Form	9	9	0
Departm	nent o	f the	Treasury

Internal Revenue Service

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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

AF	or th	e 202	3 calendar year, or tax year begir	nning		and end	ling				
			C Name of organization					D Employer ide	entifica	tion number	
Вс	heck if ap	oplicable:	ACCION INTERNATIONAL								
	Addre		Doing Business As					13-	-253	5763	
	1 ĭ	change	Number and street (or P.O. box if mail is	not delivered to street address)		Room/suite	;	E Telephone nu			
	+	return	1101 15TH STREET NW,	SUITTE 400				(2)	1213	93-5113	
	Termi		City or town, state or province, country, a					(2)	, , , ,	<u> </u>	
	Amen	ided	WASHINGTON, DC 20005	0 1				G Gross receipt	s \$	35 060 9	80
	return Applic	cation	F Name and address of principal officer:	MICHAEL SCHLE	TN			H(a) Is this a grou			X No
	pendi	ng	SAME AS "C" ABOVE	MICHAEL SCHLE	ΤIN			subordinates H(b) Are all subord	?		No
	Tax ax	empt sta			4047(=)(4)		07			(see instructions)	
			atus: X 501(c)(3) 501(c) (WWW.ACCION.ORG) (insert no.)	4947(a)(1)		527				
				Association Other		L Vee		H(c) Group exemption: 10CE		· · · ·	
_	art I	<u> </u>	nization: X Corporation Trust	Association Other		L rear	orionnal	ion: 1965 M	State o	r legal domicile:	NY
P			, ,		0.0.0.0						
	1	Briefly	v describe the organization's mission o	r most significant activities:	_ <u>SEE</u> S	CHEDUL.	<u>E_O</u>				
Governance											
rna	_										
ove			this box 🕨 🔄 if the organization d	-	•						
	3	Numb	er of voting members of the governing	body (Part VI, line 1a)					3		16
ss &			er of independent voting members of t						4		16
Activities			number of individuals employed in cale						5		114
cti	6	Total r	number of volunteers (estimate if neces	sary)					6		3
۲			unrelated business revenue from Part V						7a		NONE
	b	Net ur	nrelated business taxable income from	Form 990-T, line 34					7b		
								Prior Year		Current Ye	ar
e	8	Contri	butions and grants (Part VIII, line 1h)				ר	6,412,04	4.	21,491	, 498.
Revenue	9	Progra	am service revenue (Part VIII, line 2g)		COP	Y FOR		5,968,76	0.	8,960	,705.
e v	10	Invest	ment income (Part VIII, column (A), line	es 3, 4, and 7d)	PUBLIC IN	NSPECTION	4	13,113,09	3.	2,800	,058.
œ	11	Other	revenue (Part VIII, column (A), lines 5,	6d, 8c, 9c, 10c, and 11e)			_	639,08	4.	713	,128.
			revenue - add lines 8 through 11 (must				-	26,132,98	1.	33,965	
			s and similar amounts paid (Part IX, colu					3,266,36		3,563	
			its paid to or for members (Part IX, colu						ONE		NONE
s	4.5		es, other compensation, employee bene					17,319,09	8.	17,600	,569.
Expenses	16a		ssional fundraising fees (Part IX, column						ONE	·	NONE
Del	b	Total f	fundraising expenses (Part IX, column (I	D). line 25) ► 2,96	50.069.		•				
ш	17		expenses (Part IX, column (A), lines 11					10,242,61	0.	10,061	.256.
			expenses. Add lines 13-17 (must equal					30,828,07		31,225	
			nue less expenses. Subtract line 18 from					-4,695,09		2,739	
es		110101						ning of Current Y		End of Yea	
Net Assets or Fund Balances	20	Total	assets (Part X, line 16)					27,090,56		372,785	
Ass Bal	21		liabilities (Part X, line 26)				-	19,128,67		6,776	
und.	22		ssets or fund balances. Subtract line 21					107,961,89		366,008	
	rt II		gnature Block				• •	<u>, , , , , , , , , , , , , , , , , , , </u>	0.	3007000	,
			of perjury, I declare that I have examined th	is return, including accompar	nvina schedu	les and stat	ements, a	nd to the best of	mv kn	owledge and be	elief, it is
true	e, corre	ect, and	complete. Declaration of preparer (other than	officer) is based on all inform	ation of whi	ch preparer	has any kr	nowledge.	,		
Sig	n		Signature of officer					Date			
He	re		C C C C C C C C C C C C C C C C C C C		CFO						
			LO SILVA Type or print name and title		CFU						
			Type preparer's name	Preparer's signature		Date			., PT	īN	
Paic	ł							Check			
Pre	parer	MARC		MARC BERGER					1	01871563	
Use	Only		sname BDO USA			00105		Firm's EIN 🕨		-5381590	
N.4.:	, 41 ¹¹		address > 8401 GREENSBORO			22102		Phone no.	70	3-893-060	
			cuss this return with the preparer show			<u></u>	<u></u>			X Yes	No
For	Pape	rwork	Reduction Act Notice, see the separat	e instructions.						Form 99() (2023)

For	m 990 (202	23)			Page 2
Ρ	art III	Statement of Program S			
1	Briefly d	escribe the organization's	tains a response or note to any line i mission [.]	n this Part III	Х
·	•	CHEDULE O			
	Did the	arganization undertaka an	v cignificant program convisos duri	a the year which were not listed	on the
2			y significant program services durir		
	' If "Yes,"	describe these new service	es on Schedule O.		
3			ducting, or make significant chan		
		?describe these changes on			Yes X No
4		•	am service accomplishments for e	each of its three largest program	services, as measured by
	expense	s. Section 501(c)(3) and	501(c)(4) organizations are require	ed to report the amount of grants	
	the total	expenses, and revenue, if	any, for each program service repor	ted.	
40	(Codo:) (Evropoo ¢	including grants of		
4a)(Expenses \$) SCHEDULE O	10,151,325. including grants of §	52,932,967)(Revenue \$	2,142,347.)
4	(Cada)) ([])	including grants of (· · · · · · · · · · · · · · · · · · ·
40	(Code:)(Expenses \$ SCHEDULE O	5,461,794. including grants of §	577,360.) (Revenue \$	6,219,325.)
		CHEDOLE O			
40	(Cada:) (Expenses \$	a con cue including grante of		
40	(Code:)(Expenses \$) SCHEDULE O	3,609,641. including grants of \$	53,558.) (Revenue \$	160,441.)
4.1	Other	agrom ponvisco (Deserit-	an Sahadula ()		
4d	Other pi (Expens	rogram services (Describe es \$ 2,484,965. inclue		(Revenue \$ 438,592.)	
4e	<u>, ,</u>	ogram service expenses	21,707,725.	(1.0701100 ψ 438, 592.)	
JSA		C T T T T T T T T T T	, , , , , , , , , , , , , , , , , , ,		Form 990 (2023)
		3NT L43V	018	1819	9

-	90 (2023)		F	Page 3
Part	V 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,"		162	
•	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		X
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,			37
6	assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		X
0	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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
40	debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
••	VII, VII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	Х	
a	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		v
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110	21	<u> </u>
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			3.7
19	Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		X
19	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
10.	domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Х	
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	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		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a discussion during the year? If "Yea" complete Schedule I. Part I.	250		v
h	transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		X
U	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I.	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		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? If			
	"Yes," complete Schedule L, Part IV	28a		Х
	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b		Х
С	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,"	~~		3.7
22	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? <i>If "Yes," complete Schedule R, Part I</i>	33	v	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		Х	
04	or IV, and Part V, line 1.	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	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	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	Х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
_	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		X
4 -	Enter the number reported in her 2 of Form 1006. Enter 0 if not employed a		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b NONE Did the organization comply with backup withholding rules for reportable payments to vendors and			
C	reportable gaming (gambling) winnings to prize winners?	1c	Х	
JSA				(2023)
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 114			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х	
b	If "Yes," enter the name of the foreign country SEE SCHEDULE O			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	•		
_	organization solicit 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	C h		
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a		Х
h	and services provided to the payor?	7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	10		
U	required to file Form 8282?	7c		Х
Ь	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	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?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	120		
	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 12b Section 501(c)(29) qualified nonprofit health insurance issuers.			
13	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.	Teu		
h	Enter the amount of reserves the organization is required to maintain by the states in which			
D.	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
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?	17		
	If "Yes," complete Form 6069.			

Form 9	90 (2023)		F	age 6
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.			tions.
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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			
b	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	-		
-	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
Ŭ	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
· u	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
Ŭ	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
•	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a	Х	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b	Х	
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedSEE_SCHEDULE_O			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other <i>(explain on Schedule O)</i>	T (sec	tion 5	01(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	of inter	rest n	olicy
	and financial statements available to the public during the tax year.		p	2.1 0 y ,
20	State the name, address, and telephone number of the person who possesses the organization's books and record	ls.		
	PAULO SILVA 1101 15TH STREET NW, SUITE 400 WASHINGTON, DC 20005			
	202-393-5113	Form	990	(2023)
JSA 3E1042	2 000			,

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

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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	erson	e than c is both or/trust Highest compensated	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
						ä				
(1) ESTEBAN ALTSCHUL	50.00									
C00	NONE			х				621,412.	NONE	75 , 711.
(2) MICHAEL SCHLEIN	50.00									· · · ·
CEO	NONE			Х				560,705.	NONE	36,826.
(3) JOHN FISCHER	50.00									
CIO	NONE				X			358,721.	NONE	51,408.
(4) MAYADA EL-ZOGHBI	50.00									
SENIOR VP	NONE					Х		363,269.	NONE	30,643.
(5) NJORD ANDREWES	NONE									
SENIOR VP	50.00					Х		NONE	298,767.	51,663.
(6) AMEE PARBHOO	50.00									
SENIOR VP (AS OF 02/01/23)	50.00					Х		91,169.	212,934.	38,471.
(7) VICTORIA WHITE	50.00									
SENIOR VP	NONE					Х		279,365.	NONE	56,212.
(8) LIVINGSTON PARSONS III	50.00	-								
CFO	NONE			Х				270,873.	NONE	57,364.
(9) MARIA HERMIDA	50.00	-								
ASST. SEC & GENERAL COUNSEL	NONE			Х				285,027.	NONE	23,472.
(10) MELISSA BAEZ	50.00	-								
SENIOR VP	NONE					Х		249,297.	NONE	45,307.
(11) VIKAS RAJ	NONE									
SENIOR VP	NONE						Х	262,698.	NONE	NONE
(12) TAHIRA DOSANI	NONE									
SENIOR VP	NONE						Х	262,698.	NONE	NONE
(13) BRANDIE CONFORTI	50.00	-								
SENIOR VP	NONE				X			207,919.	NONE	25,666.
(14) ELLEN BAUER	50.00									
ASSISTANT SECRETARY	NONE			Х				98,066.	NONE	19,386.

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Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	yee	es,	and I	lig	hest Compensat	ed Employees (d	continued)
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	er (do not check more than one any box, unless person is both an or officer and a director/trustee)		Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation				
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
15) DIANA TAYLOR	6.00									
CHAIR	NONE	Х		Х				NONE	NONE	NONE
16) RON HOGE	6.00									
VICE CHAIR	NONE	Х		Х				NONE	NONE	NONE
17) BARBARA LUCAS	6.00									
VICE CHAIR (AS OF 06/01/23)	NONE	Х		Х				NONE	NONE	NONE
18) PHILIP RIESE	6.00									
TREASURER	NONE	Х		Х				NONE	NONE	NONE
19) THOMAS C. BARRY	6.00									
SECRETARY (AS OF 06/01/23)	NONE	Х		Х				NONE	NONE	NONE
20) JULIET ANAMMAH	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
21) BEVERLY ANDERSON	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
22) TS ANIL	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
23) BOB ANNIBALE	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
24) TITUS BRENNINKMEIJER	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
25) BETH HURVITZ	1.00									
DIRECTOR (AS OF 06/01/23)	NONE	X						NONE	NONE	NONE
dh. Outh Astal								3,911,219.	511,701.	512,129.
c Total from continuation sheets to Part VII,						• • •	•	NONE		
d Total (add lines 1b and 1c)	-						-	3,911,219.		512,129.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 47

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
Total number of independent contractors (including but not limited to the more than \$100,000 in compensation from the organization ►	se listed above) who received	

Yes No

3

4

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(A)		;y ∟⊓ ∣	ipio			my		ed Employees (d	
Name and title	(B) Average hours per week (list any	(C) Position (do not check more than of box, unless person is both					(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	office or director			employee Key employee		- the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
6) TARA KENNEY	1.00								
IRECTOR	NONE	X		_			NONE	NONE	N
7) LINDA KIRKPATRICK	1.00								
DIRECTOR (AS OF 06/01/23)	NONE 1 00	X		_		-	NONE	NONE	N
8) ELIZABETH MCCAUL	1.00	v					NONE	NONE	
DIRECTOR	NONE 1 00	X		-			NONE	NONE	N
9) MICHAEL MIEBACH	$\frac{1.00}{NONE}$	v					NONE	NONE	DT/
DIRECTOR (THRU 11/01/23)	NONE	X	\vdash	+		-	NONE	NONE	N
0) <u>HENRY MILLER</u> IRECTOR	<u>1.00</u> - NONE	X					NONE	NONE	N
1) ΕΡΛΙ ΟΠΙΤΟΛΝΙΙ	1.00			-			INCINE	INOINE	111
I) ERAS SHIRVANI IRECTOR	H	X					NONE	NONE	N
2) NICK TAIMAD	1.00			-		-	INCINE	INCINE	111
IRECTOR (THRU 02/01/23)	NONE	x					NONE	NONE	N
		-							
	+	-							
b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A			• •					
Total number of individuals (including but not reportable compensation from the organizatio	limited to t					o re	eceived more than	\$100,000 of	
									Yes I 3 X
Did the organization list any former offic employee on line 1a? <i>If "Yes," complete Sched</i>	ule J for suc		, viau	<i>a</i> .					
employee on line 1a? If "Yes," complete Sched	sum of rep eater than	oortab \$15	le co 0,00	omp)0?	ensatio <i>If "Ye</i>	S, "	nd other compens complete Schedu	sation from the le J for such	4 X
employee on line 1a? <i>If "Yes," complete Sched</i> For any individual listed on line 1a, is the organization and related organizations gr <i>individual</i> Did any person listed on line 1a receive or for services rendered to the organization? <i>If "Ye</i>	sum of rep eater than accrue col	oortab \$15 mpen	le co 0,00 satio	omp)0? 	ensatic <i>If "Ye</i> om an <u>y</u>	s," ••• / un	complete Schedu related organizatio	le J for such	4 X 5
employee on line 1a? <i>If "Yes," complete Sched</i> For any individual listed on line 1a, is the organization and related organizations gr <i>individual</i> Did any person listed on line 1a receive or for services rendered to the organization? <i>If "Y</i> ection B. Independent Contractors	sum of rep eater than accrue con és," complet	oortab \$15 mpen <u>te Sch</u>	le co 0,00 satio	omp)0? on fr <u>e J f</u>	ensatic <i>If "Ye</i> om an <u></u> for such	s," , un per	complete Schedu related organizationson	le J for such	5
employee on line 1a? <i>If "Yes," complete Sched</i> For any individual listed on line 1a, is the organization and related organizations gr <i>individual</i> Did any person listed on line 1a receive or for services rendered to the organization? <i>If "Y</i> ection B. Independent Contractors	sum of rep eater than accrue con es," complet	oortab \$15 mpen <u>te Sch</u> ndepe	le co 0,00 satio nedul	omp)0? on fro <u>e J f</u>	ensatic If "Ye om any for such	s," , un , per	complete Schedu related organizations son hat received more	le J for such	5
employee on line 1a? <i>If "Yes," complete Sched</i> For any individual listed on line 1a, is the organization and related organizations gra- <i>individual</i> Did any person listed on line 1a receive or for services rendered to the organization? <i>If "Ye</i> ection B. Independent Contractors Complete this table for your five highest com- compensation from the organization. Report of	sum of rep eater than accrue con <i>accrue con</i> <i>fes," complet</i> opensated in compensated	oortab \$15 mpen <u>te Sch</u> ndepe	le co 0,00 satio nedul	omp)0? on fro <u>e J f</u>	ensatic If "Ye om any for such	s," , un , per	complete Schedu related organizations son hat received more	le J for such	5
employee on line 1a? <i>If "Yes," complete Sched</i> For any individual listed on line 1a, is the organization and related organizations gruindividual Did any person listed on line 1a receive or for services rendered to the organization? <i>If "Ye</i> ection B. Independent Contractors Complete this table for your five highest com compensation from the organization. Report of year.	sum of rep eater than accrue con <i>accrue con</i> <i>fes," complet</i> opensated in compensated	oortab \$15 mpen <u>te Sch</u> ndepe	le co 0,00 satio nedul	omp)0? on fro <u>e J f</u>	ensatic If "Ye om any for such	s," , un , per	complete Schedu related organization son hat received more ending with or with (B)	le J for such	5 of n's tax (C)
employee on line 1a? If "Yes," complete Sched For any individual listed on line 1a, is the organization and related organizations gruindividual Did any person listed on line 1a receive or for services rendered to the organization? If "Yestion B. Independent Contractors Complete this table for your five highest com compensation from the organization. Report of year.	sum of rep eater than accrue con <i>accrue con</i> <i>fes," complet</i> opensated in compensated	oortab \$15 mpen <u>te Sch</u> ndepe	le co 0,00 satio nedul	omp)0? on fro <u>e J f</u>	ensatic If "Ye om any for such	s," , un , per	complete Schedu related organization son hat received more ending with or with (B)	le J for such	5 of n's tax (C)

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 10 JSA 351.000

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Part VIII Statement of Revenue

		Check if Schedule O co	ontains a respor		(A) (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts,s	1a	Federated campaigns	1a	5,266.				
ice Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues						
		Fundraising events						
		Related organizations						
	e	Government grants (contribu		761,891.				
		All other contributions, gifts,	· ·					
		and similar amounts not include	u	20,724,341.				
	g	Noncash contributions inclu						
	Ŭ	lines 1a-1f		\$ 20,592.				
	h	Total. Add lines 1a-1f			21,491,498.			
				Business Code				
	2a	DIVIDENDS FROM PROGRAM IN	VESTMENTS	523920	4,654,288.	4,654,288.		
ه کَز	b	CONTRACT REVENUE		541900	2,165,205.	2,165,205.		
ŝ	0	INVESTMENT MANAGEMENT FEE	S	900099	1,417,200.	1,417,200.		
a m	ں ہم	HONORARIUM, BOARD REPRESE		900099	642,938.	642,938.		
Program Service Revenue	u	MEMBERSHIP FEES	-	541900	81,074.	81,074.		
2 2	e		/00110		,	,		
	f g	All other program service rev Total. Add lines 2a-2f			8,960,705.			
	3	Investment income (inclue						
	Ū	other similar amounts)	-		2,970,542.		NONE	2,970,542
	4	Income from investment of			NONE			
	5	Royalties	•		10.			10
		,	(i) Real	(ii) Personal				
	6a	Gross rents 6a	713,118.					
	b	Less: rental expenses 6b	,					
	c	Rental income or (loss) 6c	713,118.	NONE				
	d	Net rental income or (loss)			713,118.			713,118
	7a	Gross amount from	(i) Securities	(ii) Other	,			,
	74	sales of assets						
		other than inventory 7a	925,116.					
a	h	Less: cost or other basis	,					
evenue	D.	and sales expenses 7b	1,095,600.					
S e	~	Gain or (loss) 7c	-170,484.					
~ ~	d	Net gain or (loss)			-170,484.			-170,484
Other F		,			,			
ð	8a	Gross income from f	ũ					
		events (not including \$						
		of contributions reported		NONE				
	L	1c). See Part IV, line 18 Less: direct expenses		NONE				
	b C	Net income or (loss) from fu	· · · · · · ·		NONE			
			-					
	9a	Gross income from activities. See Part IV, line 19	gaming	NONE				
				NONE				
	b c	Less: direct expenses Net income or (loss) from g	· · · · · · ·		NONE			
	10a	Gross sales of invent returns and allowances		NONE				
	F			NONE				
	b c	Less: cost of goods sold Net income or (loss) from sa	les of inventorv.		NONE			
6	-			Business Code				
Miscellaneous Revenue	110							
nut	11а ь							
šle	b							
0,20	c d	All other revenue						
<u>.s</u> – I								1
Mis	e	Total. Add lines 11a-11d .		· · · · · · · · · · · · · · · · · · ·	NONE			

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

	Check if Schedule O contains a respo				
Do	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C)	(D)
	9b, and 10b of Part VIII.	l otal expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	630,918.	630,918.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	NONE			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	2,932,967.	2,932,967.		
	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,		2 2 2 2 2 4	1 110 (50	070 000
_	trustees, and key employees	4,655,895.	3,263,854.	1,112,652.	279,389.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and	NONE			
7	persons described in section 4958(c)(3)(B) Other salaries and wages	9,982,740.	5,913,501.	2,537,522.	1,531,717.
	Pension plan accruals and contributions (include	553,311.	249,450.	234,628.	69,233.
0	section 401(k) and 403(b) employer contributions)		213,100.	201,0201	
9	Other employee benefits	1,445,141.	619,722.	596,466.	228,953.
10	Payroll taxes	963,482.	506,831.	319,238.	137,413.
	Fees for services (nonemployees):	,	,		· · · ·
	Management	253,108.	263,123.	-10,015.	
	Legal	502 , 655.	209,255.	283,940.	9,460.
	Accounting	246,074.	46,588.	196,559.	2,927.
	Lobbying	NONE			
	Professional fundraising services. See Part IV, line 17.	NONE			
f	Investment management fees	689,797.	500,463.	189,334.	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	2,950,806.	2,460,866.	202,476.	287,464.
12	Advertising and promotion	37,479.	36,069.	946.	464.
13	Office expenses	346,735.	205,174.	104,752.	36,809.
14	Information technology	804,788.	529,191.	184,606.	90,991.
15	Royalties	NONE	744 424	242.000	150.070
16		1,145,604.	744,434.	242,098.	159,072.
17		1,091,269.	704,125.	300,190.	86,954.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	636,020.	612,723.	18,336.	4,961.
20		802,562.	800,736.	1,275.	551.
21	Payments to affiliates	NONE			
22	Depreciation, depletion, and amortization	63,933.	37,458.	20,025.	6,450.
23		262,916.	177,624.	61,630.	23,662.
24	Other expenses. Itemize expenses not covered				· · · · · · · · · · · · · · · · · · ·
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	ALL OTHER	227,510.	262,653.	-38,742.	3,599.
b					
c					
d					
	All other expenses				
_	Total functional expenses. Add lines 1 through 24e	31,225,710.	21,707,725.	6,557,916.	2,960,069.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
					Eorm 990 (2023)

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		Check if Schedule O contains a response or note to any line in this Pa			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,950,050. 1		2,737,617.
	2	Savings and temporary cash investments	75,344,262. 2		59,733,001.
	3	Pledges and grants receivable, net	1,025,352. 3		14,494,514
	4	Accounts receivable, net	3,536,855. 4		4,265,597
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE 5		NON
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE 6		NON
S	7	Notes and loans receivable, net	7,898,574. 7		6,450,000
Assets	8	Inventories for sale or use	NONE 8		NON
AS	9	Prepaid expenses and deferred charges	581,871. 9	_	450,615
1	-	Land, buildings, and equipment: cost or other			100,010
1		basis. Complete Part VI of Schedule D 10a 5, 964, 323.			
	b	Less: accumulated depreciation	1,935,406.10	c	2,901,859
1	11	Investments - publicly traded securities.	2,883,363. 11		2,975,035
	12	Investments - other securities. See Part IV, line 11.	NONE 12		NON
	13	Investments - program-related. See Part IV, line 11.	330,466,788. 13	_	278,499,174
	14		NONE 14		
	15	•	468,045. 15	_	278,337
	16	Other assets. See Part IV, line 11		-	
		Total assets. Add lines 1 through 15 (must equal line 33)		-	372,785,749
	17	Accounts payable and accrued expenses.	2,593,713. 17		3,466,217
	18	Grants payable	NONE 18		NON
	19		320,759. 19		474,479
	20	Tax-exempt bond liabilities	NONE 20		NON
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE 21	<u>i </u>	NON
	22	Loans and other payables to any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE 22		NON
4	23	Secured mortgages and notes payable to unrelated third parties	NONE 23		NON
	24	Unsecured notes and loans payable to unrelated third parties	NONE 24	<u>ا</u>	NON
2	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	16,214,198. 25		2,836,187
2	26	Total liabilities. Add lines 17 through 25	19,128,670. 26	<u>;</u>	6,776,883
nces		Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions	403,711,553. 27	7	347,836,156
ñ 2	28	Net assets with donor restrictions.	4,250,343. 28	3	18,172,710
or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds	29	4	
ers	30	Paid-in or capital surplus, or land, building, or equipment fund	30	-	
(n)	31	Retained earnings, endowment, accumulated income, or other funds	31	-	
	32	Total net assets or fund balances	407,961,896. 32	_	366,008,866

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Form 99	00 (2023)				Pa	ge 12
Part	XI Reconciliation of Net Assets					_
	Check if Schedule O contains a response or note to any line in this Part XI	<u>.</u>				. X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3	3,9	65,	<u>389</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2	3:	1,2	25,	710.
3	Revenue less expenses. Subtract line 2 from line 1	3	4	2,7	39,	<u>679</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	40	7,9	61,	<u>896</u> .
5	Net unrealized gains (losses) on investments	5	1	7,8	99,	<u>520</u> .
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8	-62	2,5	91,	<u>770</u> .
9	Other changes in net assets or fund balances (explain on Schedule O).	9			_	<u>459</u> .
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	36	6 , 0	08,	866.
Part	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," ex	cplain (on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a 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 audi	ted on	a			
	separate basis, consolidated basis, or both:					
	Separate basis X 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 over	ersight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?	· ·	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, ex	xplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in t	he			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		3b		
				Form	990	(2023)

SCHEDULE	A
(Eorm 990)	

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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Name	e of the organization					Employer identit	ication number
ACC	CION INTERNATIONAL					13-2	535763
Pa	rt I Reason for Public Ch	arity Status. (All	organizations must	comple	ete this p	oart.) See instructio	ns.
The	organization is not a private fou	ndation because it	is: (For lines 1 throu	gh 12, ch	eck only	one box.)	
1	A church, convention of chu	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2	A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90).)		
3	A hospital or a cooperative		-				
4	A medical research organiz	-	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)(iii). Enter the
	hospital's name, city, and st						
5	An organization operated 1 section 170(b)(1)(A)(iv). (C		a college or universit	y owned	d or ope	rated by a governm	ental unit described in
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
7	X An organization that norma	ally receives a sub	ostantial part of its su	pport fro	om a go	vernmental unit or fr	om the general public
	described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8	A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9	An agricultural research or	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	l in conjunction with a	land-grant college
	or university or a non-land-	grant college of ag	griculture (see instruct	ions). Ei	nter the i	name, city, and state c	of the college or
	university:						
10 11	An organization that norma receipts from activities rela support from gross investm acquired by the organizatio An organization organized a	ted to its exempt f nent income and u n after June 30, 1	unctions, subject to c nrelated business tax 975. See section 509	ertain ex able inco (a)(2). (0	ceptions me (less Complete	s; and (2) no more tha s section 511 tax) fron e Part III.)	n 331/3 % of its
12	An organization organized a		•	-			rrv out the purposes of
	one or more publicly suppo		•				
	the box on lines 12a throug	-			-		
а	Type I. A supporting orga					-	-
	the supported organization		· · ·	-		• • • • •	
	supporting organization.				, ,		
b	Type II. A supporting org				with its	supported organizat	ion(s). bv having
	control or management of					· · · -	
	organization(s). You must				•		0 11
С	Type III functionally integ	•		ted in co	onnectio	n with, and functiona	Illy integrated with,
	its supported organization						
d	Type III non-functionally						rted organization(s)
	that is not functionally inte	egrated. The organ	nization generally mus	t satisfy	a distrib	ution requirement an	d an attentiveness
	requirement (see instruct	ions). You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V.	
е	Check this box if the orga	nization received	a written determinatio	n from t	he IRS th	nat it is a Type I, Type	II, Type III
	functionally integrated, or	Type III non-funct	ionally integrated sup	porting o	organizat	ion.	
f	Enter the number of supported	l organizations					
g	Provide the following information	on about the suppo	orted organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
			(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
				Yes	No	,	, ,
(A)							
(B)							
(0)							
(C)							
(D)							
(E)							
Tota	1						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 3E1210 1.000

Schedule A (Form 990) 2023

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	tion 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.")	19,174,205.	5,773,114.	6,401,866.	6,412,044.	21,491,498.	59,252,727.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	19,174,205.	5,773,114.	6,401,866.	6,412,044.	21,491,498.	59,252,727.
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)						30,078,923.
$\frac{6}{800}$	Public support. Subtract line 5 from line 4						29,173,804.
	tion B. Total Support endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
_		19,174,205.	5,773,114.	6,401,866.	6,412,044.	21,491,498.	59,252,727.
7 8	Amounts from line 4	2,144,913.	2,287,908.	1,928,996.	3,984,476.	3,683,671.	14,029,964.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE
11	Total support. Add lines 7 through 10						73,282,691.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	26,609,822.
13	First 5 years. If the Form 990 is for organization, check this box and stop here.	<u></u>		, third, fourth,	or fifth tax yea	r as a section	501(c)(3)
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2023 (lin		•			14	39.81 %
15	Public support percentage from 2022					15	48.58 %
16a	331/3% support test - 2023. If the org						
	box and stop here . The organization qu						
b	33 1/3 % support test - 2022. If the org						
	this box and stop here . The organization	-		-			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					-	-
	Part VI how the organization meets t			-	-		
L	organization						
D	10%-facts-and-circumstances test - 2		-				
	15 is 10% or more, and if the organization					-	-
	in Part VI how the organization meets			-	-		
18	organization						
-	instructions						

Schedule 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.) Section A. Public Support (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total Calendar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees 1 received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 . Tax revenues levied for the 4 organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5.... 7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . **b** Amounts included on lines 2 and 3 received from other than disgualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b. 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support (e) 2023 (a) 2019 (b) 2020 (c) 2021 (d) 2022 (f) Total Calendar year (or fiscal year beginning in) **10 a** Gross income from interest, dividends. payments received on securities loans, rents, royalties, and income from similar sources..... **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business 11 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.) Total support. (Add lines 9, 10c, 11, 13

	and 12.) • • • • • • • • • • • • • • • • • • •				
14	First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year	ar as	a section	501(c)(3)	
	organization, check this box and stop here		<u></u>		
Sec	tion C. Computation of Public Support Percentage				
15	Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15			%
16	Public support percentage from 2022 Schedule A, Part III, line 15	16			%
Sec	tion D. Computation of Investment Income Percentage				
17	Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17			%
18	Investment income percentage from 2022 Schedule A, Part III, line 17	18			%
19 a	331/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is mo	ore that	an 331/3%	, and line	
	17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly su	upporte	ed organiza	ation	

b 331/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization .
 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

Page 3

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.*
- **10 a** 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

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990) 2023

			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		ĺ

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? <i>If "No," describe in Part VI how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. <i>If the organization had more than one supported</i>	
	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.

Section C. Type II Supporting Organizations

 Yes
 No

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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how</i>			
	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? <i>If "Yes," describe in Part VI the role the organization's</i>			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).								
а	The organization satisfied the Activities Test. Complete line 2 below.								
b	b The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>								
С	c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruct								
		ſ	Yes	No					
2	Activities Test. Answer lines 2a and 2b below.								
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of								

a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify
	those supported organizations and explain how these activities directly furthered their exempt purposes,
	how the organization was responsive to those supported organizations, and how the organization determined
	that these activities constituted substantially all of its activities.
	•

b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. *Answer lines 3a and 3b below.*

- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

2a

2b

3a

3b

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga 1 Check here if the organization satisfied the Integral Part Test as a qualifyir instructions. All other Type III non-functionally integrated supporting organ	ng trust on	Nov. 20, 1970 (expla	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
 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) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 			
Section B - Minimum Asset Amount	8	(A) Prior Year	(B) Current Year (optional)
 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater 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		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functiona	lly integra	ted Type III supportin	a organization

7 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

-	le A (Form 990) 2023				Page 7
Part		Supporting Organizat	tions (continued)		
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex			1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	eses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - p		5		
6	Other distributions (describe in Part VI). See instructions.		6		
7	Total annual distributions. Add lines 1 through 6.		7		
8	Distributions to attentive supported organizations to which	onsive			
	(provide details in Part VI). See instructions.		8		
9	Distributable amount for 2023 from Section C, line 6		9		
10	Line 8 amount divided by line 9 amount	1		10	
Secti	Section E - Distribution Allocations (see instructions) (i) (i) Underdistribution Pre-2023			IS	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required - <i>explain in Part VI)</i> . See				
	instructions.				
3	Excess distributions carryover, if any, to 2023				
a					
b	From 2019				
C	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i> Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
1	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
 	Excess from 2020				
b c	Excess from 2021				
d	Excess from 2022				
e	Excess from 2022				
e					

Schedule A (Form 990) 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

Employer identification number

ACCION INTERNATIONAL		13-2535763		
Organization type (check one):				
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization			
4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundat	ion		

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

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

X 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

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).

Schedule B (Form 990) (2023)

Name of organization

Page 2 Employer identification number 13-2535763

art I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<u>N/A</u>	\$15,800,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$734,020.	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
3	<u>N/A</u>	\$548,531.	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.)

Schedule B (Form 990) (2023)

	(Form 990) (2023)		Page 3
Name of o	-		entification number
	ACCION INTERNATIONAL		-2535763
Part II	Noncash Property (see instructions). Use duplicate copies of	of Part II if additional space is ne	eded.
(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
		_	
		\$	

Schedule B (Form 990) (2023)

Name of of	Ganization ACCION INTERNATIONAL			Employer identification number
Part III		. contributions to orga	nizations describ	
	(10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if addit	the year from any one ions completing Part III, e year. (Enter this inforr	e contributor. Con enter the total of e	nplete columns (a) through (e) and <i>exclusively</i> religious, charitable, etc.
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer o and ZIP + 4	-	of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer o and ZIP + 4	-	o of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer o and ZIP + 4	-	o of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer o and ZIP + 4		of transferor to transferee
JSA				Schedule B (Form 990) (2023

Schedule B (Form 990) (2023)

Page **4**

SCHEE	DULE	D
(Form	990)	

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Supplemental Financial Statements

(Form 990)			he organization answered "Ye		5	2023
		-	8, 9, 10, 11a, 11b, 11c, 11d, 1		12b.	
	artment of the Treasury		Open to Public			
_	nal Revenue Service e of the organization	Go to www.irs.gov/	Form990 for instructions and	the latest informa	Employer identifica	Inspection
	CION INTERNATI	ONAT.			13-25357	
-		tions Maintaining Donor Adv	vised Funds or Other Sin	nilar Funds or		00
		e if the organization answered				
		<u> </u>	(a) Donor advised fu		(b) Funds and	other accounts
1	Total number at e	nd of year				
2		f contributions to (during year)				
3	Aggregate value o	f grants from (during year)				
4	Aggregate value a	t end of year				
5	Did the organizati	on inform all donors and donor	advisors in writing that t	he assets held	in donor advised	
	funds are the orga	nization's property, subject to the	e organization's exclusive le	egal control?		Yes No
6	-	on inform all grantees, donors, a				
	-	purposes and not for the bene				
		issible private benefit?	<u></u>			Yes No
Pa		tion Easements if the organization answered	"Ves" on Form 000 Par	t IV/ line 7		
1		servation easements held by the				
•		n of land for public use (for example	- · ·	1	of a historically im	nortant land area
		of natural habitat		1	of a certified histor	
		n of open space				
2		through 2d if the organization h	eld a qualified conservatior	n contribution in	the form of a cons	servation
		ast day of the tax year.				End of the Tax Year
а		onservation easements			2a	
b		tricted by conservation easement			2b	
С		vation easements on a certified			2c	
d	Number of conser	vation easements included on li	ne 2c acquired after July 2	5, 2006, and		
	not on a historic st	tructure listed in the National Re	gister		2d	
3	Number of conse	rvation easements modified, tra	insferred, released, extingu	ished, or termi	inated by the orga	anization during the
	tax year					
4		where property subject to conse				
5	•	ation have a written policy re		•	•	
_		orcement of the conservation ea				
6	Staff and volunteer	hours devoted to monitoring, insp	ecting, handling of violations	s, and enforcing	conservation easem	ents during the year
-	Amount of ownone		ting bondling of violations	and anforming of		anto during the year
7	Amount of expens	es incurred in monitoring, inspec	ung, handling of violations,	and enforcing co	onservationeasem	ents during the year
8	Does each conser		e 2d above satisfy the requ	uirements of sec	tion 170(b)(4)(B)(i)	
U)(4)(B)(ii)?				
9		be how the organization reports				
		, if applicable, the text of the foo			•	
		ounting for conservation easeme				
Pa		tions Maintaining Collections			r Similar Assets	
	Complete	if the organization answered	"Yes" on Form 990, Par	t IV, line 8.		
1a	If the organization of art, historical t service, provide in	n elected, as permitted under F/ reasures, or other similar asse Part XIII the text of the footnote	ASB ASC 958, not to repo ts held for public exhibiti to its financial statements f	ort in its revenue on, education, that describes th	e statement and b or research in fu nese items.	alance sheet works rtherance of public
b	If the organization art, historical treas	n elected, as permitted under F sures, or other similar assets he	ASB ASC 958, to report in Id for public exhibition, ed	n its revenue s	tatement and bala	
	•	ing amounts relating to these ite			ŕ	
		ded on Form 990, Part VIII, line 1 d in Form 990, Part X.....				
2		n received or held works of a				
4	-	required to be reported under F				

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OMB No. 1545-0047

Schee	dule D (Form 990) 2023								Pa	age 2
Ра	rt III Organizations Maintaining Co	llections of	Art, Histo	rical Tre	asures, c	or Other	Similar Assets	(continue		
3	Using the organization's acquisition, acc							•		f its
	collection items (check all that apply).									
а	Public exhibition		d	Loan	or exchang	e progra	m			
b	Scholarly research		e	Other	-					
с	Preservation for future generations			_						
4	Provide a description of the organization		and expla	ain how t	hey furthe	r the or	ganization's exen	npt purpos	e in	Part
	XIII.									
5	During the year, did the organization solid	it or receive o	lonations o	f art, histe	orical treas	sures, or	other similar			
	assets to be sold to raise funds rather tha		ained as pa	rt of the o	organizatio	n's collec	ction?	Yes		No
Ра	rt IV Escrow and Custodial Arrang	ements								
	Complete if the organization a	nswered "Ye	es" on For	m 990, F	Part IV, lin	e 9, or r	eported an amo	ount on Fo	rm	
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, cu	ustodian or o	ther interm	ediary fo	or contribu	itions or	other assets no	t		
	included on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part	XIII and comp	olete the fo	lowing tab	ole.					
							Amou	ınt		
С	Beginning balance				10	;				
d	Additions during the year				10	ł				
е	Distributions during the year				16)				
f	Ending balance				1f	:				
2a	Did the organization include an amount o					ustodial	account liability?	Yes		No
b	If "Yes," explain the arrangement in Part						-			ĺ
	rt V Endowment Funds									
	Complete if the organization a	nswered "Ye	es" on For	m 990, F	Part IV, lin	e 10.				
	(a)	Current year	(b) Prio	r year	(c) Two ye	ars back	(d) Three years bac	k (e) Four	years t	back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains,									
لہ	and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
т	Administrative expenses									
g	End of year balance			<i>(II: 4</i>						
2 a	Provide the estimated percentage of the Board designated or quasi-endowment		end balanc %	e (line 1g,	column (a)) held as	:			
a b	Permanent endowment %	· · ·	/0							
	Term endowment %									
С	The percentages on lines 2a, 2b, and 2c	chould oqual ?	100%							
20	Are there endowment funds not in the po			tion that	ara hald a	nd admir	victored for the			
Ja	organization by:	556551011 01 11	le organiza	nion mai	are neiu a	nu aunni			Yes	No
	• •							. 3a(i)		110
	(i) Unrelated organizations?									
	(ii) Related organizations?									
-	If "Yes" on line 3a(ii), are the related orga		•			• • • • •		. 3b		
4 	Describe in Part XIII the intended uses of rt VI Land, Buildings, and Equipme		uon's endo	wment tur	ius.					
Pa	rt VI Land, Buildings, and Equipme Complete if the organization a	answered "Ye	es" on Foi	m 990, I	Part IV, lir	ne 11a. S	See Form 990,	Part X, line	e 10.	
	Description of property	(a) Cost or	other basis	(b) Cost	or other basis	(c) Acc	cumulated	(d) Book val		
4 -	Land	(inves	tment)	(o	ther)	depr	eciation			
1a	Land									
b	Buildings					1 0	20.005	-	7 ~ -	1 -7
C	Leasehold improvements				46,442.		29,225.		7,21	
d	Equipment.				378,658.		56,009.		2,64	
e Tata	Other		- 000 5 /	3,1	.39,223.	<u> </u> 2	77,230.	2,86		
Tota	I. Add lines 1a through 1e. (Column (d) m	ust equal Forr	n 990, Part	X, line 10	ic, column	(^B))		2,90	1,85	59.

Schedule D (Form 990) 2023

(G) (H)

Investments - Other Securities Part VII Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F)

Part VIII Investments - Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)BANCO SOLIDARIO S.A	94,108,593.	FMV
(2)ACCION FRONTIER INCLUSION FUND	69,057,042.	FMV
(3)OTHER PROGRAM REL. INVESTMENT	66,806,847.	FMV
(4)ACCION QUONA INCLUSION FUND	27,364,612.	FMV
(5)ACCION AFRICA ASIA INVESTMENT	21,162,080.	FMV
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B))	278,499,174.	

Part IX Other Assets

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)).	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)ROU ASSET-ACCORDING WITH ASC 842	2,772,854.
(3)BANK LINE OF CREDIT	2,772,854.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	2,836,187.

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 .

Schedu	le D (Form 990) 2023		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n	
1	Total revenue, gains, and other support per audited financial statements	1	52,502,511.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities 2b 637,602.		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	18,537,122.
3	Subtract line 2e from line 1	3	33,965,389.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	33,965,389.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn	
1	Total expenses and losses per audited financial statements	1	31,863,312.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
- a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	637,602.
3	Subtract line 2e from line 1	3	31,225,710.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		01/220//10.
- a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIII.)		
b c		4c	
с 5	Add lines 4a and 4b	5	31,225,710.
	XIII Supplemental Information	~	<u></u>
a en c			

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

SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2:

ACCION IS A TAX-EXEMPT ORGANIZATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ("IRC") AND IS GENERALLY EXEMPT FROM INCOME TAXES PURSUANT TO SECTION 501(A). CENTRO AND ATA ARE REGISTERED CHARITABLE ORGANIZATIONS IN COLOMBIA AND INDIA, RESPECTIVELY. GATEWAY, AFIF GP, AFIF LP, AND AVL GP, SINGLE MEMBER LIMITED LIABILITY COMPANIES, ARE FULLY CONSOLIDATED ON THE FEDERAL FORM 990 OF THEIR SINGLE MEMBER, ACCION. ACC, AAAIC, AIM US, AIM INDIA, AND ADTX GP ARE TAXABLE SUBSIDIARIES OF ACCION, FILING THEIR OWN TAX RETURNS. THE INCOME TAX CONSEQUENCES, IF ANY, ARE REFLECTED IN THE CONSOLIDATED FINANCIAL STATEMENTS, AND DO NOT HAVE A MATERIAL EFFECT, INDIVIDUALLY OR IN THE AGGREGATE, UPON ACCION'S CONSOLIDATED FINANCIAL STATEMENTS. ACCION BELIEVES IT HAS TAKEN NO UNCERTAIN TAX POSITIONS.

SCHEDULE D, PART XI, LINE 2D:

EQUITY IN INCOME OF EQUITY INVESTMENTS (\$9,555,046)

SCHEDULE F (Form 990) Department of the Treasury Internal Revenue Service	Statement of Activities Outside the United State Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15 Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization		Employer identification number
ACCION INTERNATI	ONAL	13-2535763
	formation on Activities Outside the United States. Complete if the Part IV, line 14b.	e organization answered "Yes" on
-	Does the organization maintain records to substantiate the amount of its the grantees' eligibility for the grants or assistance, and the selection crite or assistance?	eria used to

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN	NONE	NONE	PROGRAM SERVICES	SEE PART V	282,825.
(2) EAST ASIA AND THE PACIFIC	1	2	PROGRAM SERVICES	SEE PART V	73,610.
(3) EUROPE	NONE	8	PROGRAM SERVICES	SEE PART V	1,891.
(4) MIDDLE EAST AND NORTH AFRICA	NONE	NONE	PROGRAM SERVICES	SEE PART V	35,852.
(5) NORTH AMERICA	NONE	1	PROGRAM SERVICES	SEE PART V	69,589.
(6) RUSSIA/INDEPENDENT STATES	NONE	NONE	PROGRAM SERVICES	SEE PART V	167,689.
(7) SOUTH AMERICA	1	29	PROGRAM SERVICES	SEE PART V	412,651.
(8) SOUTH ASIA	2	33	PROGRAM SERVICES	SEE PART V	1,021,379.
(9) SUB-SAHARAN AFRICA	NONE	7	PROGRAM SERVICES	SEE PART V	736,294.
10) CENTRAL AMERICA/CARIBBEAN	NONE	NONE	INVESTMENTS		2,711,075.
11) EAST ASIA AND THE PACIFIC	NONE	NONE	INVESTMENTS		18,765,440.
12) EUROPE	NONE	NONE	INVESTMENTS		2,165,120.
13) MIDDLE EAST AND NORTH AFRICA	NONE	NONE	INVESTMENTS		5,454,156.
14) NORTH AMERICA	NONE	NONE	INVESTMENTS		2,870,821.
15) SOUTH AMERICA	NONE	NONE	INVESTMENTS		99,257,307.
16) SOUTH ASIA	NONE	NONE	INVESTMENTS		7,815,351.
17) SUB-SAHARAN AFRICA	NONE	NONE	INVESTMENTS		24,502,604.
 3a Subtotal b Total from continuation sheets to Part I 	4	80.			166,343,654
c Totals (add lines 3a and 3b)	4.	80.			166,343,654

For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 3E1274 1.000

•	(a) Nome of					(f) Monor of	(a) Amount of	Ar Decerimition	av Mathed of
-	(a) Name or organization	(b) IRS code section and EIN (if applicable)	(c) Kegion	(a) Purpose of grant	(e) Amount of cash grant	(t) Manner of cash disbursement	(g) Amount of noncash assistance	(n) Description of noncash assistance	 (i) Method of valuation (book, FMV, appraisal, other)
6			SOUTTH ASIA		1.579.283.	WIRF.			
(2)			SOUTH AMERICA		1,303,684.	WIRE			
(3)			CENT. AMERICA/CARIBBEAN		50,000.	WIRE			
(4)									
(2)									
(9)									
6									
(8)									
(6)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
2 Ente	Enter total number of recipient organizations listed above that	ganizations listed at	bove that are recognized as charities by the foreign country, recognized	as charities by t	are recognized as charities by the foreign country, recognized as a tax	/, recognized a	is a tax		C

Part III ca	in be duplicated if add	Part III can be duplicated if additional space is needed.						
(a) Type of gr	(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) TUITION GRANT		MIDDLE EAST/NORTH AFRICA	N			11,750.	TUITION ASSI	EMV
(2) TUITION GRANT		NORTH AMERICA	0			7,490.	TUITION ASSI	FMV
(3) TUITION GRANT		EAST ASIA/PACIFIC	7			8,930.	TUITION ASSI	EMV
(4) TUITION GRANT		SOUTH ASIA	1			4,700.	TUITION ASSI	EMV
(5) TUITION GRANT		SUB-SAHARAN AFRICA	m			16,920.	TUITION ASSI	EMV
(6) TUITION GRANT		SOUTH AMERICA	7			16,920.	TUITION ASSI	EMV
(2)								
(8)								
(6)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(17)								
(18)								
							Sc	Schedule F (Form 990) 2023

JSA 3E1276 1.000 Schedule F (Form 990) 2023

Foreign Forms

Part IV

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

Schedule F (Form 990) 2023

Schedule F (Form 990) 2023

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

information (see instructions). SCHEDULE F, PART I, LINE 2:

ACCION INTERNATIONAL'S ACCOUNTING, RESOURCE DEVELOPMENT AND RELEVANT PROGRAM DEPARTMENTS OVERSEE THE RECEIPT, DISTRIBUTION AND USE OF GRANT FUNDS, AND PROVIDE DONORS WITH DETAILED REPORTS BASED THEREON.

SCHEDULE F, PART I, COLUMN E:

IF ACTIVITY LISTED IN PART I, COLUMN (D) IS A PROGRAM SERVICE, FOLLOWING IS THE SPECIFIC TYPE OF SERVICE IN THE REGION: MICROFINANCE-TECHNICAL ASSISTANCE, EDUCATION AND INVESTMENTS. Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE F, PART I, II, III:

THE ACCOUNTING METHOD USED FOR PARTS I, II AND III IS US GAAP/ACCRUAL

BASIS.

SCHEDULEI	0	Brants an	d Other A	Grants and Other Assistance to Organizations,	o Organiza	tions,	0	OMB No. 1545-0047
(Form 990)	Go Comp	Government complete if the org	i ts, and In _{ganization ans} ,	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22	n the United orm 990, Part IV,	I States line 21 or 22.		2023
Department of the Treasury Internal Revenue Service		Go to I	Att www.irs.gov/F	Attach to Form 990. <i>www.irs.gov/Form990</i> for the latest information.	test information.			Open to Public Inspection
Name of the organization							Employer identification number	n number
z	TONAL						13-2535763	
Part General In	General Information on Grants and Assistance	d Assistance						
1 Does the organiz	Does the organization maintain records to substantiate the	ubstantiate the		grants or assistar	nce, the grantees'	gibility for the		Xes No
2 Describe in Part I	the selection differing used to award the grants of assistance?	lures for mon	toring the use of	of grant funds in the	•			
Part II Grants an	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990,	omestic Orç	anizations an	d Domestic Gov	ernments. Com	plete if the organize	ation answered "Ye	ss" on Form 990,
Part IV, lin	Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	nat received	more than \$5,	000. Part II can b	be duplicated if a	dditional space is n	eeded.	
1 (a) Name and or g	1 (a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ACCION IMPACT MANAGEMENT LLC	AGEMENT LLC							
1101 15TH STREET NW, S	SUITE 400	86-3584816	C CORP	577,360.				PROGRAM ASSISTANCE
(2) THE SOCIAL PERFORMANCE TASK FORCE	AANCE TASK FORCE - FOOSE							
7816 CARTERET ROAD BETHESDA, MD	CHESDA, MD 20817	46-1392259	501(C)(3)	53,558.				PROGRAM ASSISTANCE
(3)								
(4)								
(5)		1						
(6)								
(1)								
(8)								
(6)								
(10)								
(11)								
(12)								
2 Enter total number	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	aovernment o	rganizations list	ted in the line 1 tab				
	Enter total number of other organizations listed in the line 1	ed in the line	1 table					1
For Paperwork Reductio	For Paperwork Reduction Act Notice, see the Instructions for Form 990	ons for Form 99	.0				Sch	Schedule I (Form 990) 2023

JSA 3E1288 1.000

Schedule I (Schedule I (Form 990) (2023)					Page	Page 2
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	tic Individuals.	. Complete if th	ie organization	answered "Yes" on F		
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance	
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5							
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о							
9							
-							
Part IV	plemental l mation.	nformation rec	quired in Part I, I	line 2, Part III, c	olumn (b); and any o	ther additional	
	E. T. PART T. T.TNF. 2.						

SCHEDULE I, PART I, LINE 2:

ACCION'S ACCOUNTING AND RESOURCE DEVELOPMENT DEPARTMENTS OVERSEE THE

RECEIPT, DISTRIBUTION AND USE OF GRANT FUNDS, AND PROVIDE DONORS WITH

DETAILED REPORTS BASED THEREON.

Schedule I (Form 990) (2023)

(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest 2023 Dependent of the totaxity instructions of the organization answered Yes" on Form 980, Part IV, line 23. Market of the organization: Employee Identification number Accoron INTERNATIONAL Employee Identification number Accoron INTERNATIONAL 13-2535763 Part I Questions Regarding Compensation International Compensation Internation International Compensation Internation International Compensation Internation Internation Internatinternatinternation	SCHI	EDULE J	Compen	sation Information	0	MB No.	1545-0	047
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	(Forn	n 990)	For certain Officers, Dire	ctors, Trustees, Key Employees, and Highes	t	എത	99)
Department of the reserve Constructions and the latest information. Department of the cognization Name of the cognization Environment of the cognization Environment of the cognization Image of the cognization ACCTON INTERNATIONAL Image of the cognization Image of the cognization Image of the cognization ACCTON INTERNATIONAL Image of the cognization Image of the cognization Image of the cognization ACCTON INTERNATIONAL Image of the cognization Image of the cognization Image of the cognization Image of the cognization and gross-up payments Image of the cognization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officer, including the CEO/Executive Director, but explain in Part III. Image of the cognization require substantiation prior to reimbursing or allowing expenses for methods used by a related organization consultant Image of the cognization Image of the cognization 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officer, including the CEO/Executive Director, but explain in Part III. Image of the cognization consultant Image of the cognization Image of the cogni					23.	ZU	ZJ)
Nume of the organization Employer identification number ACCION INTERNATIONAL 13-2535763 2211 Questions Regarding Compensation 13-2535763 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. Image: Comparison of the organization provide any relevant information regarding these items. Image: Comparison of the organization regarding these items. Image: Comparison of the organization provide any relevant information regarding these items. Image: Comparison of the organization register substantiation prior to reliabners (such as maid, chaffeur, chef) Image: Comparison of all of the expenses described above? If "No," complete Part III to provide any relevant information 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? 1b X 2 Indicate which, if any, of the following the organization uses for methods used by a related organization comsultation Image: Compensation or all of Compensation or the CEO/Executive Director, regarding the items checked on line 2 2 X 3 Indicate which, if any, of the following the organization uses formethods used by a related organization comsultation <			A	Attach to Form 990.	C			
ACCION INTERNATIONAL 13-2535763 PartI Questions Regarding Compensation Yes No 1a Check the appropriate box(s) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes No First-class or charter travel X Housing allowance or residence for personal use Payments for business use of personal residence Payments for business use of personal residence Discretionary spending account Health or social club dues or initiation fees Ib X 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustess, and officers, including the crganization 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 or setablish compensation ormutitee X Virtiten employment contract A Compensation committee X Virtiten employment contract 4a X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the nervenues of: <td< th=""><th></th><th></th><th>Go to www.irs.gov/Formas</th><th>or for instructions and the latest mormation</th><th></th><th></th><th></th><th>1</th></td<>			Go to www.irs.gov/Formas	or for instructions and the latest mormation				1
Part 1 Questions Regarding Compensation 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Section A, line 1a. Complexity and payments or residence for personal residence for resimbursement or provision of all of the expenses described above? If "No." complete Part III to explain in equity bases for methods used by a trelated organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, but explain in Part III. 2 Did the organization consultant X Compensation committee X Viritin employment contract X Indicate which, if any, of the following the organization: A porroval by the board or compensation committee X Viritin employment contract X Independent compensation: A porroval by the board or compensation committee A porroval by the board or compensation committee X Compensation committee <th></th> <th></th> <th>ΑΤΤΟΝΑΤ</th> <th></th> <th></th> <th></th> <th></th> <th></th>			ΑΤΤΟΝΑΤ					
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	1				10 200010	<u> </u>		
990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Indicidence for personal use First-class or charter travel X Housing allowance or residence for personal use X Tax indemnification and gross-up payments Personal services (such as maid, charlfeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or provision of all of the expenses described above? If "No," complete Part III to explain 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? 1 are related organization to establish the compensation of the organization sector provision to establish the compensation of the organization's CEO/Executive Director. Out explain in Part III. X Compensation committee X X Written employment contract Approval by the board or compensation committee 4 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: Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues							Yes	No
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If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Image: compensation contingent on the revenues of: 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation? 5a a The organization? 5b b Any related organization? 5b if "Yes" on line 5a or 5b, describe in Part III. 5b X b Any related organization? 5c a The organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6a X	b	-				4b	Х	
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: a The organization? b Any related organization? 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: a The organization? b Any related organization? compensation contingent on the net earnings of: 6a a The organization? b Any related organization? compensation contingent on the net earnings of: 6a a The organization? b Any related organization? compensation contingent on the net earnings of: 6b x 6b	С	-				4c		X
 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: a The organization?		If "Yes" to an	y of lines 4a-c, list the persons and pr	ovide the applicable amounts for each	item in Part III.			
 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: a The organization?		• • •						
compensation contingent on the revenues of: 5a a The organization? 5b b Any related organization? 5b lf "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: a The organization? b Any related organization? compensation contingent on the net earnings of: a The organization? b Any related organization? compensition contingent on the net earnings of: a The organization? b Any related organization? compensition contingent on the net earnings of: a The organization? b Any related organization? compensition for b, describe in Part III.	-	-						
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If "Yes" on line 5a or 5b, describe in Part III. 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: If "Yes" on line 6a or 6b, describe in Part III. 6 Any related organization? If "Yes" on line 6a or 6b, 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: a The organization?	U					50		Λ
compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6a 0	6			on A. line 1a. did the organization	pay or accrue any			
a The organization? 6a X b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6 0	-			,,	, ,			
b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b 0	а	•				6a		Х
If "Yes" on line 6a or 6b, describe in Part III.	b					6b		
7 For persons listed on Form 990 Part VII Section A line 1a did the organization provide any ponfixed								
T TO POISONO NOLEG ON TONN 990, TAIL VII, GEGUON A, NHE TA, UN NE OLYANIZAUUN PLOVINE ANY NONIXEU	7	For persons	listed on Form 990, Part VII, Sectio	n A, line 1a, did the organization pr	ovide 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	8							
to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			·					
in Part III	-					8		X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	9					•		
Regulations section 53.4958-6(c)? For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 990) 2023	For P					-	orm 00/	1) 2022

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

Part II Officers, Directors, Trustees, Key Employees, and Hi	Istee	s, Key Employees	, and Highest Con	npensated Employ	/ees. Use duplicat	ghest Compensated Employees. Use duplicate copies if additional space is needed	al space is neede	d.
For each individual whose compensation must be reported on Schedule J, report com instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII	satior ny inc	i must be reported c lividuals that aren't li	on Schedule J, repoi sted on Form 990, P	rt compensation fro art VII.	m the organization o	ule J, report compensation from the organization on row (i) and from related organizations, described in the orm 990, Part VII.	related organizatio	ns, described in the
Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total	ach list	ted individual must equi		orm 990, Part VII, Sec	ion A, line 1a, applicab	amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.	mounts for that individ	dual.
		(B) Breakdown of W-2 a	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
MICHAEL SCHLEIN	Ξ	560,225.	NONE	480.	NONE	36,826.	597,531.	NONE
1 CEO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ESTEBAN ALTSCHUL	Ξ	398,647.	57,940.	164,825.	29,984.	45,727.	697,123.	NONE
2 COO	Ē	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JOHN FISCHER	Ξ	358,241.	NONE	480.	15,745.	35,663.	410,129.	NONE
3 CIO	Ē	NONE	NONE	NONE	NONE	NONE	NONE	NONE
LIVINGSTON PARSONS III	Ξ	270,393.	NONE	480.	20,538.	36,826.	328,237.	NONE
4 CFO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MAYADA EL-ZOGHBI	Ξ	175,934.	NONE	187,335.	15,567.	15,076.	393,912.	NONE
5 SENIOR VP	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
VICTORIA WHITE	Ξ	278,885.	NONE	480.	21,347.	34,865.	335,577.	NONE
6 SENIOR VP	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MELISSA BAEZ	Ξ	215,817.	33,000.	480.	17,077.	28,230.	294,604.	NONE
7 SENIOR VP	€	NONE	NONE	NONE	NONE	NONE	NONE	NONE
BRANDIE CONFORTI	Ξ	156,760.	45,000.	6,159.	10,026.	15,640.	233,585.	NONE
8 SENIOR VP	Ē	NONE	NONE	NONE	NONE	NONE	NONE	NONE
AMEE PARBHOO	Ξ	18,589.	46,000.	26,580.	1,438.	1,748.	94,355.	NONE
9 SENIOR VP (AS OF 02/01/23)	(ii)	212,534.	NONE	400.	15,697.	19,588.	248,219.	NONE
NJORD ANDREWES	Ξ	NONE	NONE	NONE	NONE	NONE	NONE	NONE
10 SENIOR VP	Ē	290,010.	8,317.	440.	17,309.	34,354.	350,430.	NONE
VIKAS RAJ	Ξ	NONE	NONE	262,698.	NONE	NONE	262,698.	NONE
11 SENIOR VP	Ē	NONE	NONE	NONE	NONE	NONE	NONE	NONE
TAHIRA DOSANI	Ξ	NONE	NONE	262,698.	NONE	NONE	262,698.	NONE
12 SENIOR VP	€	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MARIA HERMIDA	Ξ	276,597.	7,950.	480.	20,571.	2,901.	308,499.	NONE
13 ASST. SEC & GENERAL COUNSEL	Ē	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	Ξ							
14	€							
	Ξ							
15	€							
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Page 2

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Schedule J (Form 990) 2023

Schedule J (Form 990) 2023

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	A PARTICIPANT IN A 457 (F) PLAN. THE

Schedule J (Form 990) 2023
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.
FOR 2023 WAS \$262,698.
SCHEDULE J, PART I, LINE 7:
EMPLOYEES IDENTIFIED IN SCHEDULE J, PART II(A), LINES 1 - 14 WERE
ELIGIBLE FOR LIMITED INCENTIVE COMPENSATION BASED UPON PERFORMANCE IN THE
PRIOR TAX YEAR. ANY SUCH COMPENSATION THAT IS AWARDED IS PART OF AND
SUBJECT TO THE TOTAL COMPENSATION REVIEW AND APPROVAL PROCESS.
Schedule J (Form 990) 2023

Supplemental Information to Form 990 or 990-EZ

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

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



Department of the Treasury Internal Revenue Service Name of the organization

ACCION INTERNATIONAL

FORM 990, PART I, LINE 1:

WE ARE A LEADING EARLY-STAGE INVESTOR IN FINTECH FOR INCLUSION AND EXPERTS IN THE DIGITAL TRANSFORMATION OF FINANCIAL SERVICE PROVIDERS, WITH DECADES OF EXPERIENCE HARNESSING THE CAPITAL MARKETS TO ENABLE UNDERSERVED PEOPLE TO IMPROVE THEIR LIVES.

FORM 990, PART III, LINE 4A:

GLOBAL PROGRAMS: TODAY, NEARLY TWO BILLION PEOPLE ARE LEFT OUT OF OR POORLY SERVED BY THE WORLD'S FORMAL FINANCIAL SECTOR AND LACK THE FINANCIAL SOLUTIONS THEY NEED TO END POVERTY IN THEIR COMMUNITIES. ACCION IS A GLOBAL NONPROFIT COMMITTED TO CREATING A FAIR AND INCLUSIVE ECONOMY, HELPING FAMILIES AND BUSINESSES REACH THEIR ECONOMIC POTENTIAL AND BUILD BETTER LIVES. OUR GLOBAL PROGRAMS INCLUDE ACCION ADVISORY, WHICH PARTNERS WITH FINANCIAL SERVICE PROVIDERS AROUND THE WORLD TO BETTER MEET THE NEEDS OF UNDERSERVED INDIVIDUALS AND SMALL BUSINESSES. ACCION ADVISORY LEVERAGES ACCION'S GLOBAL INSIGHTS AND PROVIDES STRATEGIC AND OPERATIONAL SUPPORT FOR DIGITAL TRANSFORMATION, GROWTH STRATEGY AND PLANNING, CUSTOMER ENGAGEMENT, AND OTHER CORE SERVICES THAT MAXIMIZE IMPACT FOR CLIENTS. IN 2023, THE ADVISORY TEAM CONTINUED TO WORK WITH PARTNERS TO DEVELOP NEW DIGITAL SOLUTIONS AND PLATFORMS THAT HELP UNDERSERVED CLIENTS TO PARTICIPATE IN AND BENEFIT FROM THE DIGITAL ECONOMY.

FORM 990, PART III, LINE 4B:

INVESTMENT STRATEGIES: BY PROVIDING EQUITY CAPITAL TO INCLUSIVE FINTECH STARTUPS, MICROFINANCE INSTITUTIONS, AND OTHER FINANCIAL SERVICE PROVIDERS, AS WELL AS PROVIDING GOVERNANCE AND EXPERTISE THROUGH BOARD

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

ACCION INTERNATIONAL

OVERSIGHT, AND ADVISING ON STRATEGIC AND OPERATIONAL CHALLENGES, WE HELP CREATE WELL-RUN, MISSION-DRIVEN, AND EFFICIENT ORGANIZATIONS THAT SERVE AS DEMONSTRATION MODELS AND ENCOURAGE OTHERS TO WORK TOWARD A FAIR AND INCLUSIVE ECONOMY. IN 2023, ACCION CONTINUED TO SUPPORT ITS PARTNERS TO DIGITIZE AND SCALE OPERATIONS SO THEY CAN SERVE VULNERABLE CLIENTS IN A RAPIDLY DIGITIZING WORLD.

FORM 990, PART III, LINE 4C:

CENTER FOR FINANCIAL INCLUSION: LAUNCHED IN 2008, THE CENTER FOR FINANCIAL INCLUSION (CFI) IS AN INDEPENDENT GLOBAL THINK TANK HOUSED AT ACCION THAT USES RIGOROUS RESEARCH AND ADVOCACY TO ADVANCE INCLUSIVE FINANCIAL SYSTEMS FOR LOW-INCOME PEOPLE AROUND THE WORLD. IT LEVERAGES PARTNERSHIPS TO CONDUCT RESEARCH, TEST PROMISING SOLUTIONS, AND THEN ADVOCATE FOR EVIDENCE-BASED CHANGE. CFI CONDUCTS RESEARCH RELATED TO ITS FOUR STRATEGIC PRIORITIES: CONSUMER PROTECTION, DATA RISKS AND OPPORTUNITIES, WOMEN'S FINANCIAL INCLUSION, AND FINANCIAL SERVICES TO MITIGATE AND ADAPT TO CLIMATE CHANGE. CFI HOSTS FINANCIAL INCLUSION WEEK, AN ANNUAL VIRTUAL EVENT THAT IN 2023 CONVENED 2,800 POLICY EXPERTS, FINANCIAL SERVICE PROVIDERS, ANALYSTS, AND INDUSTRY LEADERS TO DISCUSS THE MOST PRESSING TOPICS IN THE INCLUSIVE FINANCE SECTOR. IN 2023, CFI CONVENED THE RESPONSIBLE FINANCE FORUM (RFF) IN BENGALURU, INDIA, BRINGING TOGETHER GLOBAL STAKEHOLDERS TO SHARE IDEAS, RESEARCH, AND SOLUTIONS ON EMERGING CONSUMER RISKS IN INCLUSIVE FINANCE.

FORM 990, PART III, LINE 4D:

Supplemental Information to Form 990 or 990-EZ

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



Department of the Treasury Internal Revenue Service Name of the organization

13-2535763

EDUCATION AND COMMUNICATION: ACCION'S COMMUNICATIONS FOCUS ON THE TRANSFORMATIVE POWER OF FINANCIAL INCLUSION TO ACCELERATE SOCIAL AND ECONOMIC PROGRESS FOR UNDERSERVED COMMUNITIES AROUND THE WORLD. IN 2023, ACCION SHOWCASED THE IMPORTANCE OF DIGITAL FINANCIAL SOLUTIONS FOR ENTREPRENEURS AND INNOVATION THROUGH CLIENT-FOCUSED STORYTELLING, ALONG WITH PAPERS, TOOLKITS, AND CASE STUDIES PROMOTING WAYS OF BETTER MEETING THE NEEDS OF THE WORLD'S NEARLY TWO BILLION UNDERSERVED PEOPLE.

FORM 990, PART VI, SECTION A, LINE 1A:

THE AUDIT, EXECUTIVE OR FINANCE COMMITTEE HAVE BEEN DELEGATED AUTHORITY TO ACT ON BEHALF OF THE BOARD OF DIRECTORS IN ACCORDANCE WITH THEIR COMMITTEE CHARTERS AND SUBJECT TO SUBSEQUENT RATIFICATION BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 4:

IN JUNE 2023, THE ORGANIZATION AMENDED ITS AMENDED AND RESTATED BY-LAWS TO PROVIDE FOR EQUIVALENT TERM LIMITS FOR ALL BOARD MEMBERS REGARDLESS OF ROLE, ALLOW FOR ADDITIONAL SERVICE BY AN INDIVIDUAL BOARD MEMBER IF THE BOARD DETERMINES IT IS IN THE ORGANIZATION'S BEST INTERESTS, PERMIT THE APPOINTMENT OR ELECTION OF ONE OR MORE VICE CHAIRS AS AN OFFICER OF THE ORGANIZATION, AND PROVIDE FOR UNIFORM VOTING THRESHOLDS.

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

Supplemental Information to Form 990 or 990-EZ

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



Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number

13-2535763

ACCION INTERNATIONAL

THE BOARD HAS DELEGATED APPROVAL POWER OF THE 990 TO THE EXECUTIVE AND FINANCE COMMITTEES. ONCE APPROVED BY ONE OF THOSE COMMITTEES, EACH MEMBER OF THE BOARD OF DIRECTORS RECEIVES A COPY OF THE FORM 990 FOR THEIR REVIEW BEFORE ACCION FILES IT WITH THE INTERNAL REVENUE SERVICE.

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

ACCION INTERNATIONAL'S CONFLICT OF INTEREST POLICY REQUIRES ANNUAL DISCLOSURE OF ACTUAL OR POTENTIAL CONFLICTS OF INTEREST, INCLUDING ALL TRANSACTIONS, FINANCIAL INTERESTS, CONTRACTS, OR POSITIONS, CONDUCTED OR HELD BY THE OFFICER, DIRECTOR, OR KEY EMPLOYEE OR IMMEDIATE MEMBER OF HIS/HER FAMILY, WITH ANY BUSINESSES, CORPORATIONS, PARTNERSHIPS, PROPRIETORSHIPS THAT CARRY OUT ANY BUSINESS ACTIVITIES WITH ACCION INTERNATIONAL OR ANY OF ITS SUBSIDIARIES, INVESTEES, AFFILIATES OR OTHER PERSONS OR INSTITUTIONS IN ANY RELATED TO ACCION INTERNATIONAL. IN ADDITION TO THE ANNUAL DISCLOSURE REQUIREMENT, OFFICERS, DIRECTORS, AND KEY EMPLOYEES MUST ALSO DISCLOSE ANY POTENTIAL OR REAL CONFLICT OF INTEREST AS THEY ARISE. EACH REAL OR POTENTIAL CONFLICT MUST BE EVALUATED BY INDEPENDENT, DISINTERESTED DIRECTORS SERVING ON THE AUDIT & GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS, AND IF A REAL OR POTENTIAL CONFLICT OF INTEREST IS DETERMINED TO EXIST, THAT CONFLICT SITUATION MUST BE DETERMINED TO BE FAIR AND REASONABLE TO THE CORPORATION AND THUS WAIVED BEFORE THE AFFECTED OFFICER, DIRECTOR, OR KEY EMPLOYEE MAY PROCEED.

FORM 990, PART VI, SECTION C, LINE 15:

Supplemental Information to Form 990 or 990-EZ

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

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



13-2535763

Department of the Treasury Internal Revenue Service Name of the organization

COMPENSATION FOR OFFICERS, INCLUDING THE CEO, AND KEY EMPLOYEES MUST BE APPROVED BY THE APPROPRIATE COMMITTEE OF THE BOARD OF DIRECTORS AFTER CONSIDERATION OF DATA PROVIDED BY THIRD PARTY EXPERTS WHICH INDICATES COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. THE BOARD COMMITTEE WILL MAINTAIN CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING WITH RESPECT TO THE DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENTS.

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

ACCION INTERNATIONAL'S AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON ITS WEBSITE AND ITS GOVERNING DOCUMENTS AND DIRECTOR CONFLICT OF INTEREST AND TRANSACTIONS WITH DISQUALIFIED PERSONS POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 8:

CLOSING OF BANCOSOL & CHINA HUB \$ (62,591,770)

FORM 990, PART XI, LINE 9:

MISC ADJUSTMENT \$ (459)

Schedule O (Form 990 or 990-EZ) 2023	Page 2
Name of the organization	Employer identification number
ACCION INTERNATIONAL	13-2535763

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

OUR MISSION IS TO CREATE A FAIR AND INCLUSIVE ECONOMY WHERE UNDERSERVED PEOPLE HAVE QUALITY FINANCIAL CHOICES AND OPPORTUNITIES TO IMPROVE THEIR ECONOMIC WELL-BEING. WE FIND AND HELP BUILD INNOVATIVE COMPANIES WITH THE POTENTIAL TO REACH LARGE NUMBERS OF UNDERSERVED PEOPLE AND ACCELERATE THEIR GROWTH. WE WORK WITH OUR PARTNERS TO DESIGN, TEST, AND DEPLOY AFFORDABLE DIGITAL SOLUTIONS THAT STRENGTHEN CLIENTS' FINANCIAL HEALTH AND ECONOMIC WELL-BEING. WE CONDUCT IN-DEPTH RESEARCH AND SHARE OUR LEARNINGS TO ADVANCE RESPONSIBLE FINANCIAL SOLUTIONS AND SYSTEMS.

Schedule O (Form 990 or 990-EZ) 2023		Page 2
Name of the organization	Employer identification number	
ACCION INTERNATIONAL	13-2535763	

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES _____

MAURITIUS INDIA CHINA COLOMBIA PERU

_

Schedule O (Form 990 or 990-EZ) 2023	Page 2
Name of the organization	Employer identification number
ACCION INTERNATIONAL	13-2535763

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI,

Schedule O (Form 990 or 990-EZ) 2023 Name of the organization	Employer ide	Page 2 ntification number
ACCION INTERNATIONAL	13-253	5763
FORM 990, PART VII-COMPENSATION OF THE 5 H		
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
ACCCION IMPACT MANAGEMENT		
1101 15TH STREET NW, SUITE 400		500.000
WASHINGTON, DC 20005	PORTFOLIO MANAGEMENT	500,336
DIALOG CONCEPTS INC 3100 CLARENDON BLVD SUITE 510		
ARLINGTON, VA 22201	PROFESSIONAL SERVICE	266,090
RPCK RASTEGAR PANCHAL LLP		
60 EAST 42ND STREET SUITE 3130 NEW YORK, NY 10165	LEGAL SERVICE	205,834
TE MODEAN CHARE DANK NA		
JP MORGAN CHASE BANK, N.A. 50 ROWES WHARF, 4TH FLOOR		
BOSTON, MA 02110	PORTFOLIO MANAGEMENT	189,334
GRANT THORNTON, LLP		
33960 TREASURY CENTER CHICAGO, IL 60694-3900	AUDIT SERVICES	187,500

SCHEDULE R (Form 990) Department of the Treasury	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990. Go to <i>www.irs.gov/Form990</i> for instructions and the latest information.	ed Organizations and Unrelated Partnerships the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or Attach to Form 990. Go to <i>www.irs.gov/Form990</i> for instructions and the latest information.	I Unrelated n Form 990, Part IV orm 990. uctions and the late	Partnershi , line 33, 34, 35b, 3 sst information.	i ps 6, or 37.		OMB No. 1545-0047 20 23 Open to Public Inspection	-0047
Name of the organization ACCION INTERNATIONAL						Employer identificat 13-2535763	Employer identification number 13-2535763	ber
Part I Identification of	Disregarded Entities.	Complete if the organization answered "Yes" on Form 990, Part IV, line 33	/ered "Yes" on F	orm 990, Part IV	/, line 33.			
Name, add	(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	lling
(1)								
SEE SUPPLEMENTAL PAGE	5E							
(2)								
(3)								
(4)								
(5)								
(9)								
Identification of one or more rela	Identification of Related Tax-Exempt Organizations. one or more related tax-exempt organizations during t	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had the tax year.	anization answe	red "Yes" on Fc	orm 990, Part IV,	line 34, because	it had	
Name, address	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	b)(13)
							Yes N	٩ ٥
(1) ACCION TECHNICAL ADVISORS INDIA 9/3, KAISER-E-HIND,1 FL,RICHMO BANGLORE,	s INDIA KICHMO BANGLORE, IN 560025	SEE PART VII	IN	SEC 8 CO	N/A	ACCION INT	×	
<pre>(2) FUNDACION CENTRO ACCION MICROEMPRESARIAL CLL 123 # 7- 51/57, OFFICES 60 BOGOTA, D</pre>	TRO ACCION MICROEMPRESARIAL 51/57, OFFICES 60 BOGOTA, D.C. CO 110111	SEE PART VII	C	FOUNDATION	N/A	ACCION INT	×	
(3)								
(4)								
(5)								
(9)								
(2)								
For Paperwork Reduction A	For Paperwork Reduction Act Notice, see the Instructions for Form 9					Schedule R (Form 990) 2023	(Form 990) (2023

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Schedule R (Form 990) 2023 Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organizat because it had one or more related organizations treated as a partnership during the tax year.	t ted Organizations more related organizations	Taxable		nip. Com artnershi	plete if th p during t	ne organizatio the tax year.	Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, ted as a partnership during the tax year.	s" on Forn	n 990, Part IV,	line 34		Page 2
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Pred income excluc tax sections	Predominant income (reated, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	al (g) Share of end-of- year assets	(h) Disproportionate allocations? Yes No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes No		(k) Percentage ownership
<pre>(1) ACCION DIGITAL TRANS. FUND GP 1101 15TH STREET NW, SUITE 400 (2)</pre>	INVESTMENTS	DE	ACCION INT	RELATED			NONE 857.		NONE	×	79.0000	000
(3)												
(5)												
(6)												
(7) (7) Part IV Identification of Related Organizations Taxable as a	ted Organizations	Taxable	as a Corporat	ion or Tr	ust. Com	plete if the o	Corporation or Trust. Complete if the organization answered "Yes"	ered "Yes	on Form 990, Part IV,	, Part I		
Inter-34, because it had one of more related organizations treated as a corporation or trust during the tax year. (b) (c) (d) (e) Name, address, and EIN of related organization Primary activity Legal dominic Direct controlling Type of entity	ad One Or MOre rel) V of related organization	ared orga	Inizations treated a (b) Primary activity	ctivity	corporation (c) Legal domicile	n or trust auri (d) Direct controlling	ng tne tax year. (e) Type of entity	(f) Share of total			(h) Percentage	(i) Section 12(b)(13)
				((state or roreign country)	enuty	(C corp, S corp, or trust)	псопе	end-ol-year assets		ownersnip _c	controlled entity? Yes No
(1) ACCION AFRICA-ASIA INVESTMENT COMPANY 6TH FLOOR, TWO TRIBECA, TRIBECA CEN TRIANON,	COMPANY I TRIANON, MP 72261		SEE PART V.	IIA	MP	SEE PART VII	C CORP	606, 480		72,132,257.100.0000		×
(2) ACCION (BELJING) CONSULTATION SVCS FLOOR 15-122 NO. 8 XIAOYUNLI BELJING,	TCS CO LTD IG, CHAOYANG CH		SEE PART V.	IIA	CH	SEE PART VII	C CORP	e e	3,879.	15,051.100.0000		×
(3) ACCION IMPACT MANAGEMENT LLC 86-358 1101 15TH STREET NW, SUITE 400 WASHINGTON, DC 20005	86-3584816 IINGTON, DC 20005	9		I I			C CORP	5,547,743.	00	890,737.100.0000		×
(4) ACCION IMPACT MANAGEMENT INDIA PVT LTD 5TH FL OF WHITE CASTLE CO-OP MUMBAI, MAHARASHTRA	PVT LTD , MAHARASHTRA IN 40007	207	SEE PART VII	II	IN	SEE PART VII	PVT LTD	948, 332		326,077.9		×
(5)												
(6)												
(1)												
			_	_	-		_		Schec	dule R (I	Schedule R (Form 990) 2023) 2023

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ge
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Schedule R (Form 990) 2023 Dert V Transactions With Related Organizations Complete if the organization answered "Yes"	" on Form 000 Part IV line 34	HV line 34 35h or 36		Page 3
	;			
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. During the tax year, did the organization engage in any of the following transactions with one or more re-	more related organizations listed in Parts II-IV?	ted in Parts II-IV?		
•				×
b Gift, grant, or capital contribution to related organization(s)			- <mark>1</mark> b	×
c Gift, grant, or capital contribution from related organization(s)			- 	×
d Loans or loan guarantees to or for related organization(s)			- 1d	×
e Loans or loan guarantees by related organization(s)			- 1 e	×
f Dividends from related organization(s)			1f	×
			19	×
			ŧ	×
			7	×
j Lease of facilities, equipment, or other assets to related organization(s)	· · · ·		- -	×
k Lease of facilities equipment or other assets from related organization(s)			÷	×
			=	×
m Performance of services or membership or fundraising solicitations by related organization(s).			- -	×
			Ę	×
o Sharing of paid employees with related organization(s)	· · · ·		- - - -	×
Doimbursomont poid to polated accontention(a) for evenese			5	~
q Reimbursement paid by related organization(s) for expenses			- -	: ×
			-	×
 S Other transfer of cash or property from related organization(s). If the answer to any of the above is "Yes," see the instructions for information on who must complete this 		ine, including covered relationships and transaction thresholds.	action thresholds	s. ×
(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved	ermining Sived
(1) ACCION TECHNICAL ADVISORS INDIA	В, В	1,579,263.	COST	
(2) FUNDACION CENTRO ACCION MICROEMPRESARIAL	B, R	1,303,684.	COST	
(3) ACCION IMPACT MANAGEMENT LLC	В, К	1,410,000.	COST	
(4) ACCION IMPACT MANAGEMENT LLC	L, N, O, P, Q	897,992.	COST	
(5) ACCION IMPACT MANAGEMENT LLC	B, R	603,004.	COST	
(6) ACCION IMPACT MANAGEMENT LLC	M , S	500,463.	COST	
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Schedule R (Form 990) 2023

Page **3**

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36	s" on Form 990, Part	: IV, line 34, 35b, or 36.	
Note: Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.			Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	elated organizations list	ed in Parts II-IV?	
			- <mark>1</mark> 0
			DI
e Loans or loan guarantees by related organization(s)	• • • • • • • • • •		
f Dividends from related organization(s)			1f
a Sale of assets to related organization(s).			19
			1 h
j Lease of facilities, equipment, or other assets to related organization(s)			
k eace of facilities acruinment or other accets from related organization(s)			¥
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
m Performance of services or membership or fundraising solicitations by related organization(s).			1
			1 n
o Sharing of paid employees with related organization(s)			10
n Reimbursement haid to related organization(s) for evoluses			10
q Reimbursement paid by related organization(s) for expenses			19
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete the above is "Yes," see the instructions of the above is "Yes," see the instructions of the above is "Yes," see the instruction of the above is "Yes," see the above is "Yes," see the instruction of the above is "Yes," see the above is	this line, including covered	ed relationships and transaction thresholds	action thresholds.
	(b) Transaction	(c) Amount involved	(d) Method of determining
	type (a - s)		amount involved
(1) ACCION FRONTIER INCLUSION FUND LP	B, R	227,185.	COST
(2) ACCION QUONA INCLUSION FUND LP	В , R	942,407.	COST
(3)			
(4)			
(5)			
(6)			
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Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or aross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

or gross revenue) that was not a related or gamzanon. See more actions regarding exclusion for certain intestiment particle impo-		iuluis regaluii	a ini inieninya A	בו ומווי ייי אי	יסוווכוור אמו ווכו	or libo.					
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) (e) Predominant Are all partners income (related, section unrelated, excluded 501(c)(3) from tax under organizations?	(e) Are all partners section 501(c)(3) organizations?	s Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	te Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	al or ling ow	(k) Percentage ownership
			sections 512 - 514)	Yes No			Yes No		Yes	No	
(1)											
										-	
(2)											
(3)											
(c)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
(12)											
(13)											
(14)											
(15)											
(16)											
										_	

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023

Part VII	Supplemental Information
	Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R, PART I, COLUMN (B):

PRIMARY ACTIVITY:

- 1. PROGRAM RELATED INVESTMENT
- 2. PROGRAM RELATED INVESTMENT
- 3. PROGRAM RELATED INVESTMENT
- 4. PROGRAM RELATED INVESTMENT
- 5. PROGRAM RELATED INVESTMENT
- 6. PROGRAM RELATED INVESTMENT
- 7. PROGRAM RELATED INVESTMENT
- 8. PROGRAM RELATED INVESTMENT

SCHEDULE R, PART II, COLUMN (B):

PRIMARY ACTIVITY:

- 1. TECHNICAL ASSISTANCE & EDUCATION RELATED TO MICROFINANCE
- 2. TECHNICAL ASSISTANCE & EDUCATION RELATED TO MICROFINANCE

Part VII Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R, PART III, COLUMN (A):

FULL NAME:

1. ACCION DIGITAL TRANSFORMATION FUND GP LLC

SCHEDULE R, PART IV, COLUMN (A):

FULL NAME:

2. ACCION (BEJING) CONSULTATION SERVICES CO, LTD

SCHEDULE R, PART IV, COLUMN (B):

PRIMARY ACTIVITY:

- 1. PROGRAM RELATED INVESTMENT
- 2. TECHNICAL ASSISTANCE AND SERVICES RELATED TO MICROFINANCE
- 3. PRIVATE EQUITY FUND MANAGING
- 4. PRIVATE EQUITY FUND MANAGING SUPPORT SERVICES

SCHEDULE R, PART IV, COLUMN (D):

DIRECT CONTROLLING ENTITY:

- 1. ACCION GATEWAY FUND, LLC
- 2. ACCION INTERNATIONAL
- 3. ACCION INTERNATIONAL
- 4. ACCION IMPACT MANAGEMENT LLC

Part VII Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.

PART I - IDENTIFICATION OF DISREGARDED ENTITIES

(A) NAME/ADDRESS/EIN	(B) PRIMARY ACTIVITY	(C) LEGAL DOMICILE	(D) TOTAL INCOME	(E)EOY ASSETS	(F) DIRECT CONTROL
ACCION GATEWAY FUND, LLC		1101 15TH STREET	NW, SUITE 400 WAS	HINGTON, DC 20005	
	SEE PART VII	DE	NONE	NONE	ACCION INT
ACCION FRONTIER INCLUSION	FUND GP, LLC	1101 15TH STREET	NW, SUITE 400 WAS	HINGTON, DC 20005	
	SEE PART VII	DE	NONE	2,447.	ACCION INT
ACCION FRONTIER INCLUSION	FUND LP, LLC	1101 15TH STREET	NW, SUITE 400 WAS	HINGTON, DC 20005	
	SEE PART VII	DE	NONE	69,061,442.	ACCION INT
ACCION QUONA INCLUSION FUN	D GP, LLC	1101 15TH STREET	NW, SUITE 400 WAS	HINGTON, DC 20005	
	SEE PART VII	DE	NONE	5,591.	ACCION INT
ACCION QUONA INCLUSION FUN	D LP, LLC	1101 15TH STREET	NW, SUITE 400 WAS	HINGTON, DC 20005	
	SEE PART VII	DE	NONE	27,367,034.	ACCION INT
ACCION VENTURE LAB GP, LLC		1101 15TH STREET	NW, SUITE 400 WAS	HINGTON, DC 20005	
	SEE PART VII	DE	NONE	108.	ACCION INT
ACCION VENTURE LAB HOLDING	S LLC	1101 15TH STREET	NW, SUITE 400 WAS	HINGTON, DC 20005	
	SEE PART VII	DE	NONE	NONE	ACCION GTWY
ACCION VENTURE LAB GP II,	LLC	1101 15TH STREET	NW, SUITE 400 WAS	HINGTON, DC 20005	
	SEE PART VII	DE	NONE	NONE	ACCION INT