Form **990**

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.

Open to Public

OMB No. 1545-0047

		enue Serv	,		Information	about Form	1 990 and i	ts instruction	ns is at www.	irs.gov/	form990.		Ir	ispecti	on
AF	or th	ne 202	0 calei	ndar year, or ta	ax year begi	inning		, 202	0, and endi	ng			, 2	0	
_			C Nam	e of organization							D Employer ide	entifi	ication nun	nber	
B c	heck if a	pplicable:	ACO	CION INTERN	JATIONAL										
	Addr chan		Doing	Business As							13-2535	576	3		
		e change	Num	ber and street (or F	P.O. box if mail is	s not delivered	to street addr	ess)	Room/suite		E Telephone n	umbe	er		
	-	Ireturn	10	FAWCETT ST	r ste 204	l					(617) 62	5 - '	7020		
-	-	inated		or town, state or pr			eign postal co	de				-			
-	Ame			ABRIDGE, MA	-		0				G Gross receip	ts \$	12	0.54	,818.
-	retur Appli	cation		e and address of p		MTCHA	AEL SCH	LEIN			H(a) Is this a grou			Yes	XNC
	pend	ing		1E AS C ABO		111 0111					subordinates	?		Yes	No
-	Tax o	empt sta		X 501(c)(3)	501(c) () d (in		4047(-)(4)			H(b) Are all subord		st. (see instru	1	
<u>-</u>		· ·		ACCION.ORG	501(0) () ┥ (in	isert no.)	4947(a)(1) or 52				•	00010)	
_				X Corporation	Truck	Association	Other	<u> </u>	I Veen		H(c) Group exem ion: 1965 M				NY
-		-			Trust	Association	Other			Di lormat		State	e or legal do	omicile:	
P	art I		nmary					ACCTO		ם סקו	ECADES OF	Ē		ICE	
-	1			be the organizati											
Governance				IGHTS INTO							ц 				
rna				<u></u>											
ove	2			x ► if the	-							1	1		1 0
				ting members of								3			13.
ŝ	4			dependent voting								4			13.
ctivities &	5			of individuals er								5			116.
cti	6	Total I	number	of volunteers (es	timate if neces	ssary)						6			18.
<	7a			ed business rever								7a			0
	b	Net ur	nrelated	l business taxabl	e income from	Form 990-T	, line 34 🔒					7b			0
											Prior Year			rent Y	
e	8	Contri	butions	and grants (Part	VIII, line 1h)						19,174,20				3,114
enu	9	Progra	am serv	ice revenue (Part	VIII, line 2g)				PY FOR INSPECTION		4,268,97	2.	2	,791	,811
Revenue	10			come (Part VIII,					INSPECTION		4,272,26	58.	-3	,663	8,847
ш	11	Other	revenu	e (Part VIII, colu	mn (A), lines 5	5, 6d, 8c, 9c, [•]	10c, and 11	e)				19.			38
	12	Total ı	revenue	e - add lines 8 th	rough 11 (mus	st equal Part V	VIII, column	(A), line 12)			27,715,49	94.	4	,901	,116
	13	Grants	s and s	imilar amounts pa	aid (Part IX, co	lumn (A), line	es 1-3)				3,782,58	37.	4	,379	,485
	14			to or for member								Ο.			0
ő	15			er compensation,							16,625,80	9.	16	,201	,137
Expenses	16a			fundraising fees (0.			0
pe	b	Total f	fundrais	sing expenses (Pa	art IX. column	(D). line 25) I	2	,081,08	7.						
ш	17	Other	expens	es (Part IX, colur	nn (A), lines 1	1a-11d. 11f-2	24e)				9,696,47	′5 .	7	,532	2,182
	18			es. Add lines 13-							30,104,87	1.	28	,112	2,804
	19			expenses. Subt							-2,389,37				,688
es										Begin	ning of Current \			l of Yea	-
Net Assets or Fund Balances	20	Total	assets (Part X, line 16)							76,902,98				2,102
Ass Bal	21			s (Part X, line 26)							5,117,12			·	, 708
Vet	22			fund balances.						3	71,785,85				3,394
	art II			e Block						-				,	,
				, I declare that I h	ave examined t	his return incl	uding accor	nanving scher	dules and state	ments a	nd to the best of	fmv	knowledge	and be	lief it is
				e. Declaration of pre								y			
Sig	In		Signatu	re of officer							Date				
He			•		ONG TTT			CEO			240				
				IGSTON PARS				Cr.							
				print name and the parer's name		Preparer's	Anatura		Date				PTIN		
Paid	d					ricparerss	An all	K	11/15/2	021	Check	if		1560	
_		MAR	~ 며면	LRGER		1/ 1/	INCIR	1 2/11-		~	self-employ	eu	P0187	T 7 Q Q	

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▶ BDO USA, LLP

Preparer

Firm's name

13-5381590

Firm's EIN 🕨

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-	m 990 (2020) Pag
P	art III Statement of Program Service Accomplishments
-	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO GIVE PEOPLE THE FINANCIAL TOOLS THEY NEED TO IMPROVE THEIR LIVES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$9,513,545. including grants of \$4,216,490.) (Revenue \$1,632,126.)
	SEE SCHEDULE O
4b	(Code:) (Expenses \$5,583,447. including grants of \$50,000.) (Revenue \$756,243.)
	SEE SCHEDULE O
_	
4C	(Code:) (Expenses \$4,930,671. including grants of \$12,995.) (Revenue \$403,442.) SEE SCHEDULE O
	SEE SCHEDOLE O
4d	Other program services (Describe on Schedule O.) (Expenses \$ 1,090,741. including grants of \$)(Revenue \$)
40	(Expenses \$ 1,090,741. including grants of \$)(Revenue \$) Total program service expenses ▶ 21,118,404.
JSA	Form 990 (2)
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Part	V Checklist of Required Schedules			
	$\int dt_{n} = \frac{1}{2} \int dt_{n} dt_{n} = \frac{1}{2} \int dt_{n} dt_{n} = \frac{1}{2} \int dt_{n} dt_{n} dt_{n} = \frac{1}{2} \int dt_{n} dt_{n}$		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	4	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	1	X	
2	Did the organization required to complete Schedule D, Schedule D Commutity See instructions	-		
Ű	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? 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			v
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		Х
44	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
11	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
ŭ	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		Х
с	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c	Х	
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII.	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	4.01	v	
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13 14a	X	1
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	140		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
<i></i>	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX column (A) line 12 /f "Yes" complete Schedule I Parts I and II	21	Х	

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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		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? 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 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
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	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 in 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			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 63			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0.			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
10.4	reportable gaming (gambling) winnings to prize winners?	1c	X	
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Yes No

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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 116							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,							
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X					
b	If "Yes," enter the name of the foreign country <u>ATTACHMENT</u> 1							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
b	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	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the							
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or							
	gifts were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods							
	and services provided to the payor?	7a		Χ				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		v				
	required to file Form 8282?	7c		X				
	If "Yes," indicate the number of Forms 8282 filed during the year	-		v				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X				
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7~						
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h						
	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	8						
•	sponsoring organization have excess business holdings at any time during the year?	0						
	Sponsoring organizations maintaining donor advised funds.	9a						
	Did the sponsoring organization make any taxable distributions under section 4966?	9b						
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	30						
	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:							
11	Gross income from members or shareholders.							
	Gross income from other sources (Do not net amounts due or paid to other sources							
D	against amounts due or received from them.)							
12 a	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							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
	Is the organization licensed to issue qualified health plans in more than one state?	13a						
u	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which							
	the organization is licensed to issue qualified health plans							
с	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? If "No," provide an explanation on Schedule O	14b						
	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		X				
	If "Yes," see instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes " complete Form 4720. Schedule O	16		X				

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Part		vernance, Management, and Disclosure For each "Yes" response to lines 2 thi				
		ponse to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes				
		ck if Schedule O contains a response or note to any line in this Part VI	<u></u>			Х
Sect	ion A. Go	verning Body and Management				_ . .
					Yes	No
1a		number of voting members of the governing body at the end of the tax year	1a 13	-		
	if the go	re material differences in voting rights among members of the governing body, or verning body delegated broad authority to an executive committee or similar				
	committee	e, explain on Schedule O.	1b 13			
b		number of voting members included on line 1a, above, who are independent		1		
2	-	fficer, director, trustee, or key employee have a family relationship or a business re		2		Х
•		officer, director, trustee, or key employee?		-		
3		rganization delegate control over management duties customarily performed by or ur		3		Х
4		n of officers, directors, trustees, or key employees to a management company or other p anization make any significant changes to its governing documents since the prior Form 990 was fi		4		Х
5		ganization make any significant changes to its governing documents since the prior Form 990 was n ganization become aware during the year of a significant diversion of the organization's a		5		Х
6		ganization become aware during the year of a significant diversion of the organizations a		6		Х
7a		rganization have members, stockholders, or other persons who had the power to el				
		re members of the governing body?		7a		Х
b		governance decisions of the organization reserved to (or subject to approval				
		ers, or persons other than the governing body?		7b		Х
8		rganization contemporaneously document the meetings held or written actions und				
		y the following:	-			
а	The gover	ning body?		8a	Х	
b	Each com	mittee with authority to act on behalf of the governing body?		8b	Х	
9		ny officer, director, trustee, or key employee listed in Part VII, Section A, who cannot				
		zation's mailing address? If "Yes," provide the names and addresses on Schedule O		9	Ļ	Х
Sect	ON B. POI	cies (This Section B requests information about policies not required by the Inte	rnai Revenue	Coae	.) Yes	No
	5.1.4			10a	103	X
		ganization have local chapters, branches, or affiliates?		TUa		21
b		id the organization have written policies and procedures governing the activities of		10b		
44 -		and branches to ensure their operations are consistent with the organization's exempt pr		11a	Х	
11a h	-	anization provided a complete copy of this Form 990 to all members of its governing body before fi in Schedule O the process, if any, used by the organization to review this Form 990.	ling the form?			
b 12a		ganization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b		cers, directors, or trustees, and key employees required to disclose annually interests t				
Ň		flicts?	•	12b	Х	
с		rganization regularly and consistently monitor and enforce compliance with the p				
		n Schedule O how this was done	-	12c	Х	
13	Did the or	ganization have a written whistleblower policy?		13	Х	
14		ganization have a written document retention and destruction policy?		14	Х	
15	Did the p	rocess for determining compensation of the following persons include a review ar	d approval by			
	independe	ent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?			
а	The orgar	ization's CEO, Executive Director, or top management official		15a	X	
b		cers or key employees of the organization		15b	Х	
		line 15a or 15b, describe the process in Schedule O (see instructions).				
16a		rganization invest in, contribute assets to, or participate in a joint venture or simila	-	40-	Х	
_		able entity during the year?		16a	~	
b		lid the organization follow a written policy or procedure requiring the organization				
		on in joint venture arrangements under applicable federal tax law, and take steps to on's exempt status with respect to such arrangements?		16b	Х	
Secti	ion C. Dis		<u></u>	100		1
		ates with which a copy of this Form 990 is required to be filed \blacktriangleright _ATTACHMENT 2	2			
17 18	Section 6	ates with which a copy of this Form 990 is required to be filed \blacktriangleright <u>112</u> <u>110</u> <u>111</u> <u>110</u> <u>100</u> <u>10</u>	T 000 bas 000	. (800	tion 5	(01(c)
10		available for public inspection. Indicate how you made these available. Check all that ap		(060	001 0	,01(0)
	· · · ·	website Another's website X Upon request Other (explain on Sc				
19		on Schedule O whether (and if so, how) the organization made its governing docun	,	f inte	rest r	olicv
-		sial statements available to the public during the tax year.	,		- • ٣	,
	.					

²⁰ State the name, address, and telephone number of the person who possesses the organization's books and records ► LIVINGSTON PARSONS III 10 FAWCETT STREET STE 204 CAMBRIDGE, MA 02138 617-625-7020

anastad Employ

Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co										
	Check if Schedule	e O d	contains a r	esponse or n	ote to any line	e in this	s Part VII				Х

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

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

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	more	e than o is both or/trust Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	50.00									
(1) MICHAEL SCHLEIN	50.00							(14 101	0	22 61 7
PRESIDENT & CEO	0.			Х				614,121.	0.	33,617.
(2) ESTEBAN ALTSCHUL	50.00			37					0	C7 00F
	0.			Х				577,042.	0.	67,985.
(3) JOHN FISCHER CIO	0.				x			319,935.	96,390.	83,112.
(4) BRIAN CLANCY	50.00							519,955.	90,390.	03,112.
CDO	0.				x			306,043.	0.	48,965.
(5) LIVINGSTON PARSONS III	50.00				- 23			300,043.	0.	40,000.
CFO	0.			Х				288,197.	0.	48,812.
(6) VICTORIA WHITE	50.00									
GLAS SENIOR VP.	0.					X		280,068.	0.	52,648.
(7) KEVIN SAUNDERS	50.00							,		
ASSISTANT SEC AND GEN COUNSEL	0.			Х				270,300.	0.	51,766.
(8) MAYADA EL-ZOGHBI	50.00									
CFI SENIOR VP.	0.					Х		271,649.	0.	32,204.
(9)VIKAS RAJ	50.00									
VENTURE LAB SENIOR VP.	0.					Х		254,379.	0.	45,984.
(10) JAMES ROSENBERG	50.00									
CCO	0.					Х		250,172.	0.	40,714.
(11) TAHIRA DOSANI	50.00									
VENTURE LAB SENIOR VP.	0.					Х		258,363.	0.	29,761.
(12) ELLEN BAUER	50.00									
ASSIST SECRETARY/BOARD LIAISON	0.			Х				78,085.	0.	15,935.
(13) DIANA TAYLOR	6.00]			
CHAIR	0.	Х		Х				0.	0.	0.
(14) RON HOGE	6.00									
TREASURER	0.	Х		Х				0.	0.	0.

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Page 8

reportable compensation from the organization 🕨 47 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated 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? If "Yes," complete Schedule J for such 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 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of 1 compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) Name and business address Description of services

2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ► 6	e listed above) who received	

ATTACHMENT 3

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Yes No

Х

3

4

5

(C)

Compensation

Х

Х

Part VII Section A. Officers, Director	<u>s, Trustees, Ke</u>	y En	plo	yee	es,	and I	Hig	hest Compensat	ed Employees (c	ontinued)
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles	heck ss pe	rson	e than o is both or/trust employee	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
15) PHILLIP RIESE	6.00	œ	tee			isated				
SECRETARY		Х		Х				0.	. 0.	(
16) HENRY MILLER	6.00									
DIRECTOR	0.	Х						0.	0.	(
17) TITUS BRENNINKMEIJER	1.00									
DIRECTOR	0.	Х						0.	0.	(
18) TARA KENNEY	1.00									
DIRECTOR	0.	Х						0.	0.	(
19) THOMAS BARRY	1.00									
DIRECTOR	0.	Х						0.	0.	(
20) BARBARA LUCAS	1.00									,
DIRECTOR	0.	X						0.	0.	(
21) ELIZABETH MCCAUL DIRECTOR	1.00							0.	0.	
22) MICHAEL MIEBACH	1.00	X						0.	. 0.	
DIRECTOR		X						0.	0.	
23) BOB ANNIBALE	1.00									
DIRECTOR		x						0.	0.	(
24) SHIRISH APTE	1.00									
DIRECTOR	0.	Х						0.	0.	(
25) ERAJ SHIRVANI	1.00									
DIRECTOR	0.	Х						0.	0.	(
1b Sub-total				_			►	3,768,354.	96,390.	551,503
c Total from continuation sheets to Part							►	0.	0.	0
d Total (add lines 1b and 1c)						-		3,768,354.	96,390.	551,503.

Form 990 (2020)

ACCION INTERNATIONAL Part VIII Statement of Revenue

Г

		Check if Schedule O co	ntains a res	ponse or note to ar	ny line in this Part \	/		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s s	1a	Federated campaigns	1	7,035.				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		. ,				
ษิธิ		Fundraising events			-			
Ę,	ب م	•			-			
iar Iar	d	Related organizations						
i, S	e	Government grants (contribut	<i>'</i>	9	-			
r S	f	All other contributions, gifts,	-					
he		and similar amounts not included		5,766,079.				
Ēð	g	Noncash contributions includ	led in					
non		lines 1a-1f	1	\$ 56,565.				
<u> </u>	h	Total. Add lines 1a-1f			5,773,114.			
-				Business Code				
Program Service Revenue	2a	CONTRACT REVENUE		541900	1,965,676.	1,965,676.		
	b	INVESTMENT MANAGEMENT FEES	S	900099	575,000.	575,000.		
	с	HONORARIUM, BOARD REPRESENT	900099	167,232.	167,232.			
ev	d	CONFERENCE FEES REVENUE	900099	48,929.	48,929.			
БQ	e	DIVIDENDS FROM PROGRAM INV	523920	22,863.	22,863.			
Ę	f	All other program service reve		12,111.	12,111.			
	g	Total. Add lines 2a-2f			2,791,811.			
	3	Investment income (includ						
		other similar amounts)	0		2,287,908.			2,287,908.
	4	Income from investment of t			0.			
	5	Royalties	•	•	38.			38.
			(i) Real	(ii) Personal				
	6.0	Cross ranta	.,					
	6a	Gross rents 6a			-			
	b	Less: rental expenses 6b			-			
	C	Rental income or (loss) 6c			0			
	d	Net rental income or (loss)			0.			
	7a	Gross amount from	(i) Securities	ii) Other	-			
		sales of assets						
		other than inventory 7a	1,201,9	1/.	-			
ne	b	Less: cost or other basis						
Revenue		and sales expenses 7b	7,153,7	02.	-			
Ś	С	Gain or (loss) 7c	-5,951,75	55.				
	d	Net gain or (loss)	· · · · · <u>-</u>	<u></u>	-5,951,755.			-5,951,755.
Other	8a	Gross income from fu	undraising					
0		events (not including \$						
		of contributions reported	on line					
		1c). See Part IV, line 18		8 a 0.				
	b	Less: direct expenses		3b 0.				
	c	Net income or (loss) from fur		nts	0.			
	9a	Gross income from	gaming					
		activities. See Part IV, line 19	0 0)a 0.				
	b	Less: direct expenses)b 0.				
	c	Net income or (loss) from ga			0.			
		, , -	-					
	10a	Gross sales of invento returns and allowances		0a 0.				
				••				
	b c	Less: cost of goods sold Net income or (loss) from sale	es of inventor	/	0.			
				Business Code	0.			
Miscellaneous Revenue								
nec	11a							+
scellaneo Revenue	b			-				+
Re	C							+
Ϊ	d	All other revenue						
	e	Total. Add lines 11a-11d			0.			-
	12	Total revenue. See instruction	ns	🕨	4,901,116.	2,791,811.		-3,663,809.

 b, 9b, and 1 Grants an and dome Grants individua Grants organiza foreign in Benefits Compension (persons d) Other sa Pension section 4 Other en Other en Payroll ta Fees for Account d Lobbying Profession f Investme Other. (if (A) amount, Advertisi Office ex Informat Royalties Occupar Travel Payment for any f 	Check if Schedule O contains a responde amounts reported on lines 6b, 7b, 10b of Part VIII. Ind other assistance to domestic organizations estic governments. See Part IV, line 21 and other assistance to domestic als. See Part IV, line 22 and other assistance to foreign tions, foreign governments, and ndividuals. See Part IV, lines 15 and 16	nse or note to any line (A) Total expenses 143,819. 0. 4,235,666. 0. 2,775,146. 0. 10,683,020. 539,940. 1,337,265.	in this Part IX (B) Program service expenses 143,819. 4,235,666. 1,281,493. 8,342,217. 373,143.	(C) Management and general expenses 1,136,654. 1,496,583.	(D) Fundraising expenses 356,999
 b, 9b, and 1 Grants an and dome Grants individua Grants organiza foreign in Benefits Compension (persons d) Other sa Pension section 4 Other en Other en Payroll ta Fees for Account d Lobbying Profession f Investme Other. (if (A) amount, Advertisi Office ex Informat Royalties Occupar Travel Payment for any f 	10b of Part VIII. ad other assistance to domestic organizations estic governments. See Part IV, line 21 and other assistance to domestic als. See Part IV, line 22 and other assistance to foreign attions, foreign governments, and ndividuals. See Part IV, lines 15 and 16 astion of current officers, directors, and key employees	143,819. 0. 4,235,666. 0. 2,775,146. 0. 10,683,020. 539,940.	Program service expenses 143,819. 4,235,666. 1,281,493. 8,342,217.	Managèment and general expenses	Fundraísing expenses
 and dome Grants individual Grants organiza foreign in Benefits Compent trustees, Compension persons (persons d) Other sa Pension section 4 Other end Payroll ta Fees for Manager Legal . CAccount Lobbying Profession Investme Other. (If (A) amount, Advertisi Office ex Informat Royalties Occupar Travel . Payment for any f 	estic governments. See Part IV, line 21 , and other assistance to domestic als. See Part IV, line 22 and other assistance to foreign titons, foreign governments, and ndividuals. See Part IV, lines 15 and 16 paid to or for members station of current officers, directors, and key employees etation not included above to disqualified (as defined under section 4958(f)(1)) and lescribed in section 4958(c)(3)(B) alaries and wages	0. 4,235,666. 0. 2,775,146. 0. 10,683,020. 539,940.	4,235,666. 1,281,493. 8,342,217.		
 Grants individual Grants organiza foreign in Benefits Compensi- persons (persons d) Other sa Pension Pension 4 Other en Payroll ta Fees for Manager Legal . Caccount Lobbying Profession Investmed Other. (if (A) amount, Advertisi Office ex Informat Royalties Occupar Travel . Payment for any f 	and other assistance to domestic als. See Part IV, line 22	0. 4,235,666. 0. 2,775,146. 0. 10,683,020. 539,940.	4,235,666. 1,281,493. 8,342,217.		
 individual Grants organiza foreign in Benefits Compen- trustees, Compension persons di persons di Pension section 4 Other en Other en Payroll ta Fees for Anager Legal . C Account Lobbying Profession f Investmed Other. (if (A) amount, Advertisi Office ex Informat Royalties Occupar Travel . Payment for any fi 	als. See Part IV, line 22	4,235,666. 0. 2,775,146. 0. 10,683,020. 539,940.	1,281,493. 8,342,217.		
 Grants organiza foreign in Benefits Compen- trustees, Compense persons (persons d Other sa Pension section 4 Other en Payroll ta Fees for a Manager Legal . C Account d Lobbying Profession f Investme Other. (if (A) amount, Advertisi Office ex Informat Royalties Occupar Travel . Payment for any f 	and other assistance to foreign titions, foreign governments, and ndividuals. See Part IV, lines 15 and 16 paid to or for members astation of current officers, directors, and key employees ation not included above to disqualified (as defined under section 4958(f)(1)) and lescribed in section 4958(c)(3)(B) plan accruals and contributions (include 401(k) and 403(b) employer contributions) mployee benefits axes	4,235,666. 0. 2,775,146. 0. 10,683,020. 539,940.	1,281,493. 8,342,217.		
organiza foreign in 4 Benefits 5 Compen- trustees, 6 Compens- persons (persons d 7 Other sa 8 Pension section 4 9 Other en 0 Payroll ta 1 Fees for a Manager b Legal . c Account d Lobbying e Profession f Investme g Other. (ff (A) amount, 2 Advertisi 3 Office ex 4 Informat 5 Royalties 6 Occupar 7 Travel . 8 Payment for any f	tions, foreign governments, and ndividuals. See Part IV, lines 15 and 16 paid to or for members	0. 2,775,146. 0. 10,683,020. 539,940.	1,281,493. 8,342,217.		
foreign in 4 Benefits 5 Compen- trustees, 6 Compense persons (persons d 7 Other sa 8 Pension 8 Pension 9 Other en 0 Payroll ta 1 Fees for a Manager b Legal . c Account d Lobbying e Profession f Investme g Other. (If (A) amount, 2 Advertisi 3 Office ex 4 Informat 5 Royalties 6 Occupar 7 Travel . 8 Payment for any f	ndividuals. See Part IV, lines 15 and 16 paid to or for members	0. 2,775,146. 0. 10,683,020. 539,940.	1,281,493. 8,342,217.		
 4 Benefits 5 Compent trustees, 6 Compense persons (persons d) 7 Other sates 8 Pension section 4 9 Other end 9 Dession f 1 Fees for a Manager b Legal . c Account d Lobbying e Profession f Investmed 9 Other. (If (A) amount, 2 Advertisi 3 Office examples 4 Informattion 5 Royalties 6 Occupartion 7 Travel . 8 Payment for any for an	a paid to or for members	0. 2,775,146. 0. 10,683,020. 539,940.	1,281,493. 8,342,217.		
 Compensitives, Compensitives, Compensitives, Compensitives, Compensitives, Persons d Persons d Other sa Pension Pension Persons d Pension Persons d Legal Caccount d Legal Caccount d Lobbying Profession Investmed Other. (if (A) amount, Advertisi Office exists Office exists Occupar Travel Payment for any filtered 	and key employees	2,775,146. 0. 10,683,020. 539,940.	8,342,217.		
 trustees, Compensi- persons (persons d) Other sa Pension section 4 Other en Other en Payroll ta Fees for Manager Legal C Account Legal C Account Lobbying Profession f Investme Other. (If (A) amount, Advertisi Office ex Informat Royalties Occupar Travel Payment for any f 	and key employees	0. 10,683,020. 539,940.	8,342,217.		
 Compensation persons (persons d) persons d Other satisfies Pension section 4 Other en Other en Payroll ta Fees for a Manager b Legal . c Account d Lobbying e Profession f Investmed Other. (fr (A) amount. Advertisis Office ex Informat Royalties Occupar Travel . Payment for any fi 	ation not included above to disqualified (as defined under section 4958(f)(1)) and lescribed in section 4958(c)(3)(B) alaries and wages	0. 10,683,020. 539,940.	8,342,217.		
 persons (persons d 7 Other sa 8 Pension section 4 9 Other en 0 Payroll ta 1 Fees for a Manager b Legal c Account d Lobbying e Profession f Investme g Other. (if (A) amount. 2 Advertisi 3 Office ex 4 Informat 5 Royalties 6 Occupar 7 Travel 8 Payment for any f 	(as defined under section 4958(f)(1)) and lescribed in section 4958(c)(3)(B) alaries and wages plan accruals and contributions (include 401(k) and 403(b) employer contributions) mployee benefits axes	10,683,020.		1,496,583.	
 persons d 7 Other sa 8 Pension section 4 9 Other en 0 Payroll ta 1 Fees for a Managen b Legal c Account d Lobbying e Profession f Investme g Other. (If (A) amount. 2 Advertisi 3 Office ex 4 Informat 5 Royalties 6 Occupar 7 Travel 8 Payment for any f 	escribed in section 4958(c)(3)(B) alaries and wages plan accruals and contributions (include 401(k) and 403(b) employer contributions) mployee benefits axes	10,683,020.		1,496,583.	044 000
 7 Other sa 8 Pension section 4 9 Other en 0 Payroll ta 1 Fees for a Manager b Legal c Account d Lobbying e Profession f Investmed g Other. (# (A) amount, 2 Advertisis 3 Office ex 4 Informat 5 Royalties 6 Occupar 7 Travel 8 Payment for any f 	alaries and wages plan accruals and contributions (include 401(k) and 403(b) employer contributions) mployee benefits axes	10,683,020.		1,496,583.	044 000
 8 Pension section 4 9 Other en 0 Payroll ta 1 Fees for a Manager b Legal . c Account d Lobbying e Profession f Investmed g Other. (If (A) amount, 2 Advertisis 3 Office ex 4 Informat 5 Royalties 6 Occupar 7 Travel . 8 Payment for any f 	plan accruals and contributions (include 401(k) and 403(b) employer contributions) mployee benefits axes	539,940.		1,496,583.	011 000
 section 4 9 Other en 0 Payroll ta 1 Fees for a Manager b Legal c Account d Lobbying e Profession f Investme 9 Other. (If (A) amount, 2 Advertisi 3 Office ex 4 Informat 5 Royalties 6 Occupar 7 Travel 8 Payment for any filter 	401(k) and 403(b) employer contributions) ployee benefits axes		373 1/3		844,220
 9 Other en 0 Payroll ta 1 Fees for a Manager b Legal c Account d Lobbying e Profession f Investme 9 Other. (If (A) amount, 2 Advertisis 3 Office ex 4 Information 5 Royalties 6 Occupar 7 Travel 8 Payment 6 for any for 	mployee benefits		272 1/2		
 Payroll ta Fees for Manager Legal . Account Lobbying Professior Investme Other. (If (A) amount. Office ex Office ex Informat Royalties Occupar Travel . Payment for any f 	axes	1,337,265.		102,628.	64 , 169
 Fees for A Reas for Manager Legal Account Lobbying Profession Investme Other. (ff (A) amount, Advertisi Office ex Informat Royalties Occupar Travel Payment for any filter 			820,054.	364,559.	152 , 652
 Fees for A Reas for Manager Legal Account Lobbying Profession Investme Other. (ff (A) amount, Advertisi Office ex Informat Royalties Occupar Travel Payment for any filter 		865,766.	535,314.	231,849.	98,603
 a Manager b Legal c Account d Lobbying e Profession f Investme g Other. (rf (A) amount, 2 Advertisi 3 Office ex 4 Informat 5 Royalties 6 Occupar 7 Travel 8 Payment for any f 					
 b Legal c Account d Lobbying e Profession f Investme g Other. (If (A) amount, 2 Advertisis 3 Office ex 4 Informat 5 Royalties 6 Occupar 7 Travel 8 Payment for any f 	ment	0.			
 c Account d Lobbying e Profession f Investme g Other. (If (A) amount, 2 Advertisis 3 Office ex 4 Informat 5 Royalties 6 Occupar 7 Travel 8 Payment for any f 		257,498.	192,606.	64,892.	
 d Lobbying e Profession f Investme g Other. (if (A) amount, 2 Advertisi 3 Office ex 4 Informat 5 Royalties 6 Occupar 7 Travel 8 Payment for any f 	ing	270,891.	28,946.	241,945.	
 e Profession f Investment g Other. (If (A) amount, 2 Advertision 3 Office example. 4 Information 5 Royalties 6 Occupant 7 Travel . 8 Payment for any for 	g	0.			
 f Investme g Other. (if (A) amount, 2 Advertisis 3 Office ex 4 Informat 5 Royalties 6 Occupar 7 Travel . 8 Payment for any f 	nal fundraising services. See Part IV, line 17	0.			
 9 Other. (If (A) amount, 2 Advertisi 3 Office ex 4 Informat 5 Royalties 6 Occupar 7 Travel 8 Payment for any f 	ent management fees	665,240.	395,775.	229,830.	39,635
 (A) amount, Advertisi Office ex Informat Royalties Occupar Travel Payment for any 1 		,	,	,	· ·
 Advertisi Office ex Informat Royalties Occupar Travel Payment for any f 	f line 11g amount exceeds 10% of line 25, column	3,150,257.	2,882,071.	155,622.	112,564
 Office ex Informat Royalties Occupar Travel Payment for any f 	, list line 11g expenses on Schedule O.)	87,540.	21,907.	342.	65,291
 Informat Royalties Occupar Travel . Payment for any f 	xpenses	310,376.	156,103.	107,622.	46,651
 5 Royalties 6 Occupar 7 Travel . 8 Payment for any f 		598,435.	400,712.	118,560.	79,163
 6 Occupar 7 Travel . 8 Payment for any f 	tion technology	0.	100,712.	110,000.	
7 Travel .8 Payment for any 1	s	1,253,270.	630,743.	461,771.	160,756
8 Payment for any f	ncy	414,881.	328,371.	69,518.	16,992
for any f		111,001.	520, 571.	0,510.	10, 552
	ts of travel or entertainment expenses	0.			
Conference	federal, state, or local public officials		12 161	440	260
	nces, conventions, and meetings	-12,352.	-13,161.	440.	369
	· · · · · · · · · · · · · · · · · · ·	-488.	-1,371.	۲۵۵.	
	ts to affiliates	0.	140 400	CA 000	
2 Deprecia	ation, depletion, and amortization	235,349.	142,486.	64,826.	28,037
3 Insuranc	æ	128,941.	91,566.	27,723.	9,652
4 Other ex	xpenses. Itemize expenses not covered				
above (Li	ist miscellaneous expenses on line 24e. If				
line 24e	amount exceeds 10% of line 25, column				
	unt, list line 24e expenses on Schedule O.)				
a ^{ALL OI}	THER	172,344.	129,944.	37,066.	5,334
b					
d					
	rexpenses				
	ictional expenses. Add lines 1 through 24e	28,112,804.	21,118,404.	4,913,313.	2,081,087
6 Joint co	osts. Complete this line only if the tion reported in column (B) joint costs				<u> </u>

art X				
	Check if Schedule O contains a response or note to any line in this Pa			<u> </u>
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	1,646,326.	1	4,484,869
2	Savings and temporary cash investments.	75,282,885.	2	91,984,561
3	Pledges and grants receivable, net	12,146,652.	3	8,843,326
4	Accounts receivable, net.	1,015,139.	4	785 , 589
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	Ο.	5	(
6	Loans and other receivables from other disqualified persons (as defined			
Ŭ	under section $4958(f)(1)$, and persons described in section $4958(c)(3)(B)$.	Ο.	6	(
7	Notes and loans receivable, net	453,061.	7	1,884,436
7 8	Inventories for sale or use	0.	8	(
0	Prepaid expenses and deferred charges	1,213,689.	9	682,303
9 10 a	Land, buildings, and equipment: cost or other	1,110,000,	3	
IVa	basis. Complete Part VI of Schedule D 10a 3,065,128.			
h		1,084,431.	10c	849,081
		3,392,262.		2,857,810
11	Investments - publicly traded securities.	0.	11	2,007,010
12	Investments - other securities. See Part IV, line 11	276,454,975.	12	269,886,829
13	Investments - program-related. See Part IV, line 11.	270,434,973.	13	209,000,029
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	4,213,560.	15	4,213,298
16	Total assets. Add lines 1 through 15 (must equal line 33)	376,902,980.	16	386,472,102
17	Accounts payable and accrued expenses.	4,481,913.	17	4,048,375
18	Grants payable	0.	18	
19	Deferred revenue.	435,211.	19	485,400
20	Tax-exempt bond liabilities.	0.	20	(
21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	(
22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
22	controlled entity or family member of any of these persons	0.	22	(
23	Secured mortgages and notes payable to unrelated third parties	0.	23	(
24	Unsecured notes and loans payable to unrelated third parties	200,000.	24	(
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	0.	25	99,933
26	Total liabilities. Add lines 17 through 25	5,117,124.	26	4,633,708
	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	351,766,873.	27	367,934,858
28	Net assets with donor restrictions.	20,018,983.	28	13,903,536
27 28 29 30 31 32	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	
30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
31	Retained earnings, endowment, accumulated income, or other funds.		31	
1.01		0.01 0.05 0.5 0		201 020 204
32	Total net assets or fund balances	371,785,856.	32	381,838,394

Form 990 (2020)

Form 99	0 (2020)				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					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			01,1	
2	Total expenses (must equal Part IX, column (A), line 25)	2			12,8	
3	Revenue less expenses. Subtract line 2 from line 1	3			11,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	37	1,7	85,8	356.
5	Net unrealized gains (losses) on investments	5	1	6,8	87,5	585.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1	6 , 3	76,6	541.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	38	1,8	38,3	394.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					Χ
			_		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	plain	in			
	Schedule O.					
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		· · -	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled	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 audit	ed on	a			
	separate basis, consolidated basis, or both:					
	Separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsight				
	the audit, review, or compilation of its financial statements and selection of an independent accountain	nt?	· ·	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain o	on 🛛			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in tl		_		3.7
	Single Audit Act and OMB Circular A-133?		· · ⊢	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	•				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	dits .		3b	000	

Form **990** (2020)

SCHEDULE A (Form 990 or 990-EZ)

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

OMB No. 1545-0047 2

		of the Treasury enue Service		Go to www.irs.go	v/Form990 for instruction	ons and t	he latest i	nformation.	Open to Public Inspection
Nam	e of the	organization						Employer identif	ication number
AC	CION	INTERNAT	IONAL					13-25357	63
Ра	rt I	Reason for	r Public Cha	rity Status. (All	organizations must	complet	te this p	art.) See instruction	S.
The	orgar	nization is not	a private fou	ndation because it	t is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1	A	A church, con	vention of ch	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2	A	A school desc	ribed in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	-EZ).)	
3	A	A hospital or a	a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4	A	A medical res	earch organiz	zation operated in	conjunction with a ho	spital de	scribed ir	n section 170(b)(1)(A)(iii). Enter the
		hospital's nam							
5		•		for the benefit of Complete Part II.)	a college or universi	ty owned	d or ope	rated by a governme	ental unit described in
6	A	A federal, stat	te, or local go	overnment or gove	rnmental unit describe	d in sect	tion 170(b)(1)(A)(v).	
7	X	An organizatio	on that norm	ally receives a sub	ostantial part of its su	pport fr	om a go	vernmental unit or fr	om the general public
	c	described in s	ection 170(b))(1)(A)(vi). (Compl	ete Part II.)				
8	A	A community	trust describe	ed in section 170(k	o)(1)(A)(vi). (Complete	e Part II.)			
9	A	An agricultura	I research or	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	l in conjunction with a	land-grant college
	c	or university o	r a non-land-	grant college of ag	griculture (see instruct	tions). E	nter the	name, city, and state c	f the college or
		university:							
10	r	receipts from support from (acquired by th	activities rela gross investme ne organizatio	ited to its exempt f nent income and u on after June 30, 1	ore than 331/3 % of its functions, subject to c nrelated business tax 975. See section 509	ertain ex able inco (a)(2). (0	ceptions ome (les: Complete	s; and (2) no more tha s section 511 tax) from e Part III.)	n 331/3 % of its
11		•	•	•	usively to test for publ	-			
12		-	-	-		-			carry out the purposes
									See section 509(a)(3).
		1		-				-	nes 12e, 12f, and 12g.
а				-	, supervised, or contr	-			
			-		regularly appoint or e		ajority of	the directors or truste	ees of the
		1	-	-	te Part IV, Sections A				
b					ed or controlled in co				
			-		organization vested in	the sam	e persor	is that control or mar	hage the supported
		1 -		-	, Sections A and C.				
С		• •	-	•	ng organization opera				lly integrated with,
		1	-		ns). You must comple				4
d			-		porting organization o	-			
			-		nization generally mus	-			d an attentiveness
-		1 -	-		omplete Part IV, Sect				
е			-		a written determinatio				п, туре пі
f	Ente				ionally integrated sup			.011.	
g				-	orted organization(s).				
		me of supported of	-	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	()		5		(described on lines 1-10	listed in yo	ur governing	support (see	other support (see
					above (see instructions))	docu Yes	ment? No	instructions)	instructions)
(A)									
(B)									
(C)									
(D)									
(E)									
Tota	al								

Schedule A (Form 990 or 990-EZ) 2020

Page 2

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	14,437,212.	9,423,851.	5,279,974.	19,174,205.	5,773,114.	54,088,356.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	14,437,212.	9,423,851.	5,279,974.	19,174,205.	5,773,114.	54,088,356.
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)						28,336,814.
6	Public support. Subtract line 5 from line 4						25,751,542.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	14,437,212.	9,423,851.	5,279,974.	19,174,205.	5,773,114.	54,088,356.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,221,524.	3,211,961.	2,554,130.	2,144,913.	2,287,908.	13,420,436.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						67,508,792.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	19,925,922.
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u></u>	<u></u>				
	tion C. Computation of Public Sup	•					38.15%
14	Public support percentage for 2020 (li			• • • • • • • • • • • • • • • • • • • •		14	34.91%
15	Public support percentage from 2019						
16a	331/3% support test - 2020. If the org						3.7
	box and stop here . The organization q			-			••••
D	331/3% support test - 2019. If the org this box and stop here. The organization						
172	10%-facts-and-circumstances test - 2			-			
ı <i>ı</i> a	10% or more, and if the organization	-					
	Part VI how the organization meets					-	-
	organization			•	•		
h	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the organiz	-	•				
	in Part VI how the organization meets					-	-
	organization			-			
18	Private foundation. If the organization						
-	instructions						

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services 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						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						<u> </u>
	Amounts included on lines 1, 2, and 3						
7 a	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
U	line 6.)						
Sec	tion B. Total Support						l
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources						
h	Unrelated business taxable income (less						
~	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,	<u> </u>					
15	and 12.)						
14	First 5 years. If the Form 990 is for	L	on's first secon	d third fourth	or fifth tax ve	ar as a section	501(c)(3)
.4	organization, check this box and stop here	-			•		
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2020 (line 8			mn (f))		15	%
16	Public support percentage from 2019 Sche					16	%
	tion D. Computation of Investmen			<u></u>		10	/0
17	Investment income percentage for 2020 (li			13 column (f))		17	%
18	Investment income percentage for 2020 (in Investment income percentage from 2019					18	%
	331/3% support tests - 2020. If the or						
15 0	17 is not more than 331/3%, check thi						
L		-	-				
u	331/3% support tests - 2019. If the org line 18 is not more than 331/3%, check						
20	Private foundation. If the organization		•	•			
20 JSA				.,,,			990 or 990-EZ) 2020

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

10b Schedule A (Form 990 or 990-EZ) 2020

Part IV

1

1	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and		
	11c below, the governing body of a supported organization?	11a	
b	A family member of a person described in line 11a above?	11b	
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI.	11c	

Section B. Type I Supporting Organizations

Supporting Organizations (continued)

Schedule A (Form 990 or 990-EZ) 2020

			res	
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Che	ck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in s	structio	ons).	
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instr	uctions	s).
•	• •			Yes	No
		vities Test Answer lines 2a and 2b below			

2	Activities Test. Answer lines 2a and 20 below.		
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined		
	that these activities constituted substantially all of its activities.	2a	
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in</i> Part VI the reasons for the organization's position that its supported organization(s) would have engaged in		
	these activities but for the organization's involvement.	2b	
3 a	Parent of Supported Organizations. Answer lines 3a and 3b below. 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? <i>If "Yes" or "No," provide details in Part VI.</i>	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3h	

2

Page 5

Yes No

Vee N

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Schedule A (Form 990 or 990-EZ) 2020 PAGE 19

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ 1 Check here if the organization satisfied the Integral Part Test as a qualifying			in in Part VI). See		
instructions. All other Type III non-functionally integrated supporting organi	zations n	nust complete Sectio	ns A through E.		
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)		
1 Net short-term capital gain	1				
2 Recoveries of prior-year distributions	2				
3 Other gross income (see instructions)	3				
4 Add lines 1 through 3.	4				
5 Depreciation and depletion	5				
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6				
7 Other expenses (see instructions)	7				
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Section B - Minimum Asset Amount	(A) Prior Year	(B) Current Year (optional)			
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):					
a Average monthly value of securities	1a				
b Average monthly cash balances	1b				
c Fair market value of other non-exempt-use assets	1c				
d Total (add lines 1a, 1b, and 1c)	1d				
e Discount claimed for blockage or other factors (explain in detail in Part VI):	1e				
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					
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				
	0				

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 or 990-EZ) 2020

-	le A (Form 990 or 990-EZ) 2020		•		Page 7
Part		Supporting Organizat	tions (continued)		A ()/
	on D - Distributions				Current Year
	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	zations	3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6	
	Total annual distributions. Add lines 1 through 6.	Ale envenimention is not		7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		(11)	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	IS	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - <i>explain in Part VI).</i> See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount			_	
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i> Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j			_	
7	and 4c.				
8	Breakdown of line 7:				
 a	Excess from 2016				
 b	Excess from 2017				
C	Excess from 2018				
d	Excess from 2019				
e	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Page 8

Schedule A (Form 990 or 990-EZ) 2020

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

Schedule B (Form 990, 990-EZ,

or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

ACCION INTERNATIONAL

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

Employer identification number

13-2535763

Organization	type	(chock	one	۱٠
organization	Lype .	CHECK	One	J٠

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

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

V 20-7.6F

Part I

(a) No.

1

(a) No.

2

(a) No.

3

(a) No.

4

(a) No.

5

(a) No.

6

	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-	N/A	\$ 1,200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-	N/A	\$ 531,491.	Person Payroll Noncash (Complete Part II for noncash contributions.)
	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-	N/A	\$ 465,067.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-	N/A	\$ 374,264.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-	N/A	\$ 307,862.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-	N/A	\$ 300,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
		Schedule I	3 (Form 990, 990-EZ, or 990-PF) (2020)

V 20-7.6F

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

PAGE 24

Employer identification number 13-2535763

Part I	Contributors (see instructions). Use duplicate cop		1
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$250,000.	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
8	N/A	\$200,000.	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
9	N/A	\$191,900.	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
10	N/A	\$168,649.	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
11	N/A	\$160,140.	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
12	N/A	\$150,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

Schedule B (Form 990, 99	0-EZ, or 990-F	PF) (2020)
Name of organization	ACCION	INTERNATIONAL

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
13	N/A	\$147,163.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
14	N/A	\$130,384.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
15	<u>N/A</u>	\$124,795.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

	,		
Name of organization	ACCION	INTERNATIONAL	Employer identification number
			13-2535763

(a) No.		(c)	
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, 990-EZ, or 990-PF) (2020)

ime of oi	rganization ACCION INTERNATIONAL			Employer identification number			
				13-2535763			
art III	Exclusively religious, charitable, etc.		-				
	(10) that total more than \$1,000 for						
		the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc					
	contributions of \$1,000 or less for th			ee instructions.) ► \$			
	Use duplicate copies of Part III if addit	ional space is need	ed.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relation	nship of transferor to transferee			
(a) No.	1						

(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transf	ier of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee

Transferee's name, address, and ZIP + 4

(e) Transfer of gift

No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	-		
			_
		(e) Transfer of gift	
	Transferee's name, address, and a	ZIP + 4 Rel	ationship of transferor to transferee

Relationship of transferor to transferee

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Open to Public

20

OMB No. 1545-0047

20

	ment of the Treasury		Attach to Form 99					
	I Revenue Service of the organization		Form990 for instructions	s and the latest info		oloyer identificat	Inspect	
	•					13-253576		
	ION INTERNAT	tions Maintaining Donor Advi	and Euroda ar Othar	Cincilar Funda))	
Par		e if the organization answered			JI ACCO	Junis.		
	Complete		(a) Donor advis			(b) Funds and	other accou	nte
	- , , , , ,				,	b) Fullus allu		1115
		nd of year						
		of contributions to (during year)						
		of grants from (during year)						
		at end of year						
		ion inform all donors and donor						
	-	anization's property, subject to the	-	-			Yes	No
	-	ion inform all grantees, donors, a						
	-	e purposes and not for the bene			-			
		nissible private benefit?					Yes	No
Par		tion Easements.						
		e if the organization answered						
1		servation easements held by the		that apply).				
	Preservatio	n of land for public use (for example	, recreation or education)	Preservatio	n of a h	istorically imp	portant lan	d area
	Protection of	of natural habitat		Preservatio	n of a c	ertified histor	ic structure	е
	Preservatio	n of open space						
2	Complete lines 2a	a through 2d if the organization he	eld a qualified conserva	ation contribution	in the fo	orm of a cons	servation	
	easement on the	last day of the tax year.				Held at the	End of the	Tax Year
а	Total number of c	onservation easements			2a			
b	Total acreage res	tricted by conservation easements	3		2b			
С	Number of conse	rvation easements on a certified	historic structure includ	ed in (a)	2c			
d	Number of conse	rvation easements included in (c) acquired after 7/25/0	06, and not on a				
	historic structure	listed in the National Register			2d			
3	Number of conse	ervation easements modified, trai	nsferred, released, ext	inguished, or terr	minated	by the orga	nization c	luring the
	tax year 🕨							
4	Number of states	where property subject to conse	rvation easement is loca	ated 🕨				
		zation have a written policy reg			ction, h	andling of		
	-	forcement of the conservation eas				-	Yes	
6	Staff and volunteer	hours devoted to monitoring, insp	ecting, handling of violat	tions, and enforcin	g conse	rvation easeme		the year
	▶				0			
7	Amount of expense	ses incurred in monitoring, inspect	ting, handling of violatio	ns, and enforcing	conserv	vation easem	ents durind	the year
	►s		0. 0	· ·				
8	Does each conser	vation easement reported on line 2	2(d) above satisfy the re	quirements of sec	tion 170)(h)(4)(B)(i)		
)(4)(B)(ii)?					Yes	
		ibe how the organization reports					t and	
		d include, if applicable, the text o			•			he
		counting for conservation easeme		0				
Par	t III Organiza	tions Maintaining Collections	of Art, Historical Tr	easures, or Oth	er Sim	ilar Assets.		
	Complete	e if the organization answered	"Yes" on Form 990,	Part IV, line 8.				
1a	If the organization	n elected, as permitted under FA	SB ASC 958, not to r	eport in its rever	nue stat	ement and b	alance sh	eet works
	of art, historical	treasures, or other similar asset Part XIII the text of the footnote	s held for public exh	ibition, education	n, or re	search in fui	therance	of public
b	IT the organization	n elected, as permitted under FA sures, or other similar assets hel	ASB ASC 958, to repo	ort in its revenue	statem	ent and bala	nce sheet	works of
		ring amounts relating to these iter			search		e or hubi	C SEIVICE
	•	ded on Form 990, Part VIII, line 1				► ¢		
		ed in Form 990, Part X \ldots						
		in received or held works of a						
	•	s required to be reported under F			455615		, gain, pi	
	-	l on Form 990, Part VIII, line 1.	-			►\$		

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Schedule D (Form 990) 2020

▶ \$

13	-2535763	

Schee	dule D (Form 990) 2020		011112					10 100		Pa	age 2
Ра	rt III Organizations Maintaining	Collections of	Art, Histo	rical Tre	asures	, or (Other Simil	ar Assets (d	continue	d)	
3	Using the organization's acquisition, a	accession, and o	other recor	ds, check	c any of	the	following the	at make sigr	nificant us	se of	f its
	collection items (check all that apply):			_							
а	Public exhibition		d	-	or excha	nge p	orogram				
b	Scholarly research		e	Other							
С	Preservation for future generatio										
4	Provide a description of the organizat	tion's collections	s and expla	ain how t	hey furt	ther t	he organizat	ion's exemp	t purpose	e in l	Part
	XIII.										
5	During the year, did the organization so								_		
	assets to be sold to raise funds rather the		ained as pa	rt of the c	organiza	ition's	collection?		Yes		No
Pa	rt IV Escrow and Custodial Arran Complete if the organization	•	on For	m 000 E	Port IV/	lina () or roporto	d an amau	at on For	m	
	990, Part X, line 21.	ranswered re		III 990, F	art iv, i		, or reporte	u an antou			
1a	Is the organization an agent, trustee,	custodian or o	ther interm	ediary fo	or contri	ibutio	ns or other	assets not			
	included on Form 990, Part X?							[Yes		No
b	If "Yes," explain the arrangement in Pa	art XIII and com	plete the fo	lowing tab	ole:						
								Amount			
С	Beginning balance				[1c					
d	Additions during the year					1d					
е	Distributions during the year					1e					
f	Ending balance					1f					
2a	5								Yes		No
	If "Yes," explain the arrangement in Pa	art XIII. Check h	ere if the e	xplanation	has bee	en pro	vided on Par	XIII			
Pa	rt V Endowment Funds.	a anawarad "Va	on For	m 000 F	Port IV/	lino 1	0				
	Complete if the organization	(a) Current year	(b) Prio		(c) Two			ree years back	(e) Four y	oore b	ack
		(a) Current year	(b) Filo	Гусаг	(0) 1 100	years		iee years back	(e) Four y		Jack
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains,										
Ь	and losses										
	Grants or scholarships Other expenditures for facilities										
е	and programs										
f											
g	End of year balance.										
2	Provide the estimated percentage of the	he current vear	end balanc	e (line 1a	column	(a)) h	eld as:				
a	Board designated or quasi-endowment		%	o (iiilo 19,	oolanni	(4)) 11					
b	Permanent endowment	%	_								
С	Term endowment ▶%										
	The percentages on lines 2a, 2b, and 2	2c should equal	100%.								
3a	Are there endowment funds not in the	possession of the	ne organiza	tion that	are held	l and	administered	for the			
	organization by:									es	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
	If "Yes" on line 3a(ii), are the related o	•				?	• • • • • • •	• • • • • • •	3b		
4	Describe in Part XIII the intended uses		tion's endo	wment fur	nds.						
Ра	rt VI Land, Buildings, and Equipn Complete if the organization	nent. n answered "Ye	es" on Foi	m 990, I	Part IV,	line	11a. See Fo	orm 990, Pa	rt X, line	10.	
	Description of property	(a) Cost or	other basis	(b) Cost of	or other bas		(c) Accumulate	1) Book valu		
1a	Land		tment)	(0	ther)		depreciation				
b	Buildings										
c c	Leasehold improvements			1,9	39,14	2.	1,148,14	10.	79	1,0	02.
d	Equipment.				225,64		220,98			4,6	
	Other				00,34		846,92			3,4	
	I. Add lines 1a through 1e. (Column (d)		n 990, Part	X, colum	n (B), line	e 10c.)	. ►	84	9,0	81.

Schedule D (Form 990) 2020

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b, See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) BANCO SOLIDARIO S.A	106,628,790.	COST
(2) ACCION AFRICA ASIA	16,332,580.	F'MV
(3) GRASSLAND FINANCE LIMITED	17,232,140.	FMV
(4) ACCION FRONTIER INCLUSION FUND	48,383,624.	COST
(5) DAWN MYANMAR	14,201,434.	FMV
(6) OTHER PROGRAM REL. INVESTMENT	67,108,261.	COST
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	269,886,829.	

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)	
otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Pa	rt X, col. (B) line 25.)	▶ 99,933.

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

ACCION	INTERNATIONAL

Schedu	le D (Form 990) 2020			Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Return.		
1	Total revenue, gains, and other support per audited financial statements		1	38,609,775.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
- a	Net unrealized gains (losses) on investments	,585.		
b	Donated services and use of facilities	,485.		
c	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	,589.		
e	Add lines 2a through 2d		2e	33,708,659.
3	Subtract line 2e from line 1	· · · · ⊢	3	4,901,116.
3 4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	· · · ·	-	
-				
a				
b			4c	
с 5	Add lines 4a and 4b	· · · · ⊢	5	4,901,116.
Part				
i ait	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	28,112,804.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities			
b	Prior year adjustments			
c	Other losses			
d	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	28,112,804.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	· · · · -	-	
4				
a				
b			4c	
C F	Add lines 4a and 4b	· · · · ⊢	40 5	28,112,804.
5 Part	Supplemental Information.		5	20,112,001.
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b ar	nd 2b: Pa	rt 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 PAGE 5

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, AAIC AND AINV NIGERIA (SEE NOTE 2) 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 - OTHER ADJUSTMENTS: EQUITY IN INCOME OF EQUITY INVESTMENTS \$16,459,589

SCHEDULE F	Statement of Activities Outside the United St	ates 🛓	OMB No. 1545-0047		
(Form 990)	► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 1 ► Attach to Form 990.	complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.			
Department of the Treasury Internal Revenue Service	Attach to Form 990. Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.		Open to Public Inspection		
Name of the organization	·	Employer ider	ntification number		
ACCION INTERNAT	IONAL	13-2535763			
	nformation on Activities Outside the United States. Complete if the Part IV, line 14b.	organizati	on 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) MIDDLE EAST AND NORTH AFRICA	0.	0.	PROGRAM SERVICES	SEE PART V	20,493.
(2) NORTH AMERICA	0.	0.	PROGRAM SERVICES	SEE PART V	52,003.
(3) SOUTH AMERICA	1.	24.	PROGRAM SERVICES	SEE PART V	1,567,828.
(4) SOUTH ASIA	1.	22.	PROGRAM SERVICES	SEE PART V	719,664.
(5) SUB-SAHARAN AFRICA	0.	4.	PROGRAM SERVICES	SEE PART V	837,979.
(6) CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS		85,182,238.
(7) EAST ASIA AND THE PACIFIC	0.	0.	INVESTMENTS		32,033,574.
(8) EUROPE	0.	0.	INVESTMENTS		11,762,172.
(9) NORTH AMERICA	0.	0.	INVESTMENTS		7,970,029.
(10) SOUTH ASIA	0.	0.	INVESTMENTS		1,326,867.
(11) SUB-SAHARAN AFRICA	0.	0.	INVESTMENTS		2,289,992.
(12)					
(13)					
(14)					
15)					
16)					
(17) 3a Subtotal	2.	50.			256,119,917.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	2.	50.			256,119,917.

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

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13-2535763

Schedule F (3chedule F (Form 990) 2020								Page 2
Part II	Exact II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	ance to Organiza	a	<mark>de the United</mark> Part II can be d	Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, than \$5,000. Part II can be duplicated if additional space is needed.	te if the orga onal space is	anization answer needed.	ed "Yes" on I	⁻ orm 990,
-	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description (i) Method of of noncash valuation assistance (book, FMV,	(i) Method of valuation (book, FMV, appraisal other)

						licenen.		
 (a) Name of organization 	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		SOUTH AMERICA		1,751,586.	WIRE			
(2)		AIZA HIUOS		1,416,461.	WIRE			
(3)		NORTH AMERICA		146,155.	WIRE			
(4)		SOUTH ASIA		126,419.	WIRE			
(5)		SUB-SAHARAN AFRICA		120,000.	WIRE			
(6)		CENT. AMERICA/CARIBBEAN		100,000.	WIRE			
(7)		EAST ASIA/PACIFIC		100,000.	WIRE			
(8)		SOUTH ASIA		80,000.	WIRE			
(6)		SOUTH AMERICA		80,000.	WIRE			
(10)		SOUTH AMERICA		77,833.	WIRE			
(11)		EUROPE/ICELAND/GREENLAND		60,220.	WIRE			
(12)		SUB-SAHARAN AFRICA		50,000.	WIRE			
(13)		SOUTH AMERICA		39,149.	WIRE			
(14)		NORTH AMERICA		35,068.	WIRE			
(15)		EAST ASIA/PACIFIC		25,000.	WIRE			
(16)		SUB-SAHARAN AFRICA		25,000.	WIRE			
2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized exempt 501(c)(3) organization by the IRS or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	rganizations listed at the IRS or for which	oove that are recognized a the grantee or counsel has	as charities by t provided a sect	are recognized as charities by the foreign country, recognized as a tax te or counsel has provided a section 501(c)(3) equivalency letter ►	, recognized a	as a tax ▼		4.
3 Enter total number of other organizations or entities	zations or entities				-			12.

Schedule F (Form 990) 2020

INTERNATIONAL
ACCION I

Schedule F (Form 990) 2020 Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

	(h) Method of valuation (book, FMV, appraisal, other)																			Schedule F (Form 990) 2020
	(g) Description of noncash assistance																			Sche
	(f) Amount of noncash assistance																			
	(e) Manner of cash disbursement																			
	(d) Amount of cash grant																			
	(c) Number of recipients																			
itional space is needed.	(b) Region																			
Part III can be duplicated if additional space is needed.	(a) Type of grant or assistance	(1)	(2)	(3)	(4)	(5)	(6)	(2)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	

Page	4

Schedu	le F (Form 990) 2020		Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Ye	s 🗌 No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Ye	s 🛛 No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	X Ye	s 🗌 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? <i>If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Ye	s X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	X Ye	s 🗌 No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	X Ye	s 🗌 No
			Schedule F (Form 990) 2020

Page 5

Schedule F (Form 990) 2020

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'S ACCOUNTING AND RESOURCE DEVELOPMENT 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.

SCHEDULE F, PART I, II, III:

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

BASIS.

SCHEDULE I (Form 990)		Grants and overnment	nd Other A its, and Ir ganization ans	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	Organiza 1 the United 1 orm 990, Part IV,	tions, d States line 21 or 22.	0	омв No. 1545-0047 20 20
Department of the Treasury Internal Revenue Service		► Go to		Attach to Form 990. www.irs.gov/Form990 for the latest information.	ا. atest information			Upen to Public Inspection
Name of the organization ACTON TNTFRNATTONAT.	TONAT						Employer identification number	n number
Part General In	General Information on Grants and Assistance	Assistance)))]]	
 Does the organize the selection crite 	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	ibstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grants		X Yes No
2 Describe in Part I	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ures for mon	itoring the use	of grant funds in the	e United States.	states.	J • • • • • •]
Part II Grants and Part IV, lin	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	omestic Org	janizations an more than \$5,	id Domestic Gov ,000. Part II can t	/ernments. Com be duplicated if a	Iplete if the organize additional space is n	ation answered "Y∈ eeded.	ss" on Form 990,
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 non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ACCION THE US NETWORK/ACCION OPPORT. 85 BROAD ST, 18TH FL NEW YORK, NY 10	CION THE US NETWORK/ACCION OPPORT. FUND BROAD ST, 18TH FL NEW YORK, NY 10004	45-4127501	501(C)(3)	143,819.				PROGRAM ASSISTANCE
(2)								
(3)								
(4)								
(5)								
(9)								
(2)								
(8)								
(6)								
(10)								
(11)								
(12)								
2 Enter total numbe 3 Enter total numbe	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	Jovernment o	rganizations lis	ted in the line 1 tat				1.
For Paperwork Reduction	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ons for Form 9	90.				Scr	Schedule I (Form 990) 2020

PAGE 39

INTERNATIONAL	l (Form 990) (2020)
ACCION	Schedule

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. Part III

(a) Type of grant or assistance 1 2 3 4 5	(b) Number of recipients	(c) Amount of cash grant cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
9					
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.	the information re	quired in Part I,	line 2, Part III, o	column (b); and any o	ther additional

PART I, LINE 2:

ACCION'S ACCOUNTING AND RESOURCE DEVELOPMENT DEPARTMENTS OVERSEE THE

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

DETAILED REPORTS BASED THEREON.

(Forn	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.				^{1B No.} 20 pen te	20	olic
Name	of the organization			Employer identification			
ACCI	ION INTERNA	ATIONAL		13-2535763			
Part	Question	s Regarding Compensation					
						Yes	No
1a	990, Part VII, First-cla X Travel fo X Tax inde		wided any of the following to or for a persent provide any relevant information regarding X Housing allowance or residence for Payments for business use of person Health or social club dues or initiation Personal services (such as maid, character)	these items. personal use nal residence n fees			
b	b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain						
2	Did the ora	anization require substantiation prior	to reimbursing or allowing expenses	incurred by all	1b	X	
-	•		• • •				
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?				2	Х	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.XCompensation committeeXXIndependent compensation consultantXXForm 990 of other organizationsX						
4	During the year	•	Part VII, Section A, line 1a, with respect to				
а			ayment?		4a		X
b			tal nonqualified retirement plan?		4b	Х	
С							X
5	For persons		rganizations must complete lines 5-9. on A, line 1a, did the organization pay	y or accrue any			
а	The organizat	ion?			5a		Х
b	E A ALAN A A A A A A A A A A A A A A A A						X
6							
а	-				6a		X
b	-	rganization?			6b		X
7			n A, line 1a, did the organization provi				
8	Were any am to the initial	ounts reported on Form 990, Part VII, I contract exception described in I	escribe in Part III	t was subject "Yes," describe	7	X	x
9			low the rebuttable presumption procedu				
-			· · · · · · · · · · · · · · · · · · ·		9		
For Pa		ction Act Notice, see the Instructions for Fo		Schedu	le J (Fo	orm 990	0) 2020

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Schedule J (Form 990) 2020

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

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

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

(B)()-(D) in column (B) reported in section by the secti			(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
HARL SCHLEIN 0 488.761. 123,032. 2,322. 0 33,617. 647,738. DERT 4 concernes 0 33,719. 52,673. 190,650. 21,375. 645,073. 0 FEAM ALTSCHUL 0 33,719. 52,673. 190,650. 21,375. 645,073. 0 FEAM ALTSCHUL 0 23,719. 52,673. 33,714. 29,046. 337,009. 0 TRESTON PARSONS 111 0 25,593. 33,710. 20,1137. 33,000. 21,1137. 33,000. 21,127. 33,700. 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(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
Date 4 cm 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	MICHAEL SCHLEIN	Ξ	8,76	23,	2,322.	.0	3,61	47,73	0
TIARSCHUL 0 333,719, 52,673 190,650, 21,375, 46,610 645,021 0 TARSCHUL 0 226,759 3,334,0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 </th <th>PRESIDENT & CEO</th> <th>(ii)</th> <th></th> <th>.0</th> <th>0.</th> <th>0.</th> <th>.0</th> <th>.0</th> <th>0.</th>	PRESIDENT & CEO	(ii)		.0	0.	0.	.0	.0	0.
International and transformed and trans	EBAN	Ξ	333,71	2,67	90,65	1,37	6,61	45,02	0.
TINGSTON PARSONS III 0 226,759. 33,394. 28,044. 19,266. 237,009. 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2 ^{COO}	Ē		0.	0.	.0	.0	.0	0.
Image: Name and constants Im	INGSTON PARSONS II	Ξ	226,	L 💊	8,04	9,26	9,54	37,00	0.
IN SAUNDERS 0 217,171 33,000 20,123 18,000 33,766 322,066 AN GLANCY 0 231,473 33,000 41,938 19,500 32,766 325,066 AN GLANCY 0 231,473 33,800 41,938 19,500 25,0123 35,003 AN GLANCY 0 231,407 33,800 41,938 15,566 29,173 35,008 AN GLANCY 0 230,951 41,033 25,681 13,566 35,764 36,561 36,5734 IN FISCHER 0 231,407 31,500 27,242 14,028 36,512 36,561 36,561 36,561 36,561 36,561 30,3653 36,5734 ADA EL-ZOGHER 0 231,407 31,500 27,242 14,028 17,750 29,716 30,3633 ADA EL-ZOGHER 0 200,020 21,720 17,750 28,774 30,3633 ADA EL-ZOGHER 0 222,393 31,500 21,720 28,745 30,3633 </th <th>3^{CEO}</th> <th>(ii)</th> <th></th> <th>.0</th> <th>0.</th> <th>0.</th> <th>.0</th> <th>.0</th> <th>0.</th>	3 ^{CEO}	(ii)		.0	0.	0.	.0	.0	0.
attract acconstant (m)	KEVIN SAUNDERS	Ξ	217,1		0,12	8,00	3,7	22,06	0.
$ \begin{array}{c c c c c c c c c c c c c c c c c c c $	ASSISTANT SEC AND GEN COUNSEL	(ii)			.0	.0	.0	.0	0.
Interstant Interst	BRIAN CLANCY	Ξ	231,	33,800.	1,19	9,50	9,4	55,00	.0
IN FISCHER 0 250,961. 41,093. 27,881. 13,566. 29,172. 322,673. 322,673. ADA EL-ZOHBI 0 34,332. 0.0 42,038. 36,651. 3,723. 136,764. 303,653. ADA EL-ZOHBI 0 231,407. 13,000. 27,242. 14,023. 35,561. 303,653. 36,651. 303,653. SADA EL-ZOHBI 0 206,877. 31,500. 19,986. 17,250. 12,511. 288,124. Santox VP. 0 206,877. 31,500. 19,986. 17,250. 27,741. 300,563. UR SANT 0 202,393. 31,500. 17,322. 18,749. 30,716. UR SANDER 0 207,403. 35,343. 17,322. 18,749. 30,716. UR SANDER 0 200,202. 29,120. 11,250. 24,074. 20,086. UR SANDER 0 200,202. 29,120. 11,320. 0.0 0.0 SENTOR VP. 0 209,202. 21	5 CDO	(II)		.0	.0	.0	.0	.0	.0
(h) 54,352 (0) 64,352 (1) (2,372) (1) (3,723) (1) (5,74) RAR EL-ZOGHEI (h) 231,407 13,000 27,242 14,703 30,763 30,763 BENGE VF. (h) 231,407 31,500 27,242 17,250 20,817 30,853 BENGE VF. (h) 206,877 31,500 19,986 17,250 28,124 30,363 UE LA SENTOR VF. (h) 202,393 31,500 19,986 17,250 28,716 0 AS RAV (h) 227,403 35,343 17,320 18,749 30,363 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 <	IN	Ξ		41,09	L	3, 56	9,1	67	.0
ADA EL-ZOGHEI 0 231,407 13,000 27,242 14,028 18,176 303,853 SWURN VP. 0 0 0 0 0 0 0 0 0 INTER ALT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	6 ^{cio}	(II)		.0	42,038.	36,651.	3,723.	136,764.	0.
SINCR VP. (m) (MAYADA EL-ZOGHBI	Ξ	231,	1	L,	4,02	8,17	03,85	0.
IIRA DOSANI 0 206,877 31,500 19,986 17,250 12,511 288,124 UVE LAB SENTOR VP. 0 0 0 200,877 31,500 19,986 17,250 12,511 288,124 UVE LAB SENTOR VP. 0 0 0 202,333 31,500 486 17,250 28,734 30,363 CAS LAJ 0 227,403 35,343 17,322 18,749 33,899 332,716 CENCIA MHTE 0 227,403 35,343 17,322 18,749 33,899 332,716 SENTOR VP. 0 209,202 29,120 11,850 16,640 24,074 290,886 METER 0 209,202 29,120 11,850 16,640 24,074 290,886 METER 0 209,202 29,120 11,850 16,640 24,074 290,886 METER 0 0 0 0 0 0 0 METER 0 0 0	7CFI SENIOR VP.	(.0	.0	.0	.0	.0	.0
URE LAB SENTOR VP. (m)	TAHIRA DOSANI	Ξ	206,8	31,	9,98	7,25	2,5	88,12	0.
AS. RAJ. (1) 222,393. 31,500. 486. 17,250. 28,734. 300,363. . UPE LAB SENTOR VP. (1) 227,403. 35,343. 17,322. 18,749. 33,899. 32,716. TEORIA MHTE (1) 227,403. 35,343. 17,322. 18,749. 33,899. 32,716. SENTOR VP. (1) 0 209,202. 29,120. 11,850. 16,640. 24,074. 290,886. IES ROSENBERG (1) 200,00. 0 0 0 0 0 IES ROSENBERG (1) 209,202. 29,120. 11,850. 16,640. 24,074. 290,886. IES ROSENBERG (1) 0 0 0 0 0 0 I 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	8 VENTURE LAB SENIOR VP.	(II)		.0	.0	.0	.0	.0	0.
UPE LAB SENTOR VP. (1) (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	VIKAS RAJ	Ξ	222,3	31,500.	00	7,25	8,73	, 36	0.
TORIA WHITE (1) 227,403. 35,343. 17,322. 18,749. 33,899. 332,716. SENTOR VP (1) 200,202. 0. 0. 0. 0. 0. SENTOR VP (1) 209,202. 29,120. 11,850. 16,640. 24,074. 290,886. 0. ADES ROSENBERG (1) 209,202. 29,120. 11,850. 16,640. 24,074. 290,886. (1) 0. 0. 0. 0. 0. 0. 0. (1) 0. 0. 0. 0. 0. 0. 0. (1) 0. 0. 0. 0. 0. 0. 0. (1) 0. 0. 0. 0. 0. 0. 0. (1) 0. 0. 0. 0. 0. 0. 0. (2) 0. 0. 0. 0. 0. 0. 0. (2) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. <td< th=""><th>9 VENTURE LAB SENIOR VP.</th><th>(ii)</th><td></td><td>.0</td><td>.0</td><td>.0</td><td>.0</td><td>.0</td><td>.0</td></td<>	9 VENTURE LAB SENIOR VP.	(ii)		.0	.0	.0	.0	.0	.0
SENTOR VP. (I) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	VICTORIA WHITE	Ξ	227,	5,34	7,32	8,74	3,89	32,71	0.
IES ROSENBERG (0) 209,202. 29,120. 11,850. 16,640. 24,074. 290,886. (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0)	10 ^{GLAS} SENIOR VP.	(.0	.0	.0	.0	.0	.0
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	11 ^{CCO}	(ii)		.0	.0	.0	.0	.0	0.
		E							
	12	(ii)							
		Ξ							
	13	(ii)							
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	14	(ii)							
		Ξ							
	15	(ii)							
		Ξ							
	16	(ii)							

JSA

ACCION INTERNATIONAL 13-2535763
Schedule J (Form 990) 2020
ntal Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
SCHEDULE J PART I LINE 1A:
HOUSING ALLOWANCE, TAX INDEMNIFICATION AND ONCE A YEAR HOME LEAVE FOR
EMPLOYEES AND THE MEMBERS OF THEIR FAMILIES WERE PROVIDED TO ESTEBAN
ALTSCHUL AND JOHN FISCHER AS PART OF AN EXPATRIATE BENEFIT PACKAGE DURING
THEIR TEMPORARY ASSIGNMENT TO A FOREIGN OFFICE.
SCHEDULE J, PART I, LINE 4B:
VIKAS RAJ AND TAHIRA DOSANI WERE PARTICIPANTS IN A 457 (F) PLAN. THE
APPLICABLE AMOUNTS FOR 2020 WERE 0 FOR BOTH.
SCHEDULE J, PART I, LINE 7:
EMPLOYEES IDENTIFIED IN SCHEDULE J, PART II(A), LINES 1 - 11 WERE

ELIGIBLE FOR LIMITED INCENTIVE COMPENSATION BASED UPON PERFORMANCE IN THE PRIOR TAX YEAR. ANY SUCH COMPENSATION THAT IS AWARDED IS PART OF AND AC7C SUBJECT TO THE TOTAL COMPENSATION REVIEW AND APPROVAL PROCESS. + SCREDULE U, FART II (A), LINES I Z T 522

PAGE 43

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2020 Open to Public Inspection

Name of the organization

Employer identification r	umber
13-2535763	

Part I	Types of Property
ACCION	INTERNATIONAL

13-253576

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of d noncash contrib	leterminin	•
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household						
	goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	12.	56,565.	FAIR MARKE	T VALU	Е
10	Securities - Closely held stock						
11	Securities - Partnership, LLC,						
	or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation						
	contribution - Historic						
	structures						
14	Qualified conservation						
	contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ►()						
26	Other ►()						
27	Other ►()						
28	Other ►()						
29	Number of Forms 8283 received						
	which the organization completed I	orm 8283,	Part V, Donee Acknowledge	ement	29		
					_	Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line	s 1 through		
	28, that it must hold for at least the	hree years f	rom the date of the initial	contribution, and which is	sn't required		
	to be used for exempt purposes for	the entire h	olding period?		3	0a	Х
b	If "Yes," describe the arrangement i	n Part II.					
31	Does the organization have a	gift accept	tance policy that require	es the review of any i	nonstandard		
	contributions?					31 X	
32a	Does the organization hire or use						
	contributions?				3	2a	Х
b	If "Yes," describe in Part II.						
33	If the organization didn't report an describe in Part II.	amount in c	olumn (c) for a type of pro	perty for which column (a)	is checked,		

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

Schedule M (Form 990) 2020

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

EXPLANATION: REPRESENTS THE NUMBER OF CONTRIBUTIONS.

SCHEDULE O (Form 990 or 990-EZ)

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 ACCION INTERNATIONAL

FORM 990, PART III, LINE 4A:

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

GLOBAL PROGRAMS: THREE BILLION PEOPLE ARE LEFT OUT OF OR POORLY SERVED BY THE WORLD'S FORMAL FINANCIAL SECTOR, LACKING THE FINANCIAL TOOLS THEY NEED TO MANAGE THEIR DAY-TO-DAY LIVES. THE GLOBAL PANDEMIC HAS MADE IT EVEN HARDER FOR THEM TO GROW THEIR BUSINESSES, PROVIDE FOR THEIR FAMILIES, AND AVOID FINANCIAL DISASTER. ACCION IS A GLOBAL NONPROFIT COMMITTED TO CREATING A FINANCIALLY INCLUSIVE WORLD. ACCION USES DIGITAL TECHNOLOGY TO HELP FAMILIES AND SMALL BUSINESSES ACCESS THE FINANCIAL TOOLS THEY NEED TO REACH THEIR ECONOMIC POTENTIAL AND BUILD BETTER LIVES. OUR GLOBAL PROGRAMS INCLUDE THE ACCION GLOBAL ADVISORY SOLUTIONS TEAM, WHICH PARTNERS WITH FINANCIAL SERVICE PROVIDERS AROUND THE WORLD TO BETTER MEET THE NEEDS OF UNDERSERVED INDIVIDUALS AND SMALL BUSINESSES. THE ADVISORY TEAM LEVERAGES ACCION'S GLOBAL INSIGHTS AND PROVIDES STRATEGIC AND OPERATIONAL SUPPORT IN GROWTH STRATEGY AND PLANNING, CUSTOMER STRATEGY, DIGITAL CHANNELS, AND OTHER CORE PROCESSES THAT MAXIMIZE THE IMPACT ON AND FOR CLIENTS. IN 2020, AS DIGITAL TOOLS BECAME ESSENTIAL TO THE SURVIVAL OF BUSINESSES AND THEIR FINANCIAL SERVICE PROVIDERS DURING THE PANDEMIC, THE ADVISORY TEAM WORKED WITH ITS PARTNERS TO RAPIDLY DEVELOP NEW DIGITAL PRODUCTS AND PLATFORMS THAT HELP UNDERSERVED CLIENTS START PARTICIPATING IN AND BENEFITTING FROM THE DIGITAL ECONOMY.

FORM 990, PART III, LINE 4B: GLOBAL INVESTMENTS: ACCION INVESTS IN THE PRODUCTS AND SERVICES THAT BENEFIT THE WORLD'S THREE BILLION FINANCIALLY UNDERSERVED PEOPLE, CATALYZING AND SCALING INNOVATION TO ADDRESS GLOBAL NEED. BY SUPPORTING INCLUSIVE FINTECH STARTUPS, MICROFINANCE INSTITUTIONS, AND OTHER FINANCIAL SERVICE PROVIDERS, PROVIDING THEM WITH HIGH-CALIBER GOVERNANCE THROUGH BOARD OVERSIGHT, AND/OR ADVISING ON STRATEGIC AND OPERATIONAL CHALLENGES, WE CREATE WELL-RUN, MISSION-DRIVEN, AND EFFICIENT ORGANIZATIONS THAT CREATE DEMONSTRATION MODELS AND ENCOURAGE OTHERS TO WORK TOWARD A FINANCIALLY INCLUSIVE WORLD. ACCION'S SEED-STAGE IMPACT INITIATIVE, ACCION VENTURE LAB, INVESTS CAPITAL IN, AND PROVIDES SUPPORT TO, INNOVATIVE FINTECH STARTUPS THAT INCREASE ACCESS TO, IMPROVE THE QUALITY OF, OR REDUCE THE COST OF FINANCIAL SERVICES FOR THE UNDERSERVED AT SCALE. IN 2020, ACCION HELPED ITS PARTNERS AROUND THE WORLD RAPIDLY DIGITIZE THEIR OPERATIONS TO STAY IN TOUCH WITH CLIENTS COPING WITH LOCKDOWNS AND SOCIAL DISTANCING, AND SUPPORTED DIGITAL INNOVATIONS THAT CAN HELP VULNERABLE CLIENTS BUILD THEIR FINANCIAL RESILIENCE.

FORM 990, PART III, LINE 4C:

CENTER FOR FINANCIAL INCLUSION: LAUNCHED IN 2008, THE CENTER FOR FINANCIAL INCLUSION AT ACCION (CFI) IS AN INDEPENDENT THINK TANK 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. IN 2020, CFI CONDUCTED A SURVEY ACROSS FOUR COUNTRIES TO BETTER UNDERSTAND THE EFFECTS OF THE PANDEMIC ON SMALL BUSINESSES AROUND THE WORLD. CFI ALSO CONDUCTED RESEARCH TO ASSESS HOW POLICYMAKERS ARE RESPONDING TO COVID-19 AND CREATED CASE STUDIES ON Page 2

INVESTORS' RESPONSES TO PREVIOUS CRISES TO DRAW OUT APPLICABLE LESSONS. IN 2020, CFI HOSTED ITS ANNUAL FINANCIAL INCLUSION WEEK, WHICH CONVENED POLICY EXPERTS, ANALYSTS, AND INDUSTRY LEADERS IN DISCUSSION ON RESPONDING TO THE GLOBAL PANDEMIC TO SUPPORT VULNERABLE POPULATIONS. PARTICIPANTS ALSO DISCUSSED ISSUES RELATED TO CFI'S NEW STRATEGY, WHICH FOCUSES ON CLIMATE CHANGE, WOMEN'S ECONOMIC EMPOWERMENT, CONSUMER PROTECTION, AND DATA RISKS AND OPPORTUNITIES.

FORM 990, PART III, LINE 4D:

EDUCATION AND COMMUNICATION: ACCION'S COMMUNICATIONS ARTICULATE THE NEED TO CREATE A FINANCIAL SECTOR THAT WORKS FOR EVERYONE, ILLUSTRATE THE HUMAN NEEDS THAT FINANCIAL SERVICES ADDRESS, AND SHOW HOW FINANCIAL INCLUSION ACCELERATES BOTH SOCIAL AND ECONOMIC PROGRESS. IN 2020, THROUGH A SERIES OF NEW VIDEOS AND DIGITAL CONTENT, ACCION SHARED STORIES OF RESILIENCE THAT SHOWED HOW ENTREPRENEURS ADAPTED AND SURVIVED AMID THE EXTREME CHALLENGES OF THE PANDEMIC. ACCION ALSO WORKED WITH PARTNERS TO LAUNCH THE SECOND YEAR OF THE INCLUSIVE FINTECH 50 COMPETITION, WHICH ELEVATES PROMISING EARLY-STAGE FINTECHS DRIVING FINANCIAL INCLUSION AND RESILIENCE AROUND THE GLOBE. IN 2020, THE INITIATIVE ATTRACTED ELIGIBLE APPLICATIONS FROM MORE THAN 400 EARLY-STAGE FINTECHS. THROUGH AN INDEPENDENT JUDGING PANEL AND SELECTION PROCESS, THE INITIATIVE BOOSTS THE VISIBILITY OF THESE STARTUPS AMONG INVESTORS AND PARTNERS WHO CAN HELP THEM SCALE TO REACH MORE OF THE WORLD'S THREE BILLION FINANCIALLY UNDERSERVED PEOPLE.

FORM 990, PART VI SECTION A LINE 1A: THE EXECUTIVE AND/OR FINANCE COMMITTEE HAS BEEN DELEGATED AUTHORITY TO

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ACT ON BEHALF OF THE BOARD OF DIRECTORS SUBJECT TO SUBSEQUENT RATIFICATION BY THE BOARD OF DIRECTORS.

FORM 990, PART VI SECTION A LINE 11B:

PRIOR TO THE FILING OF THE FORM 990, THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS RECEIVES THE FORM 990 FOR REVIEW. EACH MEMBER OF THE BOARD OF DIRECTORS SUBSEQUENTLY RECEIVES A COPY OF THE REVIEWED FORM 990 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 A LINE 15: 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 LINE 19: ACCION INTERNATIONAL'S AUDITED FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI LINE 9: EQUITY IN INCOME OF EQUITY INVESTMENTS \$ 16,459,589 RETURN OF CAPITAL FROM CLOSED FOREIGN SUBSIDIARY \$ (82,003) MISC ADJUSTMENT \$ (945) TOTAL OTHER CHANGES IN NET ASSETS OR FUND BALANCES \$ 16,376,641 A

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

ATTACHMENT 1

MAURITIUS

INDIA

CHINA

COLOMBIA

PERU

ACCION INTERNATIONAL

Employer identification number 13-2535763 ATTACHMENT 2

FORM 990, PART VI, LINE 17 - STATES

AL,AR,CA,

FL,GA,HI,IL,IN,KS,KY,MD,MA,MI,

MN, MS, NH, NJ, NM, NY, OK, OR, PA,

RI,SC,TN,UT,VA,WV,WI,

990, PART VII- COMPENSATION OF THE FIVE HIGHEST F	PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
QUONA CAPITAL MANAGEMENT, LTD P.O. BOX 1008, WILLOW HOUSE, CRICKET SQ GRAND CAYMAN CAYMAN ISLANDS	INV. PORTFOLIO MGMT.	387,198.
GONZALO GONZALES SARMIENTO 153 Y PORTETE. EL BATAN QUITO ECUADOR	PROGRAM CONSULTING	205,920.
GRANT THORNTON 33960 TREASURY CENTER CHICAGO, IL 60694-3900	AUDIT SERVICES	182,500.
WPP GROUP USA, INC 3333 WARRENVILLE ROAD, SUITE 400 LISLE, IL 60532	PROGRAM CONSULTING	179,199.
JP MORGAN CHASE BANK 50 ROWES WHARF, 4TH FLOOR BOSTON, MA 02110	INV. MANAGEMENT	269,466.

ATTACHMENT 3

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SCHEDULE R (Form 990) Department of the Treasury	Related Orga Complete if the organize Go to <i>www.ii</i>	Related Organizations and Unrelated Partnerships mplete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.	I Unrelated In Form 990, Part IV corm 990. ructions and the lat	Partnershi ', line 33, 34, 35b, 3 est information.	ps ^{36, or 37.}		OMB No. 1545-0047 2020 Open to Public Lessoction
MIGHTAL REVENUE SERVED Name of the organization ACCION INTERNATIONAL						Employer identification 13-2535763	Employer identification number 13-2535763
Part I Identification of Dis	Identification of Disregarded Entities. Complete if the	e organization answered "Yes" on Form 990,	ered "Yes" on Fo	orm 990, Part IV	Part IV, line 33.		
Name, address	(a) Name, address, and EIN (if applicable) of disregarded entity	۵. 	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ACCION GATEWAY FUND, 10 FAWCETT ST, STE 204	LLC	.38 SEE	PART VII	DE	13,613,230.	171958978.	ACCION INT
(2) ACCION FRONTIER INCLUSION 10 FAWCETT ST, STE 204	FUND LP, LLC CAMBRIDGE, MA 02	138 SEE	PART VII	DE	.0	20,703,930.	ACCION INT
(3) ACCION QUONA INCLUSION 10 FAWCETT ST, STE 2014	FUND LP, LLC CAMBRIDGE, MA 02	138 SEE	PART VII	DE	21,102.	7,108,575.	ACCION INT
(4) ACCION QUONA INCLUSION 10 FAWCETT ST, STE 204	SION FUND GP, LLC CAMBRIDGE, MA 021	.38 SEE	PART VII	DE	22,066.	25,279.	ACCION INT
(5) ACCION FRONTIER INCLUSION FUND GP, 10 FAWCETT ST, STE204 CAMBRI	LLC IDGE, MA 02	138 SEE	PART VII	DE	15,729.	30,494.	ACCION INT
(6) ACCION VENTURE LAB 10 FAWCETT ST, STE204	GP, LLC CAMBRIDGE, MA 021	138 SEE	PART VII	DE	.0	352.	ACCION INT
Part II one or more related	Identification of Related Tax-Exempt Organizations. Complete i one or more related tax-exempt organizations during the tax year.	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had he tax year.	anization answei	red "Yes" on Fo	rm 990, Part IV,	line 34, because	it had
Name, address, and	(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?
							Yes No
(1) ACCION TECHNICAL ADVISORS INDIA 9/3, KAISER-E-HIND,1 FL,RICHMO	NDIA EMO BANGLORE, IN 560025	SEE PART VII	IN	SEC 8 CO		ACCION INT	×
(2) FUNDACION CENTRO ACCION MICROEMPRESARIAL CARRERA 7 #146-65, 7TH FLOOR BO	ROEMPRESARIAL R BOGOTA, D.C. CO	SEE PART VII	CO	FOUNDATION		ACCION INT	×
(3)							
(4)							
(5)							
(9)							
(2)							
For Paperwork Reduction Act N	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	90.				Schedule R	Schedule R (Form 990) 2020

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13-2535763

ACCION INTERNATIONAL

ASL

Schedule R (Schedule R (Form 990) 2020											F	Page 2
Part III	Identification of Related Organizations Taxable as a Partnership. Complete if the organization because it had one or more related organizations treated as a partnership during the tax year.	ted Organizations more related org	s Taxabl€ anization:	- 1	t hip. Com partnershi	iplete if th ip during t	ne organizatic the tax year.	Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, ed as a partnership during the tax year.	s" on Form	i 990, Part IV,	line 34	t,	
Nar Nar	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Pred incom unr exclu- sections	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Dispropol	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener manaç partn	or Percentage ownership	;) ntage rship
(1)												0 Z	
(2)													
(3)													
(4)													
(5)													
(9)													
(2)													
Part IV	Interstiction of Related Organizations Taxable as a Corporation or Trust. Complete if the organization ans line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	ted Organizations d one or more rel	Taxable ated orge	as a Corpora	tion or Tr ted as a c	rust. Com	Iplete if the or n or trust durir	Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV ons treated as a corporation or trust during the tax vear.	ered "Yes"	on Form 990), Part		
	(a) Name, address, and EIN of related organization) A of related organization		(b) Primary activity	activity Le	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets		(h) (i) Percentage 572(b)(13) ownership controlled entity7 Yes No	(i) Section 512(b)(13) controlled entity?
(1) ACCION	 accion africa-asia investment company 												
(2) ACCION	1 21	전		SEE FAKT VII	TT/		SEE FAKT VII		T/, 330, 80T	c (n/		0000 00 T	~
(3)	006, BLD 3, WANDA PLAZA.NO.93	0.93 BEIJING, CHAOYANG	ANG CH	SEE PART VII	11/	CH	SEE PART VII		82 , 203		54,629. 9	0000.66	×
(4)													
(5)													
(9)													
(2)													
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Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes No
During the tax year, did the organization engage in any of the fol	elated organizations list	ted in Parts II-IV?	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	• • • • • • • • • •		
b Gift, grant, or capital contribution to related organization(s)			1b ×
c Gift. grant. or capital contribution from related organization(s).		· · · · ·	1c X
			1d X
			× ×
e Loans or loan guarantees by related organization(s)			
f Dividends from related organization(s)			
g Sale of assets to related organization(s)		· · · · ·	1g X
		· · · · ·	1h X
i Exchange of assets with related organization(s).	-		1 1 X
			1 j X
k Lease of facilities, equipment, or other assets from related organization(s)			
I Performance of services or membership or fundraising solicitations for related organization(s)			
m Performance of services or membership or fundraising solicitations by related organization(s)			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			
o Sharing of paid employees with related organization(s)			
			_
p Reimbursement paid to related organization(s) for expenses.			
q Keimbursement paid by related organization(s) for expenses			b .
			, ,
 Current remission of cash of property to related organization(s). Other transfer of cash or property from related organization(s). 			×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	nis line, including cove	red relationships and trans	action thresholds.
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
	()		5
(1) ACCION AFRICA ASIA INVESTMENT COMPANY	Щ	32,800,075.	COST
(2) FUNDACION CENTRO ACCION MICROEMPR.	Д	1,751,586.	COST
(3) ACCION TECHNICAL ADVISORS INDIA	Д	1,416,461.	COST
(4) ACCION INVESTMENT IN NIGERIA	В	3,861.	COST
(5) FUNDACION CENTRO ACCION MICROEMPRESARIAL	Ы	45,000.	COST
		1	
(6) ACCION (BEIJING) CONSULTATION SVCS CO.LTD	Ъ	82,453.	COST
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Part V

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lated organization(s)	annuities, (iii) royalties, or (iv ribution to related organizati) rent from a controlled entity			- 19 	
lated organization(s)	bution from related organiz	ation(s)				
tated organization(s)	y related organization(s)					
ated organization(s)					4	
lated organization(s)	Sale of assets to related organization(s)				- <mark>- 1</mark>	
lated organization(s)	ated organization(s).				=	
lated organization(s)	nt, or other assets to relat	ed organization(s)			- -	
lated organization(s)	nt, or other assets from re	ated organization(s)	· · · · ·	- - - - - - - - - - - -	4 7	
tions by related organization(s)	membership or fundraisir	g solicitations for related organization(s)			=	
s for information on who must complete this line, including covered relationships and transaction Transaction transaction type (a-s) S S S S S S S S S S S S S	membership or fundraisir	ig solicitations by related organization(s).		• • • • • • • • • • • • • • • • • • • •	- - - - - - - - - - - -	
For information on who must complete this line, including covered relationships and transaction Transion Amount involved Npe (a-s) 8, 990, 727. S 8, 990, 727. S 6, 356, 558.	with related organization(s				-	
• for information on who must complete this line, including covered relationships and transaction • for information on who must complete this line, including covered relationships and transaction • for information on who must complete this line, including covered relationships and transaction • for information on who must complete this line, including covered relationships and transaction • for information on who must complete this line, including covered relationships and transaction • for information on who must complete this line, including covered relationships and transaction • for information on who must complete this line, including covered relationships and transaction • for information on who must complete this line, including covered relationships and transaction • for information on who must complete this line, including covered relationships and transaction • for information on who must complete this line, including covered relationships and transaction • for information on the must covered relation on the must covered relating covered relation on the must covered re	ted organization(s) for exp ated organization(s) for exp	enses				
s for information on who must complete this line, including covered relationships and transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transactio	pperty to related organizat	on(s)	· · · ·			-
Name of related organization Tansaction bype (a-s) Tansaction (b) Amount involved (c) NVESTMENT COMPANY S 8,990,727. C NUESTMENT COMPANY S 6,356,558. C NIGERIA S 6,356,558. C	perty nom related organi bove is "Yes," see the in:	1 10	his line, including cover	red relationships and transi	action thresholds	
NUESTMENT COMPANY S 8,990,727. NIGERIA S 6,356,558. NIGERIA S 6,356,558.	(a) Name of related org.	nization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of dete amount invo	srmining Nved
NIGERIA S 6,356,558. 6,356,558.	ASIA INVESTMENT COMPAN	Л	Q	,990,72	COST	
	IN NIGERIA		Ŋ	,356,55	COST	

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Part VI Unrelated Organizations Taxable as a Partnership.	axable as a Partne		Complete if the organization answered "Yes" on Form 990, Part IV, line 37.	nization an	swered "Yes	on Form 99	0, Part	t IV, Iin	le 37.		
Provide the following information for each entity taxed as a partnersh or gross revenue) that was not a related organization. See instructions	entity taxed as a pa janization. See instri	irtnership throug uctions regardin	ip through which the organization conducted more than five percent of its activities (measured by total assets regarding exclusion for certain investment partnerships.	janization c ertain inves	onducted mor stment partner	e than five pe ships.	rcent o	f its ac	tivities (measu	ired by to	tal assets
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	Predominant Predominant income (related, unrelated, excluded from tax under	sect 501(501((f) Share of total income	(g) Share of end-of-year assets	[⊋ 5 ∰ L		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	L 🖀 🖉 🖉 L	(k) Percentage ownership
(1)			Sections 312 - 314)	Yes No			Yes	0 N		Yes No	
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Schedule R (Form 990) 2020 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.	Page
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	
SCHEDULE R, PART II, COLUMN (B):	
PRIMARY ACTIVITY:	
1. TECHNICAL ASSISTANCE & EDUCATION RELATED TO MICROFINANCE	
2. TECHNICAL ASSISTANCE & EDUCATION RELATED TO MICROFINANCE	
SCHEDULE R, PART IV, COLUMN (A):	
FULL NAME:	
1. ACCION INVESTMENTS IN MICROFINANCE NIGERIA	
3. ACCION (BEJING) CONSULTATION SERVICES CO, LTD	
SCHEDULE R, PART IV, COLUMN (B):	
PRIMARY ACTIVITY:	
1. PROGRAM RELATED INVESTMENT	
2. PROGRAM RELATED INVESTMENT	
3. TECHNICAL ASSISTANCE AND EDUCATION RELATED TO MICROFINANCE	

Schedule R (Form 990) 2020

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

SCHEDULE R, PART IV, COLUMN (D):

DIRECT CONTROLLING ENTITY:

- 1. ACCION GATEWAY FUND, LLC
- 2. ACCION GATEWAY FUND, LLC
- 3. ACCION INTERNATIONAL