No
	If "Yes," describe in Part IV	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·
Par		organization is exempt under			<u>s).</u>
1		expended by the filing organizatio			
	activities	. .		▶\$	
2		ng organization's funds contributed			
		les			
3		enditures Add lines 1 and 2 Er			
	line 17b	. 	<i>.</i>	▶\$	···
4	Did the filing organization fil	e Form 1120-POL for this year?	· · · <u> · · · · ·</u> · · · · · ·	<u></u> _.	Yes No
5		and employer identification numb			
		ts For each organization listed, er tributions received that were pron			
		nd or a political action committee (
	(a) Name	(b) Address	1	Ţ	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate
					political organization If
					none, enter -0-
(1)					
(2)					
(3)					
(4)					
]		
(5)					
_					
(6)					
			7		
Eor I	Panaguark Paduation Act Notice	a san the Instructions for Form 900 o	2 000 E7	Sahadul	o C (Ferm 900 er 900 F7) 2046

	•			
Sch	edule C (Form 990 or 990-EZ) 2016 THE AC	COUNTABILITY PROJECT INC	32-0	470290 Page 2
Pa	rt II-A Complete if the organization section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (elec	ction under
A	Check ▶ if the filing organization name, address, EIN, exp	belongs to an affiliated group (and list in Pa enses, and share of excess lobbying expend	art IV each affiliated gi ditures)	roup member's
В	Check ▶ if the filing organization	checked box A and "limited control" provisi	ons apply	
		ying Expenditures	(a) Filing	(b) Affiliated
	(The term "expenditures" me	eans amounts paid or incurred.)	organization's totals	group totals
1a	Total lobbying expenditures to influence	public opinion (grass roots lobbying)	_	
þ	Total lobbying expenditures to influence	a legislative body (direct lobbying) [
С	Total lobbying expenditures (add lines 1	a and 1b)		
d	Other exempt purpose expenditures			
		I lines 1c and 1d) [
f	Lobbying nontaxable amount Enter the columns	e amount from the following table in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
Ç	Grassroots nontaxable amount (enter 25	% of line 1f)		
		ess, enter -0		
i		ss, enter -0-,		
j		on either line 1h or line 1i, did the organiza		
•				Yes No

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Exp	penditures During 4-Ye	ar Averaging Period	ļ	
Calendar year (or fisca beginning in)	year (a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable an	ount			_	
b Lobbying ceiling amoun (150% of line 2a, column					
c Total lobbying expenditu	ires				
d Grassroots nontaxable a	mount				
e Grassroots ceiling amou (150% of line 2d, column	• • • • • • • • • • • • • • • • • • •				
f Grassroots lobbying exp	enditures				

Schedule C (Form 990 or 990-EZ) 2016

	t II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T file	d Fo	m 57	68		Page 3
		(;	a)		(b)		
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity	Yes	No		Amo		
1 a	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?						
c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?. Media advertisements?						
d e	Mailings to members, legislators, or the public?					<u></u>	
f	Grants to other organizations for lobbying purposes?			<u> </u>			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?						
h i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?						
i	Total Add lines 1c through 1i						•
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
b	If "Yes," enter the amount of any tax incurred under section 4912						
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	1					
Pa	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	(c)(5)	or s	ectio	n		
	501(c)(6).	\-/\-/	•				
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1	X	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					Х	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from						X
	till-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."	OR (art III-A		3, is	
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amo political expenses for which the section 527(f) tax was paid).						
а	Current year			2a			
b	Carryover from last year			2b			
С	Total			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du			3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible I						
5	and political expenditure next year?			5			
_	Tt IV Supplemental Information		<u></u>				
Prov	vide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliate	d gro	up list	i), Part	II-A, III	nes 1	and
2 (s	ee instructions), and Part II-B, line 1 Also, complete this part for any additional information.						

JSA 6E1266 1 000

Schedule C (Form 990 or 990-EZ) 2016

Part IV Supplemental Information (continued)

Schedule C (Form 990 or 990-EZ) 2016

SCHEDULE I (Form 990)

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

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

► Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization	-					Employer identific	ation number
THE ACCOUNTABILITY PROJECT INC						32-04702	90
Part I General Information on Grants	and Assistanc	e					
 Does the organization maintain records to the selection criteria used to award the gr Describe in Part IV the organization's pro- 	substantiate th	e amount of the			' eligibility for the grants	s or assistance, and	X Yes No
Part II Grants and Other Assistance to 990, Part IV, line 21, for any rec	Domestic Or	ganizations a	nd Domestic Gov	vernments. Com	plete if the organizated if additional space	ation answered "Y be is needed.	es" on Form
1 (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 noncash assistance	(h) Purpose of grant or assistance
(1) NORTHWEST ACCOUNTABILITY PROJECT PO BOX 42561 PORTLAND, OR 97242	32-0478413	501 (C) (4)	335,000.				GENERAL SUPPORT
(2) PENNSYLVANIA SPOTLIGHT PO BOX 54582 PHILADELPHIA, PA 19148	32-0495654	501(C)(4)	235,000.				GENERAL SUPPORT
(3)	\dashv						
(4)							
(5)							
(6)							
(7)		-					
(8)							
(9)						-	
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) a3 Enter total number of other organizations							2.

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

Schedule I (Form 990) (2016)

Schedule I (Form 990) (2016)

(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
					

PART I LINE 2

information

THE ORGANIZATION MAINTAINS ONGOING CONTACT WITH ITS GRANTEES AND THUS IS

ABLE TO MONITOR THE USE OF ITS GRANTS.

4921KN 7165

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

► 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 Name of the organization

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

OMB No 1545-0047

2016

Open To Public Inspection

THE ACCOUNTABILITY PROJECT INC

Employer identification number

32-0470290

Part I	Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b							
1	(a) Name of disqualified person	(b) Relationship between disqualified person and	(c) Description of transaction	(d) c	orrected?			
1 (1) (2) (3) (4) (5) (6)	(a) Name of disquamed person	organization	(c) Description of transaction	Yes	No			
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
2 E	nter the amount of tax incurred	by the organization managers or disqualified per-	sons during the year					

Part II 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 c			(i) Written agreement?		
	·		То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)					-							
(7)												
(8)												
(9)												
(10)						 -						

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)				
10)		<u> </u>		

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

Schedule L (Form 990 or 990-EZ) 2016

Schedule L (Form 990 or 990-EZ) 2016 Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization		(d) Description of transaction		anng of zation's nues?
				Yes	No
(1) STEVE ROSENTHAL	100% OWNER-ORG.GRP C CORP	254,500.	SEE SCHEDULE O ATTACHMENT 1		х
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)				†	

Part V **Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions)

SCHEDULE O (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.

2016

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public 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.

ATTACHMENT 1

PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

THE ORGANIZING GROUP INC 1725 I STREET, NW #900 WASHINGTON, DC 20006

STRATEGIC SERVICES AND PAYMENTS TO OTHER CONSULTANTS

ATTACHMENT

254,500.

FORM 990, PART IX - OTHER FEES

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
ADMINISTRATIVE SERVICES	10,980.		10,980.	
GENERAL SERVICES	5,500.	5,500.		
STRATEGIC SERVICES & PAYMENTS TO OTHER CONSULTANTS	286,500.	210,150.	50,900.	25,450.
TOTALS	302,980.	215,650.	61,880.	25,450.