** 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.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

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

ч г	OI LITE	e 2023 Calendar year, or tax year beginning	enung	_	
	heck if	C Name of organization		D Employer identif	ication number
	Addres	ACCOUNTABLE.US			
	Name change	Doing business as		83-41583	350
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numb	er
	Final return/	1919 M STREET NW	450	(202)517	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	7,987,932.
	Ameno			H(a) Is this a group	return
	Applic tion	F Name and address of principal officer: CAROLINE CICCONE		for subordinate	
	pendir	SAME AS C ABOVE		H(b) Are all subordinates	
ΙT	ax-exe	empt status: $\overline{\mathbf{X}}$ 501(c)(3) $\overline{}$ 501(c) () (insert no.) $\overline{}$ 4947(a)(1)	or 527	1	a list. See instructions
	Vebsit			H(c) Group exempti	
K F	orm of	organization: X Corporation Trust Association Other	L Year		M State of legal domicile; DC
Pa	ırt I	Summary		·	·
	1	Briefly describe the organization's mission or most significant activities: SEE	PART I	II, LINE 1.	
Activities & Governance					
naı	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	ssets.
Ne.	3	Number of voting members of the governing body (Part VI, line 1a)		3	4
ၓ	4	Number of independent voting members of the governing body (Part VI, line 1b)			4
S S		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			55
/itie		Total number of volunteers (estimate if necessary)			5
ξį	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
۷	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
ø.	8	Contributions and grants (Part VIII, line 1h)		8,351,222.	7,896,727.
Revenue	9	Program service revenue (Part VIII, line 2g)		35,000.	
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		13,389.	91,205.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,399,611.	7,987,932.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,707,111.	5,225,241.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 213,0		0.	0.
bei	b	Total fundraising expenses (Part IX, column (D), line 25) 213,0	72.		
ñ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,193,124.	3,429,077.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,900,235.	
	19	Revenue less expenses. Subtract line 18 from line 12		499,376.	-666,386.
et Assets or nd Balances				ginning of Current Year	End of Year
sets Ilan	20	Total assets (Part X, line 16)		5,974,711.	
ASS	21	Total liabilities (Part X, line 26)		431,968.	
Ž,	22	Net assets or fund balances. Subtract line 21 from line 20		5,542,743.	4,922,290.
Pa	rt II	Signature Block			
Jnde	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	ents, and to the best of m	ny knowledge and belief, it is
rue,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
Sigr	1	Signature of officer		Date	
Here	е	CAROLINE CICCONE, PRESIDENT			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	I .	Date Check	PTIN
Paid		ELIZABETH W. HELLER Chyslelly Ac	llin 1	1/12/2024 if self-emplo	
rep	arer	Firm's name GELMAN, ROSENBERG & FREEDMAN		Firm's EIN	52-1392008
Jse	Only	Firm's address 4550 MONTGOMERY AVE SUITE 800N			
		BETHESDA, MD 20814-2930		Phone no. 3 (<u>)1-951-9090</u>
Мау	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No

Pa	Statement of Program Service Accomplishments	
	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 WATCHDOG ORGANIZATION THAT SHINES A LIGHT ON THE	
	CORRUPTING INFLUENCE OF POWERFUL CORPORATIONS AND SPECIAL INTERESTS ON	
	POLICYMAKING. WE USE INVESTIGATIVE RESEARCH TO EXPOSE IMPROPRIETIES	
	AND COMMUNICATE OUR FINDINGS TO THE PUBLIC. OUR ADVOCACY HELPS PAVE	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$7 , 457 , 627 • including grants of \$) (Revenue \$)
	ACCOUNTABLE.US'S RESEARCH HAS HELPED EDUCATE THE PUBLIC ON HOW	
	CORPORATE POWER AND SPECIAL INTERESTS HAVE MANIPULATED THE POLICY	
	PROCESS FOR THEIR OWN BENEFIT. WE HAVE HELPED SHINE A LIGHT ON HOW BIG	
	BUSINESSES AND RELATED SPECIAL INTERESTS HAVE TAKEN ACTIONS THAT	
	BENEFIT THEMSELVES AT THE EXPENSE OF EVERYDAY AMERICANS, THE	
	ENVIRONMENT, AND OUR DEMOCRACY.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
	(Code:) (Expenses #	— ′
4 -		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	— ⁾
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 7,457,627.	

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Form **990** (2023)

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Form 990 (2023) 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_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
·	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
8	, ,	_		x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			37
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			l
	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	X	
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		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	<u> </u>		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa	- 21	
b		406		x
40	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		-
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			_V
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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		<u> X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			l
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		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
20a		20a		Х
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		х

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Part IV Checklist of Required Schedules (contin	ued)
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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		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	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			7.7
	Schedule K. If "No," go to line 25a	24a		<u>X</u>
	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		
	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	05-		х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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	OEL		х
26	Schedule L, Part I	25b		
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%			
		26		х
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	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		х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
_	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
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		<u>X</u>
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a 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?	_		₹7
	If "Yes," complete Schedule R, Part V, line 2	36_		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Pai	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
. u	Check if Schedule O contains a response or note to any line in this Part V			
	Check if Schedule O Contains a response of hote to any line in this Fait v			N ₂
1.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
ıa b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 36 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
·	(gambling) winnings to prize winners?	1c	Х	
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	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	330	<u> </u>	age •
	Continued)		Voc	No
20	Enter the number of employees reported an Earm W.2. Transmittal of Wags and Tay Statements		Yes	No
Za	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 55			
L		2b	Х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	3a	- 25	Х
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b		-25
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30		
4 a	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h	If "Yes," enter the name of the foreign country	40		
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	We the second of the second to second the second the second to second the second the second to second the second the second the second the second the second to second the sec	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	00		
-	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<u> </u>		
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
a	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		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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? N/A	9a		<u> </u>
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 N/A 10a	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A 11a	4		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans 13b	-		
C 140	Enter the amount of reserves on hand Did the exemplation receive any payments for indeed temping convices during the tay year?	4.1-		Х
14a	0 717	14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		\vdash
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		X
	excess parachute payment(s) during the year? If "Vee " see the instructions and file Form 4720. Schedule N.	15		
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
10	If "Yes," complete Form 4720, Schedule O.	10		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
••	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17		1
	27 22			-

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If "Yes," complete Form 6069.

Form **990** (2023)

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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						X
Sec	tion A. Governing Body and Management						
			ı	. —		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		4			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other				
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision				
	of officers, directors, trustees, or key employees to a management company or other person?			L	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	. L	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asset	ets?		. L	5		X
6	Did the organization have members or stockholders?			L	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or				
	more members of the governing body?			Ŀ	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	olders, or				
	persons other than the governing body?			Ŀ	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by th	e following:				
а	The governing body?			L	8a	X	
b	Each committee with authority to act on behalf of the governing body?			L	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	at the				
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			.	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	<u>venue</u>	Code.)				
				_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			1	0a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.	apters	s, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			. 1	0b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befo	re filing the form?	1	1a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			1	2a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	. 1	2b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," a	lescribe				
	on Schedule O how this was done			1	2c	X	
13	Did the organization have a written whistleblower policy?			L	13	X	
14	Did the organization have a written document retention and destruction policy?			L	14	X	
15	Did the process for determining compensation of the following persons include a review and approval	l by in	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
	The organization's CEO, Executive Director, or top management official			1	5a	X	
b	Other officers or key employees of the organization			1	5b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nent w	vith a				
	taxable entity during the year?			1	6a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	า'ร				
	exempt status with respect to such arrangements?			_ 1	6b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE	0					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	id 990	0-T (section 501(c)(3)s o	nly) a	ıvailal	ole
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explain	on S	chedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict (of interest policy, a	nd fii	nanc	ial	
	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 boo	ks an	d records				
	KYLE HERRIG - (202)517-1172						
	1919 M ST NW STE 450 WASHINGTON DC 20036						

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest 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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization r	nor any related	orga	niza	tion	con	nper	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)							(D)	(E)	(F)
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated
	hours per	box	oox, unless person is both an compensation comp					compensation	amount of	
	week		T an	iu a u	recid	Tritus	iee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	ord	e e			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the
	organizations	rustee	l trus		ee.	ubeu		1099-NEC)	1099-NEC)	organization and related
	below	dual t	rtiona	L	oldu	st cor	_	10001420)		organizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			orgamizatione
(1) KYLE HERRIG	40.00									
PRES/SENIOR ADVISOR - EFF. 9/2023				Х				268,153.	0.	39,714.
(2) ANTHONY CARRK	40.00									
EXECUTIVE DIRECTOR				Х				230,480.	0.	47,198.
(3) NICHOLAS HACKWORTH	40.00									
SENIOR ADVISOR						X		217,250.	0.	50,907.
(4) ANGELA CANTERBURY	40.00	1						1-1-1-1		
VP OF GOVERNMENT AFFAIRS	1					X		171,943.	0.	52,395.
(5) SARAH BRUNO	40.00	_		l				100 000		00 560
CHIEF OF STAFF	40.00			Х				199,320.	0.	20,560.
(6) DEREK MARTIN	40.00	1				,,		165 410	_	00 700
DIRECTOR OF RESEARCH AND CAMPAIGNS	40.00	ļ				X		165,410.	0.	23,780.
(7) JULIA EZELL-THOMAS	40.00	1						120 021	_	20 440
DIGITAL DIRECTOR	40.00					X		139,031.	0.	39,449.
(8) ELIZABETH PRICE	40.00	4						146 404	_	00 005
DIRECTOR, STRATEGIC PARTNERSHIPS	40.00	ļ				X		146,404.	0.	22,895.
(9) CAROLINE CICCONE	40.00	1						150 500	_	11 000
PRESIDENT (FROM 6/2023)	1 00	ļ		Х				152,788.	0.	11,892.
(10) MINDY MYERS	1.00	.,		,,					_	0
TREASURER	1 00	Х		Х				0.	0.	0.
(11) JESS MAHER	1.00							_	0	0
BOARD MEMBER (12) SHRIPAL SHAH	1.00	Х						0.	0.	0.
BOARD MEMBER	1.00	х						0.	0.	0.
(13) BRAD WOODHOUSE	1.00	Λ						0.	0.	0.
BOARD MEMBER	1.00	х						0.	0.	0.
BOARD MEMBER		Δ						0.	0.	0.
		1								
		1								
	1									
		1								
		1								
	•	•	_	_		_		•	•	

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Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)																		
	(A) (B) (C				C)			(D)	(E)			(F)							
	Name and title	Average	(do		Pos		l than c	no	Reportable	Reportable		Es	timate	ed					
		hours per	box,	unles	ss per	rson i	s both	an	compensation	compensation	n	an	nount	of					
		week		cer an	d a d	irecto	r/trust	ee)	from	from related	t t		other						
		(list any	rector						the	organization			pensa 						
		hours for related	or di	ee			ated		organization	(W-2/1099-MIS			om th						
		organizations	ustee	trust		e e	suedu		(W-2/1099-MISC/	1099-NEC)		•	anizat d relat						
		below	ual tr	tional		yoldı	t con	_	1099-NEC)				anizati						
		line)	Individual trustee or director	Institutional trustee	Officer	sey employee	Highest compensated employee	Former				orge	ai iiZati	0110					
				_		×	1 0												
	Culatatal								1,690,779.		0.	3.0	8,79	<u>an</u>					
	Subtotal Total from continuation sheets to Part VII								0.		0.	50	0 , , .	0.					
									1,690,779.		0.	30	8,7						
_ <u>u</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but no									000 of roportable		300	0, 1.	<i>.</i>					
2	compensation from the organization	or illilited to thi	036	IISLE	u al	ove) WIII	016	ceived more than \$100,	ooo or reportable	5			10					
	compensation from the organization												Yes	No					
3	Did the organization list any former officer,	director, truste	ee, k	ey e	mpl	oye	e, or	hial	hest compensated empl	oyee on	ſ								
	line 1a? If "Yes," complete Schedule J for si	•		•	•	•	•	•		•		3		X					
4	For any individual listed on line 1a, is the su										····								
	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	dule	J fo	or such individual		[4	Х						
5	Did any person listed on line 1a receive or a	ccrue compen	satio	on fr	om	any	unre	late	ed organization or individ	lual for services									
	rendered to the organization? If "Yes." com	plete Schedule	J fo	or su	ıch <u>r</u>	oers	on .					5		X					
Sec	tion B. Independent Contractors																		
1	Complete this table for your five highest con										oensat	tion fro	om						
	the organization. Report compensation for t	the calendar ye	ear e	ndin	ıg w	ith c	or wit	:hin T		ear.									
	(A) Name and business	address							(B) Description of s	ervices	C	(C omper		n					
	1141110 4114 540111000								Name and business address Description of services Compensation										

(A) Name and business address	(B) Description of services	(C) Compensation
GLOBAL STRATEGY GROUP		
215 PARK AVENUE SOUTH, NEW YORK, NY 10003	POLLING & RESEARCH	691,000.
KARL FRISCH	COMMUNICATIONS	
P.O. BOX 3072, OAKTON, VA 22124	CONSULTING	180,000.
LEVY FIRESTONE MUSE		
900 17TH STREET NW, WASHINGTON, DC 20006	LEGAL SERVICES	147,682.
THE OWNER'S REPRESENTATIVE, 1401 K ST NW	ACCOUNTING &	
SUITE 700, WASHINGTON, DC 20005	FINANCIAL CONSULTING	130,000.
ELIAS LAW GROUP, 250 MASSACHUSETTS AVE NW,		
WASHINGTON, DC 20001	LEGAL SERVICES	113,499.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization 5		

Form **990** (2023)

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Form 990 (2023) ACCOUNTABLE . US
Part VIII Statement of Revenue

			Check if Schedule O cont	tains a respo	nse o	or note to anv lin	e in this Part VIII			
						,	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
								function revenue	business revenue	sections 512 - 514
SS	1	_	Federated campaigns	1a						
Contributions, Gifts, Grants and Other Similar Amounts	•		Membership dues							
S S			Fundraising events							
fts,			Related organizations							
ij gi										
ons,			Government grants (contribut							
utic		T	All other contributions, gifts, gran		7	996 727				
^듩			similar amounts not included abo			896,727.				
ont		-	Noncash contributions included in lines	1a-1f 1g	<u> </u>		7,896,727 .			
<u>0 a</u>		n	Total. Add lines 1a-1f				7,090,727.			
	_					Business Code				
<u>ic</u> e	2	а								
erv		b								
n S		С								
Program Service Revenue		d								
		е								
Ē		f	All other program service reve	enue						
_		g	Total. Add lines 2a-2f							
	3		Investment income (including	dividends, i	ntere	st, and				
			other similar amounts)				91,205.			91,205.
	4		Income from investment of ta	x-exempt bo	nd p	roceeds				
	5		Royalties							
				(i) Rea	I	(ii) Personal				
	6	а	Gross rents 6a	1						
			Less: rental expenses 6b	,						
		С	Rental income or (loss) 6c	;						
		d	Net rental income or (loss)							
	7	а	Gross amount from sales of	(i) Securi	ties	(ii) Other				
			assets other than inventory 7a	1						
		b	Less: cost or other basis							
ē			and sales expenses 7b	,						
her Revenue		С	Gain or (loss) 7c							
Şe		d	Net gain or (loss)	•		•				
e	8		Gross income from fundraising ev							
됩	_		including \$	•						
			contributions reported on line							
			Part IV, line 18	,	8a					
		b	Less: direct expenses		8b					
			Net income or (loss) from fund		_					
	9		Gross income from gaming ac	-						
	·	_	Part IV, line 19		9a					
		h	Less: direct expenses							
			Net income or (loss) from gam							
	10		Gross sales of inventory, less		Ĭ					
	10	u	and allowances		10a					
		h	Less: cost of goods sold							
			Net income or (loss) from sale							
\neg			. tot moonto or hoss) nom sale	, or miverill	. у	Business Code				
ns	44	_				Buomese seus				
Jeo Teo	• •									
Miscellaneous Revenue										
Sce Be		q	All other revenue							
Ξ			All other revenue							
	10		Total Add lines 11a-11d				7,987,932.	0.	0.	91,205.
	12		Total revenue. See instructions				1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 0.	ı	<u> </u>

Form 990 (2023) ACCOUNTABLE . US Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must com	nolete column (A)	
00011	Check if Schedule O contains a respons			ipiete column (A).	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		•
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	970,105.	758,385.	158,412.	53,308.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,312,797.	3,089,709.	202,362.	20,726.
8	Pension plan accruals and contributions (include	22 222	05 440	4 = 40	
	section 401(k) and 403(b) employer contributions)	92,320.	87,418.	4,748.	154. 6,173.
9	Other employee benefits	530,561.	483,529.	40,859.	6,173.
10	Payroll taxes	319,458.	287,762.	26,463.	5,233.
11	Fees for services (nonemployees):				
а	Management	104 502	116 010	F 065	
b	Legal	124,783.	116,818.	7,965.	410
	Accounting	192,396.	22,967.	169,010.	419.
	, , , , , , , , , , , , , , , , , , , ,				
е	Professional fundraising services. See Part IV, line 17	4,200.		4 200	
f	Investment management fees	4,200.		4,200.	
g	Other. (If line 11g amount exceeds 10% of line 25,	1,596,191.	1 200 706	111,395.	06 000
40	column (A), amount, list line 11g expenses on Sch 0.)	40,600.	1,388,796.	111,393.	96,000.
12	Advertising and promotion	208,604.	187,486.	17,807.	3,311.
13	Office expenses	55,418.	50,037.	4,471.	910.
14	Information technology	33,410.	30,037.	4,4/10	<u> </u>
15	Royalties	399,443.	360,663.	32,222.	6,558.
16 17	Occupancy Travel	138,294.	64,813.	73,481.	0,330.
17 18	Payments of travel or entertainment expenses	150,254.	04,013.	73,401.	
10	for any federal, state, or local public officials				
10	Conferences, conventions, and meetings				
19 20	-				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	68,674.		68,674.	
23	Insurance	45,260.	5,680.	39,478.	102.
24	Other expenses. Itemize expenses not covered	20,200	0,000	33 / 2 . 3 .	
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
_	amount, list line 24e expenses on Schedule 0.) SUBS • & DATABASES	503,409.	475,289.	8,023.	20,097.
a b	PROF. DEVELOPMENT	35,760.	32,874.	2,886.	20,0010
C	LICENSE & REGISTRATION	10,808.	2,757.	8,005.	46.
d	NON CAPITAL EQUIPMENT	3,852.	982.	2,853.	17.
-	All other expenses	1,385.	1,062.	305.	18.
25	Total functional expenses. Add lines 1 through 24e	8,654,318.	7,457,627.	983,619.	213,072.
26	Joint costs. Complete this line only if the organization	2,002,0200	.,, 0270	200,0200	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					000

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ACCOUNTABLE.US

Form 990 (2023)
Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or no	ote to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			173,036.	1	227,716
	2	Savings and temporary cash investments			3,530,004.	2	51,241
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			2,050,000.	4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
		controlled entity or family member of any of the	ese perso	ns		5	
	6	Loans and other receivables from other disqua	alified per	sons (as defined			
		under section 4958(f)(1)), and persons describe	ed in sect	ion 4958(c)(3)(B)		6	
t2	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	Prepaid expenses and deferred charges			152,655.	9	135,560
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a				
	b	Less: accumulated depreciation		99,027.	52,216.	10c	239,059
	11	Investments - publicly traded securities				11	4,750,498
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			16.000	14	000 100
	15	Other assets. See Part IV, line 11			16,800.	15	838,198
_	16	Total assets. Add lines 1 through 15 (must eq			5,974,711.	16	6,242,272
	17	Accounts payable and accrued expenses			431,968.	17	401,908
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or for					
		trustee, key employee, creator or founder, sub		Г			
Liabilities	00	controlled entity or family member of any of the		Г		22	
	23	Secured mortgages and notes payable to unre		· · · · · · · ·		23	
	24 25	Unsecured notes and loans payable to unrelat Other liabilities (including federal income tax, p				24	
	25	, ,	,				
		parties, and other liabilities not included on line of Schedule D	-	·	0.	25	918,074
	26	of Schedule D Total liabilities. Add lines 17 through 25			431,968.	26	1,319,982
\dashv	20	Organizations that follow FASB ASC 958, ch	neck here	X	431,3001	20	1,313,302
န္မ		and complete lines 27, 28, 32, and 33.	icok ner	, L==			
<u>۾</u>	27	Net assets without donor restrictions		ľ	3,492,743.	27	4,922,290
33	28	Net assets with donor restrictions			2,050,000.	28	0
<u>6</u>		Organizations that do not follow FASB ASC			<u> </u>		
ᆵ		and complete lines 29 through 33.	,				
<u>ه</u>	29	Capital stock or trust principal, or current fund	S	ľ		29	
jets	30	Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated				31	
et '	32	Total net assets or fund balances			5,542,743.	32	4,922,290
- ·							

Form **990** (2023)

Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,98		
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,65		
3	Revenue less expenses. Subtract line 2 from line 1	3	-66		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,54	2,7	<u>43.</u>
5	Net unrealized gains (losses) on investments	5	4	5,9	33.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4,92	2,2	90.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
	·			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
_	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:	,			
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit.			
•	review, or compilation of its financial statements and selection of an independent accountant?	•	2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ed audit	. 54		
~		addit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

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.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

ACCOUNTABLE • US Employer identification number 83-4158350

P	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.							
The	ne organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)							
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in sect				` ` ` ` `	<i>,</i> , , , , , , , , , , , , , , , , , ,	
3		A hospital or a cooperative				/b)(1)(A)(ii	i).	
4	H	A medical research organiz					•	the hospital's name
7		city, and state:	ation operated in cor	ijanotion with a noopital	accombca	III SCOLIO	ii iro(b)(i)(A)(iii). Einoi	the nospital o name,
5		An organization operated for	or the benefit of a col	llege or university owned	l or operat	ed by a go	wernmental unit describe	ad in
5		•		nege of university owned	or operati	ed by a go	verninental unit describe	5U III
		section 170(b)(1)(A)(iv). (C					· .	
6	37	A federal, state, or local gov						
7	X	An organization that norma		ntial part of its support fr	om a gove	ernmental	unit or from the general p	oublic described in
		section 170(b)(1)(A)(vi). (C						
8	Ш	A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the college	or
		university:						
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Co	mplete Part III.)					
11		An organization organized a	and operated exclusi	vely to test for public sat	fety. See	section 50)9(a)(4).	
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he function	ns of, or to carry out the	purposes of one or
		more publicly supported or	· ·	•	•		•	
		lines 12a through 12d that	-					
	a 🗌	Type I. A supporting orga	* *					aivina
		the supported organization	· · · · · · · · · · · · · · · · · · ·	•	•	_		
		organization. You must o			majority c	in the direct	1010 01 1100000 01 110 00	apporting
	o [Type II. A supporting org	-		ion with it	e cupporto	nd organization(s), by bay	ina
			•					-
		control or management o			ame perso	ns that co	ntroi or manage the supp	oortea
		organization(s). You mus			:			
(ed with,
	. —	its supported organization						
(d [• • • • • • • • • • • • • • • • • • • •	
		that is not functionally int	-		•		•	/eness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.	
(e	Check this box if the orga					Type I, Type II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.		
		er the number of supported o						
9		vide the following information			(iv) lo the erac	nization listed		
		(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	nization listed ing document?	(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
Tot	al							

332021 12-21-23

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	49,850.	12085000.	8828391.	8351222.	7896727.	37211190.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	49,850.	12085000.	8828391.	8351222.	7896727.	37211190.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						37211190.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	49,850.	12085000.	8828391.	8351222.	7896727.	37211190.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources		2,911.	3,914.	13,389.	91,205.	111,419.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						37322609.
	Gross receipts from related activities,					12	118,562.
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	ear as a section 50	01(c)(3)	
<u> </u>	organization, check this box and stop						X
	ction C. Computation of Publi			. (5)			
	Public support percentage for 2023 (I					14	<u>%</u>
	Public support percentage from 2022					15	<u>%</u>
16a	33 1/3% support test - 2023. If the c						
	stop here. The organization qualifies						
t	33 1/3% support test - 2022. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	•					*
	and if the organization meets the fact			-		_	
	meets the facts-and-circumstances te	· ·	•			7	
b	10% -facts-and-circumstances test	•				•	10% or
	more, and if the organization meets the						
40	organization meets the facts-and-circu						
18	Private foundation. If the organization	n dia not check a l	DOX ON TIME 13, 168	a, 100, 1/a, 0r 1/b	o, check this box at		
						Scriedule A	(Form 990) 2023

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	etion A. Public Support	clow, picase comp	oicte i art ii.)				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	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						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	, ,		, ,	, ,		
10a	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						
С	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organization	on,
	check this box and stop here						
Sec	tion C. Computation of Publi	c Support Per	rcentage				
	Public support percentage for 2023 (I		•	column (f))		15	%
	Public support percentage from 2022					16	%
	tion D. Computation of Inves					 	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	<u>%</u>
19a	33 1/3% support tests - 2023. If the						/ is not
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2022. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 $1/3\%$, che	ck this box and st	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	his hox and see in	structions	

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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.)

	Yes	No
1		
2		
3a		
3b		
3c		
40		
4a		
4b		
75		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
_		
9c		
10a		
10b		
IUD		

Par	Supporting Organizations (continued)			
			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on 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,			
	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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion 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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	•		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	;).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstruction	ıs).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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.	3a		
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.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	1100000 Tage 0
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu			
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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		

Schedule A (Form 990) 2023

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

instructions).

Schedule A (Form 990) 2023

e Excess from 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2023

Employer identification number

ACCOUNTABLE.US 83-4158350 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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), 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 \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

83-4158350

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$\$\$\$	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 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.)

Schedule B (Form 990) (2023) Page **3**

Name of organization Employer identification number

ACCOUNTABLE.US 83-4158350

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Page 4

Name of organization **Employer identification number** ACCOUNTABLE.US 83-4158350 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C

(Form 990)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

2023

Open to Public Inspection

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

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

- Section 501(c)(3) organizations that have filed Form 5768 (election 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. Name of organization **Employer identification number** 83-4158350 ACCOUNTABLE.US Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures Volunteer hours for political campaign activities Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? No 4a Was a correction made? Yes Nο b If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received and promptly and directly funds. If none, enter -0-. delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990) 2023

Schedule C (Form 990) 2023

(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

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 e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(2	1)	(b) <u> </u>
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?		X		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X	77		
	Media advertisements?		X		
	Mailings to members, legislators, or the public?		X		124.
	Publications, or published or broadcast statements?	X		3.0	,573.
	Grants to other organizations for lobbying purposes?	X		30	982.
	Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		5	$\frac{902.}{5,204.}$
	0.11		Х		, 20
-	Other activities? Total. Add lines 1c through 1i		21	3.6	,883.
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		Х		,,,,,,,
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(o), or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 504(a)(c)(4), section 504(a)(c)(6)(c)(6)(•		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No" OR	(b) Part I	II-A, line	3, IS
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
С			2c		
3			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
_	expenditures next year?		I		
	Taxable amount of lobbying and political expenditures. See instructions t IV Supplemental Information		5		
	- 1	5	A 11 - 4	10/	
	ide 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	nd 2 (see	
	uctions); and Part II·B, line 1. Also, complete this part for any additional information. RT II-B, LINE 1, LOBBYING ACTIVITIES:				
LVI	TI II-D, DINE I, DOBBIING ACTIVITIES.				
<u>AC</u>	COUNTABLE.US STAFF WORKED ON PUBLICATIONS AND STATES	MENT PE	REPARA	TION,	
GR	ANT PREPARATION, EVENTS, AND HAD DIRECT CONTACT WITH	H GOVER	RNMENT		
EM	PLOYEES.				

Schedule C (Form 990) 2023

SCHEDULE D (Form 990)

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.

OMB No. 1545-0047 Inspection

Name of the organization

ACCOUNTABLE.US

Employer identification number 83-4158350

Par			or Accounts. Complete if the			
	organization answered "Yes" on Form 990, Part I	V, line 6.				
		(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 advisor	_				
	are the organization's property, subject to the organization	on's exclusive legal control?	Yes No			
6	Did the organization inform all grantees, donors, and dor	0 0	•			
	for charitable purposes and not for the benefit of the dor	nor or donor advisor, or for any other purpose o				
Da						
	rt II Conservation Easements. Complete if th		Part IV, line 7.			
1	Purpose(s) of conservation easements held by the organ					
	Preservation of land for public use (for example, re	· —	a historically important land area			
	Protection of natural habitat	Preservation of	a certified historic structure			
•	Preservation of open space	ruplified concernation contribution in the form	of a concentation accoment on the last			
2	Complete lines 2a through 2d if the organization held a c day of the tax year.	quaimed conservation contribution in the form of	Held at the End of the Tax Year			
_						
C		c structure included on line 2a				
	Number of conservation easements included on line 2c a	***************************************				
	on a historic structure listed in the National Register		2d			
3	Number of conservation easements modified, transferred					
	year	, , , , , , , , , , , , , , , , , , , ,	3			
4	Number of states where property subject to conservation	n easement is located				
5	Does the organization have a written policy regarding the					
	violations, and enforcement of the conservation easemer		Yes No			
6	Staff and volunteer hours devoted to monitoring, inspect					
7	Amount of expenses incurred in monitoring, inspecting, I	handling of violations, and enforcing conservat	ion easements during the year			
8	Does each conservation easement reported on line 2d al	bove satisfy the requirements of section 170(h)				
9	In Part XIII, describe how the organization reports conse	•				
	balance sheet, and include, if applicable, the text of the f	footnote to the organization's financial stateme	ents that describes the			
Dai	organization's accounting for conservation easements. rt III Organizations Maintaining Collections	s of Art Historical Transuras or Ot	har Similar Assats			
Fai			nei Siiniai Assets.			
	Complete if the organization answered "Yes" on F		and brades are also ask consider			
па	If the organization elected, as permitted under FASB ASI	•				
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public					
h	service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of					
ь	art, historical treasures, or other similar assets held for p	•				
	provide the following amounts relating to these items.	ublic exhibition, education, of research in furth	erance of public service,			
			¢			
	(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, historica	al treasures or other similar assets for financial				
_	the following amounts required to be reported under FAS		gain, provide			
а	Revenue included on Form 990, Part VIII, line 1	-	\$			
			A			
	For Paperwork Reduction Act Notice, see the Instruct		Schedule D (Form 990) 2023			

Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value				
1a Land								
b Buildings								
c Leasehold improvements		171,387.	59,476.	111,911.				
d Equipment								
e Other		166,699.	39,551.	127,148.				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))								

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 ACCOUNTABLE	83	83-4158350 Page 3		
Part VII Investments - Other Securities	an Farm 000 Dart IV line 1	1h Can Faura 000 Bart V line 10		
Complete if the organization answered "Yes"			d afa	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	a-or-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, line 12, col. (B))				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	1c. See Form 990. Part X. line 13		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value	
	(b) Book value	(b) Method of Valuation. Cost of one	a or your market value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))				
Part IX Other Assets				
Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	1d. See Form 990. Part X. line 15.		
	Description		(b) Book value	
(1) DEPOSIT	, досоправон		47,373	٦.
(2) RIGHT-OF-USE ASSET			790,825	
(3)			750,025	<u>•</u>
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, line 15, co	ol (R))		838,198	3.
Part X Other Liabilities	או. (ט)		0007=20	
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25		
1. (a) Description of liability	, ,	• •	(b) Book value	
(1) Federal income taxes			. ,	
(2) OPERATING LEASE LIABILITY			918,074	4.
(3)			,	<u> </u>
(4)				_
(5)				_
(6)				
(7)				_
(8)				_

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

Schedule D (Form 990) 2023

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

1 2 Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements

a Net unrealized gains (losses) on investments

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

2a

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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Part I | Questions Regarding Compensation

Employer identification number 83-4158350

			Yes	No
10	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		103	140
IU	Part VII, Section A, line 1a. Complete Part III to provide any or the information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
	Discretionary spending account Personal services (such as maid, chauneur, cher)			
D	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	41.		
^	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation 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 related organization:			
а	Receive a severance payment or change-of-control payment?	4a		_X_
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023

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

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

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	2 and/or 1099-MISC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KYLE HERRIG	Ξ	268,153.	0	0	11,039.	28,675.	307,867.	0
PRES/SENIOR ADVISOR - EFF. 9/2023	(<u>ii</u>)	• 0	• 0	• 0	• 0	0	0 •	0
(2) ANTHONY CARRK	Ξ	230,480.	0.	0.	9,311.	37,887.	277,678.	0
EXECUTIVE DIRECTOR	(ii)	0	0.	0.	0.		0.	0.
(3) NICHOLAS HACKWORTH	(i)	217,250.	0.	0.	*000'6	41,907.	268,157.	0.
SENIOR ADVISOR	(ii)		0.	0.	• 0			0.
(4) ANGELA CANTERBURY	Ξ	171,943.	0	0	6,420.	45,975.	224,338.	0
VP OF GOVERNMENT AFFAIRS	(ii)	0	0	0	• 0	0	0.	0
(5) SARAH BRUNO	(i)	199,320.	• 0	• 0	*000'8	12,560.	219,880.	0
CHIEF OF STAFF	(<u>ii</u>)	• 0	• 0	• 0	• 0	0	0 •	0
(6) DEREK MARTIN	Ξ	155,410.	10,000.	0.	6,616.	17,164.	189,190.	0
DIRECTOR OF RESEARCH AND CAMPAIGNS	(<u>ii</u>)	• 0	• 0	• 0	• 0	0	0 •	0
(7) JULIA EZELL-THOMAS	Ξ	139,031.	0	0	•604	38,740.	178,480.	0
DIGITAL DIRECTOR	(<u>ii</u>)	• 0	• 0	• 0	• 0	0	0 •	0
(8) ELIZABETH PRICE	(i)	141,404.	5,000.	0.	° 100′9	16,801.	169,299.	0.
DIRECTOR, STRATEGIC PARTNERSHIPS	(<u>ii</u>)	0	0	0.	• 0	0.	0.	0
(9) CAROLINE CICCONE	Ξ	152,788.	0.	0.	2,940.	5,952.	164,680.	0
PRESIDENT (FROM 6/2023)	(<u>ii</u>)	• 0	• 0	• 0	• 0	0	0 •	0
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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 THE ENTITY PAID PERFORMANCE BASED (MERIT) BONUS PAYMENTS.
)EREK MARTIN RECEIVED \$ 10,000 AND ELIZABETH PRICE RECEIVED \$ 5,000.
Schedule J (Form 990) 2023

SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

2023
Open to Public Inspection

OMB No. 1545-0047

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

Name of the organization

ACCOUNTABLE.US

Employer identification number 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 OUTSIDE COUNSEL AND 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, 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

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page **2**

 Employer identification number 83-4158350

CONFLICT). THE BOARD OR AN APPLICABLE COMMITTEE DESIGNATED BY THE BOARD

DETERMINES WHETHER A POTENTIAL CONFLICT GIVES RISE TO AN ACTUAL CONFLICT.

AFTER PRESENTING INFORMATION REGARDING THE POTENTIAL CONFLICT, 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 BE PRESENT FOR THE

BOARD'S VOTE ON WHETHER A POTENTIAL CONFLICT GIVES RISE TO 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 COMPENSATION REVIEW FOR

COMPENSATION PAID DURING THE CALENDAR YEAR COVERED BY THIS RETURN TOOK

PLACE MAY 2023.

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 AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

GRAPHIC DESIGN:

Schedule O (Form 990) 2023

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Schedule O (Form 990) 2023	Page 2

Schedule O (Form 990) 2023	Page 2
Name of the organization ACCOUNTABLE • US	Employer identification number 83-4158350
PROGRAM SERVICE EXPENSES	83,212.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	83,212.
RESEARCH & PROJECT SUPPORT:	
PROGRAM SERVICE EXPENSES	233,919.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	233,919.
COMMUNICATIONS:	
PROGRAM SERVICE EXPENSES	917,333.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	917,333.
CONTRACT SERVICES:	
PROGRAM SERVICE EXPENSES	154,332.
MANAGEMENT AND GENERAL EXPENSES	111,395.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	265,727.
INFRASTRUCTURE AND RESEARCH:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	96,000.
TOTAL EXPENSES	96,000.
332212 11-14-23	Schedule O (Form 990) 2023

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Name of the	ne organizat	on AC	COU	NTABL	E.US							Employer identification number 83-4158350
TOTAL	OTHER	FEES	ON	FORM	990,	PART	IX,	LINE	11G,	COL	A	1,596,191.