For	m <b>990</b>													OMB No. 1545-0047
T UI								ation Exe						2021
	artment of th nal Revenue			I	► Do no ► Go to w	ot enter soci ww.irs.gov	al secu /Form9	rity numbers on th 90 for instruction	is form as i	t may be made	e public.			Open to Public Inspection
Α	For the 2	2021 calen		, or ta	x year be	ginning	9/0	1	, <b>202</b> 1,	and ending	8/	-		<b>20</b> 2022
В	Check if ap	plicable:	С									D Emplo	yer identi	ification number
	Addres	s change				COUNS						-	1909	
	Name	change				FLOOR						E Teleph	one numt	ber
	Initial	return	SAN P	RAN	JISCO,	CA 94	108					415	-296	-6761
	Final ret	urn/terminated												
	Ameno	ded return										<b>G</b> Gross		, ,
	Applic	ation pending	<b>F</b> Name	e and ad	dress of prin	cipal officer:	ERI	CA GOULD			• •	a group retu		103 110
			SAME	AS (	<u>C</u> ABOV	E		F			l(b) Are all If "No,	subordinate " attach a lis	s includeo t. See ins	1? Yes No
<u> </u>		npt status:	X 501(c		501(c)	· ·	<i>,</i> ,	,	47(a)(1) or	527				
<u> </u>	Websi				1 1	<u>rycoun</u>	SEL.	1			• • •	exemption n		
K		organization:	X Corpo	oration	Trust	Associ	ation	Other P	LY	ear of formation	n: 201	4 M	State of le	egal domicile: CA
Pa	art I	Summar	y hatha a		ationale no	incing of		ionificant activ	itiaat					
	<b>1</b> Bri	etty descri	be the o	rganiz	ation's m	ission or	most s	agnificant activ	ities: <u>SE</u>	E SCHED	<u>JLE_O</u>			
9					·							·		
Jan												· – – – –		
Governance	2 Ch	eck this bo		if the			ontinu	ed its operation				E of ite		
g	2 Ch 3 Nu							Part VI, line 1a					<b>3</b>	13
ార								rning body (Pa					4	13
ties	5 To	tal number	of indiv	iduals	employe	d in calen	idar ye	ar 2021 (Part V	/, line 2a)	)			5	13
Activities													6	15
Ac								umn (C), line 1					7a	0.
	<b>b</b> Ne	t unrelated	l busines	ss taxa	able incor	ne from F	orm 9	90-T, Part I, lir	ie 11		1		7b	0.
												Prior Year		Current Year
e			-	•								3,821,8		2,311,473.
Revenue		-				•.		and 7d)					200.	4,597.
ě								, and 7d) , 9c, 10c, and 1					260.	<u>8,626.</u> 3,920.
								Part VIII, colur				<u>10,3</u> 3,836,4		2,328,616.
						-		A), lines 1-3)				5,050,0	430.	2,320,010.
								), line 4)						
					•		•	art IX, column			-	L,372,	601	1,713,213.
ses					•	-		ine 11e)		5 10)		L, 372, 1	.100	1,113,213.
ens	16a Pro												_	
Expens	<b>b</b> 10	tal fundrais	0 1		•	•		·		2,814.				
	<b>17</b> Ou							11f-24e)				381,		965,903.
		•						, column (A), I			_	L,753,		2,679,116.
		venue less	s expens	es. Sı	ubtract lin	e 18 from	i line 1	2				2,082,0		-350,500.
Net Assets or Fund Balances			<u></u>		<b>C</b> )							ng of Curre		End of Year
sset: Salar	20 To		-		•						4	4,404,8		3,935,487.
et As nd E	<b>21</b> To											514,8		396,024.
_					s. Subtra	ct line 21	from li	ne 20				3,889,9	963.	3,539,463.
		Signatur												
Unde	er penalties plete, Declar	of perjury, I de ratio <del>n of <b>Docu</b>t</del>	eclare that l <b>Bigm@dhbw:</b> t	l have e: han offic	xamined this cer) is based	return, inclu on all inforn	ding acc nation of	ompanying schedule which preparer has	es and staten any knowled	nents, and to th dae.	e best of n	ny knowledge	e and beli	ef, it is true, correct, and
			t	7	,				5	5		/14/202		
c:,		Śignatu	re of office DD64FD314	r										
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п.	: al	SUZANN			ΓV		-	R. HEALY				self-employ		P00533689
Pa		Firm's name				ASSOCIA		A. DEALI		1		sen-empio)	rcu	10000000
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03	S Siny	Firm's addre				RD AVE		230						-1489821
Ma	y tha IDS	discuss th				A 9452		a? San instruct	tions			Phone no.		-603-0800
_								e? See instruct						. X Yes No Form 990 (2021)
БΑ	A FOR Pa	perwork R	euuctio	II ACT	nouce, s	ee ine sep	Jarate	instructions.		TEEA	0101L 09/	22/21		FUIII <b>990</b> (2021)

Form 990 (2		46-1909035 F	Page 2
Part III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		X
1 Briefly	y describe the organization's mission:		<b>A</b>
-	SCHEDULE O		
<u>JEE</u>			
2 Did the	e organization undertake any significant program services during the year which were not listed on the price	or	
	990 or 990-EZ?		No
	s." describe these new services on Schedule O.		
3 Did th	e organization cease conducting, or make significant changes in how it conducts, any program ser	vices? Yes X	No
	s," describe these changes on Schedule O.		
4 Descr	ibe the organization's program service accomplishments for each of its three largest program servi	ices, as measured by expen	ises.
Sectio	on 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation evenue, if any, for each program service reported.	s to others, the total expens	ses,
4a (Code	:: ) (Expenses \$ 855,361. including grants of \$ ) (R	evenue \$ 4,5	97.)
COM	MUNITIES ACHIEVEMENTS THIS FISCAL YEAR INCLUDE:		
INT	OCATES IN OUR COMMUNITIES TEAM WORKED AT THE REQUEST OF COMMUN ERNATIONAL INVESTMENT TO DEMAND JUSTICE AND REMEDY. TINUED IN SCHEDULE 0.	NITIES HARMED BY	
<b>4b</b> (Code <u>POL</u>	::) (Expenses \$ 720,242. including grants of \$) (R ICY ADVOCACY ACHIEVEMENTS:	evenue \$	)
INS	POLICY ADVOCATES COMBINE LESSONS FROM OUR CASE EXPERIENCE WIT IGHTS TO DRIVE INSTITUTIONAL CHANGE, DISRUPTING THE SYSTEMS TH TINUED IN SCHEDULE O		<u>;'</u>
4c (Code	:: ) (Expenses \$ 530,446. including grants of \$ ) (R	evenue \$	)
-	EARCH ACHIEVEMENTS:		/
OUR THEI REMI	RESEARCHERS DEEPEN OUR ANALYSIS OF CASES AND POLICY ISSUES, A M WITHIN GLOBAL COMPLAINT DATA, TO ILLUMINATE BARRIERS TO ACCO EDY AND TO CATALYZE SYSTEMIC CHANGE. TINUED IN SCHEDULE 0.	OUNTABILITY AND	  
-			
	program services (Describe on Schedule O.) SEE SCHEDULE O		
(Expe		)	
<b>4e</b> Lotal	program service expenses > 2,106,049.		

#### Form 990 (2021) ACCOUNTABLLTTY COUNSEL

Form 990 (2021) ACCOUNTABILITY COUNSEL 46-1909035 Pa								
Pai	t IV Checklist of Required Schedules							
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Yes 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) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	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 III	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? <i>If 'Yes,' complete Schedule D, Part I</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, VIII, IX, or X, as applicable.							
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	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 total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х				
	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х				
(	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 X	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, Part X	11 f		Х				
	a 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 valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	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 for any foreign organization? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>	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? If 'Yes,' complete Schedule F, Parts III and IV	16		Х				
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I. See instructions	17		Х				
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	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				
t	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				

-	n 990 (2021) ACCOUNTABILITY COUNSEL 46-190903	5	F	age 4
Pa	rt 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	Tes	X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> .	23	х	
24 :	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
I	<b>b</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		
	<b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
I	<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		Х
26	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? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key 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 persons? <i>If 'Yes,' complete Schedule L, Part III</i> .	27		X
	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
	<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV	28a		Х
I	<b>b</b> A family member of any individual described in line 28a? <i>If 'Yes,' complete Schedule L, Part IV.</i>	28b		Х
	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		X
	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part Il	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
I	<b>b</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)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	rt 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 6			
I	b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Х	
BAA		-	<b>990</b> (	2021)

		(2021) ACCOUNTABILITY COUNSEL 46-190903	5	F	Page 5
Par	t V	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
				Yes	No
2 a	Ente men	er the number of employees reported on Form W-3, Transmittal of Wage and Tax State- nts, filed for the calendar year ending with or within the year covered by this return 2a 13			
Ł	lf at	least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note	e: 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
Ł	) If 'Ye	es,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O.	3b		
4 a	At a	ny time during the calendar year, did the organization have an interest in, or a signature or other authority over, a ncial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		х
		es, 'enter the name of the foreign country►			
		instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 a		s the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
		any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
		es, to line 5a or 5b, did the organization file Form 8886-T?.	5c		
		s the organization have annual gross receipts that are normally greater than \$100,000, and did the organization cit any contributions that were not tax deductible as charitable contributions?	6 a		Х
	) If 'Ye	es,' did the organization include with every solicitation an express statement that such contributions or gifts were tax deductible?	6 b		
7			00		
	Did	anizations that may receive deductible contributions under section 170(c). the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	_	v	
		vices provided to the payor?	7 a	X	
		'es,' did the organization notify the donor of the value of the goods or services provided?	7 b	Х	
	Forn	the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file n 8282?	7 c		Х
		'es,' indicate the number of Forms 8282 filed during the year 7d			
		the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
		the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
ç		e organization received a contribution of qualified intellectual property, did the organization file Form 8899 equired?	7 g		
	Forn	e organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a n 1098-C?	7 h		
8	Spo	nsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	orga	anization have excess business holdings at any time during the year?	8		
9	Spo	nsoring organizations maintaining donor advised funds.			
		the sponsoring organization make any taxable distributions under section 4966?	9 a		
		the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
		tion 501(c)(7) organizations. Enter:			
		ation fees and capital contributions included on Part VIII, line 12 10a			
		ss receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
		tion 501(c)(12) organizations. Enter:			
		ss income from members or shareholders			
t	Gros agai	ss income from other sources. (Do not net amounts due or paid to other sources inst amounts due or received from them.)			
		tion 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
		es,' enter the amount of tax-exempt interest received or accrued during the year			
		tion 501(c)(29) qualified nonprofit health insurance issuers.			
a		ne organization licensed to issue qualified health plans in more than one state?	13a		
		e: See the instructions for additional information the organization must report on Schedule O.			
	whic	er the amount of reserves the organization is required to maintain by the states in ch the organization is licensed to issue qualified health plans			
C	: Ente	er the amount of reserves on hand			
14 a	Did	the organization receive any payments for indoor tanning services during the tax year?	14a		Х
Ł	<b>)</b> If 'Y	'es,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		
15		he organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or ess parachute payment(s) during the year?	15		Х
16	lf 'Ye	es,' see the instructions and file Form 4720, Schedule N. ne organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	lf 'Y	'es,' complete Form 4720, Schedule O.	10		
17	activ	ction 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any vities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		

Form 990 (2021) ACCOUNTABILITY COUNSEL 46-1909035		F	age 6
Part VI Governance, Management, and Disclosure. For each 'Yes' response to lines 2 through 7b b	elow,	and	for
a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or char	ges c	n	
Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			. X
Section A. Governing Body and Management			
		Yes	No
<b>1 a</b> Enter the number of voting members of the governing body at the end of the tax year <b>1 a</b> 13			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent <b>1b</b> 12			
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 of officers, directors, trustees, or key employees to a management company or other person?	3		Х
<b>4</b> Did the organization make any significant changes to its governing documents			
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		Х
6 Did the organization have members or stockholders?	6		Х
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?	7 a		Х
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members,			
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:			
a The governing body?	8 a	Х	
<b>b</b> 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? If 'Yes,' provide the names and addresses on Schedule Q.	9		X
Section B. Policies (This Section B requests information about policies not required by the Internal Re	1	Yes	· · · ·
10 a Did the organization have local chapters, branches, or affiliates?	10 a	X	
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? <b>11 a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10 b 11 a	X X	
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O	11.4	Λ	
<b>12a</b> Did the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i>	12a	Х	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done SEE. SCHEDULE. Q			
13 Did the organization have a written whistleblower policy?	12c 13	X X	
14 Did the organization have a written document retention and destruction policy?	14	X	
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?			
a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE. O.	15a	Х	
<b>b</b> Other officers or key employees of the organization.	15b	X	
If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a 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		X
<b>b</b> If 'Yes.' did the organization follow a written policy or procedure requiring the organization to evaluate its	Tou		
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		
Section C. Disclosure			
<b>17</b> List the states with which a copy of this Form 990 is required to be filed ► <u>CA</u>			
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   Another's website   Upon request   X   Other (explain on Schedule O)		SCH.	0
19 Describe on Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements availate the public during the tax year. SEE SCHEDULE O	ble to		
20 State the name, address, and telephone number of the person who possesses the organization's books and records ►			
ACCOUNTABILITY COUNSEL 244 KEARNY ST FLOOR 6 SAN FRANCISCO CA 94108 415-296	-676	1	

Form 990 (2021) ACCOUNTABILITY COUNSEL	46-1909035	Page 7							
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, a Independent Contractors									
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 Comper	sated Employees								
<b>1 a</b> Complete this table for all persons required to be listed. Report compensation for the calendar year encorganization's tax year.	ling with or within the								

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter .0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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		Pos thar is	ition (c n one b s both a direc	an of	fficer a truste	and a e)		<b>(D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from	<b>(F)</b> 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	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1)	NATALIE B FIELDS	40									
	PRESIDENT & ED	0	Х		Х				159,992.	0.	0.
_(2)	ANNE_LASCOE	40									
	DIR DEVELOPMENT	0					Х		140,767.	0.	0.
(3)	LANI_INVERARITY DIR. OF PROGRAMS	$-\frac{40}{0}$					Х		112,497.	0.	0.
(4)	ERICA GOULD	1					Λ		112,497.	0.	0.
	BOARD CHAIR		Х	.	Х				0.	0.	0.
(5)	ANDREW DICKSON	1									<u> </u>
	SECRETARY	0	Х		Х				0.	0.	0.
(6)	KIM KELLER	1									
	TREASURER	0	Х		Х				0.	0.	0.
(7)	NIRANJALI AMERASINGHE	0.5									
	DIRECTOR	0	Х						0.	0.	0.
(8)	CAROLINE_BRESSAN	0.5									
	DIRECTOR	0	Х						0.	0.	0.
(9)	VANESSA BARBONI HALLIK	0.5									
	DIRECTOR	0	Х						0.	0.	0.
(10)	GARY_COOKHORN	0.5									
	DIRECTOR	0	Х						0.	0.	0.
<u>(11)</u>	CAROLYN RASHBY	0.5									
	DIRECTOR	0	Х						0.	0.	0.
(12)	DAVID_HUNTER	0.5									
	DIRECTOR	0	Х						0.	0.	0.
(13)	JASON HAGGINS	0.5							_		
	DIRECTOR	0	Х						0.	0.	0.
(14)	SUJATHA JESUDASON	0.5									2
	DIRECTOR	0	Х						0.	0.	0.
BAA		TEEA0	107L	09/22/	21						Form <b>990</b> (2021)

Form 990 (2021) ACCOUNTABILITY COUNSEL									46-190903		Pag	
Part VII Section A. Officers, Directors, Tru		Key	En		-	es, a	anc	l Highest Com	pensated Empl	oyees	(contin	ued)
(A) Name and title	(B) Average hours per	box	. unle	check	sition more erson directe	e than o is both pr/trust	an ee)	<b>(D)</b> Reportable compensation from	<b>(E)</b> 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/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	comper the or and	isation fi ganizatio related nizations	on
(15) <u>FERNANDA_VENZON</u> DIRECTOR (16)	_0.5_ 0	X						0.	0.			0.
(17)												
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1 b Subtotal							•	413,256.	0.			0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)								0. 413,256.				0.
2 Total number of individuals (including but not limited							/ed			ensation		0.
from the organization > 3											Yes	No
3 Did the organization list any <b>former</b> officer, direc on line 1a? If 'Yes,' complete Schedule J for suc	tor, truste <i>h individu</i>	ee, ke <i>ial</i>	ey ei	mplo	oyee	e, or ł	nigh	est compensated	employee	3		Х
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	er than \$1	50,00	20?	If 'Y	es,	com	plei	te Schedule J for		4	X	
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes	e comper <i>,' comple</i>	nsatio ete Sc	n fr chea	om i lule	any <i>J fo</i>	unrel <i>r suc</i> i	late h pe	d organization or	individual	5	Х	
Section B. Independent Contractors												
1 Complete this table for your five highest compen compensation from the organization. Report compen	sated inde sation for	epend the ca	dent alen	t cor dar <u>y</u>	ntrao year	ctors endir	tha ng w	vith or within the or	ganization's tax year			
(A) Name and business address (B) Description of services							of services	<b>(C)</b> Compensation				
								-				
2 Total number of independent contractors (including b \$100,000 of compensation from the organization		ited to	o tho	ose l	istec	l abov	ve) v	who received more	than			

#### Form 990 (2021) ACCOUNTABILITY COUNSEL 46-1909035 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII ..... **(B)** Related or exempt function revenue (D) Revenue excluded from tax under sections 512-514 (C) Unrelated business (A) Total revenue revenue 1 a Federated campaigns ..... s, Grants, Amounts 1 a **b** Membership dues.... 1 b c Fundraising events..... 1 c

ar /	c	Related organizatio	ns	1 d					
inii B	e	Government grants (cont		1 e	263,936.				
Contributions, Gifts and Other Similar /	f	All other contributions, g similar amounts not inclu	uded above	1 f	2,047,537.				
i ji ji	ç	Noncash contributions in lines 1a-1f.	cluded in	1 g					
a C	ŀ	<b>Total.</b> Add lines 1a-				2,311,473.			
					Business Code	2,011,470.			
Program Service Revenue	2 a	PROGRAM FEES			541100	4,597.	4,597.		
Bev	k					-,			
e	c								
eni	c								
s E	e								
gra	f	All other program s	ervice revenu	ıe					
Pro	ç	Total. Add lines 2a-	-2f			4,597.			
	3	Investment income (i other similar amour	including divid nts)	ends, i	interest, and ►	8,626.	8,626.		
	4	Income from invest	ment of tax-e	exemp	t bond proceeds	0,0101	0,0200		
	5	Royalties							
			(i) R	eal	(ii) Personal				
	6 a	Gross rents	6a						
			6b						
	c	Rental income or (loss)	6c						
	<b>d</b> Net rental income or (loss)			►					
	7 a	Gross amount from	(i) Secu	urities	(ii) Other				
		sales of assets other than inventory	7a						
	k	Less: cost or other basis							
			7b						
			7c						
	c	Net gain or (loss).			▶				
e	8 a	Gross income from fundr	raising events						
Other Revenue		(not including \$ of contributions reported	on line 10)						
ev.		See Part IV, line 18			-				
ц. ж		Less: direct expens		8					
ţ		Net income or (loss			-				
0				aisiriy					
	9 a	Gross income from gamin See Part IV, line 19	ng activities.	9	a				
		Less: direct expens			b				
	c	Net income or (loss	s) from gamin	g acti	vities ►				
		Gross sales of inventory,		Ī					
		returns and allowances.		10	a				
	Ł	Less: cost of goods	sold	10	b				
	c	Net income or (loss	s) from sales	of inve	entory 🕨				
র					Business Code				
Miscellaneous Revenue	11 a	OTHER_INCOME	<u></u>		900099	3,920.	3,920.		
scellaneo Revenue	k	'							
es el	C								
ĩs a	-	All other revenue							
		Total. Add lines 11a				3,920.			
		Total revenue. See	instructions.			2,328,616.	17,143.	0.	0. Form <b>990</b> (2021)
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### Form 990 (2021) ACCOUNTABILITY COUNSEL

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Sec	tion 501(c)(3) and 501(c)(4) organizations must con				X
	Check if Schedule O contains a	response or note to any		(C)	
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic 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					
5	Compensation of current officers, directors, trustees, and key employees	182,174.	138,235.	15,051.	28,888.
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	1,194,907.	906,700.	98,724.	189,483.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,194,907.			109,403.
9	Other employee benefits	233,006.	176,782.	25,875.	30,349.
10	Payroll taxes	103,126.	78,233.	8,549.	16,344.
	Fees for services (nonemployees):	100,120.	10,233.	0,040.	10,044.
	a Management				
	<b>b</b> Legal				
	c Accounting	52,602.		52,602.	
	Lobbying	JZ, 00Z.		JZ, 00Z.	
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule 0\$CH. ( Advertising and promotion	) 418,962.	388,801.	6,610.	23,551.
13	Office expenses	33,787.	26,273.	3,775.	3,739.
14	Information technology	45,261.	37,731.	2,460.	5,070.
15	Royalties			_,	
16	Occupancy	158,351.	144,946.	3,420.	9,985.
17	Travel	165,108.	150,053.	6,650.	8,405.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	100/100.	100,000.		
19	Conferences, conventions, and meetings	9,980.	9,980.		
20	Interest	3,994.	1,728.	1,152.	1,114.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,401.		5,401.	
23	Insurance	6,072.	1,385.	4,425.	262.
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.)				
i	PARTNER EXPENSES	29,031.	29,031.		
	• EVENT EXPENSES	21,807.	5,659.	531.	15,617.
	VOLUNTEER SUPPORT	10,480.	10,480.	551.	IJ, UI/.
	OTHER	5,067.	32.	5,028.	7.
	All other expenses.	5,007.	JZ.	5,020.	1.
	Total functional expenses. Add lines 1 through 24e	2,679,116.	2,106,049.	240,253.	332,814.
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)				
					Farma 000 (0001)

For	m 990	0 (2021) ACCOUNTABILITY COUNSEL	46-1909035 Page <b>1</b>				
_	art X						
		Check if Schedule O contains a response or note to any line in this Part X					
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year		
	1	Cash – non-interest-bearing	251,331.	1	249,999.		
	2	Savings and temporary cash investments.	2,864,155.	2	2,907,732.		
	3	Pledges and grants receivable, net	1,167,625.	3	660,500.		
	4	Accounts receivable, net		4	· · ·		
	5	Loans and other receivables from 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		5			
	6	Loans and other receivables from other disqualified persons (as defined under					
	0	section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6			
	7	Notes and loans receivable, net.		7			
S	8	Inventories for sale or use.		8			
Assets	9	Prepaid expenses and deferred charges.	21,424.	9	19,592.		
As		Land, buildings, and equipment: cost or other basis.	21,424.		19,392.		
	h	Complete Part VI of Schedule D         10a         28,300.           Less: accumulated depreciation         10b         26,499.	7,202.	10 c	1 001		
		· · · · · · · · · · · · · · · · · · ·		11	1,801.		
		Investments – publicly traded securities.	88,121.	12	88,363.		
	12	Investments – other securities. See Part IV, line 11 Investments – program-related. See Part IV, line 11		12			
	13			13			
	14	Intangible assets	F 000	14	7 500		
	15	Other assets. See Part IV, line 11	5,000.	15	7,500. 3,935,487.		
_	16	Total assets. Add lines 1 through 15 (must equal line 33)	4,404,858.	10	3,935,487.		
	17	Accounts payable and accrued expenses	39,636.	17	55,595.		
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
ies	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21			
Liabilities	22	Loans and other 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		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 third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.	475,259.	25	340,429.		
	26	Total liabilities. Add lines 17 through 25	514,895.	26	396,024.		
Net Assets or Fund Balances		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.					
lar	27	Net assets without donor restrictions	2,471,614.	27	2,449,081.		
Ba	28	Net assets with donor restrictions	1,418,349.	28	1,090,382.		
pun		Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.					
ž	20			29			
<u>છ</u>	29 20	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund		29 30			
8	30 21	Retained earnings, endowment, accumulated income, or other funds		30			
As	31 22	Total net assets or fund balances	2 000 062	31	2 520 462		
let.	32 33	Total liabilities and net assets/fund balances.	3,889,963.		3,539,463.		
<u> </u>	33		4,404,858.	33	3,935,487.		

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3,935,487. Form 990 (2021)

Form	990 (2021) ACCOUNTABILITY COUNSEL 46-1	.909035		Pa	age <b>12</b>
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,32	28,6	516.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,6		
3	Revenue less expenses. Subtract line 2 from line 1	3			500.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).	4			963.
5	Net unrealized gains (losses) on investments.	5			
6	Donated services and use of facilities	6			
	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,5	39,4	163.
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 XAccrual Other			105	110
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain on 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: Separate basis Consolidated basis Both consolidated and separate basis	d on a			
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 separat basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis	e			
с	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
	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
	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		3 b		
BAA	TEEA0112L 09/22/21		Form	990 (	(2021)

		Public Chari	ty Status and P	ublic	Supp	ort	OMB No. 1545-0047
SCHEDULE A (Form 990)	Com	plete if the organiza 4947(a	tion is a section 501(c) a)(1) nonexempt charita	(3) orgai able trus	nization of the second se	or a section	2021
Department of the Treasury	<ul> <li>Attach to Form 990 or Form 990-EZ.</li> <li>Go to www.irs.gov/Form990 for instructions and the latest information.</li> </ul>						Open to Public
Department of the Treasury Internal Revenue Service	► (-	io to www.irs.gov/Fo	orm990 for instructions	and the	latest in		Inspection
Name of the organization ACCOUNTABILITY	COUNCET					Employer identifica	
		rity Status, (All o	organizations must	comple	te this		
The organization is not		<u>, , , , , , , , , , , , , , , , , , , </u>	5	i		1 /	
1 A church, conv	ention of church	es, or association of cl	hurches described in sec	tion 1 <b>70(</b>	b)(1)(A)(i	).	
			tach Schedule E (Form				
			ization described in <b>sec</b> unction with a hospital				ntar the heapital's
name, city, a	-		unction with a hospital	uescribe	u III Seci		mer me nospitars
5 An organizati section 170(b	——— on operated for <b>)(1)(A)(iv).</b> (Co	the benefit of a colle mplete Part II.)	ege or university owned	or oper	ated by a	a governmental unit de	escribed in
6 🗌 A federal, sta	te, or local gove	ernment or governme	ental unit described in s	section 1	70(b)(1)(	(A)(v).	
7 X An organizatio	n that normally r	eceives a substantial p	part of its support from a	governm	ental unit	or from the general put	olic described
		Complete Part II.)	(A)(vi). (Complete Part I				
			ction 170(b)(1)(A)(ix) oper		oniunctio	n with a land-grant colle	000
			e (see instructions). Enter				
from activities investment in	s related to its e come and unrel	exempt functions, sub	han 33-1/3% of its supp oject to certain exception e income (less section Part III.)	ons; and	(2) no m	nore than 33-1/3% of it	s support from gross
			ely to test for public saf	ety. See	section	509(a)(4).	
or more publi lines 12a thro	cly supported or ugh 12d that de	rganizations describe escribes the type of s	ely for the benefit of, to ed in <b>section 509(a)(1)</b> of upporting organization	or <b>sectio</b> and corr	n 509(a) plete lin	<b>(2).</b> See <b>section 509(a</b> ) es 12e, 12f, and 12g.	)(3). Check the box on
a Type I. A supp organization(s) complete Par	t IV, Sections A	on operated, supervise gularly appoint or elect a and B.	d, or controlled by its sup t a majority of the directo	oported o ors or trus	rganization the second s	on(s), typically by giving ne supporting organization	the supported on. <b>You must</b>
management of	porting organiz of the supporting te Part IV, Secti	organization vested in	controlled in connection the same persons that c	with its control or	supporte manage	ed organization(s), by the supported organizat	having control or ion(s). <b>You</b>
			tion operated in connectio plete Part IV, Sections				
functionally ir instructions).	itegrated. The c You must com	organization generally plete Part IV, Section	ganization operated in cor y must satisfy a distribu <b>is A and D, and Part V.</b>	ition reqi	uirement	and an attentiveness	requirement (see
e Check this bo integrated, or	x if the organiza Type III non-fu	ation received a writt nctionally integrated	en determination from supporting organization	the IRS <sup>-</sup> า.	that it is	а Туре I, Туре II, Туре	e III functionally
f Enter the numbe	r of supported of	organizations					
5	3	n about the supported	<b>3</b> ()			(A) Amount of monotony	
(i) Name of supported o	rganization	<b>(ii)</b> 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)							
<u>(B)</u>							
(C)							
(D)							
<u>(E)</u>							
Total	eduction Act N	otice cae the Instance	tions for Form 990 or 9	990-57		Cohod	ule Δ (Form 990) 2021

Sche	dule A (Form 990) 2021	ACCOUNTA	BILITY COUN	ISEL		46-190903	5 Page <b>2</b>
	t II Support Schedule for				(b)(1)(A)(iv) an		
	(Complete only if you checked organization fails to qualify	the box on line 5,	7, or 8 of Part I or	if the organization	failed to qualify un		
Sec	tion A. Public Support	•		•	_	_	
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	1,409,063.	1,759,332.	2,398,321.	3,821,887.	2,311,473.	11,700,076.
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				23,275.		23,275.
4	Total. Add lines 1 through 3	1,409,063.	1,759,332.	2,398,321.	3,845,162.	2,311,473.	11,723,351.
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)						3,210,074.
6	Public support. Subtract line 5 from line 4						8,513,277.
Sec	tion B. Total Support						0,010,211.
Cale	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	( <b>d)</b> 2020	<b>(e)</b> 2021	(f) Total
5	Amounts from line 4	1,409,063.	1,759,332.	2,398,321.	3,845,162.	2,311,473.	11,723,351.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	375.		4,231.	3,260.	8,626.	16,492.
9	Net income from unrelated business activities, whether or not the business is regularly carried on.				3,200.	0,020.	0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI	4,373.	6,727.	2,163.	10,311.	3,920.	
11	Total support. Add lines 7 through 10						11,767,337.
12	Gross receipts from related activ	vities, etc. (see in	structions)	•	•••••••••••••••••	12	17,997.
13	First 5 years. If the Form 990 is organization, check this box and	for the organization of the stop here	on's first, second	, third, fourth, or t	fifth tax year as a	section 501(c)(3)	►□
Sec	tion C. Computation of Pu	blic Support P	Percentage				
14 15	Public support percentage for 20 Public support percentage from	021 (line 6, colum	n (f), divided by li		•		72.35%
16a	<b>33-1/3% support test</b> – <b>2021.</b> If t and <b>stop here.</b> The organization	he organization d	id not check the t	oox on line 13 an	nd line 14 is 33-1/3	3% or more chec	k this hav
b	<b>33-1/3% support test–2020.</b> If the and <b>stop here.</b> The organization	ne organization di	d not check a box	on line 13 or 16	a, and line 15 is 3	3-1/3% or more,	check this box
17a	<b>10%-facts-and-circumstances to</b> or more, and if the organization the organization meets the facts	est-2021. If the or meets the facts-a	rganization did no	ot check a box on s test, check this	line 13, 16a, or 1 box and <b>stop her</b> e	6b, and line 14 is <b>e.</b> Explain in Part	i 10% VI how
b	<b>10%-facts-and-circumstances to</b> or more, and if the organization organization meets the facts-and	meets the facts-a	ind-circumstances	s test, check this	box and stop here	e. Explain in Part	VI how the
18	Private foundation. If the organi	ization did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see in	structions ►

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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						
	lar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	<b>(f)</b> 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						
3	tax-exempt purpose Gross receipts from activities 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						
	<b>Total.</b> Add lines 1 through 5 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.						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support		L			1	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b Net income from unrelated business activities not included on 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	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or f	ifth tax year as a	section 501(c)(3)	· · · · · ·
Sec	tion C. Computation of Pu						
15	Public support percentage for 20						010
16	Public support percentage from					16	010
Sec	tion D. Computation of Inv						
17	Investment income percentage f	or 2021 (line 10c,	column (f), divid	ed by line 13, col	umn (f))		010
18	Investment income percentage f						010
19a	<b>33-1/3% support tests–2021.</b> If is not more than 33-1/3%, check						
b	<b>33-1/3% support tests</b> - <b>2020.</b> If the line 18 is not more than 33-1/3%						
20	Private foundation. If the organi	zation did not che	eck a box on line	14, 19a, or 19b, o	check this box and	I see instructions.	►
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Schedule A (Form 990) 2021 ACC Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 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. 1 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was 2 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 lines 3b and 3c below. 3a **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in **Part VI** when and how the organization made the determination. 3b 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. 3c 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. 4a **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. Δh **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. 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c 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). 5a b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c 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 6 or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of 6 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). 7 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described on line 7? If 'Yes,' complete Part I of Schedule L (Form 990). 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more 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. 9a **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in **Part VI**. 9b c Did a disqualified person (as defined on 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. 9c 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 line 10b below. 10a **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.) 10b

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Part IV Supporting Organ	nizations (continued)				
				Yes	No
<b>11</b> Has the organization accepted	ed a gift or contribution from any of the following person	ıs?			
a A person who directly or indire	ectly controls, either alone or together with persons described	on lines 11b and 11c below,			
the governing body of a sup	ported organization?		11a		
<b>b</b> A family member of a person	n described on line 11a above?		11b		
<b>c</b> A 35% controlled entity of a person	described on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, pro	wide detail in <b>Part VI</b> .	11c		

#### Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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

 Yes
 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			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	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 <b>Part VI</b> how			
	organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, 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 <b>Part VI</b> the role the organization's supported organizations played			
	in this regard.	3		
-				

#### 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 governmental entity (see instructions).

#### 2 Activities Test. Answer lines 2a and 2b 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** organizations and explain 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 on line 2a, above, 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 lines 3a and 3b 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? If 'Yes' or 'No,' 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.

2a

2b

3a

Yes

No

Yes

1

2

No

Sche	edule A (Form 990) 2021 ACCOUNTABILITY COUNSEL			909035	Page
Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizat	ions		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus <b>instructions.</b> All other Type III non-functionally integrated supporting organization	st on No	ov. 20, 1970 (explain i st complete Sections A	n Part VI). <b>S</b> A through E.	ee
Sec	tion A – Adjusted Net Income		(A) Prior Year		rent Year ional)
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	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			
ec	tion B – Minimum Asset Amount		(A) Prior Year		rent Year ional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
Ł	Average monthly cash balances	1b			
C	Fair market value of other non-exempt-use assets	1c			
C	<b>J Total</b> (add lines 1a, 1b, and 1c)	1d			
e	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 0.015 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 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
ec	tion C – Distributable Amount			Curre	nt Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2		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			
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6			
~					

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

Schedule A (Form 990) 2021

	edule A (Form 990) 2021 ACCOUNTABILITY COUNS				9035 Page <b>7</b>
Pa		pporting Organiza	tions (continue	d)	
-	tion D – Distributions			1	Current Year
	Amounts paid to supported organizations to accomplish exempt pur			1	
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	5,	2		
3	Administrative expenses paid to accomplish exempt purposes of su	pported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - provide	details in <b>Part VI</b> )		5	
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			6	
	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organization	on is responsive (provide	details	8	
9	in <b>Part VI</b> ). See instructions. Distributable amount for 2021 from Section C, line 6			9	
	Line 8 amount divided by line 9 amount			10	
			(::)	1.0	(:::)
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2021	ons	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required – <i>explain in Part VI</i> ). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
Ŀ	From 2017				
C	: From 2018				
C	From 2019				
e	e From 2020				
	f Total of lines 3a through 3e				
ç	Applied to underdistributions of prior years				
ł	Applied to 2021 distributable amount				
	Carryover from 2016 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D, line 7: \$				
â	Applied to underdistributions of prior years				
Ł	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in <b>Part VI</b></i> . See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
t	Excess from 2018				
C	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

BAA

Schedule A (Form 990) 2021

Schedule A (Form	n <b>990) 2021</b>	ACCOUNTABILITY COUNSEL	46-1909035	Page 8
Part VI	B, lines 1 and 3a, and 3b; P	ntal Information. Provide the explanations required by Pa art IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a I 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; art V, line 1; Part V, Section B, line 1e; Part V, Section D, lines d 6. Also complete this part for any additional information. (Se	Part IV, Section E, lines 1c, 2a, 2b, 5, 6, and 8; and Part V, Section E,	

## PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2021	2020	2019	2018	2017
OTHER INCOME TOTAL	<u>\$ 3,920.</u> <u>\$ 3,920.</u>	<u>\$ 10,311.</u> <u>\$ 10,311.</u> <u>\$</u>	2,163. 2,163.	6,727. \$ 6,727. \$	4,373. 4,373.

3							
SCHEDULE C		Political Campaign and L	obbying Acti	vities	OMB No. 1545-0047		
(Form 990)	For	For Organizations Exempt From Income Tax Under section 501(c) and section 527					
Department of the Treasury Internal Revenue Service	990 or Form 990-EZ. information.	Open to Public Inspection					
<ul> <li>Section 501(c)(3) of</li> <li>Section 501(c) (oth</li> </ul>	organization her than sec	on Form 990, Part IV, line 3, or Form 990-EZ, I is: Complete Parts I-A and B. Do not comp ition 501(c)(3)) organizations: Complete Pa mplete Part I-A only.	lete Part I-C.				
<ul> <li>Section 501(c)(3) or</li> </ul>	ganizations f	on Form 990, Part IV, line 4, or Form 990-EZ, I that have filed Form 5768 (election under sect is that have NOT filed Form 5768 (election	ion 501(h)): Complete	Part II-A. Do not complet			
If the organization ans (Proxy Tax) (See sepa	rate instruc	, <b>' on Form 990, Part IV, line 5 (Proxy Tax)</b> t <b>ions), then</b> organizations: Complete Part III.	(See separate instru	ctions) or Form 990-EZ	, Part V, line 35c		
Name of organization				Employer identific	ation number		
ACCOUNTABILITY				46-190903	÷		
•		rganization is exempt under section			zation.		
See instructions	for definitio	organization's direct and indirect political c n of 'political campaign activities.'					
	-	xpenditures. See instructions.					
	•	campaign activities. See instructions					
· · · · · ·		rganization is exempt under section					
	-	tise tax incurred by the organization under					
		cise tax incurred by organization managers					
-		a section 4955 tax, did it file Form 4720 for	-				
					Yes No		
b If 'Yes,' describe			<b>F01</b> (.)				
		rganization is exempt under section spended by the filing organization for section	•••				
2 Enter the amoun	t of the filin	g organization's funds contributed to other	organizations for se	ction			
3 Total exempt fun	ction expen	ditures. Add lines 1 and 2. Enter here and	on Form 1120-POL				
		e Form 1120-POL for this year?					
organization mac amount of political	le payments contributior	and employer identification number (EIN) s. For each organization listed, enter the all is received that were promptly and directly del al action committee (PAC). If additional spa	mount paid from the ivered to a separate p	filing organization's fun political organization, such	ds. Also enter the as a separate		
<b>(a)</b> Name		(b) Address	<b>(c)</b> 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 Re	duction Act	Notice, see the Instructions for Form 990 or	990-EZ.	Sche	dule C (Form 990) 2021		

Schedule C (Form 990) 2021 ACCOUNTABL	LITY COUNSEL	46-19090	)35 Page <b>2</b>
Part II-A Complete if the organization 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	ecked box A and 'limited control' provisions apply.		
Limits on Lobl (The term 'expenditures' m	oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to influence p	bublic opinion (grassroots lobbying)		
<b>b</b> Total lobbying expenditures to influence a	legislative body (direct lobbying)	1,987.	
<b>c</b> Total lobbying expenditures (add lines 1a	and 1b)	1,987.	0.
d Other exempt purpose expenditures		2,677,129.	
e Total exempt purpose expenditures (add	lines 1c and 1d)	2,679,116.	0.
f Lobbying nontaxable amount. Enter the a columns.	mount from the following table in both	283,956.	
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 25%	6 of line 1f)	70,989.	0.
h Subtract line 1g from line 1a. If zero or le	ss, enter -0	0.	0.
i Subtract line 1f from line 1c. If zero or les	ss, enter -0	0.	0.
	er line 1h or line 1i, did the organization file Form 4720 r		Yes No

# 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	<b>(e)</b> Total		
<b>2 a</b> Lobbying nontaxable amount	238,039.	239,504.	237,689.	283,956.	999,188.		
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					1,498,782.		
<b>c</b> Total lobbying expenditures	4,206.	4,745.	2,142.	1,987.	13,080.		
<b>d</b> Grassroots nontaxable amount	59,510.	59,876.	59,422.	70,989.	249,797.		
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					374,696.		
f Grassroots lobbying expenditures	722.				722.		

Schedule C (Form 990) 2021

Schedule C (Form 990) 2021 ACCOUNTABILITY COUNSEL	46	-1909	9035 F	Page 3
Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	「 filed	l Forr	n 5768	
	(a	I)	(b)	
For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	Amount	
1 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				
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
<b>b</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?			1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the	orior y	ear?	3	
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) answered 'Yes.'	(c)(5) Part I	, or se II-A, I	ection 501(c) ine 3, is	)
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		2a		
<b>b</b> Carryover from last year		2b		
<b>c</b> Total.		2 c		
<b>3</b> 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		

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 Taxable amount of lobbying and political expenditures. See instructions.....

5

(Fo	HEDULE D rm 990)	► Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.						
Intern	tment of the Treasury al Revenue Service	► Go to <i>www.irs</i>	<i>.gov/Form</i> 990 for instructions ar	id the latest informa	tion.		Inspec	
Name of the organization Employer identification ACCOUNTABILITY COUNSEL								
AUU	JUNIABILIIY	COUNSEL				46-190	0035	
Par	t I Organizat Complete	tions Maintaining Donc	or Advised Funds or Other wered 'Yes' on Form 990, F	<b>Similar Funds o</b> Part IV, line 6.	or Acc		5055	
			(a) Donor advised fur	nds	<b>(b)</b> F	unds and	other acco	unts
1		end of year						
2	55 5	ntributions to (during year).						
3 4		ants from (during year)						
		2				<b>6</b> 1		
5	are the organizat	ion's property, subject to the	nor advisors in writing that the as organization's exclusive legal co	ntrol?			Yes	No
6	for charitable pur	ion inform all grantees, dono poses and not for the benefit	ors, and donor advisors in writing t of the donor or donor advisor, o	that grant funds can r for any other purpo	) be use ose cor	ed only	-	—
_			, 				Yes	No
Par		tion Easements.	wered 'Yes' on Form 990, I	Dart IV/ line 7				
1		3	y the organization (check all that	,				
•	1 ()	of land for public use (for exam		Preservation of	a histo	rically imp	ortant land	d area
		natural habitat		Preservation of				
	Preservation	of open space						
2	Complete lines 2a last day of the tag		held a qualified conservation contrib	oution in the form of a	conserv	vation ease	ment on th	e
						leld at the	End of the	e Tax Year
			· · · · · · · · · · · · · · · · · · ·		2a			
	•		ments.		2b			
			ified historic structure included in	.,	2 c			
C	Number of conse structure listed in	rvation easements included in the National Register	in (c) acquired after 7/25/06, and	not on a historic	2 d			
3		Ũ	nsferred, released, extinguished, or		anizatio	n during th	e	
4	Number of states v	where property subject to conse	ervation easement is located ►					
5			egarding the periodic monitoring, nts it holds?				Yes	No
6	Staff and volunteer ►	r hours devoted to monitoring,	inspecting, handling of violations, a	nd enforcing conserva	ition eas	sements du	iring the ye	ar
7	Amount of expense ►\$	es incurred in monitoring, inspe	ecting, handling of violations, and e	nforcing conservation	easeme	ents during	the year	
8	Does each conse and section 170(h	rvation easement reported on n)(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 easily application and the second sec	able, the text of the footnote	ports conservation easements in to the organization's financial sta	ts revenue and expe tements that describ	ense sta bes the	atement a organizati	nd balance on's accou	e sheet, and unting for
Par	t III Organiza	tions Maintaining Colle	ections of Art, Historical Tr wered 'Yes' on Form 990, I	easures, or Othe Part IV, line 8.	er Sin	nilar Ass	ets.	
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 these	i, or research in furth	ent and nerance	balance s e of public	heet work service, p	s of art, rovide in
ł	following amount	s relating to these items:	r FASB ASC 958, to report in its or public exhibition, education, or re				t works of provide the	art,
	••		line 1			_		
2								
2	amounts required	received or neid works of art, f I to be reported under FASB I on Form 990, Part VIII, line	historical treasures, or other similar ASC 958 relating to these items: • 1	assets for financial ga	ain, prov	vide the foll	iowing	
			e Instructions for Form 990.				ule D (For	m 990) 2021

BAA For Paperwork Reduction Act Notice, see the Instructions for Form	990
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Schedule D (Form 990) 2021 ACCOUNTABIL						909035		Page 2
Part III Organizations Maintaining Col	lections	s of Art, Histo	orica	l Treasures, or	Other Similar A	Assets (a	ontinu	ied)
3 Using the organization's acquisition, accession, items (check all that apply):	and other	r records, check a	ny of t	the following that ma	ke significant use of	its collecti	on	
a Public exhibition		d Loan	or exc	hange program				
<b>b</b> Scholarly research		e Other		5 1 5				
<b>c</b> Preservation for future generations								
<ul> <li>Provide a description of the organization's colle Part XIII.</li> </ul>	ctions and	d explain how they	/ furthe	er the organization's	exempt purpose in			
<ul><li>5 During the year, did the organization solicity to be sold to raise funds rather than to be m</li></ul>	or receive	e donations of ar	t, hist raani:	orical treasures, or zation's collection?	other similar asse		. Г	No
Part IV Escrow and Custodial Arrange							0. Par	t IV.
line 9, or reported an amount o	n Form	990, Part X,	line	21.			, -	- /
1 a Is the organization an agent, trustee, custod on Form 990, Part X?	lian or otl	her intermediary	for co	ontributions or othe	r assets not include		. Г	No
<b>b</b> If 'Yes,' explain the arrangement in Part XIII							• L	
			ny tai	Jie.		Amour	.+	
c Beginning balance					1.	Amour	IL	
					-			
d Additions during the year.								
e Distributions during the year								
f Ending balance								
2 a Did the organization include an amount on F					-			No
<b>b</b> If 'Yes,' explain the arrangement in Part XIII	. Check I	nere if the explar	nation	has been provided	I on Part XIII		· · · · · L	
Part V Endowment Funds. Complete i								
(a) Curre	ent year	(b) Prior yea	r	(c) Two years back	(d) Three years ba	ack <b>(e)</b>	Four year	s back
<b>1 a</b> Beginning of year balance								
<b>b</b> Contributions								
c Net investment earnings, gains, and losses								
d Grants or scholarships								
e Other expenditures for facilities								
f Administrative expenses								
<b>g</b> End of year balance								
2 Provide the estimated percentage of the cur	rent vear	end balance (lir	ne 1a.	column (a)) held a	IS:			
a Board designated or quasi-endowment ►	forte your		io ig,					
b Permanent endowment ►	010	0						
c Term endowment ► %	0							
The percentages on lines 2a, 2b, and 2c should	oqual 10	0%						
The percentages of times za, zb, and zc should	equal 10	0 /0.						
<b>3a</b> Are there endowment funds not in the possession	on of the o	organization that a	are he	d and administered	for the		Vee	Na
organization by:						2 (1)	Yes	No
(i) Unrelated organizations						3a(i)		
(ii) Related organizations								
<b>b</b> If 'Yes' on line 3a(ii), are the related organiz						<b>3b</b>		
4 Describe in Part XIII the intended uses of th		ation's endowme	ent fui	nds.				
Part VI Land, Buildings, and Equipme								
Complete if the organization an	swered	'Yes' on Forr	n 99	0, Part IV, line	11a. See Form	990, Pa	rt X, Ii	ne 10.
Description of property	<b>(a)</b> Cos (ir	st or other basis nvestment)	(b	Cost or other basis (other)	(c) Accumulated depreciation	(d)	Book va	alue
<b>1 a</b> Land	-							
<b>b</b> Buildings								
c Leasehold improvements								
d Equipment		1,292.			1,292	>		0.
e Other		27,008.			25,207		1	,801.
Total. Add lines 1a through 1e. (Column (d) must			colum	n(R) line 10c)		•		
BAA	cyuuri U		Joium			hedule D (F		<u>,801.</u> )) <b>2021</b>

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 ACCOUNTABILITY CON	UNSEL	46-190	9035 Page <b>3</b>
Part VII Investments – Other Securities. Complete if the organization answered	l 'Vec' on Form 99	N/A D. Part IV/ line 11b, See Form 90	0 Part X line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-	
(1) Financial derivatives			,
(2) Closely held equity interests.			
(3) Other			
(A) (B)			
(C)			
(D)			
(E)			
<u>(F)</u>			
(G)			
(H)			
_(l)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) ►	•	2.12	
Part VIII Investments – Program Related. Complete if the organization answered	'Yes' on Form 99	N/A 0, Part IV, line 11c. See Form 99	0, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
<u>(9)</u> (10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►	•		
Part IX Other Assets.	N/A	L	
Complete if the example ten ensurement	$\frac{1}{\sqrt{aa}}$ an Earma 00	0 Dart IV/ line 11d See Earm 00	0 Dort V line 1E
Complete if the organization answered		J, Part IV, IIIle TTU. See Form 95	
(a) De	scription		(b) Book value
(1)			
(a) De (1) (2)			
(1)			
(a) De (1) (2) (3) (4) (5)			
(a) De (1) (2) (3) (4) (5) (6)			
(a) De (1) (2) (3) (4) (5) (6) (7)			
(a) De (1) (2) (3) (4) (5) (6) (7) (8)			
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9)			
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	scription		
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column ( Part X Other Liabilities.	B) line 15.)		
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (column (col	B) <i>line 15.)</i>		(b) Book value
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) <b>Part X</b> Other Liabilities. Complete if the organization answered 'Yes' on F 1. (a) Description	B) line 15.)		
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (content) (10) Total. (Column (b) must equal Form 990, Part X, column (content) (10) Part X Other Liabilities. Complete if the organization answered 'Yes' on F 1. (a) Descent (1) Federal income taxes	B) <i>line 15.)</i>		(b) Book value
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (constraints) (10) Total. (Column (b) must equal Form 990, Part X, column (constraints) (10) Part X Other Liabilities. Complete if the organization answered 'Yes' on F 1. (a) Description (constraints) (1) Federal income taxes (2) ACCRUED PAYROLL PAYABLE	B) <i>line 15.)</i>		(b) Book value (b) Book value 95, 766.
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column ( Part X Other Liabilities. Complete if the organization answered 'Yes' on F 1. (a) Description (a) Description (b) Part (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	B) <i>line 15.)</i>		(b) Book value (b) Book value 95, 766. 3, 982.
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (constraints) (10) Total. (Column (b) must equal Form 990, Part X, column (constraints) (10) Part X Other Liabilities. Complete if the organization answered 'Yes' on F 1. (a) Description (constraints) (1) Federal income taxes (2) ACCRUED PAYROLL PAYABLE	B) <i>line 15.)</i>		(b) Book value (b) Book value 95, 766.
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column ( Part X Other Liabilities. Complete if the organization answered 'Yes' on F 1. (a) Descu (1) Federal income taxes (2) ACCRUED PAYROLL PAYABLE (3) ACCRUED PAYROLL TAXES (4) ACCRUED PTO PAYABLE (5) ACCRUED SABBATICAL LEAVE (6)	B) <i>line 15.)</i>		(b) Book value (b) Book value 95, 766. 3, 982. 90, 340.
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (column (b) must equal Form 990, Part X, column (column) (10) Total. (Column (b) must equal Form 990, Part X, column (column) (10) Total. (Column (b) must equal Form 990, Part X, column (column) (10) Total. (Column (b) must equal Form 990, Part X, column (column) (10) Total. (Column (b) must equal Form 990, Part X, column (column) (10) Total. (Column (b) must equal Form 990, Part X, column (column) (10) Total. (Column (b) must equal Form 990, Part X, column (column) (10) Total. (Column (b) must equal Form 990, Part X, column (column) (10) Total. (Column (b) must equal Form 990, Part X, column (column) (10) Total. (Column (b) must equal Form 990, Part X, column (column) (10) Total. (Column (b) must equal Form 990, Part X, column (column) (10) Total. (Column (b) must equal Form 990, Part X, column (column) (10) Total. (Column (b) must equal Form 990, Part X, column (column) (10) Total. (Column (b) must equal Form 990, Part X, column (column) (10) Total. (Column (b) must equal Form 990, Part X, column (column) (10) Total. (Column (b) must equal Form 990, Part X, column (column) (10) Total. (Column (b) must equal Form 990, Part X, column (column) (10) Total. (Column (b) must equal Form 990, Part X, column (column) (10) (11) (2) (2) (2) (2) (2) (3) (4) (4) (4) (4) (5) (4) (4) (5) (4) (5) (4) (5) (5) (6) (7) (6) (7) (6) (7) (7) (7) (7) (7) (7) (7) (7	B) <i>line 15.)</i>		(b) Book value (b) Book value 95, 766. 3, 982. 90, 340.
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column ( Part X Other Liabilities. Complete if the organization answered 'Yes' on F 1. (a) Descu (1) Federal income taxes (2) ACCRUED PAYROLL PAYABLE (3) ACCRUED PAYROLL PAYABLE (3) ACCRUED PAYROLL TAXES (4) ACCRUED PTO PAYABLE (5) ACCRUED SABBATICAL LEAVE (6) (7) (8)	B) <i>line 15.)</i>		(b) Book value (b) Book value 95, 766. 3, 982. 90, 340.
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column ( Part X Other Liabilities. Complete if the organization answered 'Yes' on F 1. (a) Descr (1) Federal income taxes (2) ACCRUED PAYROLL PAYABLE (3) ACCRUED PAYROLL PAYABLE (3) ACCRUED PAYROLL TAXES (4) ACCRUED PTO PAYABLE (5) ACCRUED SABBATICAL LEAVE (6) (7) (8) (9)	B) <i>line 15.)</i>		(b) Book value (b) Book value 95, 766. 3, 982. 90, 340.
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column ( Part X Other Liabilities. Complete if the organization answered 'Yes' on F 1. (a) Descr (1) Federal income taxes (2) ACCRUED PAYROLL PAYABLE (3) ACCRUED PAYROLL TAXES (4) ACCRUED PTO PAYABLE (5) ACCRUED PTO PAYABLE (5) ACCRUED SABBATICAL LEAVE (6) (7) (8) (9) (10)	B) <i>line 15.)</i>		(b) Book value (b) Book value 95, 766. 3, 982. 90, 340.
(a) De         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         (10)         Total. (Column (b) must equal Form 990, Part X, column (         Part X       Other Liabilities.         Complete if the organization answered 'Yes' on F         1.       (a) Descr         (1) Federal income taxes         (2) ACCRUED PAYROLL PAYABLE         (3) ACCRUED PAYROLL TAXES         (4) ACCRUED PTO PAYABLE         (5) ACCRUED SABBATICAL LEAVE         (6)         (7)         (8)         (9)         (10)         (11)	B) line 15.)	► 1e or 11f. See Form 990, Part X, line 25.	(b) Book value (b) Book value 95, 766. 3, 982. 90, 340. 150, 341.
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column ( Part X Other Liabilities. Complete if the organization answered 'Yes' on F 1. (a) Descr (1) Federal income taxes (2) ACCRUED PAYROLL PAYABLE (3) ACCRUED PAYROLL TAXES (4) ACCRUED PTO PAYABLE (5) ACCRUED PTO PAYABLE (5) ACCRUED SABBATICAL LEAVE (6) (7) (8) (9) (10)	B) line 15.) Form 990, Part IV, line 1 iption of liability	1e or 11f. See Form 990, Part X, line 25.	(b) Book value (b) Book value 95, 766. 3, 982. 90, 340. 150, 341. 340, 429.

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Schedule D (Form 990) 2021 ACCOUNTABILITY COUNSEL	46-1909035	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	<sup>r</sup> 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	2,472,491.
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	/5.	
c Recoveries of prior year grants		
d Other (Describe in Part XIII.) 2d		
e Add lines <b>2a</b> through <b>2d</b>	2e	143,875.
3 Subtract line 2e from line 1.	3	2,328,616.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
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	2,328,616.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	oer Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	2,822,991.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	5.	
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines <b>2a</b> through <b>2d</b>	2e	143,875.
3 Subtract line 2e from line 1	3	2,679,116.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
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.		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,679,116.
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	Statement	t of Activitie	es Outside the Unite	d States	OMB No. 1545-0047
(Form 990)	Complete if the or	ganization answer	red 'Yes' on Form 990, Part IV, lin ach to Form 990.	e 14b, 15, or 16.	2021
Department of the Treasury Internal Revenue Service	► Go to www.i		for instructions and the latest	information.	Open to Public Inspection
Name of the organization				Employer ider	tification number
ACCOUNTABILITY COUN	SEL			46-1909	
Part I General Informa on Form 990, Pa		es Outside th	e United States. Comple	te if the organizati	on answered 'Yes'
			substantiate the amount of its selection criteria used to award		
2 For grantmakers. Describe United States.	in Part V the organi	zation's procedure	s for monitoring the use of its gra	ants and other assistanc	e outside the
3 Activities per Region. (The	e following Part I, I	line 3 table can b	e duplicated if additional space	e is needed.)PART	1
(a) Region	<b>(b)</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	n (f) Total expenditures for and investments in the region PT V
MIDDLE EAST AND NORTH	I	1	PROGRAM SERVICES	TECHNICAL ASSISTANCE	65,000.
				TECHNICAL	,
(2) SUB-SAHARAN AFRICA	1	2	PROGRAM SERVICES	ASSISTANCE	197,000.
EAST ASIA AND THE				TECHNICAL	
(3) PACIFIC		2	PROGRAM SERVICES	ASSISTANCE	137,000.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
(17) 3a Subtotal					
<b>b</b> Total from continuation	1	5			399,000.
sheets to Part I	1	5			399.000

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

Schedule F (Form 990) 2021

#### Schedule F (Form 990) 2021 ACCOUNTABILITY COUNSEL

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	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2	Enter total number of recipient organizorganization by the IRS, or for which the IRS or for w	zations listed above tl the grantee or counse	nat are recognized I has provided a se	as charities by t ction 501(c)(3)	he foreign country, equivalency letter	recognized as a t	ax exempt 501(c)(	3)	0
	3 Enter total number of other organizations or entities								

Page 2

#### Schedule F (Form 990) 2021 ACCOUNTABILITY COUNSEL

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>(b)</b> Region	(c) Number of recipients	(d) Amount of cash grant	<b>(e)</b> 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)							

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-	dule F (Form 990) 2021 ACCOUNTABILITY COUNSEL	46-1909035	Page 4
Par	t IV Foreign Forms		
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)		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 C Foreign Corporations (see Instructions for Form 5471).		X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a que 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).	alified 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).		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 (s Instructions for Form 5713; don't file with Form 990)		X No

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Schedule F (Form 990) 2021

#### Schedule F (Form 990) 2021 ACCOUNTABILITY COUNSEL

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#### 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

WE HAD 1 INDEPENDENT CONTRACTOR WORKING IN THE MIDDLE EAST AND NORTH AFRICA REGION, 2 INDEPENDENT CONTRACTORS WORKING IN THE SUB-SAHARAN AFRICA REGION, AND 2 INDEPENDENT CONTRACTORS WORKING IN THE EAST ASIA AND THE PACIFIC REGION DURING FY22. 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. \$21,506 IN PEO COMPENSATION IS INCLUDED IN THE MIDDLE EAST AND NORTH AFRICA EXPENSES ABOVE.

SCHEDULE J	Compensation Information		OMB No.	OMB No. 1545-0047		
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		20	2021		
	► Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.					
Department of the Treasur Internal Revenue Service	<ul> <li>Attach to Form 990.</li> <li>Go to www.irs.gov/Form990 for instructions and the latest information.</li> </ul>			Open to Public Inspection		
Name of the organization	, , , , , , , , , , , , , , , , , , ,	Employer identificati	on number	-	-	
ACCOUNTABILI	TY COUNSEL	46-1909035				
Part I Questio	ons Regarding Compensation					
<b>1 a</b> Check the app VII. Section A	opriate box(es) if the organization provided any of the following to or for a person lister , line 1a. Complete Part III to provide any relevant information regarding these it	l on Form 990, Part ems.		Yes	No	
	s or charter travel Housing allowance or resider					
Travel for	companions Payments for business use o	·				
Tax inden	nnification and gross-up payments Health or social club dues or	initiation fees				
	ary spending account	aid, chauffeur, chef)				
	ixes on line 1a are checked, did the organization follow a written policy regarding paym it or provision of all of the expenses described above? If 'No,' complete Part III to		1b			
	zation require substantiation prior to reimbursing or allowing expenses incurred to officers, including the CEO/Executive Director, regarding the items checked on lire		2			
3 Indicate which, Executive Dire establish com	if any, of the following the organization used to establish the compensation of the orga actor. Check all that apply. Do not check any boxes for methods used by a related pensation of the CEO/Executive Director, but explain in Part III.	nization's CEO/ d organization to				
X Compens	ation committee Written employment contract					
Independe	ent compensation consultant X Compensation survey or stud	у				
X Form 990	of other organizations X Approval by the board or com	pensation committee				
organization of	ar, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to or a related organization:					
	erance payment or change-of-control payment?				Х	
	or receive payment from a supplemental nonqualified retirement plan? or receive payment from an equity-based compensation arrangement?		-		X X	
•	of lines 4a-c, list the persons and provide the applicable amounts for each item				Λ	
-						
2	501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
	ted on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any co the revenues of:	Impensation				
0	ion?				Х	
	ganization?		5b		Х	
If 'Yes' on line	5a or 5b, describe in Part III.					
contingent on	ted on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any co the net earnings of:					
0	ion?				X	
-	ganization?		6b		Х	
	sted on Form 990, Part VII, Section A, line 1a, did the organization provide any r described on lines 5 and 6? If 'Yes,' describe in Part III	nonfixed	7		v	
					Х	
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III.		8		Х		
section 53.49	8, did the organization also follow the rebuttable presumption procedure described in R 58-6(c)?	<u></u>				
BAA For Paperwor	k Reduction Act Notice, see the Instructions for Form 990.	Schedu	ule J (Forr	n 990)	2021	

#### Schedule J (Form 990) 2021 ACCOUNTABILITY COUNSEL

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(D) Nontaxable	(E) Total of	(F) Compensation	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	benefits	(E) Total of columns(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
NATALIE B FIELDS	159,992.	0.	0.	0.	0.	159,992.	0.
1 PRESIDENT & ED (i		0.	0.	0.	0.	0.	0.
ANNE LASCOE	140,767.	0.	0.	0.	0.	140,767.	0.
2 DIR DEVELOPMENT (i		0.	0.	0.	0.	0.	0.
LANI INVERARITY		0.	0.	0.	0.	112,497.	0.
3 DIR. OF PROGRAMS (i	) 0.	0.	0.	0.	0.	0.	0.
	)						
4 (i		T		Γ		Γ	
	)						
_5 (i							
6 (i	)					[	
	)						
7 (i						[	
	)						
8 (i	)					[	
	)						
9 (i	)	T		Γ		Γ	
	)						
10 (i	)	T		Γ		Γ	
(	)						
11 (i	)					F	1
	)						
12 (i	)	T				F	1
	)						
13 (i	)					<u>+</u>	
(	)						
14 (i		t				+	1
(	)						
15 (i		t				t	1
(	)						
16 (i		†				+	
BAA	÷	TEEA4102L 10/2	7/21			Schedule .	J (Form 990) 2021

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Schedule J (Form 990) 2021 ACCOUNTABILITY COUNSEL

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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#### SCHEDULE O (Form 990)

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

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2021
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ACCOUNTABILITY COUNSEL

Employer identification number 46-1909035

#### FORM 990, PART I, LINE 1 - ORGANIZATION MISSION OR SIGNIFICANT ACTIVITIES

ACCOUNTABILITY COUNSEL'S MISSION IS TO AMPLIFY 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 1 - ORGANIZATION MISSION

ACCOUNTABILITY COUNSEL'S MISSION IS TO AMPLIFY 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 4D - OTHER PROGRAM SERVICES DESCRIPTION

COMMUNITIES ACHIEVEMENTS: CONTINUATION FROM PAGE 2, FORM 990

IN HAITI, WE HAVE SUPPORTED MORE THAN TWO DOZEN FAMILIES (WITH DOZENS MORE STILL TO COME) TO FINALLY RECEIVE LAND TO REPLACE THE FARMS THEY LOST TO THE CONSTRUCTION OF AN INDUSTRIAL PARK CO-FINANCED BY THE INTER-AMERICAN DEVELOPMENT BANK AND USAID. THIS IS A CRITICAL STEP FOR ENSURING LOCAL COMMUNITIES ARE ABLE TO STEWARD LAND AND AVOID FURTHER DEFORESTATION IN AN ECOLOGICALLY-SENSITIVE PART OF HAITI. OUR TEAM HAS ACCOMPANIED COMMUNITY MEMBERS AS THEY HAVE NAVIGATED COMPLEX BUREAUCRATIC PROCESSES TO RESTORE THEIR LIVELIHOODS, AND WE CONTINUE TO SUPPORT THEM TO PRESSURE THE GOVERNMENT AND THE BANK TO FOLLOW THROUGH ON THEIR COMMITMENTS TO STRENGTHEN ENVIRONMENTAL MONITORING AND MANAGEMENT AT THE PARK.

IN UGANDA, WE HAVE HELPED MORE THAN 80 FAMILIES TO HALT FORCED DISPLACEMENT BY A WORLD BANK-FUNDED DRAINAGE CHANNEL, AND TO ADVOCATE FOR FAIR COMPENSATION AND

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FRAMEWORK AGREEMENT WITH THE UGANDAN MINISTER OF FINANCE THAT DENOUNCED THE RETALIATION COMMUNITY MEMBERS WERE FACING AS A RESULT OF THEIR ADVOCACY, AND NEGOTIATED A ROBUST RE-DEMARCATION PROCESS TO ENSURE THAT EVERY FAMILY IMPACTED BY THE PROJECT WAS INCLUDED AND WOULD BE ELIGIBLE TO RECEIVE REMEDY.

IN NEPAL, WE HAVE SUPPORTED INDIGENOUS COMMUNITIES TO UPHOLD THEIR RIGHTS AS A PROPOSED TRANSMISSION LINE THREATENS TO DESTROY THEIR FORESTS AND FARMLAND. THE TRANSMISSION LINE PROJECT, FUNDED BY THE EUROPEAN INVESTMENT BANK (EIB), WAS DESIGNED AND IMPLEMENTED WITHOUT THE CONSENT OF THOSE LIVING UNDER THE POWER LINE -IN VIOLATION OF THE INTERNATIONAL LEGAL NORM OF FREE, PRIOR, AND INFORMED CONSENT. FOLLOWING AN HISTORIC INVESTIGATION REPORT PUBLISHED BY THE EIB'S COMPLAINTS MECHANISM IN SPRING 2021, AFFIRMING THAT ACTION NEEDED TO BE TAKEN TO PROTECT INDIGENOUS RIGHTS, OUR COMMUNITY PARTNERS HAVE BEEN DISAPPOINTED BY THE ONGOING LACK OF RESPECT FOR THEIR RIGHTS - AND ALARMED BY A RISE IN BOTH THREATENED AND EXPERIENCED VIOLENT RETALIATION AGAINST PROTESTERS. WE ARE SUPPORTING OUR PARTNERS TO BRING INTERNATIONAL ATTENTION TO THESE VIOLATIONS AND BUILD PRESSURE FOR CHANGE. IN A SERIES OF LETTERS RECENTLY MADE PUBLIC, UNITED NATIONS HUMAN RIGHTS EXPERTS CALLED ON THE NEPALESE GOVERNMENT AND THE EIB TO RECOGNIZE AND UPHOLD THESE COMMUNITIES' RIGHT TO FREE AND INFORMED CONSENT, PRIOR TO THE DEVELOPMENT OF THE PROJECT AND TO SAFELY SPEAK OUT AGAINST IT.

WE CURRENTLY SUPPORT TEN IN-DEPTH CASES LIKE THESE, AND RECEIVE MANY MORE REQUESTS FROM COMMUNITIES FACING SIMILAR INTERNATIONALLY-FINANCED HARM.

IN ADDITION TO OUR IN-DEPTH CASES, OUR TEAM CONTINUES TO RESPOND TO DOZENS OF UNIQUE REQUESTS FOR KNOWLEDGE SHARING WITH BESPOKE INFORMATION ON THE INTERNATIONAL

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FINANCIAL FLOWS AFFECTING COMMUNITIES AND HOW THEY CAN USE ACCOUNTABILITY OFFICES TO DEMAND JUSTICE. IN THE PAST YEAR, WE HAVE PROVIDED ADVICE TO COMMUNITIES NEGATIVELY IMPACTED BY CONSERVATION PROJECTS IN UGANDA AND KENYA, A CLIMATE ADAPTATION AND FISHERIES MANAGEMENT PROJECT IN UGANDA, A SOLAR PROJECT IN MALAWI, HYDROPOWER PROJECTS IN CAMEROON AND NEPAL, AND MORE.

#### POLICY ADVOCACY: CONTINUATION FROM PAGE 2, FORM 990

IN 2022, YEARS OF SENSITIVE WORK CULMINATED IN CHINA'S NEW GREEN FINANCE GUIDELINES, WHICH REQUIRE CHINESE BANKS AND INSURERS TO ESTABLISH ACCOUNTABILITY OFFICES SO AFFECTED COMMUNITIES CAN SPEAK UP AND INVESTORS CAN BETTER ADDRESS KNOWABLE RISKS. CHINESE OVERSEAS FINANCE HAS LONG BEEN ONE OF THE LARGEST FINANCIAL FLOWS WITHOUT A CHANNEL FOR COMMUNITIES TO RAISE GRIEVANCES, BUT WITH THESE NEW GUIDELINES, MORE THAN \$3 TRILLION IMPACTING COMMUNITIES WORLDWIDE ARE ON A PATH TO GREATER ACCOUNTABILITY. AS BANKS AND INSURERS CONSIDER HOW TO IMPLEMENT THE GUIDELINES' REQUIREMENTS, ACCOUNTABILITY COUNSEL WILL ADVOCATE TO MAKE THE NEW OFFICES EFFECTIVE TOOLS FOR COMMUNITIES TO SPEAK OUT WHEN THEY ANTICIPATE OR EXPERIENCE HARM.

OUR TEAM ALSO ADVISED ON THE DEVELOPMENT OF NEW ACCOUNTABILITY OFFICES AT THE US AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID), THE US INTERNATIONAL DEVELOPMENT FINANCE CORPORATION, FINDEV CANADA, GERMANY'S INTERNATIONAL CLIMATE INITIATIVE, AUSTRALIA AND NEW ZEALAND'S ANZ BANK, THE WORLDWIDE FUND FOR NATURE (WWF), EUROPEAN SUSTAINABLE BUSINESS ASSOCIATION AMFORI, AND THE DUTCH BANK ABN AMRO, AS WELL AS A MYRIAD OF SUSTAINABLE INVESTING STANDARDS WHICH ARE MOVING TO REQUIRE THEIR SIGNATORIES TO CREATE GRIEVANCE MECHANISMS. THROUGH TECHNICAL RECOMMENDATIONS AND STRATEGIC ADVOCACY, WE PUSHED INVESTORS TO CREATE EFFECTIVE, TRANSPARENT, AND

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ACCESSIBLE CHANNELS FOR COMMUNITIES TO RAISE THEIR CONCERNS.

IN ADDITION TO THIS WORK TO CREATE NEW ACCOUNTABILITY MECHANISMS, WE ALSO URGED INSTITUTIONS TO STRENGTHEN EXISTING ACCOUNTABILITY SYSTEMS AND MAKE THEM MORE RESPONSIVE TO COMMUNITY VOICES. THIS YEAR, ACCOUNTABILITY COUNSEL PUSHED FOR STRONGER ACCOUNTABILITY POLICY AT DEVELOPMENT BANKS IN AFRICA, ASIA, THE AMERICAS, AND EUROPE. ALONGSIDE PARTNERS, WE ARE DRIVING KEY INSTITUTIONS TO GO BEYOND ACCOUNTABILITY TO CREATE REMEDY FRAMEWORKS THAT EXPLICITLY COMMIT THE INVESTORS THEMSELVES – ALONGSIDE THEIR CLIENTS – TO ENSURE THAT REMEDY IS DELIVERED TO AFFECTED COMMUNITIES.

FINALLY, AS THE CLIMATE CRISIS DRAWS BILLIONS IN INTERNATIONAL FINANCE, WE SUPPORTED COMMUNITIES TO REMIND POWERFUL INVESTORS THAT WELL-INTENDED SPENDING STILL REQUIRES ACCOUNTABILITY. FOR EXAMPLE, THE GREEN CLIMATE FUND (GCF) IS BOTH AN INVESTOR AND AN ACCREDITOR OF INSTITUTIONS SEEKING RECOGNITION FOR SUSTAINABILITY. ACCOUNTABILITY COUNSEL PUSHED THE FUND TO CREATE ITS ACCOUNTABILITY OFFICE, THE INDEPENDENT REDRESS MECHANISM, AND NOW ADVOCATES FOR THE ENFORCEMENT OF STRONG STANDARDS FOR MORE THAN 100 ACCREDITED INSTITUTIONS THAT RECEIVE GCF FUNDS. AS A RESULT OF OUR ADVOCACY, THE GCF REQUIRES ITS ACCREDITED MEMBERS TO HAVE ACCOUNTABILITY OFFICES SO COMMUNITIES AFFECTED BY THEIR INVESTMENTS CAN MAKE THEIR VOICES HEARD.

RESEARCH ACHIEVEMENTS: CONTINUATION FROM PAGE 2, FORM 990 FOR EXAMPLE, THROUGH CONVERSATION WITH AFFECTED COMMUNITIES, COMBINED WITH DATA-DRIVEN INSIGHTS, WE UNCOVERED BARRIERS TO ACCOUNTABILITY IN THE MIDDLE EAST AND NORTH AFRICA. OUR TEAM PARTNERED WITH ARAB WATCH COALITION TO INTERROGATE OVER 20

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YEARS OF COMPLAINT DATA AND INTERVIEW ALMOST A DOZEN COMMUNITIES AND ADVOCATES FROM SEVEN COUNTRIES ACROSS THE REGION WHO HAD FILED COMPLAINTS TO ACCOUNTABILITY OFFICES. INTERVIEWEES SHARED DETAILS ABOUT THEIR EXPERIENCES, INCLUDING THE DANGER OF SPEAKING OUT AGAINST PROJECTS, THE BURDEN OF DRAWN-OUT ADVOCACY EFFORTS WITHOUT FINANCIAL SUPPORT, AND THE CHALLENGES OF DEMANDING JUSTICE IN SHRINKING CIVIC SPACE. THESE COMPOUNDING FACTORS AND OTHERS RESULT IN THE GAP IN ACCOUNTABILITY IN THE REGION.

BASED ON THEIR EXPERIENCES, WE ASSEMBLED SIX ACTIONABLE RECOMMENDATIONS AND HAVE PRESENTED THEM TO FINANCIAL INSTITUTIONS AT MEETINGS IN MOROCCO, LEBANON, AND TUNISIA AND ON A MULTILINGUAL WEBINAR. IN RESPONSE, THE WORLD BANK GROUP'S INTERNATIONAL FINANCE CORPORATION, ONE OF THE LARGEST AND MOST INFLUENTIAL DEVELOPMENT INSTITUTIONS, HAS COMMITTED TO CREATE A NEW ROLE FOCUSED ON RESPONDING TO REPORTS OF RETALIATION AGAINST COMMUNITIES FILING COMPLAINTS - A HUGE STEP FORWARD FOR MAKING ACCOUNTABILITY OFFICES A SAFE, ACCESSIBLE AVENUE FOR JUSTICE. OUR WORK CONTINUES TO ENSURE THAT MAJOR RECOMMENDATIONS, INCLUDING BETTER FINANCIAL SUPPORT FOR ADVOCATES AND REDUCED BARRIERS TO ACCESS COMPLAINT OFFICES, ARE REALIZED.

OUR RESEARCHERS ARE ALSO INVESTIGATING WHETHER COMPLAINT PROCESSES - GLOBALLY - ARE TRANSLATING TO MEANINGFUL REMEDY FOR COMMUNITIES. OUR DATABASE, THE ACCOUNTABILITY CONSOLE, TRACKS THE NUMBER OF COMPLAINTS THAT REACH AN 'OUTPUT' STAGE, SUCH AS A REPORT ASSESSING AN INSTITUTION'S COMPLIANCE (OR LACK THEREOF) WITH ITS OWN SOCIAL AND ENVIRONMENTAL SAFEGUARDS, OR AN AGREEMENT REACHED BETWEEN A COMMUNITY AND AN INSTITUTION THROUGH A DIALOGUE PROCESS. COMPLAINTS THAT REACH THESE OUTPUTS ARE OFTEN CONSIDERED "SUCCESSFUL," BUT WE ARE LOOKING BEYOND THE DATA TO HEAR DIRECTLY FROM COMMUNITIES: DID THOSE REPORTS AND AGREEMENTS ACTUALLY RESULT IN MEANINGFUL

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REMEDY AND LONG-TERM CHANGE? BY ANALYZING QUALITATIVE COMMUNITY EXPERIENCES ALONGSIDE THE QUANTITATIVE DATA FROM OUR DATABASE, OUR TEAM WILL ASSEMBLE RECOMMENDATIONS FOR INSTITUTIONS TO IMPROVE ACCOUNTABILITY OFFICES, SECURE CONCRETE COMMITMENTS TO REMEDY, AND SHIFT POWER TO COMMUNITIES.

#### 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 ALSO CONTAINS AN AFFIRMATION THAT 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

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FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS (CONTINUED) 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 EXCLUDING THE BOARD PRESIDENT, WHO IS THE EXECUTIVE DIRECTOR). THE BOARD SETS COMPENSATION BASED ON THE EXECUTIVE DIRECTOR'S PERFORMANCE AND BENCHMARKING TO OTHER LEADERS OF SOCIAL ENTERPRISES MAKING SIMILAR LEVELS OF IMPACT. THE COMPENSATION OF OTHER KEY EMPLOYEES IS SET ACCORDING TO ACCOUNTABILITY COUNSEL'S COMPENSATION EQUITY AND TRANSPARENCY FRAMEWORK, LISTED ON OUR WEBSITE, WHICH DETAILS OUR APPROACH TO TEAM COMPENSATION. THE EXECUTIVE DIRECTOR WORKS WITH SUPERVISORS TO APPLY THE FRAMEWORK ON AN ANNUAL BASIS, REVIEWING PERFORMANCE AND ENSURING THAT THE FRAMEWORK IS 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. THEY CAN ALSO BE FOUND ONLINE AT

HTTPS://ACCOUNTABILITYCOUNSEL.ORG/ABOUT-US/GOVERNANCE-AND-FINANCIALS/.

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

#### FORM 990, PART IX, LINE 11G OTHER FEES FOR SERVICES

	(A)	(B) PROGRAM	(C) MANAGEMENT	(D) FUND-
	TOTAL	SERVICES	& GENERAL	RAISING
CONSULTANTS AND CONTRACTORS	262,881.	262,881.		
OTHER PROFESSIONAL SERVICES	156,081.	125,920.	6,610.	23,551.
TOTAL	\$ 418,962.	\$ 388,801.	\$ 6,610.	\$ 23,551.