## Form 990-EZ

## **Short Form Return of Organization Exempt From Income Tax**

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

OMB No. 1545-1150

Open to Public

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Inspection For the 2014 calendar year, or tax year beginning JUL 1, 2014 and ending AUG 31, 2014 Check if applicable: C Name of organization D Employer identification number Address change \*\*-\*\*\*9035 ACCOUNTABILITY COUNSEL Name change Initial return
Final return/
terminated Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number Room/suite 244 KEARNY STREET, FLOOR 6 415-412-6704 City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return SAN FRANCISCO, CA 94108 Number > Application pending X Cash Accrual Other (specify) **H** Check  $\triangleright$  X if the organization is **G** Accounting Method: Website: ► HTTP://WWW.ACCOUNTABILITYCOUNSEL.ORG not required to attach Schedule B Tax-exempt status (check only one) -  $\times$  501(c)(3) - 501(c) ( )  $\blacktriangleleft$  (insert no.) - 4947(a)(1) or -527 (Form 990, 990-EZ, or 990-PF). Form of organization: X Corporation Trust Association Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, 79,142. column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received Program service revenue including government fees and contracts 2 Membership dues and assessments 3 Investment income 4 **5a** Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Revenue 6a **b** Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) **c** Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances Less: cost of goods sold 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) ....... 7с Other revenue (describe in Schedule 0) SEE SCHEDULE O 8 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Grants and similar amounts paid (list in Schedule 0) 10 10 Benefits paid to or for members 11 11 58,354. Salaries, other compensation, and employee benefits 12 12 4,129. 13 13 Professional fees and other payments to independent contractors 9,365. 14 Occupancy, rent, utilities, and maintenance 14 1,769. Printing, publications, postage, and shipping 15 15 8,191. Other expenses (describe in Schedule 0) SEE SCHEDULE O 16 16 17 Total expenses. Add lines 10 through 16 81,808. 17 Excess or (deficit) for the year (Subtract line 17 from line 9) -2,666. 18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2014)

20

21

293,905.

291,239.

Other changes in net assets or fund balances (explain in Schedule 0) SEE SCHEDULE O

Net assets or fund balances at end of year. Combine lines 18 through 20

	art II	Balance Sheets (see the instructions for Part II)						
		Check if the organization used Schedule O to resp						. X
				(A) Beginning of year			nd of yea	
22	Cash,	, savings, and investments		0.	• 22		301,	317.
23		and buildings			23			
24		assets (describe in Schedule 0)			24			
25	Total	assets		0.	• 25			317.
26	Total	liabilities (describe in Schedule 0) SEE SCHEDULE O		0.				078.
27	Net a	ssets or fund balances (line 27 of column (B) must agree with line 21)		0.	• 27		291,	239.
Pa	rt III	Statement of Program Service Accomplishmen	nts (see the instruct			1	penses	
		Check if the organization used Schedule O to response	ond to any questic	n in this Part III	X	(Required 501(c)(3)		
Wha	t is the o	organization's primary exempt purpose?SEE SCHEDULE O				organizatio		
Desc	ribe the o	rganization's program service accomplishments for each of its three largest program	services, as measured by expens	ses. In a clear and concise		others.)		
	-	ibe the services provided, the number of persons benefited, and other relevant inform	ation for each program title.					
28	SEE	SCHEDULE O						
	(Grants		rants, check here			28a	49,	771.
29	SEE	SCHEDULE O						
	(Grants		rants, check here	<b>&gt;</b>		29a	18,	872.
		OURCES PROGRAM: WE PRODUCED A NE						
		A ON ALL OF THE WORLD'S ACCOUNTA		ES,				
	PROI	DUCING A REPORT TITLED "CHARTING	TRENDS".					
	(Grants	s \$ ) If this amount includes foreign g	rants, check here	<b>&gt;</b>		30a	5,	357.
31	Other p	program services (describe in Schedule O)					_	
	(Grants	s \$ ) If this amount includes foreign g	rants, check here	<b>&gt;</b>		31a		808.
32	Total p	program service expenses (add lines 28a through 31a)			<u> 🕨</u>	32		808.
Pa	art IV	List of Officers, Directors, Trustees, and Key E	mployees (list each one	even if not compensated - s	ee the	instructions f	or Part IV)	
					,00 1110		,	
		Check if the organization used Schedule O to resp	ond to any questic	n in this Part IV				. 🗆
		Check if the organization used Schedule O to response	(b) Average hours	on in this Part IV	 ( <b>d)</b> не	ealth benefits,	(e) Es	timated
		Check if the organization used Schedule O to respond (a) Name and title	( <b>b</b> ) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) He contr	ealth benefits, ributions to oyee benefit	(e) Es	timated t of other
		(a) Name and title	(b) Average hours	(c) Reportable compensation (Forms	(d) He contremple plans,	ealth benefits,	(e) Es	timated
		(a) Name and title  I BULUSWAR	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) He contremple plans,	ealth benefits, ributions to oyee benefit and deferred	(e) Es	timated t of other
DI	REC	(a) Name and title  I BULUSWAR  FOR	( <b>b</b> ) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) He contremple plans,	ealth benefits, ributions to oyee benefit and deferred	(e) Es	timated t of other
DI JU	REC:	(a) Name and title  I BULUSWAR  FOR  SHEPARDSON	(b) Average hours per week devoted to position  4 • 0 0	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) He contremple plans,	ealth benefits, ributions to oyee benefit and deferred	(e) Es	timated t of other
DI JU DI	RECT LIA RECT	(a) Name and title  I BULUSWAR  FOR  SHEPARDSON  FOR	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) He contremple plans,	ealth benefits, ributions to oyee benefit and deferred	(e) Es	timated t of other
DI JU DI FA	RECT LIA RECT RIS	(a) Name and title  I BULUSWAR  FOR  SHEPARDSON  FOR  NATOUR	(b) Average hours per week devoted to position  4.00	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) He contremple plans,	ealth benefits, ributions to oyee benefit and deferred	(e) Es	timated t of other
DI JU DI FA DI	REC' LIA REC' RIS REC'	(a) Name and title  I BULUSWAR  FOR  SHEPARDSON  FOR  NATOUR  FOR	(b) Average hours per week devoted to position  4 • 0 0	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) He contremple plans,	ealth benefits, ributions to oyee benefit and deferred	(e) Es	timated t of other
DI JU DI FA DI NA	RECT LIA RECT RIS RECT	(a) Name and title  I BULUSWAR FOR SHEPARDSON FOR NATOUR FOR IE BRIDGEMAN FIELDS	(b) Average hours per week devoted to position  4.00  4.00	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) He contremple plans,	ealth benefits, ributions to oyee benefit and deferred	(e) Es	timated t of other
DI DI FA DI NA FO	REC'. LIA REC'. RIS REC'. TAL. UNDI	(a) Name and title  I BULUSWAR FOR SHEPARDSON FOR NATOUR FOR IE BRIDGEMAN FIELDS ER & EXECUTIVE DIRECTOR	(b) Average hours per week devoted to position  4.00	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) He contremple plans,	ealth benefits, ributions to oyee benefit and deferred	(e) Es	timated t of other
DI JU DI FA DI NA FO KA	RECT LIA RECT RIS RECT TAL UNDI	(a) Name and title  I BULUSWAR FOR SHEPARDSON FOR NATOUR FOR IE BRIDGEMAN FIELDS ER & EXECUTIVE DIRECTOR EEN JANUS	(b) Average hours per week devoted to position  4.00  4.00  4.00  4.00	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) He contremple plans,	ealth benefits, ributions to oyee benefit and deferred	(e) Es	timated t of other
DI JU DI FA DI NA FO KA CH	RECTALIA REC	(a) Name and title  I BULUSWAR  FOR SHEPARDSON  FOR NATOUR  FOR IE BRIDGEMAN FIELDS  ER & EXECUTIVE DIRECTOR  EEN JANUS OF THE BOARD	(b) Average hours per week devoted to position  4.00  4.00	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) He contremple plans,	ealth benefits, ributions to oyee benefit and deferred	(e) Es	timated t of other
DI JU DI FA DI NA FO KA CH	RECTAL	(a) Name and title  I BULUSWAR FOR SHEPARDSON FOR NATOUR FOR IE BRIDGEMAN FIELDS ER & EXECUTIVE DIRECTOR EEN JANUS OF THE BOARD D GRAY	(b) Average hours per week devoted to position  4.00  4.00  4.00  4.00  4.00	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) He contremple plans,	ealth benefits, ributions to oyee benefit and deferred	(e) Es	timated t of other
DI JU DI FA DI NA FO KA CH GE	RECT LIA RECT RIS RECT TALI UNDI THLI AIR RALI EAST	(a) Name and title  I BULUSWAR FOR SHEPARDSON FOR NATOUR FOR IE BRIDGEMAN FIELDS ER & EXECUTIVE DIRECTOR EEN JANUS OF THE BOARD D GRAY JRER	(b) Average hours per week devoted to position  4.00  4.00  4.00  4.00	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) He contremple plans,	ealth benefits, ributions to oyee benefit and deferred	(e) Es	timated t of other
DI JU DI FA DI NA FO KA CH TR	RECTALE RECTALE TALE UNDITHLI AIR RALI EASU	(a) Name and title  I BULUSWAR FOR SHEPARDSON FOR NATOUR FOR IE BRIDGEMAN FIELDS ER & EXECUTIVE DIRECTOR EEN JANUS OF THE BOARD D GRAY URER ELLER	(b) Average hours per week devoted to position  4.00  4.00  4.00  4.00  4.00  4.00	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) He contremple plans,	ealth benefits, ributions to oyee benefit and deferred	(e) Es	timated t of other
DI JU DI FA DI NA FO KA CH TR	RECTALE RECTALE TALE UNDITHLI AIR RALI EASU	(a) Name and title  I BULUSWAR FOR SHEPARDSON FOR NATOUR FOR IE BRIDGEMAN FIELDS ER & EXECUTIVE DIRECTOR EEN JANUS OF THE BOARD D GRAY JRER	(b) Average hours per week devoted to position  4.00  4.00  4.00  4.00  4.00	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) He contremple plans,	ealth benefits, ributions to oyee benefit and deferred	(e) Es	timated t of other
DI JU DI FA DI NA FO KA CH TR	RECTALE RECTALE TALE UNDITHLI AIR RALI EASU	(a) Name and title  I BULUSWAR FOR SHEPARDSON FOR NATOUR FOR IE BRIDGEMAN FIELDS ER & EXECUTIVE DIRECTOR EEN JANUS OF THE BOARD D GRAY URER ELLER	(b) Average hours per week devoted to position  4.00  4.00  4.00  4.00  4.00  4.00	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) He contremple plans,	ealth benefits, ributions to oyee benefit and deferred	(e) Es	timated t of other
DI JU DI FA DI NA FO KA CH TR	RECTALE RECTALE TALE UNDITHLI AIR RALI EASU	(a) Name and title  I BULUSWAR FOR SHEPARDSON FOR NATOUR FOR IE BRIDGEMAN FIELDS ER & EXECUTIVE DIRECTOR EEN JANUS OF THE BOARD D GRAY URER ELLER	(b) Average hours per week devoted to position  4.00  4.00  4.00  4.00  4.00  4.00	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) He contremple plans,	ealth benefits, ributions to oyee benefit and deferred	(e) Es	timated t of other
DI JU DI FA DI NA FO KA CH TR	RECTALE RECTALE TALE UNDITHLI AIR RALI EASU	(a) Name and title  I BULUSWAR FOR SHEPARDSON FOR NATOUR FOR IE BRIDGEMAN FIELDS ER & EXECUTIVE DIRECTOR EEN JANUS OF THE BOARD D GRAY URER ELLER	(b) Average hours per week devoted to position  4.00  4.00  4.00  4.00  4.00  4.00	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) He contremple plans,	ealth benefits, ributions to oyee benefit and deferred	(e) Es	timated t of other
DI JU DI FA DI NA FO KA CH TR	RECTALE RECTALE TALE UNDITHLI AIR RALI EASU	(a) Name and title  I BULUSWAR FOR SHEPARDSON FOR NATOUR FOR IE BRIDGEMAN FIELDS ER & EXECUTIVE DIRECTOR EEN JANUS OF THE BOARD D GRAY URER ELLER	(b) Average hours per week devoted to position  4.00  4.00  4.00  4.00  4.00  4.00	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) He contremple plans,	ealth benefits, ributions to oyee benefit and deferred	(e) Es	timated t of other
DI JU DI FA DI NA FO KA CH TR	RECTALE RECTALE TALE UNDITHLI AIR RALI EASU	(a) Name and title  I BULUSWAR FOR SHEPARDSON FOR NATOUR FOR IE BRIDGEMAN FIELDS ER & EXECUTIVE DIRECTOR EEN JANUS OF THE BOARD D GRAY URER ELLER	(b) Average hours per week devoted to position  4.00  4.00  4.00  4.00  4.00  4.00	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) He contremple plans,	ealth benefits, ributions to oyee benefit and deferred	(e) Es	timated t of other
DI JU DI FA DI NA FO KA CH TR	RECTALE RECTALE TALE UNDITHLI AIR RALI EASU	(a) Name and title  I BULUSWAR FOR SHEPARDSON FOR NATOUR FOR IE BRIDGEMAN FIELDS ER & EXECUTIVE DIRECTOR EEN JANUS OF THE BOARD D GRAY URER ELLER	(b) Average hours per week devoted to position  4.00  4.00  4.00  4.00  4.00  4.00	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) He contremple plans,	ealth benefits, ributions to oyee benefit and deferred	(e) Es	timated t of other
DI JU DI FA DI NA FO KA CH TR	RECTALE RECTALE TALE UNDITHLI AIR RALI EASU	(a) Name and title  I BULUSWAR FOR SHEPARDSON FOR NATOUR FOR IE BRIDGEMAN FIELDS ER & EXECUTIVE DIRECTOR EEN JANUS OF THE BOARD D GRAY URER ELLER	(b) Average hours per week devoted to position  4.00  4.00  4.00  4.00  4.00  4.00	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) He contremple plans,	ealth benefits, ributions to oyee benefit and deferred	(e) Es	timated t of other
DI JU DI FA DI NA FO KA CH TR	RECTALE RECTALE TALE UNDITHLI AIR RALI EASU	(a) Name and title  I BULUSWAR FOR SHEPARDSON FOR NATOUR FOR IE BRIDGEMAN FIELDS ER & EXECUTIVE DIRECTOR EEN JANUS OF THE BOARD D GRAY URER ELLER	(b) Average hours per week devoted to position  4.00  4.00  4.00  4.00  4.00  4.00	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) He contremple plans,	ealth benefits, ributions to oyee benefit and deferred	(e) Es	timated t of other
DI JU DI FA DI NA FO KA CH TR	RECTALE RECTALE TALE UNDITHLI AIR RALI EASU	(a) Name and title  I BULUSWAR FOR SHEPARDSON FOR NATOUR FOR IE BRIDGEMAN FIELDS ER & EXECUTIVE DIRECTOR EEN JANUS OF THE BOARD D GRAY URER ELLER	(b) Average hours per week devoted to position  4.00  4.00  4.00  4.00  4.00  4.00	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) He contremple plans,	ealth benefits, ributions to oyee benefit and deferred	(e) Es	timated t of other

instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V X Yes No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each Х 33 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended Х documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported Х on lines 2, 6a, and 7a, among others)? N/A **b** If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III Х 35c Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," Х complete applicable parts of Schedule N 36 37a Enter amount of political expenditures, direct or indirect, as described in the instructions **b** Did the organization file **Form 1120-POL** for this year? Х 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made X 38a in a prior year and still outstanding at the end of the tax year covered by this return? **b** If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations. Enter: N/A a Initiation fees and capital contributions included on line 9 **b** Gross receipts, included on line 9, for public use of club facilities N/A **40a** Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: **0** • ; section 4912 ► 0 • ; section 4955 ► **b** Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Х c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 **d** Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed \_\_\_\_\_**>** e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T Х List the states with which a copy of this return is filed \rightarrow CA **42a** The organization's books are in care of ► **ANDREA** ELLIOT Telephone no.  $\triangleright$  408-513-8755 Located at ▶ 3180 NEWBERRY DRIVE, SUITE 200, SAN JOSE, ZIP+4 ▶ 95118 b 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 Yes No account)? 42b X If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside of the U.S.? X If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year N/AYes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Х 44a b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead X 44b X c Did the organization receive any payments for indoor tanning services during the year? 44c d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation 44d 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? X 45a b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) ..... Form 990-EZ (2014)

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

									Yes	No
		ganization engage, directly or indirectly, in pol						40		v
	rt VI	omplete Schedule C, Part ISection 501(c)(3) organizations	only			<u></u>		46		X
Га		All section 501(c)(3) organizations must a	-	10h and 52 and	d complet	e the tables for line	se 50 and 51			
		Check if the organization used Schedule			-					
	<u> </u>	orieda ii tilo organization asea contoade	o to respond to any	question in the	or art vr .				Yes	No
47	Did the or	ganization engage in lobbying activities or hav	re a section 501(h) electi	on in effect durin	a the tax v	ear? If "Yes." complete	Sch. C. Part II	47		X
		anization a school as described in section 170	• • •					48		Х
	Did the organization make any transfers to an exempt non-charitable related organization?							49a		Х
		as the related organization a section 527 orga						49b		
		this table for the organization's five highest co						ch red	ceived	nore
	than \$100	0,000 of compensation from the organization.	If there is none, enter "N	one."						
		(a) Name and title of each employee		(b) Average		(C) Reportable	(d) Health benefits contributions to	١,	) Estim	
				per week devoted to position compensati			dioii (i oiiiio			
	NONE		E				compensation	red comper		alion
										_
		on. If there is none, enter "None." <b>NON</b> ame and business address of each independe			(b	) Type of service	(c) (	Compe	ensatio	1
		ber of other independent contractors each rec	-			<b>&gt;</b>				
		ganization complete Schedule A? Note. All se	ction 501(c)(3) organiza	tions must attach	ı a			· -		٦
		d Schedule A						Ϋ́		No
		of perjury, I declare that I have examined this	,			•		ge an	d belief	, it is
true,	correct, an	nd complete. Declaration of preparer (other tha	ın officer) is based on all	information of w	hich prepa	rer has any knowledg	e			
٠.		Signature of officer					Date			
Sigı Her	n r	· ·	THIDO HYDA	311MT375 F	TDEC	IOD				
Hei		NATALIE BRIDGEMAN F Type or print name and title	TELDS, EXE	TOTIVE L	TREC.	IOR				
		Print/Type preparer's name	Preparer's signature		Date	Check	if PTIN			
		Trimviyye preparer S hame	i ichaici s siàllathig		Date	self- emplo	-			
Paid	d	DAVID METCURORS				2611- 61111010	1	111	722	
	parer	DAVID NEIGHBORS					P000 ►**-**			
Use	Only	Firm's name GALLINA LLP	יות פותם היה עי	מוודתם 15	50	Firm's EIN	•	_	$\frac{10}{-10}$	2 5
		Firm's address ► 60 S. MARKET STREET, SUITE 1550 Phone no. (408) 2 SAN JOSE, CA 95113-2379						474	- T O	43
Marri	the IDC att-			ו ז				ΧΥ		AI -
ividy I	ine iko dis	cuss this return with the preparer shown abov	ver See msu ucuons							<u>No</u>
							i i	orm 8	90-EZ	(ZU 14)