EXTENDED TO MAY 15, 2024

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

Ā	For the	2022 calendar year, or tax year beginning $$ JUL 1 , $$ 2022 $$ and ending	JUN 30, 2023				
В	Check if applicable	C Name of organization	D Employer identifi	cation number			
	Addres	INFACT D/B/A CORPORATE ACCOUNTABILITY					
L	Name change	Doing business as	**-***26	86			
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 10 MILK STREET, SUITE 610	uite E Telephone numbe 617-695-				
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	0 006 050			
	Amend	BOSTON, MA 02108	H(a) Is this a group re	eturn			
	Applica tion pending		for subordinates				
		SAME AS C ABOVE	H(b) Are all subordinates in	ncluded? Yes No			
<u></u>	Tax-exe	<u> </u>		list. See instructions			
	Website		H(c) Group exemptio				
			/ear of formation: 1978	1 State of legal domicile: MN			
P		Summary	NITERMITON AND	TMG MEMBERG			
Activities & Governance	1 5	Briefly describe the organization's mission or most significant activities: $\overline{ ext{THE}}$ $\overline{ ext{ORGA}}$	INIZATION AND	TIS MEMBERS			
rna	2 0	Check this box if the organization discontinued its operations or disposed of r	nore than 25% of its net as	ssets.			
Se.	3 1	- · · · · · · · · · · · · · · · · · · ·	3	11			
Ğ	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		10			
တ္	5 7	otal number of individuals employed in calendar year 2022 (Part V, line 2a)		50			
/itie	6	otal number of volunteers (estimate if necessary)		17			
È	7a 7	otal unrelated business revenue from Part VIII, column (C), line 12		0.			
⋖	l d	Net unrelated business taxable income from Form 990-T, Part I, line 11		0.			
			Prior Year	Current Year			
ø	8 (Contributions and grants (Part VIII, line 1h)	9,836,040.	8,019,013.			
Revenue		Program service revenue (Part VIII, line 2g)	0.	0.			
		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	1,241.	7,037.			
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	48,643.	0.			
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,885,924.	8,026,050.			
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)	820,818.	1,298,516.			
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.			
S	15 9	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,155,351.				
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)	19,971.	17,141.			
x	. b ∃	otal fundraising expenses (Part IX, column (D), line 25) 394, 285.					
Ú	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,286,927.				
	18 7	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,283,067.	8,858,825.			
	19 F	Revenue less expenses. Subtract line 18 from line 12	1,602,857.	-832,775.			
Net Assets or Find Ralances	3		Beginning of Current Year	End of Year			
sets	g 20 T	otal assets (Part X, line 16)	7,919,454.	8,149,746.			
t As	21 7	otal liabilities (Part X, line 26)	1,380,349.	2,439,811.			
	22 1	let assets or fund balances. Subtract line 21 from line 20	6,539,105.	5,709,935.			
		Signature Block					
	-	ties of perjury, I declare that I have examined this return, including accompanying schedules and st		y knowledge and belief, it is			
true	e, correct	, and complete. Declaration of preparer fother than officer) is based on all information of which prep		0.10000			
	-	Signature of officer This is a signature of officer		8/2023			
Sig	" [organization of the control of the c	Date				
He		PATRICIA LYNN, EXECUTIVE DIRECTOR Type or print name and title					
		Print/Type preparer's name Preparer's signature	Date Check	PTIN			
Pai		DAVID A. DIIULIS	12/08/23 if self-employ				
	-	Firm's name WITHUM SMITH + BROWN, PC		*-***7092			
		Firm's address 25 BRAINTREE HILL OFC PK, SUITE 102	THIHSEIN				
	,	BRAINTREE, MA 02184	Phone no 61	7-471-1120			
Ma	v the IR	S discuss this return with the preparer shown above? See instructions	11 110110 110.0 2	X Yes No			

1 Bibly describe the eigenspation's mission: BDUCATING PEOPLE ABOUT THE DANGERS OF LIFE-THREATENING MISCONDUCT BY TRANSNATIONAL CORPORATIONS IN SUPPORT OF DEMOCRATIC INSTITUTIONS AND A JUST SOCIETY. 2 Did the organization undertake any significant program services during the year which were not steed on the prior from 990 or 990 E2? If "Yes," describe these new services on Schedule 0. 3 Did the organization cause conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 5016(3) and 5016(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service second to revenue, if any, for each program service reported. 4a (case:)	Pai	Check if Schedule O contains a response or note to any line in this Part III	
BDUCATING PEOPLE ABOUT THE DANGERS OF LIFE-THREATENING MISCONDUCT BY TRANSMATIONAL CORPORATIONS IN SUPPORT OF DEMOCRATIC INSTITUTIONS AND A JUST SOCIETY. 2 Did the organization undertake any significant program services during the year which were not issed on the prior form 980 or 980 cf 27	1		<u></u>
TRANSNATIONAL CORPORATIONS IN SUPPORT OF DEMOCRATIC INSTITUTIONS AND A JUST SOCIETY. Did the organization undertake any significant program services during the year which were not listed on the prior from 990 or 990 E2? If "Yes," describe these new services on Schedule 0. 3 bid the organization cause conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 5016(S) and 5016(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any for seath program service sequence to report the amount of grants and allocations to others, the total expenses, and revenue, if any for seath program service required to report the amount of grants and allocations to others, the total expenses, and revenue, if any for seath program service required to report the amount of grants and allocations to others, the total expenses, and revenue, if any for seath program service required to report the amount of grants and allocations to others, the total expenses, and revenue, if any for seath program service (Decription 2015) and revenue, if any for seath program service and to the services of the	•		JCT BY
Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-E2?			
prior Form 990 or 990 E27 Yes X No M '7'es', describe these new services on Schedule 0. 11 '7'es', describe these new services on Schedule 0. 11 '7'es', describe these changes on Schedule 0. 12 '7'es', describe these changes on Schedule 0. 13 Did the organization cease conducting, or make significant changes in how it conducts, any program services?		JUST SOCIETY.	
prior Form 990 or 990 E27 Yes X No M '7'es', describe these new services on Schedule 0. 11 '7'es', describe these new services on Schedule 0. 11 '7'es', describe these changes on Schedule 0. 12 '7'es', describe these changes on Schedule 0. 13 Did the organization cease conducting, or make significant changes in how it conducts, any program services?			
If "Yes," describe these new services on Schedule 0. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	2		
3 Did the organization cases conducting, or make significant changes in how it conducts, any program services?		prior Form 990 or 990-EZ?	Yes X No
If "Yes," describe these changes on Schedule O. Section 501 (c)(3) and 501 (c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and reverue, if any, for each program service reported. 4 (Code:			
4c (code) (Expenses S	3		Yes X No
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code: (Cod			
Trevenue, if any, for each program service reported. 1,298,516.) General 1,298,516.) General 3 (Speciment 3 8,055,320. reducing grants of 1,298,516.) General 3 (Speciment 3 8,055,320. Revenue 3 (Speciment 3 8,055,320. Revenue 3 (Revenue 3 8,055,320. Revenue	4		
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SINCE 1977 CORPORATE ACCOUNTABILITY AND ITS MEMBERS HAVE WORKED TOGETHER TO BUILD A SUSTAINABLE WORLD. THE ORGANIZATION RUNS ITS PUBLIC EDUCATION CAMPAIGNS TO CURB CORPORATE ABUSE AND TO PROTECT PUBLIC HEALTH AND THE ENVIRONMENT WHILE STRENGTHENING DEMOCRATIC INSTITUTIONS. 4b (Code:) (Expenses \$	_	revenue, if any, for each program service reported.	
TOGSTHER TO BUILD A SUSTAINABLE WORLD. THE ORGANIZATION RINS ITS PUBLIC EDUCATION CAMPAIGNS TO CURB CORPORATE ABUSE AND TO PROTECT PUBLIC HEALTH AND THE ENVIRONMENT WHILE STRENGTHENING DEMOCRATIC INSTITUTIONS.	4a		
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4e Total program service expenses 8,055,320.	40		١
	40	0.055.300	J
	<u> </u>	Total program solving expenses	Form 990 (2022)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			3,7
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		37	
_	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	Ť		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			- V
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a	21	
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	110		
	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? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	7 1	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		**	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

Form 990 (2022)	INFACT	D/B/A	CORPO
Part IV	Ch	ecklist of	Required Sc	hedules (continued)

	one state of the quality of the state of the		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u> </u>
00	Did the annual attended to the decidence of		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			х
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
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	23		x
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
2 4 a	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
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
•	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//			
	"Yes," complete Schedule L, Part IV	28c	X	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
24	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		
32	Schodula N. Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	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			
٠.	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			Ш
	1 1 4-	,	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 17	<u>, </u>		
b		4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	l 1c	X	I

022) INFACT D/B/A CORPORATE ACCOUNTABILITY Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				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 50			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	Х	
За	· · · · · · · · · · · · · · · · · · ·		За		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account	account)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	` '			37
5а	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 transa		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_			v
	any contributions that were not tax deductible as charitable contributions?		6a		Х
D	If "Yes," did the organization include with every solicitation an express statement that such contribut	-	Ch		
-	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	vices provided to the payor?	7-		Х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a 7b		21
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		76		
С	to file Form 8282?	· ·	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	· · · · · · · · · · · · · · · · · · ·	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri		7f		
g g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
		,	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	1			
а	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	,	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
h	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	13b			
_	organization is licensed to issue qualified health plans Enter the amount of reserves on hand	13c			
с 14а			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	le O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		. 10		
.5	excess parachute payment(s) during the year?		15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		Х
	If "Yes," complete Form 4720, Schedule O.	•••••			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			,
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 7-	Did the organization have members or stockholders?	6		<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	7a		x
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1 a		
b		7b		x
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	75		
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		v	
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Λ	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
•	The organization's CEO, Executive Director, or top management official	15a	Х	
a b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	.0.0		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, CA, FL, GA, HI, IL, KS, KY	, MD	, MA	,MI
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records PATRICIA LYNN - 617-695-2525			
	10 MILK STREET, SUITE 610, BOSTON, MA 02108			
02000	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2022)
202000	, 12 10 22	1 0111		10000)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization r	(B)	l	21 1126		C)	прсі	IJai	(D)	(E)	(F)
Name and title				Pos	رد ition	1				Estimated
Name and title	Average hours per		not c	heck	more than one erson is both an			Reportable compensation	Reportable compensation	amount of
	week					or/trus		from	from related	other
	(list any	tor						the	organizations	compensation
	hours for	direc				pa		organization	(W-2/1099-MISC/	from the
	related	tee oi	ıstee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Itrus	nal tr		oyee	dwo		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	mer			organizations
	line)	Pul	lns	i#0	Ke	Hig	For			
(1) PATRICIA LYNN	40.00	۱		l				100 505		45 005
EXECUTIVE DIRECTOR/ASST. SECRETARY	1 2 00	Х		Х				129,505.	0.	17,227.
(2) MICHEL LEGENDRE	3.00	١						60.000		
MEMBER		Х						60,000.	0.	0.
(3) AKINBODE OLUWAFEMI	3.00			l						
CHAIR		Х		Х				0.	0.	0.
(4) PAIGE KIRSTEIN	3.00									
VICE-CHAIR		Х		Х				0.	0.	0.
(5) VRINDA MANGLIK	3.00								_	_
TREASURER		Х		Х				0.	0.	0.
(6) SARAH HODGDON	3.00							_	_	_
MEMBER		Х						0.	0.	0.
(7) MARTHA NEWELL	3.00									
MEMBER		Х						0.	0.	0.
(8) VANDRIA BORARI	3.00									
MEMBER		Х						0.	0.	0.
(9) TERRY WINOGRAD	3.00							_	_	_
MEMBER		Х						0.	0.	0.
(10) MARIA THERESA NERA-LAURON	3.00							_	_	_
SECRETARY		Х		Х				0.	0.	0.
(11) IRENE REYES	3.00							_	_	_
MEMBER		Х						0.	0.	0.

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Part VII Section A. Officers, Directors, Trust	tees, Key Em	oloy	ees,	, and	d Hi	ghe	st C	Compensated Employe	es (continued)			
(A)	(B)			(0	C)			(D)	(E)		(F)
Name and title	Average	(do	not c	Posi	ition	than	one	Reportable	Reportable		Estir	nated
	hours per	box,	, unles	ss pe	rson i	is bot	n an	compensation	compensation	۱	amo	unt of
	week		cer an	a a a	recto	r/trus	tee)	from	from related			her
	(list any hours for	Individual trustee or director						the ·	organizations			ensation
	related	or di	ee			sated		organization	(W-2/1099-MIS)	/ز		n the
	organizations	ustee.	trust		e e	nbens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		•	ization elated
	below	dual tr	tional		yoldı	st cor yee	_	1033-1120)				zations
	line)	ndivic	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				o.g	
						_ e	Н					
1b Subtotal								189,505.		0.	17	,227.
c Total from continuation sheets to Part VII	I, Section A							0.		0.		0.
d Total (add lines 1b and 1c)								189,505.		0.	17	,227.
2 Total number of individuals (including but no	ot limited to th	ose	liste	ed al	bove	e) wł	no r	eceived more than \$100	,000 of reportable)		_
compensation from the organization												1
											Y	es No
3 Did the organization list any former officer,												١
line 1a? If "Yes," complete Schedule J for st											3	X
4 For any individual listed on line 1a, is the su	•								-			7
and related organizations greater than \$150											4	X
5 Did any person listed on line 1a receive or a	-				-						_	- -
rendered to the organization? If "Yes," comp Section B. Independent Contractors	biete Scheaule	e J T	or st	icn j	pers	son .					5	X
		d =					4		\$100,000 of a series		-4: 6	
1 Complete this table for your five highest cor the organization. Report compensation for t										Jensa	ation iro	III
(A)	ile caleridar y	care	SHUII	ng v	VILII	OI W		(B)	year.		(C)	
Name and business	address							Description of s	ervices	C	ompens	ation
MAL WARWICK ASSOCIATES								OUTREACH/EDU	CATION/D			
2550 NINTH STREET, BERKEI	LEY, CA	94	171	L 0			ŀ	IRECT MAIL			489	,753.
							T					
							1					
							\Box					
							_					
2 Total number of independent contractors (in												

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\$100,000 of compensation from the organization

Pa	I L V	Ш				i- H-i- D-+\/III			
			Check if Schedule O contains a	esponse	or note to any lir	ne in this Part VIII	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
SS	-	_	Federated campaigns	1a					000110110 0 12 0 1 1
ant	•		Membership dues	1b					
'n.G			Fundraising events	1c					
ifts ır A			Related organizations	1d					
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contributions)	1e					
Sir			All other contributions, gifts, grants, and						
ber		•		1f 8,	019,013.				
oğ.		a			873,194.				
Sor		_	Total. Add lines 1a-1f			8,019,013.			
		<u></u>	Total / Idd ii/ico Ta Ti		Business Code	.,,			
ø	2	а							
vic	_	b							
Ser		c							
am		d							
Program Service Revenue		e							
Pro			All other program service revenue						
			Total. Add lines 2a-2f						
	3		Investment income (including divider						
			other similar amounts)			7,037.			7,037.
	4		Income from investment of tax-exem						
	5		Royalties						
				Real	(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
		d	Net rental income or (loss)						
	7	а	Gross amount from sales of (i) Se	curities	(ii) Other				
			assets other than inventory 7a						
		b	Less: cost or other basis						
Revenue			and sales expenses 7b						
, ve		С	Gain or (loss)7c						
		d	Net gain or (loss)						
ther	8	а	Gross income from fundraising events (no	ot					
₹			including \$	of					
			contributions reported on line 1c). Se						
			Part IV, line 18						
			Less: direct expenses						
	_		Net income or (loss) from fundraising						
	9	а	Gross income from gaming activities						
		L-	Part IV, line 19						
			Less: direct expenses	1141					
	10		Net income or (loss) from gaming act						
	10	a	Gross sales of inventory, less returns						
		h	and allowances						
			Net income or (loss) from sales of inv						
			THE INCOME OF GOSS, HOME SAIES OF HIV	ontoly	Business Code				
snc	11	a							
Miscellaneous Revenue	••	b							
ells		c							
lisc R			All other revenue						
2			Total. Add lines 11a-11d						
	12		Total revenue. See instructions			8,026,050.	0.	0.	7,037.

Part IX | Statement of Functional Expenses

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

- Da	Check if Schedule O contains a respon	(A)	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	02.050	02.050		
	and domestic governments. See Part IV, line 21	93,050.	93,050.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	1 005 466	1 005 466		
	individuals. See Part IV, lines 15 and 16	1,205,466.	1,205,466.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	146 500	120 120	E 540	E 004
	trustees, and key employees	146,733.	132,130.	7,519.	7,084
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 100 116		006 505	010 100
7	Other salaries and wages	4,422,116.	3,982,039.	226,585.	213,492
8	Pension plan accruals and contributions (include	24 525	56 252	4 2 4 2	4 000
	section 401(k) and 403(b) employer contributions)	84,686.	76,258.	4,340.	4,088
9	Other employee benefits	422,758.	380,687.	21,661.	20,410
10	Payroll taxes	288,273.	257,678.	15,687.	14,908
11	Fees for services (nonemployees):				
а	Management				
b	Legal	41,927.	41,899.	12.	16
С	Accounting	16,000.	16,000.		
d	Lobbying	1,866.	1,866.		
е	Professional fundraising services. See Part IV, line 17	17,141.			17,141
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	512,596.	425,912.	15,825.	70,859
12	Advertising and promotion	333.	333.		
13	Office expenses	12,826.	12,128.	94.	604
14	Information technology	35,518.	33,180.	1,002.	1,336
15	Royalties				
16	Occupancy	616,264.	572,476.	18,766.	25,022
17	Travel	206,339.	179,094.	19,949.	7,296
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	158,223.	146,767.	6,275.	5,181
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,244.		5,244.	
23	Insurance	14,738.	14,738.		
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	MEDIA AND EDUCATION	432,778.	432,778.	0.	0
b	BANK AND CREDIT CARD CH	65,955.	0.	65,955.	0
c	PUBLICATIONS	29,710.	22,953.	136.	6,621
d	EQUIPMENT & MAINTENANCE	22,526.	22,400.	54.	72
	All other expenses	5,759.	5,488.	116.	155
25	Total functional expenses. Add lines 1 through 24e	8,858,825.	8,055,320.	409,220.	394,285
26	Joint costs. Complete this line only if the organization	.,,	.,,	,	
0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	[] II IOIIOWIIIG OOI 90-2 (NOO 900-120)				Form 990 (2022

Form 990 (2022) Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to ar	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			5,958,260.	1	5,539,766
	2	Savings and temporary cash investments			1,917,118.	2	542,089
	3	Pledges and grants receivable, net		30,000.	3	0	
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial	contributor, or 35%			
		controlled entity or family member of any of th	ese pers	ons		5	
	6	Loans and other receivables from other disqua	rsons (as defined				
		under section 4958(f)(1)), and persons describ		6			
jt	7	Notes and loans receivable, net		0.	7	0	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	184,423.			
	b	Less: accumulated depreciation	14,076.	10c	14,328 620,992		
	11	Investments - publicly traded securities		11	620,992		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	0.	15	1,432,571		
	16	Total assets. Add lines 1 through 15 (must ed		I	7,919,454.	16	8,149,746
	17	Accounts payable and accrued expenses		575,018.	17	425,549	
	18	Grants payable		18			
	19	Deferred revenue		217,977.	19	0	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
န္	22	Loans and other payables to any current or fo	rmer offic	cer, director,			
≝		trustee, key employee, creator or founder, sub	stantial	contributor, or 35%			
Liabilities		controlled entity or family member of any of th	ese pers	ons		22	
ן כֿ	23	Secured mortgages and notes payable to unre	elated th	ird parties	587,354.	23	436,295
	24	Unsecured notes and loans payable to unrelate	ed third	parties		24	
	25	Other liabilities (including federal income tax, p	ayables	to related third			
		parties, and other liabilities not included on lin	es 17-24). Complete Part X			
		of Schedule D			0.	25	1,577,967
	26	Total liabilities. Add lines 17 through 25			1,380,349.	26	2,439,811
,		Organizations that follow FASB ASC 958, cl	neck her	e X			
š		and complete lines 27, 28, 32, and 33.					
lal	27	Net assets without donor restrictions			5,944,154.	27	5,172,022
Ba	28	Net assets with donor restrictions	594,951.	28	537,913		
oun		Organizations that do not follow FASB ASC					
드		and complete lines 29 through 33.					
0 8	29	Capital stock or trust principal, or current fund	s			29	
ise.	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated				31	
Š	32	Total net assets or fund balances			6,539,105.	32	5,709,935
	33	Total liabilities and net assets/fund balances			7,919,454.	33	8,149,746

Pa	rt 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				50.
2	Total expenses (must equal Part IX, column (A), line 25)	2				25.
3	Revenue less expenses. Subtract line 2 from line 1	3				75.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,			05.
5	Net unrealized gains (losses) on investments	5			3,6	05.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	5 ,	70	9,9	35.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		[
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule					
2a	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 compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:		- 1			
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	_X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,	- 1			
	consolidated basis, or both:		- 1			
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	_X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule C).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?					X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired aud	lit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2022)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

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

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

-*2686

INFACT D/B/A CORPORATE ACCOUNTABILITY

Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.			
he o	he organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)									
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
3		A hospital or a cooperative		•		//b)/1)/A)/ii	ii).			
4		A medical research organization						the hospital's name		
7		city, and state:	ation operated in co	njanotion with a noopital	accomba	3 111 000110	ii iro(b)(i)(A)(iii)i Entor	the noopital o name,		
_			or the benefit of a co	llogo or university evene	d or operat	tod by a a	overnmental unit descri	and in		
5		An organization operated for		nege of drilversity owner	u or opera	ted by a g	overninental unit descri	Ded III		
_		section 170(b)(1)(A)(iv). (C	•			.	()			
6	v	A federal, state, or local gov	-							
7	X	An organization that norma	•	ntial part of its support f	rom a gov	ernmental	unit or from the general	public described in		
		section 170(b)(1)(A)(vi). (Co								
8		A community trust describe								
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a land-grant	college		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	/, and state of the collec	ge or		
		university:								
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	port from (contributio	ons, membership fees, a	nd gross receipts from		
		activities related to its exem	· · · · · · · · · · · · · · · · · · ·	•						
		income and unrelated busing	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.		
		See section 509(a)(2). (Cor	mplete Part III.)							
11		An organization organized a	and operated exclus	ively to test for public sa	ifety. See s	section 50)9(a)(4).			
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	e purposes of one or		
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3). (Check the box on		
		lines 12a through 12d that	describes the type o	of supporting organization	n and com	nplete lines	s 12e, 12f, and 12g.			
а			nization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typically by	/ giving		
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the	supporting		
		organization. You must c	omplete Part IV, Se	ections A and B.						
b		Type II. A supporting organic	anization supervised	or controlled in connec	tion with it	s support	ed organization(s), by ha	aving		
		control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	oported		
	_	organization(s). You mus	t complete Part IV,	Sections A and C.						
С		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functionally integrat	ed with,		
	_	its supported organization	n(s) (see instructions	s). You must complete F	Part IV, Se	ections A,	D, and E.			
d		Type III non-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organ	ization(s)		
		that is not functionally int	egrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement and an attent	riveness		
	_	requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.			
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III			
		functionally integrated, or	Type III non-functio	nally integrated supporti	ing organi:	zation.				
f	Ente	er the number of supported o	organizations							
g		ride the following information		. ,	(iv) le the erge	nization listed		1		
	(1	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
		Organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)		

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

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

Sec	ction A. Public Support			,			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	. ,	. ,	, ,	, ,	, ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")	7025480.	7245370.	7740962.	9035405.	8019013.	39066230.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	5005400			2225425	0010010	2225
4	Total. Add lines 1 through 3	7025480.	7245370.	7740962.	9035405.	8019013.	39066230.
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)						10354701.
	Public support. Subtract line 5 from line 4.						28711529.
	ction B. Total Support				T	г	r
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019 7245370.	(c) 2020	(d) 2021 9035405.	(e) 2022	(f) Total 39066230.
	Amounts from line 4	7025480.	/2453/0•	7740962.	9035405.	8019013.	39066230.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	000	12 125	2 551	1 241	7 027	24 052
	and income from similar sources	988.	13,135.	2,551.	1,241.	7,037.	24,952.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital				48,643.		48,643.
	assets (Explain in Part VI.)				40,043.		39139825.
11		-4- /	\			40	59159025.
12	Gross receipts from related activities,	· · · · · · · · · · · · · · · · · · ·				12	
13	First 5 years. If the Form 990 is for thorganization, check this box and stor						
Sec	ction C. Computation of Publ		rcentage				
	Public support percentage for 2022 (column (fl)		14	73.36 %
	Public support percentage from 2021					15	77.86 %
	33 1/3% support test - 2022. If the o						
	stop here. The organization qualifies	•		•		•	
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	and stop here. The organization qualifies as a publicly supported organization						
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
b	10% -facts-and-circumstances tes	t - 2021. If the org	anization did not c	heck a box on line			
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and st	op here. Explain in	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization	
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

Schedule A (Form 990) 2022

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.)

Se	ction A. Public Support	clow, picase com	pioto i art ii.j				
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	` ,	<u> </u>	1	` ` `
	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						
Ŭ	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
_	ization's benefit and either paid to or expended on its behalf						
_	The value of services or facilities						
5	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 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	<u> </u>				1	
14	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
_	check this box and stop here						<u></u>
	ction C. Computation of Publ						
15	Public support percentage for 2022 (I	line 8, column (f),	divided by line 13,	column (f))		15	%
	Public support percentage from 2021					16	%
Se	ction D. Computation of Inves	stment Incom	ne Percentage				
17	Investment income percentage for 20					17	%
18	Investment income percentage from 2	2021 Schedule A,	Part III, line 17			18	%
19a	a 33 1/3% support tests - 2022. If the	-					17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly s	supported organiz	ation	
k	33 1/3% support tests - 2021. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization			•		· ·	

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
0-		
3с		
4a		
4b		
4c		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization.	2		
<u>Sec</u>	ction C. Type II Supporting Organizations			·
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
	The in 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		163	NO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	-		
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 (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	, , , , , , , , , , , , , , , , , , , ,			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
_	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а		2-		
h	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
IJ	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.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	anizations				
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
_ 7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
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					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
_6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functional	lly integra	ated Type III supporting org	anization (see			
	instructions).						

Schedule A (Form 990) 2022

	Schedule A (Form 990) 2022 INFACT D/B/A CORPORATE ACCOUNTABILITY **-*** 2686 Page 7						
	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	ion D - Distributions				Current Year		
1	Amounts paid to supported organizations to accomplish exe			1			
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported					
	organizations, in excess of income from activity			2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	ns	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5			
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which the	he organization is responsive	е				
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2022 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount	Γ	T	10			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ns	(iii) Distributable Amount for 2022		
1	Distributable amount for 2022 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2022 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2022						
а	From 2017						
b	From 2018						
С	From 2019						
d	From 2020						
е	From 2021						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2022 distributable amount						
i	Carryover from 2017 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2022 from Section D,						
	line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2022 distributable amount						
С	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						

Schedule A (Form 990) 2022

and 4c. 8 Breakdown of line 7: a Excess from 2018 **b** Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

7 Excess distributions carryover to 2023. Add lines 3j

SCHEDULE C (Form 990)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public

Inspection

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

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

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

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

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

Name of orga	nization	tions. Complete Part III.		Emp	loyer identification number		
		D/B/A CORPORATE			**-***2686		
Part I-A	Complete if the org	janization is exempt un	der section 501(c)	or is a section 527 of	organization.		
2 Political	a description of the organiz campaign activity expendit er hours for political campai		1,866.				
Part I-B	Complete if the ord	janization is exempt un	der section 501(c)	(3).			
		incurred by the organization un		` '			
		incurred by organization mana					
		n 4955 tax, did it file Form 472					
	describe in Part IV.						
Part I-C	Complete if the org	janization is exempt un	der section 501(c)	, except section 501	(c)(3).		
	•	d by the filing organization for s	•				
		ization's funds contributed to	· ·				
		s. Add lines 1 and 2. Enter here					
line 17b				(<u> </u>		
		1120-POL for this year?					
made pa contribu	ayments. For each organiza tions received that were pr	nployer identification number (I tion listed, enter the amount pa omptly and directly delivered to additional space is needed, pro	aid from the filing organi: o a separate political org	zation's funds. Also enter t anization, such as a separ	he amount of political		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0		

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total			
2a Lobbying nontaxable amount	502,388.	515,487.	564,210.	593,035.	2,175,120.			
b Lobbying ceiling amount (150% of line 2a, column(e))					3,262,680.			
c Total lobbying expenditures	4,200.	2,841.	1,126.	1,866.	10,033.			
d Grassroots nontaxable amount	125,597.	128,872.	141,053.	148,259.	543,781.			
e Grassroots ceiling amount (150% of line 2d, column (e))					815,672.			
f Grassroots lobbying expenditures	2,762.	1,152.	996.	1,480.	6,390.			

Schedule C (Form 990) 2022

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

1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid start or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for folebying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Railies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? 1 Other activities? 1 Total, Add lines 1c through 11 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 d If the filing organization incurred a section 4912 tax, did if life Form 4720 for this year? Part IIII-8 Complete If the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6), and if the organization incurred as each of the section 501(c)(6), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 152(e) another the section 527(f) tax was paid). a Current year b Carryover from last year c Total If Dues, assessments and similar amounts from members 5 Taxable amount reported in section 503(e)(f)(A) notices of nondeductible section 101(e) dues a Aggregate amount of lobbying and political expenditures (do not include amounts of political expenditures expenditures next year) 5 Taxable amount reported in section 503(e)(f)(A) notices of nondeductible section 102(e) dues 4 If notices were sent and the amount on line 2 exceeded the amount on line 3, what portion of the excess does the organ	For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	1)	(b)	
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1)? c Media advertisements? d Mailings to members, legislators, or the public? d Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Railles, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 11 2a Did the activities in line 1 cause the organization to be not described in section 901(c)(3)? b If "Yes," enter the amount of any tax incurred by organization managers under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did if the Form 4726 for this year? Part III-A Under the filing organization was converted as section 4912 tax, did if the Form 4726 for this year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 Did the organization size to carry over lobbying and political campaign activity expenditures from the prior year? 1 Dues, assessments and similar amounts from members 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2 Dues assessments and similar amounts from members 4 Complete if the arrange of the prior that it is a substantial organization agree to carryover to the reasonable estimate of nondeductible lo			Yes	No	Amo	ount
f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1 of through 11 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b if "Yes," enter the amount of any tax incurred under section 4912 c if "Yes," enter the amount of any tax incurred by organization managers under section 4912 d if the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 4 Dues, assessments and similar amounts from members answered "No" OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 2 Carryover from last year 5 Taxable amount of lobbying and political expenditures. See instructions provide the descriptions required for Part IAI, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions provide the descriptions required for Part IAI, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions provide the descriptions required for Part IAI, line 1; Part I-B	a b c d	local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No	f g h i j 2a b	Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 4 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 4 Current year 5 Carryover from last year 6 Carryover from last year 7 Total 8 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 8 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 9 Aggregate amount of lobbying and political expenditures (as a mount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? 9 Agart IV Supplemental Information 9 Supplemental Information 9 Povide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information. SCHEDULE C, PART I - A, LINE 1 THE ORGANIZATION FROM TIME TO TIME MAY CONTACT LEGISLATORS WITH RESPECT TO PROPOSED LAWS THAT IMPACT TRANSPARENCY WITH RESPECT TO CORPORATE		t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ection	
expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 2c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? 5 Taxable amount of lobbying and political expenditures. See instructions 5 Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information. SCHEDULE C, PART I-A, LINE 1 THE ORGANIZATION FROM TIME TO TIME MAY CONTACT LEGISLATORS WITH RESPECT TO PROPOSED LAWS THAT IMPACT TRANSPARENCY WITH RESPECT TO CORPORATE	2 3 Par	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members	ne prior year on 501(c) "No" OR	2 3 (5), or seat (b) Part	ection	
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information. SCHEDULE C, PART I-A, LINE 1 THE ORGANIZATION FROM TIME TO TIME MAY CONTACT LEGISLATORS WITH RESPECT TO PROPOSED LAWS THAT IMPACT TRANSPARENCY WITH RESPECT TO CORPORATE	a b c 3 4	expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditures next year? Taxable amount of lobbying and political expenditures. See instructions	cess	2b 2c 3		
instructions); and Part II-B, line 1. Also, complete this part for any additional information. SCHEDULE C, PART I-A, LINE 1 THE ORGANIZATION FROM TIME TO TIME MAY CONTACT LEGISLATORS WITH RESPECT TO PROPOSED LAWS THAT IMPACT TRANSPARENCY WITH RESPECT TO CORPORATE		•	" N D . I I	A 1:	10.00	
PROPOSED LAWS THAT IMPACT TRANSPARENCY WITH RESPECT TO CORPORATE	instru	uctions); and Part II-B, line 1. Also, complete this part for any additional information.	ııst); Part II	-A, lines 1 a	and 2 (See	
						T TO
DIDCHODORE.			O CORP	OKALE		
		JOHODOKH •				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

INFACT D/B/A CORPORATE ACCOUNTABILITY

Employer identification number **-***2686

Schedule D (Form 990) 2022

Pai	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		Similar Funds	or Accounts. Complete if the
	organization answered Tes Officialities, in	(a) Donor advis	ed funds	(b) Funds and other accounts
1	Total number at end of year	. ,		
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		eld in donor advise	d funds
	are the organization's property, subject to the organization's	~		
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for a	ny other purpose c	onferring
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Ye	es" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply	<u>).</u>	
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a	historically important land area
	Protection of natural habitat		□ Preservation of a	certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contri	oution in the form o	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic str	ructure included in (a)		2c
d	Number of conservation easements included in (c) acquired	•		
	historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or	terminated by the	organization during the tax
	year			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe		ction, handling of	
_	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, a	and enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and o	nforcina consonyati	on agraments during the year
•	Amount of expenses incurred in monitoring, inspecting, hard	aling of violations, and e	morchig conservati	on easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requireme	nts of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservati			
	balance sheet, and include, if applicable, the text of the footi	note to the organization	s financial stateme	nts that describes the
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections o	· ·	easures, or Otl	her Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	•		
	of art, historical treasures, or other similar assets held for pul	·	•	•
	service, provide in Part XIII the text of the footnote to its final			
b	If the organization elected, as permitted under FASB ASC 95	· ·		
	art, historical treasures, or other similar assets held for public	c exhibition, education,	or research in furthe	erance of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical tre			gain, provide
	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			\$

232051 09-01-22

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	(vocumona)	(Curior)		
b Buildings				
c Leasehold improvements		36,328.	26,908.	9,420.
d Equipment		148,095.	143,187.	4,908.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equa	al Form 990. Part X. colur	mn (B), line 10c.)		14,328.

Schedule D (Form 990) 2022

Schedule D	(Form 990) 2022	INFACI	D/D/A	CORPORATE	ACCOUNTABILITI	
Part VII	Investr	nents - C	Other Securit	ies.			

Complete if the organization answered fes	on Form 990, Fart IV, line	TTD. See FOITH 990, FAIT A, IIIIe 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

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) RIGHT OF USE ASSET	1,432,571.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	1,432,571.

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) LEASE LIABILITY	1,577,967
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,577,967.

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

Schedule D (Form 990) 2022

4c

8,858,825

Part XI	Recond	ciliation	of Revenue	per Audited	l Financial	Statements	With	Revenue	per Ret	turn.

· u	Treconomication of rievenice per Addition I mandar statem	Citto With	nevenue per m	Ctair	••
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	а.			
1	Total revenue, gains, and other support per audited financial statements			1	8,029,655.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	3,605.		
b	Donated services and use of facilities	. 2b			
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	3,605.
3	Subtract line 2e from line 1			3	8,026,050.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	8,026,050.
Pa	t XII Reconciliation of Expenses per Audited Financial Staten	nents With	Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total expenses and losses per audited financial statements			1	8,858,825.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a			
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	8,858,825.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			

Part XIII Supplemental Information.

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

b Other (Describe in Part XIII.)c Add lines 4a and 4b

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

PART X, LINE 2:

GENERALLY ACCEPTED ACCOUNTING PRINCIPLES PRACTICED IN THE UNITED STATES OF

AMERICA REQUIRE AN ENTITY TO ASSESS THE PROBABILITY THAT A TAX POSITION

HAS A MORE LIKELY THAN NOT (MLTN) SUSTAINABILITY AFTER REVIEW BY TAX

AUTHORITIES. IF A TAX POSITION IS DEEMED NOT TO MEET THIS THRESHOLD, ANY

UNRECOGNIZED TAX BENEFITS AND COSTS ARE ESTIMATED AND RECOGNIZED. INTEREST

AND PENALTIES, IF ANY, RELATED TO ASSESSMENTS BY TAX AUTHORITIES WILL BE

CLASSIFIED AS A COMPONENT OF INTEREST EXPENSE AND OTHER EXPENSE,

RESPECTIVELY, IN THE STATEMENT OF ACTIVITIES. A TAX POSITION MAY BE

CONSIDERED AS TAKEN ANY TIME A TAXPAYER CHOOSES AMONGST ALTERNATIVES THAT

AFFECT THE AMOUNT OF THEIR TAX OBLIGATIONS AND INCLUDE FOR EXAMPLE: TAX

EXEMPT STATUS; STATUS AS A PASS-THROUGH ENTITY (S CORPORATIONS); DECISIONS

MADE IN THE PROCESS OF CONFORMING WITH TAX LAWS; DECISIONS NOT TO FILE IN CERTAIN JURISDICTIONS; ALLOCATION OF INCOME BETWEEN JURISDICTIONS AND THE CHARACTERIZATION OF INCOME OR EXPENSES. TAX RETURNS ARE ROUTINELY OPEN FOR REVIEW BY THE TAX AUTHORITIES FOR THREE YEARS FROM THEIR DUE DATE. IN CERTAIN CIRCUMSTANCES THE STATUTE OF LIMITATIONS MAY REMAIN OPEN INDEFINITELY.

THE ORGANIZATION HAS BEEN NOTIFIED BY THE INTERNAL REVENUE SERVICE THAT IT MEETS THE QUALIFICATIONS TO BE CLASSIFIED AS A TAX EXEMPT ENTITY UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. SINCE THE CONTINUANCE OF THIS STATUS IS BASED UPON CONTINUING QUALIFICATION, THE ORGANIZATION HAS IDENTIFIED THIS AS A TAX POSITION. HOWEVER, IT HAS DETERMINED THAT THIS TAX POSITION MEETS MLTN SUSTAINABILITY AND DOES NOT RESULT IN AN UNCERTAINTY REQUIRING RECOGNITION.

THE ORGANIZATION HAS ALSO BEEN CLASSIFIED AS AN ENTITY THAT IS NOT A

PRIVATE FOUNDATION WITHIN THE MEANING OF 509(A) AND QUALIFIES FOR

DEDUCTIBLE CONTRIBUTIONS AS PROVIDED IN SECTION 170(B)(1)(A)(VI).

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number

-*2686 INFACT D/B/A CORPORATE ACCOUNTABILITY General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No 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	(c) Number of	(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a program service,	expenditures for and
	in the region	independent	gram services, investments, grants to	1	investments
		contractors in the region	recipients located in the region)	of service(s) in the region	in the region
				PUBLIC EDUCATION	
			GRANTS TO RECIPIENTS	CAMPAIGNS TO PROTECT	
ARGENTINA	0	0	LOCATED IN THE REGION.	PUBLIC HEALTH	2,000.
			PROGRAM SERVICES TO	PUBLIC EDUCATION	
			RECIPIENTS LOCATED IN THE	CAMPAIGNS TO PROTECT	
BOLIVIA	0	3	REGION.	PUBLIC HEALTH	165,116.
			PROGRAM SERVICES AND GRANTS	PUBLIC EDUCATION	
			TO RECIPIENTS LOCATED IN	CAMPAIGNS TO PROTECT	
BRAZIL	0	1	THE REGION.	PUBLIC HEALTH	11,565.
				PUBLIC EDUCATION	
			GRANTS TO RECIPIENTS	CAMPAIGNS TO PROTECT	
CAMEROON		0	LOCATED IN THE REGION.	PUBLIC HEALTH	5,200.
CAMEROON			LOCATED IN THE REGION:	FOBBIC READIN	3,200.
				PUBLIC EDUCATION	
			GRANTS TO RECIPIENTS	CAMPAIGNS TO PROTECT	
CANADA	0	0	LOCATED IN THE REGION.	PUBLIC HEALTH	4,000.
				PUBLIC EDUCATION	
			GRANTS TO RECIPIENTS	CAMPAIGNS TO PROTECT	
CHILE	0	0	LOCATED IN THE REGION.	PUBLIC HEALTH	54,000.
			PROGRAM SERVICES AND GRANTS	PUBLIC EDUCATION	
			TO RECIPIENTS LOCATED IN	CAMPAIGNS TO PROTECT	
COLOMBIA	0	2	THE REGION.	PUBLIC HEALTH	111,884.
				PUBLIC EDUCATION	
			GRANTS TO RECIPIENTS	CAMPAIGNS TO PROTECT	
DOMINICAN REPUBLIC	0	0	LOCATED IN THE REGION.	PUBLIC HEALTH	4,000.
3 a Subtotal	0	6			357,765.
b Total from continuation					
sheets to Part I	0	8			1,566,230.
c Totals (add lines 3a					
and 3b)	0	14			1,923,995.

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

Schedule F (Form 990) 2022

Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3) Part I (a) Region (b) Number of (c) Number of (d) Activities conducted in region (e) If activity listed in (d) (f) Total offices employees or is a program service, expenditures (by type) (i.e., fundraising, in the region agents in program services, grants to describe specific type for region recipients located in the region) of service(s) in region region PROGRAM SERVICES AND GRANTS PUBLIC EDUCATION TO RECIPIENTS LOCATED IN CAMPAIGNS TO PROTECT **ECUADOR** 2 THE REGION. PUBLIC HEALTH 165,540. PUBLIC EDUCATION GRANTS TO RECIPTENTS CAMPAIGNS TO PROTECT EL SALVADOR LOCATED IN THE REGION, PUBLIC HEALTH 4,000. PROGRAM SERVICES TO PUBLIC EDUCATION RECIPIENTS LOCATED IN THE CAMPAIGNS TO PROTECT REGION. PUBLIC HEALTH FRANCE 1 10,537. PUBLIC EDUCATION GRANTS TO RECIPIENTS CAMPAIGNS TO PROTECT LOCATED IN THE REGION. PUBLIC HEALTH 750. GERMANY 0 PUBLIC EDUCATION GRANTS TO RECIPIENTS CAMPAIGNS TO PROTECT 0 LOCATED IN THE REGION, PUBLIC HEALTH GHANA 4,350. PUBLIC EDUCATION GRANTS TO RECIPIENTS CAMPAIGNS TO PROTECT GUATEMALA 0 LOCATED IN THE REGION, PUBLIC HEALTH 4,000. PUBLIC EDUCATION GRANTS TO RECIPIENTS CAMPAIGNS TO PROTECT KENYA 0 LOCATED IN THE REGION. PUBLIC HEALTH 2,620. PUBLIC EDUCATION GRANTS TO RECIPIENTS CAMPAIGNS TO PROTECT 8,000. MALAYSIA 0 LOCATED IN THE REGION. PUBLIC HEALTH PUBLIC EDUCATION GRANTS TO RECIPIENTS CAMPAIGNS TO PROTECT 0 LOCATED IN THE REGION. PUBLIC HEALTH MEXICO 1,300. PROGRAM SERVICES TO PUBLIC EDUCATION RECIPIENTS LOCATED IN THE CAMPAIGNS TO PROTECT PUBLIC HEALTH REGION. NETHERLANDS 1 44,326. **Totals**

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3) (a) Region (b) Number of (c) Number of (d) Activities conducted in region (e) If activity listed in (d) (f) Total offices employees or is a program service, expenditures (by type) (i.e., fundraising, in the region agents in program services, grants to describe specific type for region recipients located in the region) of service(s) in region region PUBLIC EDUCATION GRANTS TO RECIPIENTS CAMPAIGNS TO PROTECT 421,601. NIGERIA 0 LOCATED IN THE REGION. PUBLIC HEALTH PUBLIC EDUCATION GRANTS TO RECIPIENTS CAMPAIGNS TO PROTECT PANAMA LOCATED IN THE REGION, PUBLIC HEALTH 4,000. PUBLIC EDUCATION GRANTS TO RECIPIENTS CAMPAIGNS TO PROTECT 0 LOCATED IN THE REGION. PUBLIC HEALTH PARAGUAY 4,000. PUBLIC EDUCATION GRANTS TO RECIPIENTS CAMPAIGNS TO PROTECT LOCATED IN THE REGION. PUBLIC HEALTH PERU 0 3,000. PUBLIC EDUCATION GRANTS TO RECIPIENTS CAMPAIGNS TO PROTECT 0 LOCATED IN THE REGION. PUBLIC HEALTH PHILLIPINES 620,000. PUBLIC EDUCATION GRANTS TO RECIPIENTS CAMPAIGNS TO PROTECT SENEGAL 0 LOCATED IN THE REGION, PUBLIC HEALTH 2,850. PUBLIC EDUCATION GRANTS TO RECIPIENTS CAMPAIGNS TO PROTECT SWITZERLAND 0 LOCATED IN THE REGION. PUBLIC HEALTH 6,000. PUBLIC EDUCATION GRANTS TO RECIPIENTS CAMPAIGNS TO PROTECT 3,500. TOGO 0 LOCATED IN THE REGION. PUBLIC HEALTH PROGRAM SERVICES AND GRANTS PUBLIC EDUCATION TO RECIPIENTS LOCATED IN CAMPAIGNS TO PROTECT THE REGION. PUBLIC HEALTH 101,751. UGANDA 1 PROGRAM SERVICES TO PUBLIC EDUCATION RECIPIENTS LOCATED IN THE CAMPAIGNS TO PROTECT PUBLIC HEALTH UNITED KINGDOM 3 REGION. 150,105. **Totals**

Part I Continuatio	n of Activitie	e nor Dogio	1.(Schedule F (Form 990), Part I, line 3	D)	<u> </u>
(a) Region	(b) Number of		(d) Activities conducted in region	(e) If activity listed in (d)	(f) Total
(a) Negion	offices in the region	employees or agents in	(by type) (i.e., fundraising, program services, grants to	is a program service, describe specific type	expenditures for region
		region	recipients located in the region)	of service(s) in region	
				PUBLIC EDUCATION	
			GRANTS TO RECIPIENTS	CAMPAIGNS TO PROTECT	
VENEZUELA	0	0	LOCATED IN THE REGION.	PUBLIC HEALTH	4,000.
Totals >		8			1,566,230.

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(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)
			TO SUPPORT WATER					
			CAMPAIGN IN THE					
		CAMEROON	REGION.	5,200.	WIRE TRANSFER	0.		
			TO SUPPORT CLIMATE					
			CHANGE CAMPAIGN IN					
		CHILE	THE REGION.	54,000.	WIRE TRANSFER	0.		
			TO SUPPORT TOBACCO					
			CAMPAIGN IN THE					
		COLOMBIA	REGION.	5,290.	WIRE TRANSFER	0.		
			TO SUPPORT PUBLIC					
			HEALTH CAMPAIGN IN					
		ECUADOR	THE REGION.	41,320	WIRE TRANSFER	0.		
			TO SUPPORT CLIMATE					
			CHANGE CAMPAIGN IN					
		MALAYSIA	THE REGION.	8,000.	WIRE TRANSFER	0.		
			TO SUPPORT WATER					
			CAMPAIGN IN THE	101 601				
		NIGERIA	REGION.	421,601.	WIRE TRANSFER	0.		
			TO SUPPORT CLIMATE CHANGE AND CLEAN					
			ENERGY CAMPAIGNS IN					
		PHILLIPINES	THE REGION.	620 000	WIRE TRANSFER	0.		
				323,300		• •		
		SWITZERLAND	TO SUPPORT HUMAN RIGHTS CAMPAIGN.	6 000	WIRE TRANSFER	0.		
2 Enter total number of			e recognized as charities by the	<u> </u>		-1		

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

9

Part II Continuation			ations or Entities Outside the		(Cabadula E (Earm C	200 Dort II line	1)	r age z
1 (a) Name of organization	(b) IRS code section	()5	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			TO SUPPORT CLIMATE CHANGE CAMPAIGN IN THE REGION.	0 119	WIRE TRANSFER	0.		
		UGANDA	THE REGION.	3,110.	WIKE TRANSPER	0.		

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.								
Part III can be duplicated if a	dditional space is neede	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)	

-*2686

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) Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may 2 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) ______ Yes X No Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," 3 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) 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," 5 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)

Instructions for Form 5713; don't file with Form 990)

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

Schedule F (Form 990) 2022

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Schedule F (Form 990) 2022 Part V | Supplemental Information

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

PART I, LINE 2:

THE ORGANIZATION CONDUCTS OPERATIONS OUTSIDE THE UNITED STATES IN TWO FORMS: (1) GRANTS PROVIDED TO FOREIGN ORGANIZATIONS. THE ORGANIZATION HAS INTERNAL PROCEDURES IN PLACE AND GRANT FUNDS PROVIDED TO FOREIGN ORGANIZATIONS. THE ORGANIZATION'S MANAGEMENT CONTINUOUSLY MONITORS FOREIGN ORGANIZATIONS RECEIVING GRANTS AND REQUIRES FINANCIAL REPORTINGS TO SUBSTANTIATE THE UTILIZATION OF GRANT FUNDS; THE ORGANIZATION ALSO RESERVES THE RIGHT TO REQUEST SUPPORTING DOCUMENTATION IN THE EVENT OF QUESTIONED EXPENDITURES; (2) INDEPENDENT CONTRACTORS IN REGIONS CARRYING OUT PROGRAM SERVICES.

PART I, LINE 3:

THE ORGANIZATION CONDUCTS OPERATIONS OUTSIDE THE UNITED STATES IN TWO FORMS: (1) GRANTS PROVIDED TO FOREIGN ORGANIZATIONS; (2) INDEPENDENT CONTRACTORS IN REGIONS CARRYING OUT PROGRAM SERVICES. REGARDING GRANTS PROVIDED TO FOREIGN ORGANIZATIONS, THE ORGANIZATION RECORDS EXPENDITURES WHEN THE GRANTS ARE AWARDED AND FUNDS ARE REMITTED TO THE FOREIGN ORGANIZATION. REGARDING INDEPENDENT CONTRACTORS, THE ORGANIZATION ACCOUNTS FOR EXPENDITURES AS INCURRED.

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

Employer identification number

INFACT	D/B/A CORPORATE AC	COU	N'I'A	BILITY	**-**2	686	
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.							
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a X Mail solicitations b X Internet and email solicitations c X Phone solicitations g Special fundraising events d X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.							
(ii) Activity fundacional to (or retained by) (iii) Activity (iii) A					(vi) Amount paid to (or retained by) organization		
MAL WARWICK ASSOCIATES - 2550		Yes	No				
NINTH STREET #103, BERKELEY,	PROSPECTING, DIRECT MAIL		Х	48,975.	17,141.	31,834.	
I List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	48,975. s or has been notified	17,141. d it is exempt from re	31,834. egistration	
AL,AK,AR,CA,CO,CT,DC,				MD,MA,MI,M	N,MS,MO,NV	,NH,NJ,NM	
NY, NC, ND, OH, OK, OR, PA,	RI,SC,TN,UT,VA,WA,	WV,	WI				

232081 10-27-22

Schedule G (Form 990) 2022

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

SEE PART IV FOR CONTINUATIONS

Form 990) 2022	INLACI	D/D/A	COKPORATE	ACCOOM	IMPILITI	2000	Page 2
Fundraising Events.	Complete if t	he organizat	ion answered "Yes"	on Form 990	Part IV line 18	or reported more than \$15	000

Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and groups and groups.				
		or iditariasing event contributions and give	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
Φ			(event type)	(event type)	(total number)	col. (c))
Revenue						
Вè	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
S	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			
D-	11					
Pa	rt I	Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	n 990, Part IV, line 19, or i	reported more than	
		\$10,000 0111 0111 000 EZ, IIIO 00.	() 5:	(b) Pull tabs/instant	() () ()	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
3eve						
_	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		1	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
а	ls t	ter the state(s) in which the organization condu the organization licensed to conduct gaming a No," explain:	ctivities in each of these	states?		Yes No
N	"	No," explain:				
		ere any of the organization's gaming licenses re	•	~	year?	Yes No
b	If "	Yes," explain:				

Schedule G (Form 990) 2022 232082 10-27-22

Sch	nedule G (Form 990) 2022 INFACT D/B/A CORPORATE ACCOUNTABILITY **-*	***2686	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
	o An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
_	of gaming revenue retained by the third party \$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address		
	Address		
16	Gaming manager information:		
	Name		
	- Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	L Yes	└── No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Do	organization's own exempt activities during the tax year \$		0- 10-
Га	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	rt III, lines 9,	96, 106,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISEF	≀S:	
	THE OF THE TOTAL SET OF THE HIGHEST THE TORDICAL SET		
(I) NAME OF FUNDRAISER: MAL WARWICK ASSOCIATES		
<u>`</u>			
(I) ADDRESS OF FUNDRAISER: 2550 NINTH STREET #103, BERKELEY, CA	94710	
			-

Schedule G	i (Form 990)	INFACT D/B/A	CORPORATE	ACCOUNTABILITY	**-***2686 Page 4
Part IV	G (Form 990) Supplemental Info	rmation (continued)			
-					
-					

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

INFACT D/B/A CORPORATE ACCOUNTABILITY

Employer identification number

INFACT D/	D/A CORPO	DRAIE ACCOUN	NIWDILLI				2000
Part I General Information on Grants a	nd Assistance					•	
1 Does the organization maintain records	to substantiate th	e amount of the grant	s or assistance, the	grantees' eligibilit	y for the grants or ass	sistance, and the selec	tion
criteria used to award the grants or assis	stance?						X Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to	_				anization answered "\	es" on Form 990, Part	IV, line 21, for any
recipient that received more than	\$5,000. Part II ca	n be duplicated if addi	tional space is need	ded.	(6) 14 11 1	1	
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AFRICAN AMERICAN COMMUNITY TRUST							
5113 S. HARPER AVE, STE 2C							TO SUPPORT RACE EQUITY
CHICAGO, IL 60615	**-***1832	501(C)(3)	10,000.	0.			CAMPAIGN.
FLINT RISING/THE ADVOCACY FUND PO BOX 889381 LOS ANGELES, CA 90088	**-***8509	501(C)(3)	32,550.	0.			TO SUPPORT WATER
INSTITUTE FOR THE BLACK WORLD 21ST CENTURY - 31-59 95TH ST - EAST ELMHURST, NY 11369	**-***6895	501(C)(3)	10,500.	0.			TO SUPPORT RACE EQUITY CAMPAIGN.
SOCIAL AND ENVIRONMENTAL ENTREPRENEURS - 23532 CALABASAS RD, STE A - CALABASAS, CA 91302	**-***6679	501(C)(3)	10,000.	0.			TO SUPPORT RACE EQUITY CAMPAIGN.
THE ACCOMPLIS COLLECTIVE, INC. 167 ECKFORD ST, 3RD FLOOR BROOKLYN, NY 11222	**-***3070	501(C)(3)	10,000.	0.			TO SUPPORT RACE EQUITY CAMPAIGN.
2 Enter total number of section 501(c)(3) a	nd government o	roanizations listed in t	he line 1 table				5.

Schedule I (Form 990) 2022

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.							
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance		
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.			
PART I, LINE 2:							
THE ORGANIZATION ENDEAVORS TO MONI	TOR ITS	GRANTS TO	ENSURE THA	T SUCH GRANTS			
ARE USED FOR PROPER PURPOSES AND N	OT OTHER	WISE DIVER	TED FROM T	HEIR INTENDED			
USE. THIS IS ACCOMPLISHED BY REQUE	STING RE	CIPIENT OR	GANIZATION	S TO AFFIRM			
THAT FUNDS MUST BE USED SOLELY IN	ACCORDAN	CE WITH TH	IE GRANT RE	QUEST AND			
BUDGET ON WHICH THE GRANT WAS BASE	D AND TH	AT ANY FUN	IDS NOT EXP	ENDED FOR THE			
STATED PURPOSE ARE TO BE RETURNED	TO THE O	RGANIZATIC	N. REPORTS	ARE			
REQUESTED FROM TIME TO TIME AS APP	ROPRIATE	•					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Open to Public Inspection

Employer identification number

Schedule M (Form 990) 2022

	INFACT D/B/A CORPORATE ACCOUNTABILITY **-***2686							
Pa	rt I Types of Property							
		(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 de noncash contribu	etermin	•	:s
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	Х	25	874,520.	FAIR MARKET	' VA	LUE	
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 by the organi	zation durin	g the tax year for o	contributions				
	for which the organization completed Form 82							
	· ·						Yes	No
30a	During the year, did the organization receive b	y contribution	on any property rep	oorted in Part I, lines 1 throug	gh 28, that it			
	must hold for at least 3 years from the date of							
	exempt purposes for the entire holding period					30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contribu	tions?	31	Х	
	Does the organization hire or use third parties							
	contributions?		-			32a	Х	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in o	column (c) fo	or a type of propert	y for which column (a) is che	cked,			
	describe in Part II.	()	, i i	, , , , , , , , ,	•			

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

Schedule M (Form 990) 2022

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public

Department of the Treasury
Internal Revenue Service

Name of the organization

TAIRACM D/D/A CODDODAMR ACCOUNTABLE TMY

Inspection
Employer identification number

INFACT D/B/A CORPORATE ACCOUNTABILITY	**-***2686
FORM 990, PART VI, SECTION B, LINE 11B:	
THE 990 IS REVIEWED BY THE MANAGING DIRECTOR AND THE EXEC	UTIVE DIRECTOR.
FORM 990, PART VI, SECTION B, LINE 12C:	
CONFLICT OF INTEREST FORMS ARE COMPLETED ANNUALLY BY EACH	BOARD MEMBER AND
ARE REVIEWED BY MANAGEMENT.	
FORM 990, PART VI, SECTION B, LINE 15:	
COMPENSATION PROCESS FOR TOP OFFICIAL:	
THE EXECUTIVE DIRECTOR IS EVALUATED ON AN ANNUAL BASIS BY	THE
ORGANIZATION'S BOARD OF DIRECTORS.	
COMPENSATION PROCESS FOR KEY EMPLOYEES:	
COMPENSATION IS BASED ON A SALARY SCALE WHICH IS BASED ON	RESPONSIBILITIES,
EXPERIENCE, AND PERFORMANCE ON A REGULAR, ONGOING, AND AN	NUAL BASIS. THE
SCALE WAS APPROVED BY THE BOARD OF DIRECTORS.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
AL, AK, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, OR,	PA,RI,SC,TN,UT,VA
WV,WI	
FORM 990, PART VI, SECTION C, LINE 19:	
AVAILABLE UPON REQUEST.	

PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.}$

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Name of the organization	INFACT	D/B/A	CORPORATE	ACCOUNTABILITY	Employer identification number **-**2686
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