| Forr | m 990 | | | | | | | | | OMB No. 1545-004 | 7 |
|--------------------------------|-------------------------------|-----------------------|-------------------------------------------------------------------------|---------------------------------------------------------------|-------------------|----------------|--------------------------|--------------------------------|--------------------|-----------------------------|------------------------------------------------|
| | . January 20 | 20) | | Organization Ex | | | | | | 2019 | |
| Depa Inter | artment of the nal Revenue | e Treasury Service | ► Do not en | ter social security numbers or irs.gov/Form990 for instruc | n this form as it | t may be mai | de public. | | | Open to Publi Inspection | ic |
| | For the 2 | | r year, or tax year begin | ning 9/01 | , 2019, a | and endin | g 8/3 | - | | , 2020 | |
| В | Check if app | licable: C | | | | | | D Employ | er ident | tification number | |
| | Addres | - | CCOUNTABILITY CO | | | | | - | 1909 | | |
| | Name o | | 44 KEARNY ST FLO | | | | | E Telepho | ne num | ber | |
| | Initial r | eturn 54 | AN FRANCISCO, C | A 94108 | | | | 415- | -296 | -6761 | |
| | Final retu | rn/terminated | | | | | | | | | |
| | Amend | ed return | | | | | | G Gross re | eceipts | \$ 2,417, | |
| | Applica | tion pending F | Name and address of principal | officer: ERICA GOULD |) | | • • | a group returi | | 103 | X _{No} |
| | | SI | AME AS C ABOVE | | | | H(b) Are all If "No." | subordinates attach a list. | include (see in | ed? Yes | No |
| I | Tax-exem | pt status: X | K 501(c)(3) 501(c) (|)◀ (insert no.) | 4947(a)(1) or | 527 | , | | (| , | |
| J | Websit | e:► WWW. | ACCOUNTABILITYC | COUNSEL.ORG | | | H(c) Group | exemption nu | mber 🕨 | • | |
| κ | | rganization: X | Corporation Trust | Association Other► | LYe | ear of formati | on: 2014 | 4 M s | tate of I | legal domicile: CA | |
| Pa | | Summary | | | | | | | | | |
| | | | the organization's missi | | | | | | | | . <u>E</u> |
| e | | | COMMUNITIES ARC | | | | | | | | |
| an(| | | NT. AS ADVOCATES | | | | | | | | <u>s, </u> |
| Governance | | | COMMUNITY DRIVE | n discontinued its operat | | | | | | | |
| Gov | | eck this box I | ng members of the gover | | | | | | net as | ssets. | 10 |
| & (| | | pendent voting members | | | | | | 4 | | 9 |
| ties | | | f individuals employed in | | - | | | | 5 | | 16 |
| Activities & | | | f volunteers (estimate if | | | | | | 6 | | 24 |
| Ac | | | business revenue from F | | | | | | 7a | | 0. |
| | b Net | unrelated bu | usiness taxable income t | rom Form 990-T, line 39 | 9 | | - | | 7b | | 0. |
| | | | | | | | | rior Year | | Current Yea | |
| e | | | nd grants (Part VIII, line | • | | | | ,759,3 | 32. | 2,398, | |
| Revenue | | - | e revenue (Part VIII, line | | | | | | | | 400. |
| Rev | | | ome (Part VIII, column (A Part VIII, column (A), lin | | | | | 6 7 | 27 | | $\frac{231}{162}$ |
| - | | | - add lines 8 through 11 | | | | | ,766,0 | 27. | 2,417, | $\frac{163}{115}$ |
| | | | ilar amounts paid (Part I | | | | | ,700,0 | 59. | 2,417, | 115. |
| | | | or for members (Part IX | | | | | | | | |
| | | • | compensation, employee | | | | - | ,152,7 | 60 | 1,306, | 753 |
| ses | | | ndraising fees (Part IX, c | - | | - | | ,152,7 | 00. | 1,500, | 155. |
| ens | | | • | | | | | | | | |
| Exper | | | g expenses (Part IX, col | | | 5,108. | | | | | |
| | | • | (Part IX, column (A), lir | | | | | 608,0 | | 483, | |
| | | • | Add lines 13-17 (must e | | | | · | ,760,7 | | 1,790, | |
| . 0 | | venue less ex | xpenses. Subtract line 18 | | | | | 5,2 | | 627, | |
| Net Assets or Fund Balances | 20 Tot | al accote (Pa | art X, line 16) | | | | • | ig of Curren | | End of Yea | |
| Asse Bala | 20 Tot 21 Tot | | (Part X, line 26) | | | | · | <u>,428,6</u> 131,9 | | <u>2,277,</u> 353, | |
| let / | 22 Net | | ind balances. Subtract li | | | | | | | | |
| | | Signature I | | | | | · 1 | ,296,6 | 85. | 1,923, | /19. |
| | | | | rn including accompanying coho | dulac and statem | onto and to t | he heat of m | | and hal | iof it is true correct | and |
| comp | olete. Declara | ation of preparer | re that I have examined this retu (other than officer) is based on a | all information of which preparer | has any knowled | ge. | the best of th | ly knowledge | | ier, it is true, correct, | anu |
| | | | | | | | | | | | |
| Sig | in | Signature o | of officer | | | | Da | te | | | |
| He | re | ERICA | GOULD | | | | BOARI | CHAIF | ξ | | |
| | | 51 1 | nt name and title | | | | | | | | |
| | | Print/Type prepa | parer's name | Preparer's signature | | Date | | Check | if | PTIN | |
| Pai | id | HUSNE ST | IDDIQUI-KHAN | HUSNE SIDDIQUI- | -KHAN | | | self-employe | ed | P01958878 | |
| Pre | eparer | Firm's name | | SOCIATES | | | | | | | |
| Us | e Only | Firm's address | ► 1200 CONCORD | | | | | | | -1489821 | |
| | | | CONCORD, CA 9 | 4520 | | | | Phone no. | 925 | -603-0800 | |

| | | | | - | |
|-------------|-----------------------------------------------------------------------|---|-----|-----|-------|
| May the IRS | liscuss this return with the preparer shown above? (see instructions) | Х | Yes | | No |
| | | | - | 000 | (0010 |

BAA For Paperwork Reduction Act Notice, see the separate instructions.

| Form | 990 (2019) ACCOUNTABILITY COUNSEL | 46-1909035 | Page 2 |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------|
| Par | | | |
| | Check if Schedule O contains a response or note to any line in this Part III | | Х |
| 1 | Briefly describe the organization's mission: | | |
| | SEE_SCHEDULE_O | | |
| | | | |
| | | | |
| | | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the pri | ior | _ |
| | Form 990 or 990-EZ? SEE SCHEDULE O | X Y | es 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 se | ervices? | ′es <u>X</u> No |
| | If "Yes," describe these changes on Schedule O. | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments fo | vices, as measured | by expenses. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation and revenue, if any, for each program service reported. | | ai experises, |
| | | | |
| 4 a | a (Code:) (Expenses \$ 660,319. including grants of \$) (F | Revenue \$ |) |
| | COMMUNITIES ACHIEVEMENTS: | · · · · · · | |
| | ADVOCATES IN OUR COMMUNITIES TEAM WORKED AT THE REQUEST OF COMMU | NTTTES HARME | D BY |
| | INTERNATIONAL INVESTMENT TO RAISE THEIR GRIEVANCES THROUGH USE O | | |
| | OFFICES AS PART OF BROADER CAMPAIGNS FOR JUSTICE. ACHIEVEMENTS F. | | |
| | INCLUDE REMEDY DELIVERED TO LOCAL PEOPLE, VINDICATION OF LOCAL P | | |
| | THROUGH OFFICIAL FINDINGS OF FACT THAT STOPPED HARMFUL PROJECTS, | | |
| | TO COMMUNITIES TO IMPLEMENT COMMITMENTS TO REMEDIATE HARM, AND D | | |
| | DECISION-MAKERS ABOUT THE HARMFUL RESULTS OF INVESTMENT DECISION | | |
| | CONTINUED IN SCHEDULE O. | <u></u> | |
| | | | |
| | | | |
| | | | |
| 41 | b (Code:) (Expenses \$ 460,327. including grants of \$) (F | Revenue \$ |) |
| | POLICY ADVOCACY ACHIEVEMENTS: | | / |
| | OUR POLICY TEAM HAS ADVOCATED FOR STRONGER ACCOUNTABILITY OFFICE | S. CREATION | OF NEW |
| | ONES WHERE THERE ARE GAPS, AND FOR LESSONS FROM CASES TO TRANSLA | | |
| | CHANGE SO THAT COMMUNITIES CAN ACCESS JUSTICE AND INSTITUTIONS C. | | |
| | CONTINUED IN SCHEDULE O. | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 40 | c (Code:) (Expenses \$ 348,616. including grants of \$) (F | Revenue \$ | 12,400.) |
| | RESEARCH ACHIEVEMENTS: | | 12,400. |
| | OUR RESEARCH TEAM PUBLICLY LAUNCHED THE ACCOUNTABILITY CONSOLE, | | F FVFRV |
| | PUBLICLY-RECORDED CASE EVER FILED TO AN ACCOUNTABILITY OFFICE. T | | |
| | CRITICAL NEW FEATURES AND FUNCTIONALITY, INCLUDING DOCUMENT TRAN | | |
| | POWERFUL NEW SEARCH TOOLS. THE ACCOUNTABILITY CONSOLE BENCHMARKI | | |
| | POLICY DEVELOPMENT AND REVIEW AT SEVERAL INTERNATIONAL INSTITUTI | | |
| | CONTINUED IN SCHEDULE O. | <u> </u> | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4 c | d Other program services (Describe on Schedule O.) SEE SCHEDULE O | | |
| | (Expenses \$ including grants of \$) (Revenue \$ | |) |
| 4 e | e Total program service expenses ► 1,469,262. | | |
| RAA | | F | orm 990 (2019) |

| | | 190903 | 5 | F | Page 3 |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------|-----|--------|
| Par | t IV Checklist of Required Schedules | | | Yes | Na |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' com Schedule A | plete | 1 | X | No |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? 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) el in effect during the tax year? If 'Yes,' complete Schedule C, Part II. | ection | 4 | Х | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part | /// | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule L Part I. |), | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i> | | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III. | | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i> . | | 9 | | х |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If 'Yes,' complete Schedule D, Part V.</i> | | 10 | | х |
| 11 | If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VII, IX, or X as applicable. | | | | |
| ä | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D</i> , <i>Part VI</i> . | <u>,</u> | 11 a | Х | |
| ł | Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its tot assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII. | al | 11 b | | Х |
| C | Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its to assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII | tal | 11 c | | х |
| C | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX | | 11 d | | Х |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part | <i>t X</i> | 11 e | Х | |
| | 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, H | Part X | 11 f | | Х |
| | Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII | | 12a | Х | |
| ł | Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional | | 12b | | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | | 13 | | Х |
| 14 a | a Did the organization maintain an office, employees, or agents outside of the United States? | | 14a | Х | |
| ł | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments value at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV</i> | ł | 14b | Х | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or foreign organization? <i>If 'Yes,' complete Schedule F, Parts II and IV</i> | for any | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV</i> | | 16 | | х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I</i> (see instructions) | | 17 | | Х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i> | | 18 | | Х |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III. | | 19 | | х |
| 20a | Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H | | 20a | | Х |
| b | If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? | | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i> | | 21 | | Х |
| BAA | TEEA0103L 07/31/19 | | Form | 990 | (2019) |

Part IV Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.... 22 Х Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Х Schedule J..... 23 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.... Х 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c **d** Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?..... 24d 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..... Х 25a **b** Is the organization aware that it engaged in an excess benefit transaction with a disgualified 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 25h Х Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If 'Yes,' complete Schedule L, Part II*..... 26 Х 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key 27 employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these Х persons? If 'Yes,' complete Schedule L, Part III. 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): 28 a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If Х 'Yes,' complete Schedule L, Part IV..... 28a Х **b** A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV..... 28b c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV. 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M..... Х 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 Х contributions? If 'Yes,' complete Schedule M...... 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I..... Х 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Schedule N, Part II Х 32 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 L*..... 33 Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, 34 Х and Part V, line 1..... 34 **35 a** Did the organization have a controlled entity within the meaning of section 512(b)(13)?.... Х 35a **b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If 'Yes,' complete Schedule R, Part V, line 2*..... 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2..... 36 36 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If 'Yes,' complete Schedule R, Part VI*..... 37 37 Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 Х Note: All Form 990 filers are required to complete Schedule O. 38 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..... Yes No 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable..... 1 a 10 **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1 b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming Х (gambling) winnings to prize winners? 1 c BAA

Form 990 (2019) ACCOUNTABILITY COUNSEL

46-1909035

Page 4

| Form 990 (2019) ACCOUNTABILITY COUNSEL 46-190 |)9035 | F | Page 5 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----|--------|
| Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | |
| | | Yes | No |
| 2.2 Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax State | | | |
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return 2a | 16 | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | Х | |
| Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | Х |
| b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule 0 | 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)? | 1.0 | | Х |
| b If Yes,' enter the name of the foreign country► | 4a | | Λ |
| See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Х |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | X |
| c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | | | |
| | | | |
| 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? | າ 6a | | Х |
| b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and | | Х | |
| services provided to the payor? | 7a | X | |
| b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file | 7b | Λ | |
| Form 8282? | 7c | | Х |
| d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d | | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | Х |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | Х |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a | | | |
| Form 1098-C? | 7h | | |
| organization have excess business holdings at any time during the year? | 8 | | |
| 9 Sponsoring organizations maintaining donor advised funds. | | | |
| a Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | |
| 10 Section 501(c)(7) organizations. Enter: | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 10 a | | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b | | | |
| 11 Section 501(c)(12) organizations. Enter: | | | |
| a Gross income from members or shareholders 11 a | | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | | |
| 12a 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 | | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| a is the organization licensed to issue gualified 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 gualified health plans | | | |
| c Enter the amount of reserves on hand | | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Х |
| b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation on Schedule O</i> | | | |
| 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | |
| excess parachute payment(s) during the year? | 15 | | Х |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | Х |
| If 'Yes,' complete Form 4720, Schedule O. | | | _ |

| 1 a | a Enter the number of voting members of the governing body at the end of the tax year 1 a <u>10</u> If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad | | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------|-------|--|--|--|--|--|
| | of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | | | | | | |
| ł | Enter the number of voting members included on line 1a, above, who are independent 1b | | | | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | Х | | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | | | | | | |
| 4 | of officers, directors, trustees, or key employees to a management company or other person? | 3 | | Х | | | | | |
| - | since the prior Form 990 was filed? | 4 | | Х | | | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X | | | | | |
| 6 | Did the organization have members or stockholders? | 6 | | X | | | | | |
| 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | | | | | | | | |
| ł | Are any governance decisions of the organization reserved to (or subject to approval by) members, | 7a | | X | | | | | |
| | stockholders, or persons other than the governing body? | 7 b | _ | Х | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | | | | | |
| ä | a The governing body? | 8 a | Х | | | | | | |
| ł | Each committee with authority to act on behalf of the governing body? | 8 b | Х | | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If 'Yes,' provide the names and addresses on Schedule Q</i> | 9 | | Х | | | | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal R | eveni | ie Co | ode.) | | | | | |
| | | | Yes | No | | | | | |
| 10 a | a Did the organization have local chapters, branches, or affiliates? | 10 a | Х | | | | | | |
| ł | b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10 b | Х | | | | | | |
| 11 a | a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11 a | Х | | | | | | |
| ł | Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O | | | | | | | | |
| | a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 | 12 a | Х | | | | | | |
| ł | • Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | | | | | | |
| C | bid the organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'Yes,' describe in Schedule O how this was done</i> SEE. SCHEDULE . Q | 12 c | Х | | | | | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Х | | | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | | | | | | |
| 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? | | V | | | | | | |
| | a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE. O. | 15a | X | | | | | | |
| 1 | o Other officers or key employees of the organization. | 15b | X | | | | | | |
| 10 | If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | | | | | |
| 168 | a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16 a | | Х | | | | | |
| ł | If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16 b | | | | | | | |
| Sec | tion C. Disclosure | | | · | | | | | |
| 17 | | | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 5 available for public inspection. Indicate how you made these available. Check all that apply. | | | | | | | | |
| | X Own website Image: Another's website Image: Upon request Image: Another (explain on Schedule O) | | SCH. | 0 | | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available the public during the tax year. | able to | | | | | | | |
| 20 | | | | | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records ► | | | | | | | | |
| 20 | | <u>6-6</u> 7 | 61 | | | | | | |

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

Section A. Governing Body and Management

46-1909035

Page 6

Х

No

Yes

| Form 990 (2019) ACCOUNTABILITY COUNSEL | 46-1909035 | Page 7 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------|
| Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Independent Contractors | Compensated Employe | es, and |
| 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 Compensat | ed Employees | |
| 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending organization's tax year. | with or within the | |
| • List all of the organization's current officers, directors, trustees (whether individuals or organizati compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. | ons), regardless of amount of | |

• 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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| | | | | (C) | | | | | | |
|------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------|---------------------------|--------------|---------------------------------|------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------|
| (A) Name and title | | thar | oox, an o ctor/ | unles fficer truste | | on | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | (F) Estimated amount of other | |
| | per week (list any hours for related organiza- tions below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099-MISC) | (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) NATALIE B FIELDS | 40 | | | | | | | | | |
| PRESIDENT & ED | 0 | Х | | Х | | | | 139,037. | 0. | 0. |
| (2) ERICA GOULD | 1 | | | | | | | | | |
| BOARD CHAIR | 0 | Х | | Х | | | | 0. | 0. | 0. |
| (3) ANDREW DICKSON | 1 | | | | | | | | _ | _ |
| SECRETARY | 0 | Х | | Х | | | | 0. | 0. | 0. |
| (4) JASON HAGGINS | 1 | | | | | | | | | |
| TREASURER | 0 | Х | | Х | | | | 0. | 0. | 0. |
| _(5)_PARU_DESAI | 0.5 | | | | | | | 0 | 0 | 0 |
| DIRECTOR | 0 | Х | + + | | | - | | 0. | 0. | 0. |
| CAROLINE_BRESSAN DIRECTOR | $-\frac{1}{0}$ | Х | | | | | | 0. | 0. | 0 |
| (7) GARY COOKHORN | 0.5 | Λ | | | | | | 0. | 0. | 0. |
| DIRECTOR | 0.5 | Х | | | | | | 0. | 0. | 0. |
| (8) BRENT HOROWITZ | 0.5 | Λ | | | | | | 0. | 0. | 0. |
| DIRECTOR | 0 | Х | | | | | | 0. | 0. | 0. |
| (9) DAVID HUNTER | 0.5 | | | | | | | | | |
| DIRECTOR | 0 | Х | | | | | | 0. | 0. | 0. |
| (10) KIM KELLER | 0.5 | | | | | | | | | |
| DIRECTOR | 0 | Х | | | | | | 0. | 0. | 0. |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | $\left \right $ | | | \vdash | | | | |
| ` <i>-</i> ´ | | 1 | | | | | | | | |
| (14) | | | | | | | | | | |
| BAA | TEEA0 | 107 | 07/31 | /19 | | | | | | Form 990 (2019) |

Form 990 (2019) ACCOUNTABILITY COUNSEL

| | 990 (2019) ACCOUNTABILITY COUNSEL | | 1/ | F | | | | | | 46-190903 | | | ge 8 |
|-----------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------|--------------|------------------------------------|---------------------------------|-------------|-----------------------------------------------|-----------------------------------------------|-------------------------|---------------------------------------------------------|-------------|
| Part | VII Section A. Officers, Directors, Tru | Istees, (B) | rey | Em | 1010 (0 | - | es, a | inc | a Hignest Corr | ipensated Empl | oyees | (contin | ued) |
| | (A) Name and title | Average hours per | box | , unle | Pos heck | sition more erson directe | than o is both pr/truste | an ee) | (D) Reportable compensation from | (E) Reportable compensation from | Estima | (F) ted amo | unt |
| | | week (list any hours for related organiza - tions below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | compen the or and | other sation fi ganizatio related nizations | on |
| (15) | | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | | |
| (17) | | | | | | | | | | | | | |
| (18) | | | | | | | | | | | | | |
| (19) | | | | | | | | | | | | | |
| (20) | | | | | | | | | | | | | |
| (21) | | | | | | | | | | | | | · |
| (22) | | | | | | | | | | | | | |
| (23) | | | | | | | | | | | | | |
| (24) | | | | | | | | | | | | | |
| (25) | | | | | | | | | | | | | |
| | ubtotal otal from continuation sheets to Part VII, Sectio | | | | | | | > > | 139,037. | 0. | | | 0. |
| | otal (add lines 1b and 1c) | | | | | | | ▶ - | 139,037. | 0. | | | 0. |
| | total number of individuals (including but not limited rom the organization \blacktriangleright 1 | to those | listed | abov | ve) v | who | receiv | ed | | 0 of reportable comp | ensation | | |
| | Nid the organization list any former officer, direct n line 1a? If 'Yes,' complete Schedule J for sucl | | | | | | | | | | . 3 | Yes | No X |
| t | or any individual listed on line 1a, is the sum of ne organization and related organizations greate uch individual | r than \$1 | 150,0 | 00? | <i>lf</i> '} | ′es,' | com | plet | te Schedule J for | from | . 4 | | X |
| 5 [f | Did any person listed on line 1a receive or accrue or services rendered to the organization? If 'Yes | e comper ,' comple | nsatio e <i>te So</i> | on fro ched | om Iule | any <i>J fo</i> | unrel r sucl | ate h pe | d organization or | individual | . 5 | | Х |
| | on B. Independent Contractors | | | | | | | | | | | | |
| 1 (| Complete this table for your five highest compens ompensation from the organization. Report compens | sated ind sation for | lepen the c | dent alen | t coi dar | ntrao year | ctors f endin | tha Ig w | t received more tl vith or within the or | nan \$100,000 of ganization's tax year | | | |
| | (A) Name and business addr | ress | | | | - | | | (B) Description of | of services | (C Comper |) Isatior | า |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | otal number of independent contractors (including b 100,000 of compensation | | nited to | o tho | se l | listec | l abov | ve) v | who received more | than | | | |

Form 990 (2019) ACCOUNTABILITY COUNSEL Part VIII Statement of Revenue

46-1909035

Page 9

| Image: Section for the | Part V | Statement of Revenue | a roca | onso or noto to an | v line in this Part VI | П | | Г |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------------------|---------|---------------------------------------|------------------------|------------------------------------------------|-------------------------------------|------------------------------------------------------|
| By be members in p dues. Ib if c fundations over the fundation over th | | | | | | (B) Related or exempt function | (C) Unrelated business | (D) Revenue excluded from ta under sections |
| Base Business Code Section 2a PROGRAM_FEES 541100 12,400. 12,400. b | 1 ts | a Federated campaigns | | | | | | |
| Base Business Code Section 2a PROGRAM_FEES 541100 12,400. 12,400. b | Ino | b Membership dues | 1 b | | | | | |
| Base Business Code Section 2a PROGRAM_FEES 541100 12,400. 12,400. b | Am | c Fundraising events | 1 c | | | | | |
| Base Business Code Section 2a PROGRAM_FEES 541100 12,400. 12,400. b | ar | d Related organizations | 1 d | | | | | |
| Base Business Code Section 2a PROGRAM_FEES 541100 12,400. 12,400. b | imi | | 1 e | | | | | |
| Base Business Code Section 2a PROGRAM_FEES 541100 12,400. 12,400. b | and Other Similar Amounts L | similar amounts not included above | 1 f | 2,398,321. | | | | |
| Base Business Code Section 2a PROGRAM_FEES 541100 12,400. 12,400. b | ō | | 1 g | | | | | |
| Base Business Code Set 2a PROGRAM_FEES 541100 12,400. 12,400. b | anc | h Total. Add lines 1a-1f | | | 2,398,321. | | | |
| 3 Investment income (including dividends, interest, and other similar amounts). 4,231. 4,231. 4 Income from investment of tax-exempt bond proceeds. 4,231. 4,231. 5 Royalties. 0) Real 0) Personal 6a Gines rents Ga Gines b Less: rental expenses Gine Gines Gines 7a Gross amount from sales of assets other rental income or (closs). > 7a Gross amount from sales of assets other rental income or (closs). > 7a Gross amount from sales of assets other rental income or (closs). > 7a Gross income from fundraising events (rot including \$\frac{1}{72}\$. 8a Gross income from fundraising events (rot including \$\frac{2}{72}\$. 9a Gross income from fundraising events (rot including \$\frac{2}{94}\$. 9a Control or (loss). > 9a Control or (loss) from fundraising events (rot including \$\frac{2}{94}\$. 9a Control or (loss) from fundraising events (rot including \$\frac{2}{94}\$. 0 | | | | Business Code | | | | |
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| d Net rental income or (loss) 7a Gross amount from sales of assets of the inventory bless: cost or other basis and sales expenses 7a Gross amount from inventory bless: cost or other basis and sales expenses 7a Gross amount from inventory bless: cost or other basis and sales expenses 7b To 7c To 7c To 7c To 7c To 7a Gross amount from fundraising events (not including \$ of contributions reported on line 1c). 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). 8a Gross income from gaming activities. 9a Gross income from gaming activities. 9a Gross income from gaming activities. 9a Gross sales of inventory, less. 10a Gross sales of inventory. 10a Gross ales of inventory. <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<> | | | | | | | | |
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| Part of coss amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) b Less: clirect expenses b Less: cost of goods sold c Net income or (loss) from sales of inventory | | | | | | | | |
| other than inventory Za b Less: cost or ofber basis and sales expenses c Gain or (loss) 7c d Net gain or (loss) a Gross income from fundraising events (not including \$\frac{2}{\sigma}\$) of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events b Less: direct expenses ga ga Gross income from gaming activities. See Part IV, line 18 b Less: direct expenses ga ga Gross income from gaming activities. ga b Less: direct expenses ga b Less: correct openses b Less: cost of goods sold c | 7 | a Gross amount from | rities | (ii) Other | | | | |
| b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 See Part IV, line 18 8a b Less: direct expenses Ba Gross income from gaming activities. See Part IV, line 19 9a 9a 9b c Vert income or (loss) from gaming activities. See Part IV, line 19 9a 9b c Net income or (loss) from gaming activities. 9a 9b c Net income or (loss) from gaming activities. 9a 9b c Net income or (loss) from gaming activities. 10a Gross sales of inventory, less 10a Gross sales of inventory, less 10a Interper Machines of Inventory. b Less: cost of goods sold. 10a Other evenue 900099 2, 163. 2, 163. 2, 163. c | | sales of assets | | | | | | |
| c Gain or (loss) a Tc d Net gain or (loss) a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses b Less: colored or (loss) from gaming activities b Less: direct expenses b Less: colored or (loss) from gaming activities c Net income or (loss) from gaming activities b Less: colored or (loss) from gaming activities c Net income or (loss) from sales of inventory. c Net income or (loss) from sales of inventory. c Net income or (loss) from sales of inventory. c Net income or (loss) from sales of inventory. c Net income or (loss) from sales of inventory. c Net income or (loss) from sales of inventory. c Net income or (loss) from sales of inventory. c Net income or (loss) from sales of inventory. c Net income or (loss) from sales of inventory. c Net income or (loss) from sales of inventory. c Net income or (loss) from sales of | | b Less: cost or other basis | | | | | | |
| d Net gain or (loss) 8a Gross income from fundraising events (not including \$ | | | | | | | | |
| 8a Gross income from fundraising events (not including \$ | | | | | | | | |
| (not including \$ of contributions reported on line 1c). See Part IV, line 18 | | d Net gain or (loss) | | · · · · · · · · · · · · · · · · · · · | | | | |
| 9 a Gross income from gaming activities. see Part IV, line 19 b Less: direct expenses 9 b c Net income or (loss) from gaming activities | 8 9 | | | | | | | |
| 9 a Gross income from gaming activities. see Part IV, line 19 b Less: direct expenses 9 b c Net income or (loss) from gaming activities | Vel | | _ | | | | | |
| 9 a Gross income from gaming activities. see Part IV, line 19 b Less: direct expenses 9 b c Net income or (loss) from gaming activities | ř. | See Part IV, line 18 | 8 | a | | | | |
| 9 a Gross income from gaming activities. see Part IV, line 19 b Less: direct expenses 9 b c Net income or (loss) from gaming activities | Fer | b Less: direct expenses | 8 | b | | | | |
| See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold tobb c Net income or (loss) from sales of inventory b Less: cost of goods sold tobb c Net income or (loss) from sales of inventory | 3 | c Net income or (loss) from fundral | ising e | events ► | | | | |
| b Less: direct expenses 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory c Net income or (loss) from sales of inventory Business Code a b c c c c d All other revenue e Total. Add lines 11a-11d | 9 | a Gross income from gaming activities. | a | | | | | |
| c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code 11a OTHER INCOME 900099 2,163. 2,163. b c c d All other revenue e Total. Add lines 11a-11d | | | | | | | | |
| 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code 11a OTHER INCOME 900099 2,163. 2,163. a All other revenue e Total. Add lines 11a-11d 2,163. | | | - | - | | | | |
| returns and allowances 0a b Less: cost of goods sold 0b c Net income or (loss) from sales of inventory Business Code 11a OTHER_INCOME 900099 2,163. 2,163. | | | | 1003 | | | | |
| b Less: cost of goods sold c Net income or (loss) from sales of inventory | 10 | a Gross sales of inventory, less returns and allowances | 10 | a | | | | |
| c Net income or (loss) from sales of inventory | | | | | | | | |
| Business Code Business Code Image: Code state | | | - | - | | | | |
| 11a OTHER INCOME 900099 2,163. 2,163. b | | | 1 | - | | | | |
| b | | a OTHER INCOME | | | 2 163 | 2 163 | | |
| e Total. Add lines 11a-11d► 2,163. | ž | | | 500055 | ۷, ۲۰۰۶ . | 2,103. | | 1 |
| e Total. Add lines 11a-11d► 2,163. | Nei | c | | | | | | |
| e Total. Add lines 11a-11d► 2,163. | Re | d All other revenue | | | | | | + |
| | | | L | • | 2 162 | | | |
| | | | | | 2,417,115. | 18,794. | 0. | 0 |

| Section 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a re | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------|-------------------------------------------|---------------------------------------|
| 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 | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 160,000. | 112,000. | 8,000. | 40,000. |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0. | 0. | 0. | 0. |
| 7 Other salaries and wages | 923,634. | 785,213. | 68,204. | 70,217. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 152,000. | 123,011. | 14,649. | 14,340. |
| 10 Payroll taxes | 71,119. | 59,047. | 5,057. | 7,015. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | 0.700 | | 0.700 | |
| b Legal c Accounting | 8,762. 20,943. | | <u>8,762.</u> 20,943. | |
| d Lobbying. | 20,943. | | 20,943. | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| q Other, (If line 11g amount exceeds 10% of line 25, column | 1 2 0 0 1 0 | 1.00 1.07 | 0.155 | 0.051 |
| (A) amount, list line 11g expenses on Schedule 0.) | 173,013. | 162,467. | 2,175. | 8,371. |
| 12 Advertising and promotion 13 Office expenses | 10 154 | 7 517 | 220 | 2 207 |
| 14 Information technology | <u> 10,154.</u> 17,847. | 7,517. 9,870. | 330. 6,856. | 2,307. 1,121. |
| 15 Royalties | 11,041. | 9,070. | 0,030. | 1,121. |
| 16 Occupancy | 130,931. | 112,986. | 7,404. | 10,541. |
| 17 Travel | 54,982. | 50,634. | 2,132. | 2,216. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 51,502. | 50,001. | 2/1021 | 2/210. |
| 19 Conferences, conventions, and meetings | 1,448. | 1,383. | | 65. |
| 20 Interest | 3,305. | 546. | 1,140. | 1,619. |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 5,728. | | 5,728. | |
| 23 Insurance | 5,083. | 1,114. | 3,835. | 134. |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| ^a <u>PARTNER EXPENSES</u> | 24,300. | 24,300. | | |
| b EVENT_EXPENSES | 21,421. | 14,512. | | 6,909. |
| ¢ OTHER | 5,411. | 4,662. | 496. | 253. |
| d | | | | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 1,790,081. | 1,469,262. | 155,711. | 165,108. |
| 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 ► ☐ if following | | | | |
| SOP 98-2 (ASC 958-720) | | | | |

Form 990 (2019) ACCOUNTABILITY COUNSEL

| 46-1909035 | |
|------------|--|
|------------|--|

Page 11

Part X Balance Sheet

| 1 6 | art X | Check if Schedule O contains a response or note to any line in th | nis Part X | | | |
|---------------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|---------------------------------|-------|---------------------------|
| | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash – non-interest-bearing | | 45,554. | 1 | 148,648. |
| | 2 | Savings and temporary cash investments | [| 920,241. | 2 | 698,577 |
| | 3 | Pledges and grants receivable, net | | 386,995. | 3 | 874,422 |
| | 4 | Accounts receivable, net | | 4 | | |
| | 5 | Loans and other receivables from any current or former officer, dire trustee, key employee, creator or founder, substantial contributor, o controlled entity or family member of any of these persons | ector, or 35% | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as def | fined under | | | |
| | | section 4958(f)(1)), and persons described in section 4958(c)(3)(B). | | | 6 | |
| | 7 | Notes and loans receivable, net | | | 7 | |
| 2 | 8 | Inventories for sale or use | | | 8 | |
| Assets | 9 | Prepaid expenses and deferred charges | | 43,283. | 9 | 9,063 |
| ž | 10 a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 33,174. | , | | |
| | b | Less: accumulated depreciation 10b | 20,543. | 18,359. | 10 c | 12,631 |
| | 11 | Investments – publicly traded securities. | | · | 11 | 526,231 |
| | 12 | Investments – other securities. See Part IV, line 11 | | | 12 | |
| | 13 | Investments – program-related. See Part IV, line 11 | | | 13 | |
| | 14 | Intangible assets. | | 14 | | |
| | 15 | Other assets. See Part IV, line 11 | 14,250. | 15 | 7,623 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | | 1,428,682. | 16 | 2,277,195 |
| | 17 | Accounts payable and accrued expenses | | 46,898. | 17 | 22,385 |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| ese Ese | 21 | Escrow or custodial account liability. Complete Part IV of Schedule | Le contracte de la contracte de | | 21 | |
| Labilities | 22 | Loans and other payables to any current or former officer, director, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | trustee, | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related th and other liabilities not included on lines 17-24). Complete Part X o | nird parties, If Schedule D. | 85,099. | 25 | 331,091 |
| | 26 | Total liabilities. Add lines 17 through 25. | | 131,997. | 26 | 353,476 |
| Ices | | Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33. | | | | |
| | 27 | Net assets without donor restrictions | | 491,586. | 27 | 601,629 |
| Ď | 28 | Net assets with donor restrictions | | 805,099. | 28 | 1,322,090 |
| rung balances | | Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33. | | | | |
| 5 | 29 | Capital stock or trust principal, or current funds | | | 29 | |
| 2 | 30 | Paid-in or capital surplus, or land, building, or equipment fund | L | | 30 | |
| й С | 31 | Retained earnings, endowment, accumulated income, or other fund | L L | | 31 | |
| Net Assets or | 32 | Total net assets or fund balances | | 1,296,685. | 32 | 1,923,719 |
| Š | 33 | Total liabilities and net assets/fund balances. | | 1,428,682. | 33 | 2,277,195. |

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Form 990 (2019)

| Form | 1 990 (2019) ACCOUNTABILITY COUNSEL 46-1 | 909035 | | Pa | ige 12 |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------|--------------|---------------|
| Par | t XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI. | | | | . П |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 2,4 | 17,1 | 15. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,7 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | |)34. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)). | 4 | 1,2 | | |
| 5 | Net unrealized gains (losses) on investments. | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| Dec | | 10 | 1,9 | 23,1 | 19. |
| Par | t XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. | | | | |
| 2 a | 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 compiled or reviewed separate basis, consolidated basis, or both: | l on a | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | 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 audited on a separate | е | | | |
| | basis, consolidated basis, or both: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| C | : If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | | 2 c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | | | | |
| 3 a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | 3a | | Х |
| t | If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | |
| BAA | TEEA0112L 01/21/20 | | Form | 990 (| (2019) |

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047 2019

| Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection | | | | | | | | Inspection | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------|---------------------------------------------------|---------------------------------------------------------|--|--|--|
| Name o | f the organization | | | | | | Employer identifica | tion number | | | |
| ACC | OUNTABILITY | | | | | | 46-190903 | | | | |
| Part | I Reason fo | r Public Cha | rity Status (All o | rganizations must o | comple | te this | part.) See instruct | tions. | | | |
| The o | rganization is not | a private found | dation because it is: | (For lines 1 through 12, | check o | nly one | box.) | | | | |
| 1 | | | | hurches described in sec | | | i). | | | | |
| 2 | A school descr | ribed in section 1 | 170(b)(1)(A)(ii). (Attach | Schedule E (Form 990 or | 990-EZ) |).) | | | | | |
| 3 | | al or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). | | | | | | | | | |
| 4 | A medical res | earch organiza | tion operated in conj | unction with a hospital | describe | d in sec | :tion 1 70(b)(1)(A)(iii) . E | nter the hospital's | | | |
| | name, city, a | name, city, and state: | | | | | | | | | |
| 5 | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) | | | | | | | | | | |
| 6 | A federal, sta | te, or local gov | ernment or governme | ental unit described in s | ection 1 | 70(b)(1) | (A)(v). | | | | |
| 7 | X An organizatio | n that normally r 0(b)(1)(A)(vi).(| receives a substantial Complete Part II.) | part of its support from a | governm | ental un | it or from the general put | blic described | | | |
| 8 | A community | trust described | in section 170(b)(1) | (A)(vi). (Complete Part I | II.) | | | | | | |
| 9 | An agricultural | research organi | zation described in se | ction 170(b)(1)(A)(ix) oper | ated in c | oniunctio | on with a land-grant colle | ae | | | |
| 5 | | r a non-land-grai | | e (see instructions). Enter | | | | | | | |
| 10 | from activities | s related to its e come and unre | exempt functions—su | n 33-1/3% of its support fr bject to certain exception le income (less section Part III.) | ons, and | (2) no I | more than 33-1/3% of i | ts support from gross | | | |
| 11 | An organizati | on organized a | nd operated exclusive | ely to test for public saf | ety. See | sectior | n 509(a)(4). | | | | |
| 12 | or more publi | clv supported o | rganizations describe | ely for the benefit of, to ed in section 509(a)(1) o supporting organization | or sectio | n 509(a |)(2). See section 509(a) | ut the purposes of one)(3). Check the box in | | | |
| а | Type I. A supp | orting organizati | on operated, supervise gularly appoint or elec | ed, or controlled by its sup t a majority of the directo | o borted | rganizat | ion(s), typically by giving | the supported on. You must | | | |
| b | Type II. A sup | porting organiz | ation supervised or o organization vested ir | controlled in connection the same persons that c | with its ontrol or | support manage | ed organization(s), by the supported organizat | having control or on(s). You | | | |
| С | | | | tion operated in connectio plete Part IV, Sections | n with, ar A. D. an | nd functio | onally integrated with, its | supported | | | |
| d | Type III non-fu functionally ir | nctionally integ ntegrated. The o | rated. A supporting or organization generall | ganization operated in cor y must satisfy a distribu ns A and D, and Part V. | nnection | with its s | supported organization(s) | that is not | | | |
| е | | | • | ten determination from | the IRS | that it is | a Type I. Type II. Type | e III functionally | | | |
| | integrated, or | Type III non-fu | inctionally integrated | supporting organization | າ. | | | - ··· · ····· | | | |
| | | | | | | | | | | | |
| | | - | n about the supporte | | | | | | | | |
| (| i) Name of supported o | rganization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) I organizat in your g docur | ion listed overning | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) | | | |
| | | | | | Yes | No | | | | | |
| (A) | | | | | | | | | | | |
| (B) | | | | | | | | | | | |
| (C) | | | | | | | | | | | |
| (D) | | | | | | | | | | | |
| (E) | | | | | | | | | | | |
| Total | | | | | | | | | | | |

Schedule A (Form 990 or 990-EZ) 2019 ACCOUNTABILITY COUNSEL

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| | ndar year (or fiscal year nning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total | | | |
|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------|----------------------------------------|----------------------------------------------|-----------------------------------------|--------------------|--|--|--|
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') | 1,127,784. | 1,599,889. | 1,409,063. | 1,759,332. | 2,398,321. | 8,294,389. | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0. | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0. | | | |
| 4 | Total. Add lines 1 through 3 | 1,127,784. | 1,599,889. | 1,409,063. | 1,759,332. | 2,398,321. | 8,294,389. | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 1,058,161. | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 7,236,228. | | | |
| Sec | tion B. Total Support | | | | | | , , | | | |
| Cale begi | ndar year (or fiscal year nning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total | | | |
| 7 | Amounts from line 4 | 1,127,784. | 1,599,889. | 1,409,063. | 1,759,332. | 2,398,321. | 8,294,389. | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 357. | 117. | 375. | | 4,231. | 5,080. | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0. | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE FART VI | | 8,977. | 4,373. | 6,727. | 2,163. | 22,240. | | | |
| | Total support. Add lines 7 through 10 | | | | | | 8,321,709. | | | |
| 12 | Gross receipts from related activ | vities, etc. (see ins | structions) | | | 12 | 0. | | | |
| 13 | First five years. If the Form 990 is organization, check this box and | for the organization | n's first, second, th | ird, fourth, or fifth t | tax year as a sectio | on 501(c)(3) | ► | | | |
| | tion C. Computation of Pu | | | | | | | | | |
| | Public support percentage for 20 | | | | | | 86.96% | | | |
| 15 | Public support percentage from | 2018 Schedule A, | Part II, line 14 | | | 15 | 88.01% | | | |
| 16a | 6a 33-1/3% support test-2019. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization► | | | | | | | | | |
| b | b 33-1/3% support test–2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | | | | | | | | |
| 17a | 10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts | meets the 'facts-a | and-circumstance | s' test, check this | box and stop he | r e. Explain in Part | VI how | | | |
| | 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an | meets the 'facts-a d-circumstances' | and-circumstance test. The organiza | s' test, check this ation qualifies as | box and stop he a publicly support | re. Explain in Parl ed organization. | t VI how the | | | |
| 18 | Private foundation. If the organi | zation did not che | ck a box on line | 13, 16a, 16b, 17a | , or 17b, check th | is box and see ins | structions ► | | | |
| BAA | | | | | Sc | hedule A (Form 90 | 90 or 990-EZ) 2019 | | | |

Schedule A (Form 990 or 990-EZ) 2019

46-1909035

D. I.I.

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec | tion A. Public Support | | | | | | |
|--------|-----------------------------------------------------------------|---------------------|----------------------|----------------------|----------------------|-----------------------|---------------------------------------|
| Calenc | lar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| | received. (Do not include | | | | | | |
| - | any 'unusual grants.') | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services | | | | | | |
| | performed, or facilities | | | | | | |
| | furnished in any activity that is | | | | | | |
| | related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities | | | | | | |
| 3 | that are not an unrelated trade | | | | | | |
| | or business under section 513. | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid to or expended on | | | | | | |
| | its behalf. | | | | | | |
| 5 | The value of services or | | | | | | |
| | facilities furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, | | | | | | |
| | 2, and 3 received from | | | | | | |
| | disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than | | | | | | |
| | disqualified persons that | | | | | | |
| | exceed the greater of \$5,000 or | | | | | | |
| | 1% of the amount on line 13 for the year. | | | | | | |
| ~ | Add lines 7a and 7b. | | | | | | |
| | | | | | | | |
| 0 | Public support. (Subtract line 7c from line 6.) | | | | | | |
| Sec | tion B. Total Support | | • | • | • | | |
| Calen | dar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| | Amounts from line 6 | | | | | | () |
| | Gross income from interest, dividends, | | | | | | |
| 100 | payments received on securities loans, | | | | | | |
| | rents, royalties, and income from | | | | | | |
| h | similar sources Unrelated business taxable | | | | | | |
| 5 | income (less section 511 | | | | | | |
| | taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b Net income from unrelated business | | | | | | |
| 11 | activities not included in line 10b. | | | | | | |
| | whether or not the business is | | | | | | |
| | regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of | | | | | | |
| | capital assets (Explain in | | | | | | |
| | Part VI.). | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 1/ | First five years. If the Form 990 | is for the organiz | ation's first secon | d third fourth o | yr fifth tay year as | a section $501(c)(3)$ | 2) |
| 14 | organization, check this box and | stop here | | | | | ″► |
| Sec | tion C. Computation of Pu | blic Support F | Percentage | | | | |
| 15 | Public support percentage for 20 | 019 (line 8, colum | n (f), divided by li | ne 13, column (f) |) | 15 | olo |
| 16 | Public support percentage from | 2018 Schedule A, | Part III, line 15. | | | 16 | olo |
| Sec | tion D. Computation of Inv | estment Incor | ne Percentage | 9 | | • | |
| 17 | Investment income percentage 1 | | | | umn (f)) | 17 | 0/0 |
| 18 | Investment income percentage f | - | | - | | | 0/0 |
| | 33-1/3% support tests–2019. If | | | | | | |
| .54 | is not more than 33-1/3%, check | this box and sto | p here. The organ | nization qualifies a | as a publicly supp | orted organization | ····· ► |
| b | 33-1/3% support tests-2018. If | | | | | | |
| | line 18 is not more than 33-1/39 | | - | | | | |
| 20 | Private foundation. If the organi | ization did not che | ck a box on line | 14, 19a, or 19b, c | heck this box and | see instructions. | · · · · · · · · · · · · · · · · · · · |
| | | | | | | | |

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Part IV Supporting Organizations

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(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
 Did the organization have any supported organization that does not have an IRS determination of status under section
- 509(a)(1) or (2)? If 'Yes,' explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If 'Yes,' describe in Part VI when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If 'Yes,' provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If 'Yes,' provide detail in Part VI*.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If 'Yes,' provide detail in Part VI*.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes

2

3a

3b

3c

4a

Δh

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

No

| | | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | | |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | 11a | | |
| b A family member of a person described in (a) above? | 11b | | |
| c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI. | 11c | | |

Section B. Type I Supporting Organizations

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

| nstructions). | | | | | | | |
|-------------------|-------|------|--|--|--|--|--|
| | Yes | No | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 2a | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 2b | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 3a | | | | | | | |
| | | | | | | | |
| 3b | | | | | | | |
| 0 | 00 57 | 2010 | | | | | |

Voc No

2

Page 5

Page 6

| ection A – Adjusted Net Income 1 Net short-term capital gain 2 Recoveries of prior-year distributions 2 Other grass income (ass instructions) | | (A) Prior Year | (B) Current Year |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------------|--------------------------------|
| 2 Recoveries of prior-year distributions | | | (optional) |
| | 1 | | |
| 2 Other areas income (as inclusions) | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3. | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| ection B – Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for sho tax year or assets held for part of year): | rt | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d. | 3 | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by .035. | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| ection C – Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1. | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3. | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |

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

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Schedule A (Form 990 or 990-EZ) 2019

| Par Sec | t V Type III Non-Functionally Integrated 509(a)(3) Su tion D – Distributions | ·· · · · | | Current Year | | | | |
|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------|-------------------------------------------|--|--|--|--|
| | Amounts paid to supported organizations to accomplish exempt pur | moses | | ourient rour | | | | |
| | Amounts paid to perform activity that directly furthers exempt purposes o in excess of income from activity | • | ns, | | | | | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | | | | | | | | |
| | Amounts paid to acquire exempt-use assets | | | | | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | | | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | | | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | | | | | |
| 8 | Distributions to attentive supported organizations to which the organization in Part VI). See instructions. | on is responsive (provide | e details | | | | | |
| 9 | Distributable amount for 2019 from Section C, line 6 | | | | | | | |
| 10 | Line 8 amount divided by line 9 amount | | | | | | | |
| Sec | tion E – Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 | | | | |
| 1 | Distributable amount for 2019 from Section C, line 6 | | | | | | | |
| 2 | Underdistributions, if any, for years prior to 2019 (reasonable cause required – explain in Part VI). See instructions. | | | | | | | |
| 3 | Excess distributions carryover, if any, to 2019 | | | | | | | |
| а | From 2014 | | | | | | | |
| b | From 2015 | | | | | | | |
| C | From 2016 | | | | | | | |
| d | From 2017 | | | | | | | |
| e | From 2018 | | | | | | | |
| f | Total of lines 3a through e | | | | | | | |
| g | Applied to underdistributions of prior years | | | | | | | |
| h | Applied to 2019 distributable amount | | | | | | | |
| i | Carryover from 2014 not applied (see instructions) | | | | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | | | | | |
| 4 | Distributions for 2019 from Section D, line 7: \$ | | | | | | | |
| а | Applied to underdistributions of prior years | | | | | | | |
| | Applied to 2019 distributable amount | | | | | | | |
| C | Remainder. Subtract lines 4a and 4b from 4. | | | | | | | |
| 5 | Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | | | | | | |
| 6 | Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | | | | | |
| 7 | Excess distributions carryover to 2020. Add lines 3j and 4c. | | | | | | | |
| 8 | Breakdown of line 7: | | | | | | | |
| а | Excess from 2015 | | | | | | | |
| | Excess from 2016 | | | | | | | |
| C | Excess from 2017 | | | | | | | |
| d | Excess from 2018 | | | | | | | |
| | Excess from 2019 | | | | | | | |

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Schedule A (Form 990 or 990-EZ) 2019

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) Part VI

PART II, LINE 10 - OTHER INCOME

| NATURE AND SOURCE |] | | 2019 | | 2018 | | 2017 | | 2016 | 2015 | |
|-------------------|-------|----------|------------------|----------|------------------|----------|------------------|----------|-------------------------|----------|----|
| OTHER INCOME | TOTAL | \$ \$ | 2,163. 2,163. | \$ \$ | 6,727. 6,727. | \$ \$ | 4,373. 4,373. | \$ \$ | <u>8,977.</u> 8,977. | \$ | 0. |

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

Political Campaign and Lobbying Activities

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

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

2019 Open to Public Inspection

OMB No. 1545-0047

| | - | on Form 990, Part IV, line 3, or Form 990-EZ, I s: Complete Parts I-A and B. Do not comp | | al Campaign Activities), th | ien | | | | | | | |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|
| • 9 | 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. | | | | | | | | | | | |
| | 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. | | | | | | | | | | | |
| • 5 | | s that have NOT filed Form 5768 (election | | | | | | | | | | |
| lf the (Pro | e organization answered 'Yes xy Tax) (see separate instruc | | (see separate instru | ictions) or Form 990-EZ, | Part V, line 35c | | | | | | | |
| - | Section 501(C)(4), (5), or (6) o of organization | rganizations: Complete Part III. | | Employer identifica | tion number | | | | | | | |
| | COUNTABILITY COUNSE | T. | | 46-190903 | | | | | | | | |
| Pa | t I-A Complete if the o | rganization is exempt under section | on 501(c) or is a | | | | | | | | | |
| | Provide a description of the | organization's direct and indirect political on of 'political campaign activities') | | - | | | | | | | | |
| 2 | Political campaign activity ex | xpenditures (see instructions) | | ▶\$ | | | | | | | | |
| 3 | Volunteer hours for political | campaign activities (see instructions) | | | | | | | | | | |
| Pai | rt I-B Complete if the or | rganization is exempt under section | on 501(c)(3). | | | | | | | | | |
| 1 | Enter the amount of any exc | ise tax incurred by the organization under | section 4955 | ▶\$ | 0. | | | | | | | |
| 2 | Enter the amount of any exc | ise tax incurred by organization managers | under section 4955 | ▶\$ | 0. | | | | | | | |
| 3 | If the organization incurred a | a section 4955 tax, did it file Form 4720 for | this year? | | ····· Yes No | | | | | | | |
| 4 a | Was a correction made? | | | | Yes No | | | | | | | |
| ł | If 'Yes,' describe in Part IV. | | | | | | | | | | | |
| Pai | rt I-C Complete if the or | rganization is exempt under section | on 501(c) , exce | pt section 501(c)(3). | | | | | | | | |
| 1 | Enter the amount directly ex | pended by the filing organization for section | on 527 exempt funct | ion activities 🏲 \$ | | | | | | | | |
| 2 | Enter the amount of the filin 527 exempt function activitie | g organization's funds contributed to other | organizations for se | ection · · · · · · ► \$ | | | | | | | | |
| 3 | Total exempt function expen line 17b | ditures. Add lines 1 and 2. Enter here and | on Form 1120-POL | , ►\$ | | | | | | | | |
| 4 | Did the filing organization file | e Form 1120-POL for this year? | | | Yes No | | | | | | | |
| 5 | organization made payments amount of political contribution | and employer identification number (EIN) s. For each organization listed, enter the a is received that were promptly and directly de al action committee (PAC). If additional spa | mount paid from the ivered to a separate r | e filing organization's func- political organization, such | ds. Also enter the as a separate | | | | | | | |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter-0 | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0 | | | | | | | |
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | |
| BAA | For Paperwork Reduction Act | Notice, see the Instructions for Form 990 or | 990-EZ. | Schedule C (For | m 990 or 990-EZ) 2019 | | | | | | | |

| Schedule C (Form 990 or 990-EZ) 2019 | ACCOUNTABILITY | COUNSEL |
|--------------------------------------|----------------|---------|
|--------------------------------------|----------------|---------|

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Page 2

| Part II-A Complete if the organizati section 501(h)). | on is exempt under section 501(c)(3) and | filed Form 5768 (ele | ction under |
|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------|
| A Check ► if the filing organization belo | ngs to an affiliated group (and list in Part IV each affiliat | ed group member's name, | |
| address, EIN, expenses, a | nd share of excess lobbying expenditures). | | |
| B Check ► if the filing organization ch | necked box A and 'limited control' provisions apply. | | |
| Limits on Lob (The term 'expenditures' m | bying Expenditures eans amounts paid or incurred.) | (a) Filing organization's totals | (b) Affiliated group totals |
| 1 a Total lobbying expenditures to influence p | oublic opinion (grassroots lobbying) | | |
| b Total lobbying expenditures to influence a | a legislative body (direct lobbying) | 4,745. | |
| c Total lobbying expenditures (add lines 1a | and 1b) | 4,745. | 0. |
| d Other exempt purpose expenditures | | 1,785,336. | |
| e Total exempt purpose expenditures (add | lines 1c and 1d) | 1,790,081. | 0. |
| f Lobbying nontaxable amount. Enter the a both columns. | mount from the following table in | 239,504. | |
| 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. | | |
| g Grassroots nontaxable amount (enter 250 | % of line 1f) | 59,876. | 0. |
| h Subtract line 1g from line 1a. If zero or le | ess, enter -0 | 0. | 0. |
| i Subtract line 1f from line 1c. If zero or let | ss, enter -0 . | 0. | 0. |
| j If there is an amount other than zero on eith section 4911 tax for this year? | er line 1h or line 1i, did the organization file Form 4720 r | eporting | |
| (Some organizations t | 4-Year Averaging Period Under Section 501(h) hat made a section 501(h) election do not have to co | omplete all of the five | |

columns below. See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | | | | | |
|----------------------------------------------------------------------|-----------------|-----------------|-----------------|-----------------|------------------|--|--|--|--|
| Calendar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) Total | | | | |
| 2 a Lobbying nontaxable amount | | | 238,039. | 239,504. | 477,543. | | | | |
| b Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | 716,315. | | | | |
| c Total lobbying expenditures | | | 4,206. | 4,745. | 8,951. | | | | |
| d Grassroots nontaxable amount | | | 59,510. | 59,876. | 119,386. | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 179,079. | | | | |
| f Grassroots lobbying expenditures | | | 722. | | 722. | | | | |

BAA

Schedule C (Form 990 or 990-EZ) 2019

| | (a | a) | (| b) | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------|-------------------------|-------|----|
| For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description 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: | | | | | |
| a Volunteers? | | | | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | | | |
| c Media advertisements? | | | | | |
| d Mailings to members, legislators, or the public? | | | | | |
| e Publications, or published or broadcast statements? | | | | | |
| f Grants to other organizations for lobbying purposes? | | | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | | |
| i Other activities? | | | | | |
| j Total. Add lines 1c through 1i | | | | | |
| 2a 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 | | | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | | |
| Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(| c)(5) | , or | | | |
| section 501(c)(6). | | | | | |
| | | | | Yes | No |
| 1 Were substantially all (90% or more) dues received nondeductible by members? | | | | | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | | | |
| 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the p | - | | | | |
| Part III-B Complete if the organization is exempt under section 501(c)(4), section 501((6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) I answered 'Yes.' | Part | , or s II-A, | ection 50 line 3, is | 01(c) | |
| 1 Dues, assessments and similar amounts from members | | 1 | | | |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | | | | |
| a Current year | | 2 a | | | |
| b Carryover from last year | | 2 b | | | |
| c Total | | 2 c | | | |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | | 3 | | | |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | | 4 | | | |

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

Schedule C (Form 990 or 990-EZ) 2019 ACCOUNTABILITY COUNSEL

(election under section 501(h)).

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

5

46-1909035

Page 3

| SCHEDULE D | | Sup | plemental Financial S | tatomonto | | OMB No. | . 1545-0047 |
|------------|--------------------------------------------------------------|---------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|---------------------------|---------------------------|-------------------------|
| | rm 990) | Sup∣ ► Comple Part IV, line 6 | | 20 |)19 | | |
| Depar | tment of the Treasury | ► Go to <i>www.irs</i> | Open to Public | | | | |
| | al Revenue Service of the organization | | | | Employer id | Inspect entification r | |
| | | | | | | | |
| | | BILITY COUNSEL | | | 46-190 | 9035 | |
| Par | t I Organizat | ions Maintaining Dong | or Advised Funds or Other wered 'Yes' on Form 990, I | Similar Funds or Acc | ounts. | | |
| | Complete | II the organization ans | | , | | | |
| 1 | Total number at e | end of year | (a) Donor advised fur | | Funds and c | other acco | unis |
| 2 | | tributions to (during year). | | | | | |
| 3 | | nts from (during year) | | | | | |
| 4 | | at end of year | | | | | |
| _ | 00 0 | - | | | | | |
| 5 | are the organizati | on's property, subject to the | nor advisors in writing that the as organization's exclusive legal co | ontrol? | | Yes | No |
| 6 | for charitable pur | poses and not for the benefi | ors, and donor advisors in writing t of the donor or donor advisor, c | or for any other purpose cor | nferring | Yes | □ No |
| Der | | | | | | 165 | |
| Par | | tion Easements. if the organization ans | wered 'Yes' on Form 990, | Part IV. line 7. | | | |
| 1 | | - | y the organization (check all that | | | | |
| | Preservation o | f land for public use (for exam | ple, recreation or education) | Preservation of a histo | rically impo | ortant land | d area |
| | Protection of | natural habitat | | Preservation of a certi | fied historic | structure | 2 |
| | Preservation | of open space | | | | | |
| 2 | Complete lines 2a last day of the tax | | held a qualified conservation contrib | bution in the form of a conser | vation easer | ment on th | e |
| | | | | | leld at the | End of the | e Tax Year |
| | | | | | | | |
| | | | ments | | | | |
| C | Number of conse | vation easements on a certi | fied historic structure included in | (a) 2c | | | |
| C | Number of conser- structure listed in | vation easements included i the National Register | in (c) acquired after 7/25/06, and | not on a historic 2d | | | |
| 3 | Number of conserv | ation easements modified, trai | nsferred, released, extinguished, or | terminated by the organization | on during the | e | |
| | tax year 🕨 | | | | | | |
| 4 | | | ervation easement is located ► | | | | |
| 5 | | | egarding the periodic monitoring, nts it holds? | | ations, | Yes | No |
| 6 | Staff and volunteer ► | hours devoted to monitoring, | inspecting, handling of violations, a | and enforcing conservation ea | sements du | ring the ye | ar |
| 7 | Amount of expense ►\$ | es incurred in monitoring, inspe | ecting, handling of violations, and e | nforcing conservation easem | ents during f | the year | |
| 8 | Does each conse and section 170(h | rvation easement reported o ı)(4)(B)(ii)? | n line 2(d) above satisfy the requ | irements of section 170(h) | (4)(B)(i) | Yes | No |
| 9 | In Part XIII, descuinclude, if application conservation ease | | ports conservation easements in to the organization's financial sta | its revenue and expense st atements that describes the | atement ar organizatio | nd balance on's accou | e sheet, and unting for |
| Par | t III Organizat | ions Maintaining Colle | ections of Art, Historical Tr wered 'Yes' on Form 990, | reasures, or Other Sin Part IV, line 8 | nilar Asso | ets. | |
| | • | 0 | · · · · · · · · · · · · · · · · · · · | | | | |
| 1a | historical treasure | es, or other similar assets he | r FASB ASC 958, not to report in eld for public exhibition, education al statements that describes thes | n, or research in furtheranc | balance sl e of public | heet work service, p | s of art, rovide in |

| | b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and bala historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public following amounts relating to these items: | nce sheet works of art, c service, provide the |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| | (i) Revenue included on Form 990, Part VIII, line 1 | ▶\$ |
| | (ii) Assets included in Form 990, Part X | ►\$ |
| 2 | If the organization received or held works of art, historical treasures, or other similar assets for financial gain, prov amounts required to be reported under FASB ASC 958 relating to these items: | ide the following |
| | a Revenue included on Form 990, Part VIII, line 1 | ►\$ |
| | b Assets included in Form 990, Part X | ►\$ |
| SA/ | A For Paperwork Reduction Act Notice, see the Instructions for Form 990. TEEA3301L 8/22/19 | Schedule D (Form 990) 2019 |

| Schedule D (Form 990) 2019 ACCO | UNTABILIT | Y COUNSEL | | | 46-190 | 9035 | Page 2 |
|-----------------------------------------------------------------------------|--------------------|------------------------------------------------|---------------|------------------------------------------|------------------------------|----------------------|----------|
| Part III Organizations Mainta | ining Colle | ctions of Art, His | storical | Treasures, or | Other Similar Ass | ets (contini | ued) |
| 3 Using the organization's acquisition items (check all that apply): | n, accession, ai | nd other records, checl | k any of tl | ne following that ma | ke significant use of its | collection | |
| a Public exhibition | | d 🗌 Loa | an or excl | hange program | | | |
| b Scholarly research | | e Oth | ner | | | | |
| c Preservation for future gener | | | | | | | |
| 4 Provide a description of the organiz Part XIII. | | | | | | | |
| 5 During the year, did the organiza to be sold to raise funds rather t | ation solicit or | receive donations of ntained as part of the | art, histo | prical treasures, or ation's collection? | other similar assets | Yes | No |
| Part IV Escrow and Custodia | | | | | | | |
| line 9, or reported an | amount on | Form 990, Part > | K, line 2 | 21. | | , | |
| 1 a Is the organization an agent, true | stee, custodia | n or other intermedia | ary for co | ntributions or othe | r assets not included | | |
| on Form 990, Part X? b If 'Yes,' explain the arrangement | | | | | •••••• | Yes | No |
| | L III F AIL AIII A | | wing tab | ie. | | Amount | |
| c Beginning balance | | | | | | linount | |
| d Additions during the year | | | | | | | |
| e Distributions during the year | | | | | 1e | | |
| f Ending balance | | | | | | | |
| 2 a Did the organization include an a | | | | | - | Yes | No |
| b If 'Yes,' explain the arrangement | t in Part XIII. (| Check here if the exp | lanation | has been provided | on Part XIII | | |
| | | U | | | | 10 | |
| Part V Endowment Funds. C | (a) Current | | | (c) Two years back | (d) Three years back | (e) Four yea | are back |
| 1 a Beginning of year balance | | | yeai | (C) Two years back | | | IS DOCK |
| b Contributions | | | | | | | |
| c Net investment earnings, gains, and losses | | | | | | | |
| d Grants or scholarships | | | | | | - | |
| e Other expenditures for facilities and programs | | | | | | | |
| f Administrative expenses | | | | | | | |
| q End of year balance | | | | | | | |
| 2 Provide the estimated percentag | e of the curre | nt year end balance | (line 1g, | column (a)) held a | s: | | |
| a Board designated or quasi-endowm | ient 🕨 | olo | | | | | |
| b Permanent endowment | olo | | | | | | |
| c Term endowment ► | 00 | | | | | | |
| The percentages on lines 2a, 2b, a | nd 2c should e | qual 100%. | | | | | |
| 3 a Are there endowment funds not in | the possession | of the organization that | at are held | d and administered t | for the | Vee | Na |
| organization by: (i) Unrelated organizations | | | | | | Yes 3a(i) | No |
| (ii) Related organizations | | | | | | 3a(i) | + |
| b If 'Yes' on line 3a(ii), are the rela | | | | | | 3b | |
| 4 Describe in Part XIII the intended | - | | | | | | |
| Part VI Land, Buildings, and | Equipment | | | | | | |
| Complete if the organ | ization ansy | wered 'Yes' on Fo | orm 990 |), Part IV, line | 11a. See Form 99 | 0, Part X, I | ine 10. |
| Description of property | | (a) Cost or other bas (investment) | is (b) | Cost or other asis (other) | (c) Accumulated depreciation | (d) Book v | alue |
| 1 a Land | | | | | | | |
| b Buildings | | | | | | | |
| c Leasehold improvements | | | | | | | |
| d Equipment | | 6,166 | | | 6,139. | | 27. |
| e Other | | 27,008 | | (D) line 10-) | 14,404. | | 2,604. |
| Total. Add lines 1a through 1e. (Colum BAA | iii (u) must et | juai Futti 990, Part 2 | ∖, coiumr | т (<i>В),</i> ште ТОС.) | | 12 ule D (Form 99 | 2,631. |
| W AA | | | | | Julieu | 200 0 (1 0111 33 | 572015 |

TEEA3302L 8/22/19

| Schedule I | D (Form 990) 2019 ACCOUNTABILITY COU | JNSEL | 46-19 | 09035 Page 3 |
|--------------------------|-------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------|-----------------------|
| Part VII | Investments – Other Securities. | | N/A | |
| | Complete if the organization answered | | | |
| | ription of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end- | of-year market value |
| | ial derivatives y held equity interests | | | |
| (2) Closely (3) Other | | | | |
| (3) Other (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| () | | | | |
| | nn (b) must equal Form 990, Part X, column (B) line 12.) ► | | 27.72 | |
| Part VIII | Investments – Program Related. Complete if the organization answered | 'Yes' on Form 990 | N/A Part IV. line 11c. See Form 9 | 990. Part X. line 13. |
| | (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end | |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) (10) | | | | <u> </u> |
| · / | nn (b) must equal Form 990, Part X, column (B) line 13.) 🕨 | | | |
| Part IX | Other Assets. | N/A | | |
| | Complete if the organization answered | | , Part IV, line 11d. See Form 9 | |
| (1) | (a) De: | scription | | (b) Book value |
| (1) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) (8) | | | | |
| (9) | | | | |
| (10) | | | | |
| Total. (Co | lumn (b) must equal Form 990, Part X, column (b | B) line 15.) | ••••••••••••••••••••••••••••••••••••••• | • |
| Part X | Other Liabilities. | | | |
| 4 | Complete if the organization answered 'Yes' on F | orm 990, Part IV, line 11 iption of liability | e or 11f. See Form 990, Part X, line 25 | |
| 1. (1) Fede | ral income taxes | | | (b) Book value |
| () | RUED PAYROLL PAYABLE | | | 47,073. |
| | RUED PAYROLL TAXES | | | 6,167. |
| (4) ACC | RUED PTO PAYABLE | | | 52,000. |
| | GRANT | | | 225,851. |
| (6) | | | | |
| (7) (8) | | | | - |
| (9) | | | | |
| (10) | | | | |
| (11) | | | | |
| Total. (Colur | nn (b) must equal Form 990, Part X, column (B) line 25.) | | • • • • • • • • • • • • • • • • • • • • | 331,091. |

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

| Schedule D (Form 990) 2019 ACCOUNTABILITY COUNSEL | 46-1909035 | Page 4 |
|-------------------------------------------------------------------------------------|------------|-----------------------------------------|
| Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe | r Return. | |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. | | |
| 1 Total revenue, gains, and other support per audited financial statements | 1 2 | ,417,115. |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | , |
| a Net unrealized gains (losses) on investments 2a | | |
| b Donated services and use of facilities | | |
| c Recoveries of prior year grants | | |
| d Other (Describe in Part XIII.) | | |
| e Add lines 2a through 2d | 2e | |
| 3 Subtract line 2e from line 1 | 3 2. | ,417,115. |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | <u> </u> |
| a Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b Other (Describe in Part XIII.) | | |
| c Add lines 4a and 4b | 4c | |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 2. | ,417,115. |
| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses | | |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. | | |
| 1 Total expenses and losses per audited financial statements | 1 1. | ,790,081. |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| a Donated services and use of facilities | | |
| b Prior year adjustments | | |
| c Other losses. | | |
| d Other (Describe in Part XIII.) | | |
| e Add lines 2a through 2d | 2e | |
| 3 Subtract line 2e from line 1. | | ,790,081. |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: | | ,190,001. |
| a Investment expenses not included on Form 990, Part VIII, line 7b | | |
| b Other (Describe in Part XIII.) | | |
| c Add lines 4a and 4b. | | |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). | 5 1, | ,790,081. |
| Part XIII Supplemental Information. | | |

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

| SCHEDULE F (Form 990) | | Statement of Activities Outside the United States Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information. | | | | | |
|---------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|--|--|
| Department of the Treasury | | | | | | | |
| Internal Revenue Service | ► Go to www.i | | | | | | |
| Name of the organization | | | | Employer identi | | | |
| ACCOUNTABILITY COU Part I General Inform | JNSEL nation on Activiti | es Outside th | e United States. Complet | 46-19090 e if the organization | | | |
| on Form 990, | Part IV, line 14b. | | | | | | |
| | | | substantiate the amount of its selection criteria used to award | | | | |
| 2 For grantmakers. Descri United States. | be in Part V the organi: | zation's procedures | s for monitoring the use of its gra | nts and other assistance | outside the | | |
| 3 Activities per Region. (| The following Part I, I | line 3 table can b | e duplicated if additional space | e is needed.)PART V | | | |
| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region PT V | | |
| | | | | TECHNICAL | | | |
| (1) SOUTH ASIA | | 2 | PROGRAM SERVICES | ASSISTANCE | 43,000. | | |
| | | | | TECHNICAL | | | |
| (2) SUB-SAHARAN AFRICA EAST ASIA AND THE | | 1 | PROGRAM SERVICES | ASSISTANCE TECHNICAL | 23,000. | | |
| (3) PACIFIC | | 2 | PROGRAM SERVICES | ASSISTANCE | 94,000. | | |
| .,, | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| 3 a Subtotal b Total from continuation sheets to Part I | | 5 | | | 160,000. | | |
| c Totals (add lines 3a and 3b) | | 5 | | | 160,000. | | |

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

Schedule F (Form 990) 2019

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) | |
|-------------|---------------------------------------------------------------------------------|-----------------------------------------------------------|------------------------------------------|--------------------------------|--------------------------|---------------------------------------|----------------------------------------|---------------------------------------------|----------------------------------------------------------------|--|
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| 2 En the | ter total number of recipient organizati e grantee or counsel has provided a | ons listed above that a section 501(c)(3) equ | re recognized as cha iivalency letter | rities by the forei | gn country, recogniz | ed as tax-exempt b | y the IRS, or for whi | ch | 0 | |
| | 3 Enter total number of other organizations or entities | | | | | | | | | |

Page 2

Schedule F (Form 990) 2019 ACCOUNTABILITY COUNSEL

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Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book FMV, appraisal, other) |
|---------------------------------|-------------------|-----------------------------|---------------------------------|---------------------------------------|----------------------------------|---------------------------------------|-------------------------------------------------------------|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) BAA | | | | | | | (Form 990) 2019 |

| 46-1909035 | |
|------------|--|
| | |
| | |

| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926). | Yes | X No |
|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|------|
| 2 | Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) | Yes | X No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471). | Yes | X No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621). | Yes | X No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865). | Yes | X No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990) | Yes | X No |

TEEA3505L 06/28/19

Schedule F (Form 990) 2019

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I - ADDITIONAL SUPPLEMENTAL INFORMATION

MONITORING PROCEDURE: INDEPENDENT CONTRACTORS COMMUNICATE THROUGH MULTIPLE FORMATS ON A WEEKLY BASIS WITH THE EXECUTIVE DIRECTOR TO DISCUSS THE STATUS AND PROGRESSION OF THEIR PROJECTS. THEY ALSO PROVIDE WEEKLY WRITTEN UPDATES ON THEIR PROJECTS THAT ARE SHARED WITH THE FULL ORGANIZATION. ON A QUARTERLY BASIS, THE BOARD OF DIRECTORS REVIEWS THE IMPACT AND PROGRESS RELATED THE INDEPENDENT CONTRACTORS' PROJECTS. BEFORE BEGINNING A PROJECT, INDEPENDENT CONTRACTORS ARE REQUIRED TO PRODUCE A FORMAL MEMO THAT IS REVIEWED BY THE DIRECTOR-LEVEL STAFF OF THE ORGANIZATION. AT THE CONCLUSION OF A PROJECT, THEY PRODUCE A FORMAL MEMO THAT IS DISTRIBUTED TO THE FULL ORGANIZATION.

PART I, LINE 3F - INVESTMENTS & EXPENDITURES PER REGION

YES, WE HAD 2 INDEPENDENT CONTRACTORS WORKING IN THE SOUTH ASIA REGION, 1 INDEPENDENT CONTRACTOR WORKING IN THE SUB-SAHARAN AFRICA REGION, AND 2 INDEPENDENT CONTRACTORS WORKING IN THE EAST ASIA AND THE PACIFIC REGION DURING FY20. THEY PROVIDED ACCOUNTABILITY COUNSEL PROGRAMS WITH TECHNICAL ASSISTANCE IN THE REGIONS. TOTAL CONTRACTOR FEES AND WORK-RELATED EXPENSES PAID TO OR FOR THE BENEFIT OF THESE INDEPENDENT CONTRACTORS ARE LISTED ABOVE. Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury Internal Revenue Service Name of the organization

ACCOUNTABILITY COUNSEL

Employer identification number 46-1909035

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

ACCOUNTABILITY COUNSEL AMPLIFIES THE VOICES OF COMMUNITIES AROUND THE WORLD TO PROTECT THEIR HUMAN RIGHTS AND ENVIRONMENT. AS ADVOCATES FOR PEOPLE HARMED BY INTERNATIONALLY FINANCED PROJECTS, WE EMPLOY COMMUNITY DRIVEN AND POLICY LEVEL STRATEGIES TO ACCESS JUSTICE.

FORM 990, PART III, LINE 2 - NEW SERVICES

COMMUNITIES PROGRAM WORK TEMPORARILY SHIFTED TO RELYING MORE DEEPLY ON LOCAL PARTNERS WHERE IN PERSON TRAVEL HAS NOT BEEN POSSIBLE.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

COMMUNITIES ACHIEVEMENTS: CONTINUATION FROM PAGE 2, FORM 990

IN HAITI, WE CONTINUE SUPPORT TO FARMERS WHO REACHED AGREEMENTS TO REMEDY HARM RESULTING FROM THEIR DISPLACEMENT BY AN INDUSTRIAL PARK. WE HAVE ADVOCATED AT THE LEVEL OF THE BANKS AND GOVERNMENT PLAYERS WHO ARE PARTIES TO THE AGREEMENT AND AS A RESULT, HAVE STARTED TO SEE IMPLEMENTATION: OF THE AGRICULTURAL EQUIPMENT PORTION OF THE AGREEMENT (WITH WATER PUMPS DELIVERED AND NOW FUNCTIONING), OF THE DELIVERY OF TRAINING IN SEWING TO PREPARE PEOPLE FOR FACTORY JOBS, AND OF THE SMALL BUSINESS PROGRAM (INFORMATION GATHERING TO INFORM IMPLEMENTATION OF THIS PROGRAM'S START-UP CAPITAL AND TRAINING).

IN MONGOLIA, WE SUPPORTED NOMADIC HERDERS WITH IMPLEMENTATION OF AGREEMENTS REACHED THROUGH DISPUTE RESOLUTION TO REMEDY HARM FROM A LARGE MINE. THESE AGREEMENTS AIM TO HELP LOCAL HERDERS CONTINUE THEIR TRADITIONAL WAY OF LIFE WHILE ACCESSING SUPPORT FOR ALTERNATIVE LIVELIHOODS. ACHIEVEMENTS IN THE FISCAL YEAR INCLUDED PUBLISHING AN IMPLEMENTATION REPORT ONLINE IN MONGOLIAN AND ENGLISH, DISTRIBUTING INFORMATION

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

HERDERS ON TECHNICAL MATTERS RELATED TO AGREEMENT IMPLEMENTATION.

IN MYANMAR, WE SUPPORTED INDIGENOUS COMMUNITIES TO ADVOCATE FOR THEIR RIGHTS, FORESTS, AND PEACE THROUGH AN ACCOUNTABILITY OFFICE COMPLAINT ABOUT A TOP-DOWN CONSERVATION PROJECT IN A CONFLICT ZONE. HAVING ACHIEVED PROJECT SUSPENSION LAST YEAR, WE HAVE SUPPORTED COMMUNITIES IN THEIR ADVOCACY AROUND AN ALTERNATIVE, INDIGENOUS-LED CONSERVATION PLAN AND REGARDING CONTINUING ENGAGEMENT IN THE ACCOUNTABILITY OFFICE COMPLAINT PROCESS.

IN UKRAINE, WE CONTINUED TO SUPPORT VILLAGERS IN A DIALOGUE PROCESS SEEKING SOLUTIONS TO HARM FROM AN INDUSTRIAL POULTRY OPERATION WITH 17 MILLION CHICKENS THAT IS SEEKING SUBSTANTIAL EXPANSION WITHOUT ADEQUATE SAFEGUARDS.

IN INDIA, WE CONTINUED TO SUPPORT TEA WORKERS AROUND A DIALOGUE PROCESS TO ADDRESS ABUSIVE LIVING AND WORKING CONDITIONS ON TEA PLANTATIONS, BUILDING ON A SUCCESSFUL COMPLIANCE INVESTIGATION PROCESS WE SUPPORTED.

IN KENYA, WE CONTINUED SUPPORT TO FARMERS AND LAMU COMMUNITIES TO RAISE GRIEVANCES TO INVESTORS ABOUT THE HARMFUL IMPACTS OF A PROPOSED COAL-FIRED POWER PLANT ON THE ENVIRONMENT, CULTURAL HERITAGE SITES, AND TRADITIONAL LIVELIHOODS.

IN NEPAL, WE CONTINUED SUPPORT TO INDIGENOUS COMMUNITIES AFFECTED BY HIGH-VOLTAGE TRANSMISSION LINES TO ENGAGE IN A COMPLAINT PROCESS WITH AN ACCOUNTABILITY OFFICE REGARDING THE NEED FOR FREE, PRIOR AND INFORMED CONSENT.

THE KNOWLEDGE SHARING COMPONENT OF OUR COMMUNITIES PROGRAM ACHIEVED A MORE INFORMED

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

GROUP OF CIVIL SOCIETY COLLEAGUES GLOBALLY, AND ADVISED AND TRAINED COMMUNITIES ON ACCOUNTABILITY OFFICE STRATEGY. IN PARTICULAR, WE ENGAGED WITH ADVOCATES AND COMMUNITIES IN MORE THAN 20 COUNTRIES. WE CONVENED A NETWORK CALLED THE INTERNATIONAL ADVOCATES WORKING GROUP, WITH REGULAR CONVENINGS TO SHARE INFORMATION AND PROVIDE MUTUAL SUPPORT.

POLICY ADVOCACY ACHIEVEMENTS: CONTINUATION FROM PAGE 2, FORM 990

ACHIEVEMENTS IN THE FISCAL YEAR INCLUDE SUCCESSFUL ADVOCACY FOR POLICY CHANGES THAT WILL IMPROVE ACCOUNTABILITY AT THE WORLD BANK GROUP; SUCCESSFUL ADVOCACY TO IMPROVE ACCOUNTABILITY AT THE US DEVELOPMENT FINANCE CORPORATION; ADVOCACY AROUND CREATION OF AN ACCOUNTABILITY OFFICE AT USAID; AND CONTRIBUTIONS RESULTING IN A STRONG ACCOUNTABILITY FRAMEWORK FOR CHINESE BANKS INVESTING OVERSEAS. OUR POLICY TEAM ALSO SUCCESSFULLY ADVOCATED FOR MORE ROBUST ENVIRONMENTAL, SOCIAL, AND ACCESS TO INFORMATION SAFEGUARDS AT THE INTER-AMERICAN DEVELOPMENT BANK AND USAID, AND IMPACT INVESTING STANDARDS FOR PRIVATE ENTITIES CERTIFIED BY THE UNDP.

RESEARCH ACHIEVEMENTS: CONTINUATION FROM PAGE 2, FORM 990

THE RESEARCH TEAM'S AUTOMATED MESSAGING TOOL (ZWAZO) WAS USED TO SHARE CASE UPDATES AND CONDUCT A SURVEY WITH MORE THAN A HUNDRED COMMUNITY MEMBERS IN HAITI. A PUBLIC VERSION OF THIS SOFTWARE WAS RELEASED (ASFOUR) TO ALLOW PARTNERS, ALLIES, AND OTHER INTERESTED ORGANIZATIONS TO USE AUTOMATED MESSAGING (SMS AND AUDIO) FOR THEIR OWN CAMPAIGNS. ANOTHER RESEARCH TEAM-DEVELOPED TOOL, LAST MILE, WAS DEVELOPED TO TRACK THE IMPLEMENTATION OF CRITICAL AGREEMENTS REACHED IN COMMUNITIES CASES --PARTICULARLY IN HAITI AND MONGOLIA -- FROM THE COMMUNITY'S PERSPECTIVE. THIS DETAILED

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

IMPLEMENTATION INFORMATION WAS COMBINED WITH QUALITATIVE RESEARCH IN THE RE-LAUNCHED "FROM PAPER TO PROGRESS" MICROSITE, A PUBLICLY AVAILABLE TRANSPARENCY TOOL TRACKING THE IMPLEMENTATION OF THE AGREEMENTS REACHED BY MONGOLIAN HERDERS: A JOINT PROJECT BETWEEN THE RESEARCH AND COMMUNITIES TEAMS.

OUR RESEARCH TEAM ALSO SUPPORTED OTHER CASE-RELATED RESEARCH, INCLUDING IN HAITI, UKRAINE, MONGOLIA, AND NEPAL, IN ADDITION TO THAT DESCRIBED ABOVE.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE TAX RETURN IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM. AFTER COMPLETION OF SAID RETURNS, THE ORGANIZATION IS SENT A DRAFT OF THE TAX RETURNS TO BE REVIEWED AND EXAMINED. THE ORGANIZATION MAKES COPIES OF THE RETURNS AND DISTRIBUTES TO THOSE INDIVIDUALS CHARGED WITH GOVERNANCE. THOSE INDIVIDUALS AT THAT TIME CAN REVIEW AND IF APPLICABLE DISCUSS ANY LINE ITEMS IN THE RETURN WITH THE ACCOUNTANT WHO HAS PREPARED THE RETURN. IF ALL ITEMS ARE FOUND TO BE ACCEPTABLE, AN AUTHORIZATION IS SIGNED AND PROVIDED TO AUTHORIZE THE OUTSIDE ACCOUNTING FIRM TO PROCESS, SIGN AND PROVIDE COPIES OF THE RETURNS TO BE FILED (PAPER OR ELECTRONICALLY) WITH THE DESIGNATED GOVERNMENTAL AGENCIES. THE TAX RETURNS ARE THEN SIGNED BY THE ORGANIZATION, STAMPED AND MAILED WITH CERTIFIED RETURN RECEIPT OR THE SIGNED FORM 8879 IS PROVIDED TO THE OUTSIDE ACCOUNTING FIRM ALLOWING ELECTRONIC FILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS THE DIRECTORS, OFFICERS, AND KEY EMPLOYEES OF ACCOUNTABILITY COUNSEL MUST COMPLETE A COMPLIANCE FORM ON AN ANNUAL BASIS, WHICH INCLUDES AN AFFIRMATION THAT THEY HAVE RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, HAVE READ AND UNDERSTAND THE POLICY, AGREE TO COMPLY WITH THE POLICY, AND INFORMATION ON ALL ACTUAL OR POTENTIAL CONFLICTS OF INTEREST INVOLVING THEM OR THEIR FAMILY MEMBERS. THE COMPLIANCE FORM FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS (CONTINUED) ALSO CONTAINS AN AFFIRMATION THAT THE THEY UNDERSTAND THAT ACCOUNTABILITY COUNSEL IS CHARITABLE IN NATURE AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION, IT MUST ENGAGE PRIMARILY IN ACTIVITIES THAT ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT CHARITABLE PURPOSES.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT THE EXECUTIVE DIRECTOR'S COMPENSATION IS SET BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS (BOARD MEMBERS MINUS THE BOARD PRESIDENT, WHO IS THE EXECUTIVE DIRECTOR). THE BOARD SETS COMPENSATION BASED ON EXECUTIVE DIRECTOR PERFORMANCE AND BENCHMARKING TO OTHER LEADERS OF SOCIAL ENTERPRISES MAKING SIMILAR LEVELS OF IMPACT. THE COMPENSATION OF OTHER KEY EMPLOYEES IS SET BY THE EXECUTIVE DIRECTOR, REVIEWING PERFORMANCE AND BENCHMARKING TO SIMILAR KEY ROLES, WITH A GOAL OF BEING A COMPETITIVE LEADER TO ATTRACT AND RETAIN KEY TALENT.

FORM 990, PART VI, LINE 18 - EXPLANATION OF OTHER MEANS FORMS AVAILABLE FOR PUBLIC INSPECTION FEDERAL TAX RETURNS ARE AVAILABLE AT GUIDESTAR.ORG & CHARITYNAVIGATOR.ORG.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE GOVERNING DOCUMENTS ARE AVAILABLE FOR PUBLIC INSPECTION AT THE PRINCIPAL PLACE OF

BUSINESS.

THE CONFLICT OF INTEREST POLICY AND THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.