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PUBLIC DISCLOSURE COPY

TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

DECEMBER 31, 2020

Prepared for	
	ACCOUNTABLE.US 1919 M STREET NW NO. 450 WASHINGTON, DC 20036
Prepared by	GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS BEEN TRANSMITTED ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED.

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** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.



Depa Interr	rtment al Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions an	d the latest	information.	Inspection		
ΑF	For the 2020 calendar year, or tax year beginning and ending							
B C a	heck if pplicab	le: C Name o	of organization		D Employer identificat	ion number		
	Addre	ACCC	DUNTABLE.US					
	Name Chang		usiness as		83-4158350)		
	Initial return Final return	Number	r and street (or P.O. box if mail is not delivered to street address) M STREET NW	Room/suite 450	E Telephone number (202)517-1	172		
	termin	ő-	town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	12,109,596.		
	Amen		IINGTON, DC 20036		H(a) Is this a group retur			
	Appli dtion pendi	^{ca-} F Name a	and address of principal officer: KYLE HERRIG		for subordinates?	Yes X No		
			AS C ABOVE		H(b) Are all subordinates inclu-			
			X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 527				
			ACCOUNTABLE.US		H(c) Group exemption n			
			X Corporation Trust Association Other ►	L Year	of formation: 2019 M S	tate of legal domicile: DC		
Pa	rt I	Summary						
Activities & Governance	1	Briefly describ	be the organization's mission or most significant activities: SEE	PART I	II, LINE 1.			
rna	2	Check this bo	ox 🕨 🛄 if the organization discontinued its operations or dispo	sed of more	than 25% of its net asse	ts.		
Nel	3		ting members of the governing body (Part VI, line 1a)			5		
Ğ	4		dependent voting members of the governing body (Part VI, line 1b)			4		
s S	5		of individuals employed in calendar year 2020 (Part V, line 2a)		······	42		
itie	6		of volunteers (estimate if necessary)			4		
Ę			d business revenue from Part VIII, column (C), line 12			0.		
¥			I business taxable income from Form 990-T, Part I, line 11			0.		
		Net unrelated			Prior Year	Current Year		
	8	Contributions	and grants (Part VIII, line 1h)			12,085,000.		
anı					0.	21,685.		
Revenue	9	J. J			0.	2,911.		
Re	10		come (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.		
	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	12,109,596.		
	12		e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.		
	13		milar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	14		to or for members (Part IX, column (A), line 4)		0.	4,131,523.		
Expenses			er compensation, employee benefits (Part IX, column (A), lines 5-10)	······	0.	4,151,525.		
en	16a	Professional f	fundraising fees (Part IX, column (A), line 11e)		0.	0.		
Ä	b	l otal fundrais	sing expenses (Part IX, column (D), line 25) ▶ 111,5	49.	0	4 520 120		
_			es (Part IX, column (A), lines 11a-11d, 11f-24e)		0.	4,528,120.		
			es. Add lines 13-17 (must equal Part IX, column (A), line 25)		0.	8,659,643.		
	19	Revenue less	expenses. Subtract line 18 from line 12			3,449,953.		
nce				Be	ginning of Current Year	End of Year		
Ssel	20	· ·	Part X, line 16)		49,850.	3,937,955.		
Vet Assets or und Balances	21		s (Part X, line 26)		1,390.	439,542.		
2 <u>.</u>	22		fund balances. Subtract line 21 from line 20		48,460.	3,498,413.		
	nrt II	Signatur						
	•		I declare that I have examined this return, including accompanying schedule			lowledge and belief, it is		
true,	corre	ct, and complete	e. Declaration of preparer (other than officer) is based on all information of w	hich preparer	has any knowledge.			
		I N						

Sign Here	Signature of officer KYLE HERRIG, PRESIDENT	Date					
	Type or print name and title						
	Print/Type preparer's name Preparer's signature	Date Check PTIN					
Paid	RICHARD J. LOCASTRO, CPA Rectard b. hocastro	10/5/2021 ^{if} P00288314					
Preparer	Firm's name 🕞 GELMAN, ROSENBERG & FREEDMAN	Firm's EIN ▶ 52-1392008					
Use Only	Firm's address 4550 MONTGOMERY AVE SUITE 800N						
	BETHESDA, MD 20814-2930	Phone no. (301) 951-9090					
May the IF	Aay the IRS discuss this return with the preparer shown above? See instructions						
032001 12-2	32001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)						

	ACCOUNTABLE.US		83-4158350	Page 2
Pa	rt III Statement of Program Service Accor	•		
	Check if Schedule O contains a response or note	to any line in this Part III		X
1	Briefly describe the organization's mission: ACCOUNTABLE US IS A WATCHDOO			
	CORRUPTING INFLUENCE OF POWE POLICYMAKING. WE USE INVEST			
	AND COMMUNICATE OUR FINDINGS			
2				XNo
	If "Yes," describe these new services on Schedule O.			37
3	Did the organization cease conducting, or make signific If "Yes," describe these changes on Schedule O.	ant changes in how it conduc	ts, any program services?Yes	X No
4	Describe the organization's program service accomplish	hments for each of its three la	rgest program services, as measured by expenses	š.
	Section 501(c)(3) and 501(c)(4) organizations are require revenue, if any, for each program service reported.	ed to report the amount of gra	ants and allocations to others, the total expenses,	and
4a	(Code:) (Expenses \$ 7,722,152		/\	685.)
	ACCOUNTABLE.US'S RESEARCH HA			
	CORPORATE POWER AND SPECIAL			
	PROCESS FOR THEIR OWN BENEF			BIG
	BUSINESSES AND RELATED SPEC			
	BENEFIT THEMSELVES AT THE EX		DAY AMERICANS, THE	
	ENVIRONMENT, AND OUR DEMOCRA	ACI.		
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	() (, ('
4-				<u>`</u>
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)			
4.5	(Expenses \$ including grants of	\$ 22,152.) (Revenue \$	
<u>4e</u>	Total program service expenses	ци, туй •	Earm Q	90 (2020)
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03200		3		
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Form 990 (2020) ACCOUNTABLE.US
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		v	
_	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	_		x
~	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
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</i> "Yes," <i>complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa	- 23	<u> </u>
5	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
	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		X
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? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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	17		X
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		X
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		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		x
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Form 990 (2020)		ACCOUNTABLE.US
Part IV	Checklist	of Required Schedules (continued)

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes, " complete			
	Schedule L, Part I	25b		X
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? If "Yes," complete Schedule L, Part II	26		X
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? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
rai				
	Check if Schedule O contains a response or note to any line in this Part V			
4 -	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1a43Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
С		10	Х	
02000	(gambling) winnings to prize winners?	Eorm	<u>990</u>	(2020)
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Part V

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Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 42			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	•		x
	any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ch.		
7	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
a h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		- 23
b c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		
v	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	Iza		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
ŭ	Note: See the instructions for additional information the organization must report on Schedule O.	lou		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			[
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2020)

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Form	990	(2020)	
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			2
Sec	tion A. Governing Body and Management		V	
1.	Enter the number of voting members of the governing body at the end of the tax year 1a	5	Yes	N
Ia	If there are material differences in voting rights among members of the governing body at the end of the tax year	1		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			2
	officer, director, trustee, or key employee?	2		-
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			Ι,
	of officers, directors, trustees, or key employees to a management company or other person?	3		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		
6	Did the organization have members or stockholders?	6		2
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			Ι.
	more members of the governing body?	7a		2
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		2
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	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 O	9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			_
			Yes	
0a	Did the organization have local chapters, branches, or affiliates?	10a		
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?	10b		
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
-	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
.e 14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent	<u> </u>		
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
2		150	х	
	The organization's CEO, Executive Director, or top management official	15a		2
a	Other officers or key employees of the organization	15b		
6-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		
	taxable entity during the year?	16a		-
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
jec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►SEE SCHEDULE O			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only	r) avai	lab
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd finai	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	KYLE HERRIG - (202)517-1172			
	1919 M ST NW, STE 450, WASHINGTON, DC 20036			
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	7			
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Form 990 (2	020) ACCOUNTABLE.US	83-4158350	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highe	est Compensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		. X
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition		000	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		cer an	nd a d I	recto	or/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	e e			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		e	bens		(W-2/1099-MISC)		organization
	organizations below	ual tr	ional		ploye	t con /ee				and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) KYLE HERRIG	40.00	<u> </u>			\leq	Ξæ	Œ			
PRESIDENT		1		x				262,750.	0.	26,461.
(2) CAROLINE CICCONE	40.00									
EXECUTIVE DIRECTOR		1		x				217,259.	0.	17,841.
(3) MELISSA BONINE	40.00									
COO (UNTIL 11/2020)		1			x			168,375.	Ο.	38,308.
(4) NICK HACKWORTH	40.00									
SENIOR ADVISOR						Х		170,667.	0.	32,607.
(5) MARIA ROSA	40.00									
DIGITAL DIRECTOR						Х		156,898.	0.	11,885.
(6) CHRISTOPHER SAEGER	40.00									
DIR. OF STRATEGIC INITIATIVES						Х		120,307.	0.	30,645.
(7) ELIZABETH PRICE	40.00									
DIR. OF STRATEGIC PARTNERSHIPS						Х		128,500.	0.	13,655.
(8) MICHELLE KUPPERSMITH	40.00									
DIRECTOR OF SPECIAL PROJECTS						Х		124,948.	0.	10,851.
(9) MINDY MYERS	1.00									
SECRETARY (SEE SCH. O)		Х		Х				75,000.	0.	0.
(10) AUSTIN EVERS	1.00							_		
TREASURER		Х		Х				0.	0.	0.
(11) JESSICA MAHER	1.00							_		
DIRECTOR		х						0.	0.	0.
(12) SHRIPAL SHAH	1.00									_
DIRECTOR		х						0.	0.	0.
(13) BRAD WOODHOUSE	1.00									
DIRECTOR		х						0.	0.	0.
				├						
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	(A) (B) (C) Name and title Average hours per week officer and a director/tr							h an	(D) Reportable compensation from	(E) Reportable compensatio from related	on	Est am	(F) imated ount o other	
										organizatior (W-2/1099-MI		fro orga and	pensat om the nizatio relate nizatio	on d
1b	Subtotal					<u> </u>	<u> </u>		1,424,704.		0.	182	2,25	
c Total from continuation sheets to Part VII, Section A ▶ 0. d Total (add lines 1b and 1c) ▶ 1,424,704. 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportated above) 100,000 of reportated above)									0.	182	2,25	0.		
2	compensation from the organization		1050	iiste		0000	5) 101			,000 of reportat				11
3	Did the organization list any former officer, line 1a? If "Yes." complete Schedule J for s			-	•			Ŭ		2		3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	ım of reportab	le co	ompe	ensa	atior	n and	d otl		the organization		4	x	
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i> ion B. Independent Contractors								•			5		x
1	Complete this table for your five highest co	-									npens	ation fr	om	
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (B) Description of services								с	(C) ompen					
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125	0 H ST NW, STE 200, WZ	ASHINGTO					000) 5	CREATIVE			416	5,07	/8.
800	KNICKERBOCKER, 1150 18 , WASHINGTON, DC 20036		W.	, ,	STI	3			STRAT. PLANN COMMS. SUPPO	RT		219	9,66	57.
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-	VER SPRING, MD 20910 Total number of independent contractors (i	-	iot lii	mite	d to		-		PROJECT MANA above) who received n			150),00	0.
	\$100,000 of compensation from the organi	zation 🕨				1(5					Form S	990 (2	020)

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a SUBS. & DATABASES 409,781. 407,003. 2,539.	239
b FUNDRAISING 60,000.	60,000
c FEES-COURT & RECORDS 13,122. 13,122.	
d NON-CAPITAL EQUIPMENT 12,410. 11,167. 1,136.	107
e All other expenses 10,649. 7,044. 3,605.	
	11,549
26 Joint costs. Complete this line only if the organization	
reported in column (B) joint costs from a combined	
educational campaign and fundraising solicitation.	

032010 12-23-20

08451005 745960 00412

______ if following SOP 98-2 (ASC 958-720)

Check here

00412_	_1

					(A) Beginning of year		(B) End of year
	1	Cash non interest bearing			28,587.	1	310,918.
		Cash - non-interest-bearing			20,507.	2	3,502,841.
	2	Savings and temporary cash investments				2	5,502,041.
	3	Pledges and grants receivable, net				4	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or		, ,			
		trustee, key employee, creator or founder, subst				-	
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualit					
	_	under section 4958(f)(1)), and persons described				6	
Assets	7	Notes and loans receivable, net				7	
Ass	8	Inventories for sale or use			21,263.	8	94,142.
	9	Prepaid expenses and deferred charges			21,203.	9	94,142.
	10a	Land, buildings, and equipment: cost or other		27 560			
		basis. Complete Part VI of Schedule D	10a	37,568. 7,514.	0		20 054
		Less: accumulated depreciation			0.	10c	30,054.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			40 050	15	
	16	Total assets. Add lines 1 through 15 (must equa		· · · · · · · · · · · · · · · · · · ·	49,850.	16	3,937,955.
	17	Accounts payable and accrued expenses			1,390.	17	439,542.
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV o	of Schedule D		21	
ies	22	Loans and other payables to any current or form	ner offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subst					
.iat		controlled entity or family member of any of thes				22	
-	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, page	-				
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D			1 200	25	
	26	Total liabilities. Add lines 17 through 25			1,390.	26	439,542.
ŝ		Organizations that follow FASB ASC 958, che	ck here				
nce		and complete lines 27, 28, 32, and 33.			10 160		2 402 210
ala	27	Net assets without donor restrictions		48,460.	27	3,402,310. 96,103.	
dВ	28	Net assets with donor restrictions				28	90,103.
'n		Organizations that do not follow FASB ASC 9					
P.		and complete lines 29 through 33.					
sts	29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or eq				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			10 100	31	
ž	32	Total net assets or fund balances			48,460.	32	3,498,413.
	33	Total liabilities and net assets/fund balances			49,850.	33	3,937,955.
							Form 990 (2020)

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

Form 990 (2020)

10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 10 3,498,413 Part XII Financial Statements and Reporting 10 3,498,413 Check if Schedule O contains a response or note to any line in this Part XII Yes N 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 10 2a 2 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a 2 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a 2 16 "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X X If "Yes," to line 2a or 2b, do	Form	990 (2020) ACCOUNTABLE.US	<u>83-4</u>	158350	Pa	ge 12			
1 Total revenue (must equal Part VIII, column (A), line 12) 1 12, 109, 590 2 Total expenses (must equal Part IX, column (A), line 25) 2 8, 659, 641 3 3, 449, 955 4 48, 461 5 5 6 7 7 8 8 66 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A)) 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 10 3, 498, 411 10 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 3, 498, 411 Part XII Financial Statements and Reporting 10 3, 498, 411 2 Were the organization changed its method of accounting from a prior year or checked "Other," explain in	Pa	rt XI Reconciliation of Net Assets							
2 Total expenses (must equal Part IX, column (A), line 25) 2 8, 659, 641 3 Revenue less expenses. Subtract line 2 from line 1 3 3, 449, 955 4 48, 460 48, 460 5 5 6 7 6 7 8 Prior period adjustments 6 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 3, 498, 411 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 3, 498, 411 Part XII Prior period adjustments and Reporting Check if Schedule O contains a response or note to any line in this Part XII Part XII Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a tatements compiled or r		Check if Schedule O contains a response or note to any line in this Part XI							
2 Total expenses (must equal Part IX, column (A), line 25) 2 8, 659, 64: 3 Revenue less expenses. Subtract line 2 from line 1 3 3, 449, 955 4 48, 460 48, 460 5 5 6 7 6 7 8 Prior period adjustments 6 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 3, 498, 411 Part XIII Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 3, 498, 411 Part XIII Prior period adjustments and Reporting Check if Schedule O contains a response or note to any line in this Part XII Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Part XIII <td colspan<="" th=""><th></th><th></th><th></th><th></th><th></th><th></th></td>	<th></th> <th></th> <th></th> <th></th> <th></th> <th></th>								
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4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 48,460 5 5 6 Donated services and use of facilities 6 7 8 Prior period adjustments 7 8 Point end adjustments 8 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 3, 498, 411 Part XII Financial Statements and Reporting 10 3, 498, 411 Check if Schedule O contains a response or note to any line in this Part XII Column (B) 2a 2 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a 2 2 Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 2 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or a separate basis, consolidated basis, or both: 2b X Separate basis </th <td>2</td> <td colspan="8"></td>	2								
5 Net unrealized gains (losses) on investments 6 6 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accounting method used to prepare the Form 990: Cash X Accounting method used to prepare the Form 990: Cash X Accounting method used to prepare the form 990: Cash X Accounting method used to prepare the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis, or both: X Separate basis Consolidated basis, or both: X Separate basis Consolidated basis Doth consolidated basis, or both: X Separate basis Consolidated basis Doth consolidated basis Consolidated basis, or both: X Separate basis Consolidated basis Doth consolidated and separate basis, conso	3								
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7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 11 Scheck if Schedule O contains a response or note to any line in this Part XII 12 Check if Schedule O contains a response or note to any line in this Part XII 14 Accounting method used to prepare the Form 990: 15 Cash 16 X Accrual 17 Other 18 'Yes,'' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 11 Separate basis 11 'Yes,'' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 15 Separate basis 16 'Yes,'' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 17 'Yes,'' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 16 'Yes,'' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 16 'Yes,'' check a box below to indicate whether the finan	5		5						
8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 3, 498, 411 Part XII Financial Statements and Reporting 10 3, 498, 411 Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a 2a 2 2 Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 2 <td>6</td> <td>Donated services and use of facilities</td> <td>6</td> <td></td> <td></td> <td></td>	6	Donated services and use of facilities	6						
9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 3,498,41 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII I Accounting method used to prepare the Form 990: Cash X Accrual Other, "explain in Schedule O. 2a Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Consolidated basis B Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2b X	7	Investment expenses	7						
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consolidated basis, or both: Image: Separate basis Image: Consolidated basis Image: Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? Image: Description of the audit	b			2 b	<u>X</u>				
X Separate basis Consolidated basis Both consolidated and separate basis Image: Consolidated basis			e basis,						
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c 2c									
review, or compilation of its financial statements and selection of an independent accountant?									
	с								
				2c		X			
		If the organization changed either its oversight process or selection process during the tax year, explain on Sch							
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	3a		ngle Audit						
				3a		X			
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	b								
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					

Form **990** (2020)

032012 12-23-20

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form	990	or	990-EZ)
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Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047							
2020							
Open to Public Inspection							
 r identification numbe							

Nam	e of t	the organization	- do to www.ii.s.gov				mormation.	Employer	identification number		
Itan	0.011		UNTABLE.US						3-4158350		
Pa	rt I	Reason for Public		All organizations must c	omplete ti	his part) S	ee instruction		5 1150550		
		ization is not a private found			•						
1	l gan	A church, convention of ch									
2		A school described in sect					•//~//י)•				
2				-			::)				
4		A hospital or a cooperative						Viii) Entor	the beenitel's name		
4		A medical research organiz	ation operated in col	njunction with a nospital	laeschber	JIII Sectio		iii). Enter	the hospital's hame,		
5		city, and state:									
5		section 170(b)(1)(A)(iv). (Complete Part II.)									
6		A federal, state, or local go		aantal unit daaaribad in (nantion 1	70(6)(4)(4)	64				
7	X	An organization that norma						the general	public described in		
'		section 170(b)(1)(A)(vi). (C		inial part of its support i	ion a gov	enninentai		ine general	public described in		
8		A community trust describe		1)(A)(vi) (Complete Par	F 11 \						
9		An agricultural research or				ad in coniu	unction with a	land grant	collogo		
5		or university or a non-land-									
		university:	grant college of agric			name, or	y, and state o	i the colleg			
10		An organization that norma	ally receives (1) more	than 33 1/3% of its sun	port from	contributio	ne members	thin face a	nd aross receipts from		
10		activities related to its exen									
		income and unrelated busi							-		
		See section 509(a)(2). (Col				.5505 2090		gamzation			
11		An organization organized	-	ively to test for public sa	fety See	section 50)9(a)(4)				
12		An organization organized		•	•			arry out the	e purposes of one or		
		more publicly supported or		-	-			•			
		lines 12a through 12d that	-								
а		Type I. A supporting orga				-		-	r aivina		
		the supported organization	-	-	•			•••••			
		organization. You must o		• • • •							
b		Type II. A supporting org	-		tion with it	ts support	ed organizatio	on(s). bv ha	ivina		
		control or management c					-		-		
		organization(s). You mus						5 1	ŗ		
с		Type III functionally inte			in connec	tion with, a	and functiona	ally integrate	ed with,		
		its supported organizatio	• • • •					, ,	,		
d		Type III non-functionally						rted organi	zation(s)		
		that is not functionally int						-			
		requirement (see instruct			•		-				
е		Check this box if the orga		-				e II, Type III			
		functionally integrated, o	r Type III non-functio	nally integrated support	ing organi:	zation.					
f	f Enter the number of supported organizations										
g	Pro	vide the following information	n about the supporte	ed organization(s).							
	((i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed	(v) Amount o	-	(vi) Amount of other		
		organization		above (see instructions))	Yes	No	support (see ii	nstructions)	support (see instructions)		
Tota	1										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 14

Schedule A (Form 990 or 990-EZ) 2020 ACCOUNTABLE.US

83-4158350 Page 2

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

fails to qualify under the tests listed below, please complete Part III.)

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Schedule A (Form 990 or 990-E7) 2020	18	Private foundation. If the organization	on did not check a	box on line 13, 16	6a, 16b, 17a, or 17			

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 ACCOUNTABLE.US

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.)

See	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020) (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
See	ction B. Total Support				_		
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	D (f) Total
9	Amounts from line 6						
10 <i>a</i>	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third	, fourth, or fifth tax	year as a section	501(c)(3) orga	anization,
	check this box and stop here	<u></u>					
See	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2020 (ine 8, column (f), a	divided by line 13,	column (f))		15	%
16	Public support percentage from 2019	Schedule A, Part	t III, line 15			16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20	20 (line 10c, colur	mn (f), divided by	line 13, column (f)))	17	%
18	Investment income percentage from	2019 Schedule A,	Part III, line 17			18	%
19a	a 33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and lin	ne 15 is more than	33 1/3%, and	l line 17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qua	ifies as a publicly	supported organiz	zation	
b	33 1/3% support tests - 2019. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	nore than 33 1	/3%, and
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	anization qualifies	as a publicly supp	oorted organiz	ation
20	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check	this box and see ir	nstructions)
0320	23 01-25-21				Sch	hedule A (For	m 990 or 990-EZ) 2020
				16			

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

Yes No

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

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

032024 01-25-21

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17 2020.04020 ACCOUNTABLE.US . 9c 10a 10a 10b Schedule A (Form 990 or 990-EZ) 2020 Part IV Supporting Organizations (continued)

1

2

Yes No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
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			

	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	
	Dest VI how any visiting such how off any indicate the number of the summaries to desting (a) that any writed	

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

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 Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in 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 Part VI 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 yea(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 in 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.*

032025 01-25-21

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18 2020.04020 ACCOUNTABLE.US Schedule A (Form 990 or 990-EZ) 2020

Yes No

2a

2b

За

3b

Schedule A (Form 990 or 990 EZ) 2020 ACCOUNTABLE . US

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amou	nt,		
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		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-fun	ctionally integrate	ed Type III supporting or	ganization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2020

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continue}	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	s	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
c	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2016				
b	Excess from 2017				
c	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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

PART II, SHORT YEAR EXPLANATION:

THE ORGANIZATION WAS INCORPORATED MARCH 26, 2019, THERFORE THE 2019

COLUMN REPORTS SHORT-YEAR ACTIVITY.

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

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Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Employer identification number

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Organization type (check of	Diganization type (check one).			
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* religious is checked.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

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83-4158350

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>6,085,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$6,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Noncash On Contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
023452 11-25		\$	Person Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

23 2020.04020 ACCOUNTABLE.US

Schedule B	(Form	990,	990-EZ,	or 990-PF)	(2020)
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Name of organization

ACCOUNTABLE.US

Page **3**

83-4158350

Employer identification number

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ Schedule B (Form 990, 990-EZ, or 990-PF) (2020) 023453 11-25-20 24

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2020.04020 ACCOUNTABLE.US

Page **4**

art III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) th completing Part III, enter the total of exclusively religious, cha Use duplicate copies of Part III if additional sp	nrough (e) and the following line en ritable, etc., contributions of \$1,000 or	ny For organization	c
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gif ZIP + 4		p of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gif ZIP + 4		p of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gif ZIP + 4		p of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		d) Description of how gift is held
		(e) Transfer of gif		
	Transferee's name, address, and	ZIP + 4	Relationshi	p of transferor to transferee

Political Campaign and Lobbying Activities SCHEDULE C (Form 990 or 990-E

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Department of the Treasury Internal Revenue Service

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

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

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

• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

Section 527 organizations: Complete Part I-A only.

Nor

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

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

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Nan	ne of orga				En		er identification	
		ACCOUNT					83-41583	50
Pa	art I-A	Complete if the org	anization is exempt und	er section 501(c)	or is a section 527	/ orga	anization.	
2	Political	campaign activity expendit	ation's direct and indirect politic ures gn activities		Þ	►\$		
Pa	art I-B	Complete if the org	anization is exempt und	er section 501(c)	(3).			
1	Enter the		incurred by the organization und			►\$		
			incurred by organization manage					
3	If the org	ganization incurred a sectio	n 4955 tax, did it file Form 4720	for this year?			Yes	No
4a	a Was a c	orrection made?					Yes	No No
		describe in Part IV.					-	
			anization is exempt und	• •				
1			d by the filing organization for sec			►\$		
2			ization's funds contributed to oth	-				
-						►\$		
3			. Add lines 1 and 2. Enter here a			• •		
						►\$		
4 5			1120-POL for this year?					
5	made pa contribu	ayments. For each organiza tions received that were pr	tion listed, enter the amount paid omptly and directly delivered to a additional space is needed, prov	from the filing organization of the filing of the filing organization of the filing of the	zation's funds. Also ente anization, such as a sep	er the a	mount of politic	al
		(a) Name	(b) Address	(c) EIN	(d) Amount paid fror filing organization's funds. If none, enter -	s co -0	(e) Amount of p pontributions rece promptly and c delivered to a s political organi If none, ente	eived and lirectly eparate zation.

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

Schedule C (Form 990 or 990-EZ) 2020

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OMB No. 1545-0047

)20 20 Open to Public Inspection

			Ρ	C
7)				

Schedule C (Form 990 or 990-EZ) 2020 ACCOU			4158350 P
Part II-A Complete if the organization section 501(h)).	on is exempt under section 501(c)(3) and file	ed Form 5768 (e	election unde
A Check 🕨 🛄 if the filing organization belon	ngs to an affiliated group (and list in Part IV each affiliated	group member's na	me, address, EIN
expenses, and share of exce			
3 Check 🕨 🛄 if the filing organization checl	ked box A and "limited control" provisions apply.		1
	bying Expenditures neans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated g totals
1a Total lobbying expenditures to influence put	olic opinion (grassroots lobbying)		
b Total lobbying expenditures to influence a le	gislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a an	ıd 1b)		
e Total exempt purpose expenditures (add line	es 1c and 1d)		
	ount from the following table in both columns.		
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% of	of line 1f)		
h Subtract line 1g from line 1a. If zero or less,	enter -0-		
i Subtract line 1f from line 1c. If zero or less, e	enter -0-		
i If there is an amount other than zero on eith	er line 1h or line 1i, did the organization file Form 4720		

reporting section 4911 tax for this year?

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)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total	
2a Lobbying nontaxable amount						
b Lobbying ceiling amount (150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2020

032042 12-02-20

4158350 Page 2

election under

(b) Affiliated group totals

🗌 No

Yes

adula C (Earm 000 ar 000 EZ) 2020	TTC

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the lobbying activity.		Yes	No	Amo	ount
1 During the year, did the filing organization attempt to					
local legislation, including any attempt to influence p	public opinion on a legislative matter				
or referendum, through the use of:			x		
a Volunteers?		X	A		
b Paid staff or management (include compensation in		X			308.
c Media advertisements?		A	X		500.
d Mailings to members, legislators, or the public?		x	21	2.6	5,255.
e Publications, or published or broadcast statements		21	x	20	,255.
f Grants to other organizations for lobbying purposesg Direct contact with legislators, their staffs, governm		x	23	1	L,933.
			x		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
 h Rallies, demonstrations, seminars, conventions, spe i Other activities? 		x	21),263.
					3,759.
j Total. Add lines 1c through 1i2a Did the activities in line 1 cause the organization to	a not departing in paction 501/a)/2)2		X		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
 b If "Yes," enter the amount of any tax incurred under 					
c If "Yes," enter the amount of any tax incurred by org					
d If the filing organization incurred a section 4912 tax.					
Part III-A Complete if the organization is a	exempt under section 501(c)(4) section	on 501(c)	(5) or se	ction	
501(c)(6).			(0), 01 00	011011	
				Yes	No
1 Were substantially all (90% or more) dues received	nondeductible by members?		1		
2 Did the organization make only in-house lobbying ex					
3 Did the organization agree to carry over lobbying an					
Part III-B Complete if the organization is e				ction	
501(c)(6) and if either (a) BOTH F answered "Yes."	art III-A, lines 1 and 2, are answered	"No" OF	l (b) Part	III-A, lin	e 3, is
1 Dues, assessments and similar amounts from memb	Ders		1		
2 Section 162(e) nondeductible lobbying and political					
expenses for which the section 527(f) tax was pa	id).				
a Current year			2a		
b Carryover from last year					
c Total					
3 Aggregate amount reported in section 6033(e)(1)(A)	notices of nondeductible section 162(e) dues		3		
4 If notices were sent and the amount on line 2c exce					
does the organization agree to carryover to the reas	onable estimate of nondeductible lobbying and p	olitical			
expenditure next year?					
 5 Taxable amount of lobbying and political expenditures (See instructions) 					
Part IV Supplemental Information					
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 a	and 2 (See	
instructions); and Part II-B, line 1. Also, complete this part		·		•	
PART II-B, LINE 1, LOBBYING A	CTIVITIES:				
THE EXPENSES REPORTED ON PART	II-B, LINE I RELATE TO	TIME S	SPENT 1	HELPIN	1G

WRITE A LOBBYING GRANT.

Schedule C (Form 990 or 990-EZ) 2020

032043 12-02-20

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► 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. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Name of the organization

ACCOUNTABLE, US

Employer identification number	r
83-4158350	

Pa	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advised :	funds
-	are the organization's property, subject to the organization's e	-	
6	Did the organization inform all grantees, donors, and donor ad		
-	for charitable purposes and not for the benefit of the donor or		
Pa			
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreat	· · · · · · · · · · · · · · · · · · ·	storically important land area
	Protection of natural habitat	·	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
с	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year >		
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
	•		
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conservation	easements during the year
	▶\$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4	1)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes 🗌 No
9	In Part XIII, describe how the organization reports conservatio		
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial statements	s that describes the
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement and	balance sheet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education, or research in furthe	erance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and bala	ance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthera	nce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		► \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under FASB AS		
а	Revenue included on Form 990, Part VIII, line 1	-	► \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2020

032051 12-01-20

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Sche	dule D (Form 990) 2020 ACCOUNT.	ABLE.US					8	83-41	58350) _{Pa}	age 2	
Pa	t III Organizations Maintaining C	collections of A	rt, His	torical Tr	reasures, o	or Othe						
3	Using the organization's acquisition, accessi											
	collection items (check all that apply):											
а	Public exhibition	c	1	Loan or exc	hange progra	am						
b	Scholarly research	e		Other								
с	Preservation for future generations											
4	Provide a description of the organization's co	ollections and explai	in how tl	hey further t	the organizati	on's exem	npt purpo	se in Par	t XIII.			
5	During the year, did the organization solicit o	r receive donations	of art, h	istorical trea	asures, or oth	er similar	assets		_		-	
	to be sold to raise funds rather than to be maintained as part of the organization's collection?											
Pa	t IV Escrow and Custodial Arran		ete if the	e organizatio	on answered '	'Yes" on I	Form 990	, Part IV,	line 9, or			
	reported an amount on Form 990, Pa	rt X, line 21.										
1a	Is the organization an agent, trustee, custod		-						-		-	
	on Form 990, Part X?							L	Yes		No	
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:			·					
									Amount			
	Beginning balance											
	Additions during the year											
e	Distributions during the year											
f	Ending balance										1	
	Did the organization include an amount on F						• • • • • • • • • • • • • • • • • • • •	L	Yes		∣ No	
Pa	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i							<u></u>	<u></u>			
Fai	Lindowinent i dinds. Complete i							aara baak	(a) Four	vooro	book	
1.	Designing of year balance	(a) Current year	- (a)	Prior year	(c) Two year	S DACK (a) mee y	Ears Dack	(e) Four	years	DACK	
	Beginning of year balance											
	Contributions											
	Net investment earnings, gains, and losses											
	Grants or scholarships											
e	Other expenditures for facilities											
f	and programsAdministrative expenses											
	End of year balance											
g 2	Provide the estimated percentage of the cur	rent vear end balanc	l ne (line 1	la column (a)) held as:							
2 a	Board designated or quasi-endowment	rent year end baland	%	rg, column (a)) neiù as.							
	Permanent endowment	%										
		%										
Ŭ	The percentages on lines 2a, 2b, and 2c sho	, -										
3a	Are there endowment funds not in the posse	•	ation th	at are held a	and administe	red for th	e organiz	ation				
04	by:						o organiz	acion	Г	Yes	No	
	(i) Unrelated organizations											
	(ii) Related organizations											
b	If "Yes" on line 3a(ii), are the related organiza											
4	Describe in Part XIII the intended uses of the								L I			
Pa	t VI Land, Buildings, and Equipm											
	Complete if the organization answere	d "Yes" on Form 990	0, Part I	V, line 11a. S	See Form 990), Part X, I	ine 10.					
	Description of property	(a) Cost or c	other	(b) Cost	t or other	(c) Ac	cumulate	d	(d) Book	value	e	
		basis (investr		1	(other)	• •	reciation					
1a	Land											
	Buildings											
	Leasehold improvements											
	Equipment											
	Other			3	37,568.		7,51	14.			54.	
	Add lines 1a through 1e. (Column (d) must e		X, colui	mn (B), line	10c.)				3(),0	54.	
								Schedule	D (Form	990)	2020	

Complete if the organization answered "Yes"	on Form 990 Part IV line	11b See Form 990 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-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►

Part IX Other Assets.

(6) (7) (8) (9)

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X	Other Liabilities.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25	
-	(a) Description of liability	(b) Book value

1.	(a) Description of hability	(b) BOOK value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

Schedule D	(Form	990)	2020
Schedule D		330)	2020

032053 12-01-20

Sche	dule D (Form 990) 2020 ACCOUNTABLE . US			83-	4158350 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	12,363,051.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a			
b	Donated services and use of facilities	. 2b	253,455.		
с	Recoveries of prior year grants	. 2c			
d					
е	Add lines 2a through 2d			2e	253,455.
3	Subtract line 2e from line 1			3	12,109,596.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b			
с				4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	12,109,596.
<u> </u>				-	
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	nents Wit		-	
Pa	Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	nents Wit a.	h Expenses per	-	irn.
Pa 1	rt XII Reconciliation of Expenses per Audited Financial Staten	nents Wit a.	h Expenses per	-	
	Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	nents Wit a.	h Expenses per	Retu	irn.
1	Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	nents Wit	h Expenses per	Retu	irn.
1 2	Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents Wit a. 2a	h Expenses per	Retu	irn.
1 2 a	Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	nents Wit a. 2a 2b	h Expenses per	Retu	irn.
1 2 a b c	T XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	nents Wit a. 	h Expenses per	Retu	rn. 8,913,098.
1 2 b c d	Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	h Expenses per	Retu	rn. <u>8,913,098.</u> 253,455.
1 2 b c d	Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2a 2b 2c 2d	h Expenses per 253,455.	Retu	rn. 8,913,098.
1 2 b c d e	Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2a 2b 2c 2d	h Expenses per 253,455.	Retu 1 2e	rn. <u>8,913,098.</u> 253,455.
1 2 b c d 3	Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2a 2b 2c 2d	h Expenses per 253,455.	Retu 1 2e	rn. <u>8,913,098.</u> 253,455.
1 2 3 4 3 4	t XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2a 2b 2c 2d	h Expenses per 253,455.	Retu 1 2e	rn. <u>8,913,098.</u> 253,455.
1 2 b c d e 3 4 a b	Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	h Expenses per 253,455.	Retu 1 2e	rn. <u>8,913,098.</u> <u>253,455.</u> <u>8,659,643.</u> 0.
1 2 d e 3 4 b c 5	Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	h Expenses per 253,455.	Retu 1 2e 3	rn. <u>8,913,098.</u> 253,455.

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.

PART X, LINE 2:

FOR	THE	YEAR	ENDE	D DEC	EMBE	R 31,	2020), THE	ORGA	NIZATI	ON HAS	S DOC	CUMENT	red I	TS
CONS	TDER			FASB	ASC	740-1(אד ר	ICOME	ͲΔΧΈϚ	, THAT	PROV.	TDES	GUITDZ	NCE	FOR
CONC				IND	noc	740 10	<i>,</i> 11		11110	, 111111	1100		GOIDI	щен	1 010
REPC	RTIN	IG UNC	ERTA	INTY	IN I	NCOME	TAXE	ES AND	HAS	DETERM	INED '	THAT	NO MZ	ATERI	AL
UNCE	RTAI	N TAX	POS	ITION	S QU	ALIFY	FOR	EITHE	R REC	OGNITI	ON OR	DISC	CLOSUF	RE IN	ſ

THE FINANCIAL STATEMENTS.

032054 12-01-20

SC	HEDULE J	Compensation Information	L	OMB No. 1	1545-00	47		
(Fo	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest				2020			
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.					•		
Depa	Department of the Treasury							
-	al Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe				
Nam	e of the organizatio			identificatio 415835		mper		
Da	rt I Question	ACCOUNTABLE.US s Regarding Compensation	03-4	#T2022	0			
Га		s Regarding Compensation			Vee	Na		
10	Chaoli the energy	iate hav/aa) if the executivation provided any of the following to avfew a nerveen listed on Form	- 000		Yes	No		
la		iate box(es) if the organization provided any of the following to or for a person listed on Form line 1a. Complete Part III to provide any relevant information regarding these items.	1990,					
	First-class or o							
	Travel for com	, i i i i i i i i i i i i i i i i i i i						
		ation and gross-up payments Health or social club dues or initiation fee						
		spending account						
			ur, enery					
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or						
~	•	provision of all of the expenses described above? If "No," complete Part III to explain		1b				
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	-	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
	,	, 5 , 5 , 5 ,						
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization'	s					
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat						
	establish compens	ation of the CEO/Executive Director, but explain in Part III.						
	Compensation	n committee Written employment contract						
	Independent of	compensation consultant II Compensation survey or study						
	Form 990 of o	ther organizations X Approval by the board or compensation of	committee					
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
	organization or a re	lated organization:						
а		e payment or change-of-control payment?				X		
b		eive payment from a supplemental nonqualified retirement plan?				X		
С	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X		
	If "Yes" to any of li	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
		c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on					
	contingent on the r					v		
						X X		
b		ation?		5b				
_		or 5b, describe in Part III.						
6	-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on					
_	contingent on the r			0-		x		
						X		
a		ation?		6b				
7		or 6b, describe in Part III. on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	•					
7	-			7	Х			
8		nes 5 and 6? If "Yes," describe in Part III			23			
0		eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		x		
9		id the organization also follow the rebuttable presumption procedure described in		····· 0				
9		a the organization also follow the rebuttable presumption procedure described in 1 53.4958-6(c)?		9				
		eduction Act Notice, see the Instructions for Form 990.		ule J (Forn	n 000	0000		
			Schet		1 330	, 2020		

83-4158350

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.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) KYLE HERRIG	(i)	262,750.	0.	0.	9,275.	17,186.	289,211.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.		0.
(2) CAROLINE CICCONE	(i)	217,259.	0.	0.	8,800.	9,041.	235,100.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MELISSA BONINE	(i)	168,375.	0.	0.	6,934.	31,374.	206,683.	0.
COO (UNTIL 11/2020)	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) NICK HACKWORTH	(i)	170,667.	0.	0.	3,203.	29,404.	203,274.	0.
SENIOR ADVISOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MARIA ROSA	(i)	146,898.	10,000.	0.	4,650.	7,235.	168,783.	0.
DIGITAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CHRISTOPHER SAEGER	(i)	120,307.	0.	0.	5,022.	25,623.	150,952.	0.
DIR. OF STRATEGIC INITIATIVES	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
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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.

PART I, LINE 7:

DURING THE YEAR, MARIA ROSA RECEIVED BONUS COMPENSATION OF \$10,000.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.

ACCOUNTABLE.US

OMB No 1545-0047

83-4158350

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE WAY FOR PROGRESSIVE POLICIES THAT ADVANCE THE INTERESTS OF ALL

AMERICANS, ESPECIALLY THOSE IN MARGINALIZED COMMUNITIES. WE STRIVE TO

MAINTAIN A DIVERSE AND EQUITABLE WORKPLACE WHERE WE SUPPORT EACH OTHER

IN OUR IMPACT-FOCUSED WORK.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS. IT WAS THEN REVIEWED BY THE PRESIDENT AND TREASURER AND DISTRIBUTED TO THE ENTIRE BOARD BEFORE FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED ANNUALLY TO ALL DIRECTORS, OFFICERS, MEMBERS OF BOARD COMMITTEES, AND STAFF. ALL COVERED INDIVIDUALS SIGN AN ANNUAL ACKNOWLEDGEMENT THAT THEY HAVE RECEIVED A COPY OF THE POLICY, UNDERSTAND IT, AND AGREE TO ABIDE BY ITS TERMS. WHENEVER AN INTERESTED PERSON BECOMES AWARE OF A POTENTIAL CONFLICT, HE/SHE MAKES THE SITUATION KNOWN TO THE PRESIDENT (OR TO THE SECRETARY IF THE PRESIDENT IS REPORTING A POTENTIAL CONFLICT) AND PROVIDE ALL FACTS MATERIAL TO THE NATURE AND SCOPE OF THE POTENTIAL CONFLICT, INCLUDING WHETHER THE INTERESTED PERSON BELIEVES THE POTENTIAL CONFLICT COULD IMPAIR, OR APPEAR TO COMPROMISE, HIS/HER ABILITY TO MAKE AN INDEPENDENT DECISION BASED SOLELY ON THE BEST INTEREST OF THE CORPORATION. IF THE INTERESTED PERSON INVOLVED DOES NOT MAKE THIS DISCLOSURE, ANOTHER INTERESTED PERSON WITH KNOWLEDGE OF THE POTENTIAL CONFLICT MAY REPORT THE POTENTIAL CONFLICT TO THE PRESIDENT (OR THE SECRETARY WHEN THE PRESIDENT IS THE SUBJECT OF THE POTENTIAL LHA For Paperwork Reduction Act Notice. see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020	Page 2					
Name of the organization ACCOUNTABLE • US	Employer identification number $83 - 4158350$					
CONFLICT). THE BOARD OR AN APPLICABLE COMMITTEE DESIGNATE	D BY THE BOARD					
DETERMINES WHETHER A POTENTIAL CONFLICT GIVES RISE TO AN	ACTUAL CONFLICT.					
AFTER PRESENTING INFORMATION REGARDING THE POTENTIAL CONF	LICT, THE INVOLVED					
INTERESTED PERSON(S) RETIRES FROM THE MEETING AND DOES NOT PARTICIPATE IN						
THE BOARD'S OR COMMITTEE'S FINAL DISCUSSION AND VOTING ON	THE EXISTENCE OF					
AN ACTUAL CONFLICT, EXCEPT THAT THE INTERESTED PERSON(S)	MAY BE INVITED					
BACK TO PROVIDE ANY RELEVANT INFORMATION THAT COULD BE OF	USE TO THE BOARD					
IN MAKING ITS DECISION. AN INTERESTED PERSON WILL NEVER B	E PRESENT FOR THE					
BOARD'S VOTE ON WHETHER A POTENTIAL CONFLICT GIVES RISE T	O AN ACTUAL					
CONFLICT.						

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD OF DIRECTORS APPROVES THE PRESIDENT'S SALARY USING COMPARABLE DATA OF SIMILAR ORGANIZATIONS AND MARKET CONDITIONS. BOARD DECISIONS ARE DOCUMENTED THROUGH MINUTES AND CORRESPONDENCE. THE LAST COMPENSATION REVIEW TOOK PLACE FEBRUARY 25, 2021.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL,AR,CA,FL,GA,HI,IL,KS,KY,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC,OR,PA,RI,SC,TN,UT VA,WV,WI

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VII, SECTION A:

MINDY MYERS, BOARD SECRETARY, WAS PAID \$75,000 TO MANAGE A DISCRETE

3-MONTH CAMPAIGN AS A COMMUNICATIONS AND SUBJECT MATTER EXPERT.

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Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization ACCOUNTABLE . US	Page : Employer identification number 83-4158350
ACCOUNTABLE.05	03-4130330
FORM 990, PART IX, LINE 11G, OTHER FEES:	
GRAPHIC DESIGN:	
PROGRAM SERVICE EXPENSES	483,304.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	483,304.
RESEARCH & PROJECT SUPPORT:	
PROGRAM SERVICE EXPENSES	847,730.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	847,730.
COMMUNICATIONS:	
PROGRAM SERVICE EXPENSES	640,836.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	640,836.
CONTRACT SERVICES:	
PROGRAM SERVICE EXPENSES	65,148.
MANAGEMENT AND GENERAL EXPENSES	134,053.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	199,201.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,171,071.

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