Form 990

** PUBLIC DISCLOSURE COPY ** **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No. 1545-0047 8 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of the Treasury		ar coounty manipore			, bangue
Internal Revenue Service	Go to www.irs.	gov/Form990 for ins	tructions and the late	st inform	ation.
A For the 2018 calendary	ar year, or tax year beginning	JUL 1, 2018	and ending	JUN 30	2019

	Check if applicabl	C Name of organization		D Employer identi	fication number				
	Addre	ACCEL							
	Name		95-3497070						
	Initial return	<u> </u>	E Telephone numb						
	Final	10251 N 35TH AVENUE	Room/suite		926-7211				
	lreturn. termir ated			G Gross receipts \$	15,826,503.				
	Amen	PHOENIX, AZ 85051		H(a) Is this a group return					
	Applic	a- F Name and address of principal officer: RAYMOND DAMM		for subordinate					
	pendi	¹⁹ SAME AS C ABOVE		H(b) Are all subordinates					
1	Tax-ex	empt status: 🕱 501(c)(3) 🚺 501(c) () ◀ (insert no.) 🚺 4947(a)(1) c	or 527	1	a list. (see instructions)				
		te: WWW.ACCEL.ORG		H(c) Group exempt	ion number 🕨				
ĸ	Form of	organization: X Corporation	L Year	of formation: 1980	M State of legal domicile: AZ				
Pa	art I	Summary							
	1	Briefly describe the organization's mission or most significant activities: TO PROV	/IDE EDUC	ATION,					
Governance		THERAPEUTIC AND VOCATIONAL PROGRAMS TO SPECIAL NEEDS INDIVID	UALS						
rna	2	Check this box 🕨 🦳 if the organization discontinued its operations or dispos	ed of more	than 25% of its net a	ssets.				
ove	3	Number of voting members of the governing body (Part VI, line 1a)			8 8				
	4	Number of independent voting members of the governing body (Part VI, line 1b)			<u>۶</u>				
00 00	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		5	j 444				
/itie		Total number of volunteers (estimate if necessary)			; 12				
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	tal unrelated business revenue from Part VIII, column (C), line 12						
_	1	Net unrelated business taxable income from Form 990-T, line 38		b 0.					
				Prior Year	Current Year				
Ð	8	Contributions and grants (Part VIII, line 1h)		193,148	. 1,538,337.				
Revenue	9	Program service revenue (Part VIII, line 2g)		14,601,745	. 14,239,430.				
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		9	. 19,907.				
Ξ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		41,715	. 16,673.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		14,836,617	. 15,814,347.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0	. 0.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	. 0.				
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		11,297,347	. 12,009,562.				
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	. 0.				
Expenses	. b	Total fundraising expenses (Part IX, column (D), line 25)	692.						
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,333,657	<u> </u>				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		14,631,004	. 15,738,416.				
	19	Revenue less expenses. Subtract line 18 from line 12		205,613	. 75,931.				
OC OC			Be	ginning of Current Year	End of Year				
Assets	20	Total assets (Part X, line 16)		6,053,901	. 17,411,851.				
	21	Total liabilities (Part X, line 26)		3,942,763	. 15,070,700.				
INet	22	Net assets or fund balances. Subtract line 21 from line 20		2,111,138	. 2,341,151.				
Pa	art II	Signature Block							

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date							
Here	LAURA LAZZERINI, CFO										
	Type or print name and title										
	Print/Type preparer's name	Preparer's signature	Date	Check] PTIN						
Paid	AMY A. O'LOUGHLIN		03/19/20	0 self-employed	P00869687						
Preparer	Firm's name CBIZ MHM, LLC			Firm's EIN 🕨	irm's EIN ► 34–1884125						
Use Only	Firm's address 🕨 4722 N 24TH ST, STE 300										
	PHOENIX, AZ 85016 Phone no.602-2										
May the II	RS discuss this return with the preparer shown abo	ve? (see instructions)			X Yes	No					
832001 12-3	LHA For Paperwork Reduction Act Notic	e, see the separate instructions.			Form 990 ((2018)					

Form	990 (2018) ACCEL	95-349707	0 Page 2
	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: TO PROVIDE EXCEPTIONAL EDUCATIONAL, THERAPEUTIC, BEHAVIORAL AND		
	VOCATIONAL PROGRAMS TO INDIVIDUALS WITH SPECIAL NEEDS, TO GIVE THEM		
	THE NECESSARY SKILLS TO LEARN, TO WORK AND TO LIVE SUCCESSFULLY WITH		
	DIGNITY AND INDEPENDENCE.		
2	Did the organization undertake any significant program services during the year which were not listed on the services during the year which were not listed on the services during the year which were not listed on the services during the year which were not listed on the services during the year which were not listed on the services during the year which were not listed on the services during the year which were not listed on the services during the year which were not listed on the services during the year which were not listed on the year whic	he	
	prior Form 990 or 990-EZ?	L	Yes X No
	If "Yes," describe these new services on Schedule O.	г	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program serv	ices?	Yes X No
_	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service 2×10^{-5} (2)(4) and 5×10^{-5} (2)(4)		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	o otners, the total expe	enses, and
40	revenue, if any, for each program service reported. (Code:) (Expenses \$10,745,456. including grants of \$)	(D	11 123 779
4a	ACCEL OPERATES SCHOOL PROGRAMS LOCATED IN PHOENIX AND TEMPE AS WELL AS	(Revenue \$	11,120,119.
	SATELLITE CLASSROOMS ON ARIZONA PUBLIC SCHOOL DISTRICT CAMPUSES. ALL		
	PROGRAMS INCORPORATE INNOVATIVE, INDIVIDUALIZED, EVIDENCED BASED		
	PRACTICES IN APPLIED BEHAVIOR ANALYSIS AND STRUCTURED TEACHING.		
	STUDENTS WITH A WIDE RANGE OF DEVELOPMENTAL ABILITIES ARE TAUGHT USING		
	A FUNCTIONAL LIFE SKILLS CURRICULUM ALIGNED WITH ARIZONA ACADEMIC		
	STANDARDS IN SMALL SIZED CLASSROOMS WITH A LOW STUDENT TO STAFF RATIO		
	FOCUSING ON DIGNITY, INDEPENDENCE AND COMMUNITY SKILLS.		
4b	(Code:) (Expenses \$2, 179, 645. including grants of \$)	(Revenue \$	2,051,315.
	ACCEL ADULT SERVICES WAS ESTABLISHED TO PROVIDE ADULTS WITH FUNCTIONAL		
	DISABILITIES AGES 18 AND OLDER, AN OPPORTUNITY TO GAIN VALUABLE		
	EMPLOYMENT SKILLS THROUGH PRACTICAL, "HANDS ON", TRAINING EXPERIENCES		
	IN CREATIVE, ENTERPRISE-BASED BUSINESSES SUCH AS HAT MAKING, SCREEN		
	PRINTING AND MANAGING A COFFEE SHOP AND GIFT BOUTIQUE, AND IN CLASSES THAT REINFORCE THESE SKILLS. ADULTS RECEIVE LIFELONG TRAINING AND		
	EDUCATION, AFFIRMING THEIR SELF-WORTH AND ENABLING THEM TO FULLY		
	PARTICIPATE IN THE WORKFORCE AND COMMUNITY.		
4c	(Code:) (Expenses \$ 1,261,181. including grants of \$)	(Revenue \$	1,064,336.
	ACCEL BEHAVIORAL SERVICES, ACCEL'S BISTA CENTER OFFERS INTENSIVE		
	BEHAVIORAL SERVICES AT LOCAL CLINICS, HOMES AND COMMUNITY SETTINGS.		
	THE STAFF AT BISTA HAVE EXPERIENCE IN WORKING WITH INDIVIDUALS WITH		
	AUTISM SPECTRUM DISORDER, INCLUDING THOSE DIAGNOSED WITH ASPERGER'S		
	SYNDROME AND PERVASIVE DEVELOPMENTAL DISORDER - NOT OTHERWISE SPECIFIED		
	(PPD-NOS). THE STAFF ALSO SPECIALIZES IN WORKING WITH CHILDREN WITH		
	OTHER DISABILITIES. BISTA PROVIDES FUNCTIONAL BEHAVIOR ASSESSMENTS,		
	ACADEMIC ASSESSMENTS AND SPEECH SERVICES.		
<u> </u>			
4d	Other program services (Describe in Schedule O.)		`
40	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 14,186,282.)
40	Total program service expenses 14,186,282.		Form 990 (2018
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002002	2		

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Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			<u> </u>
-	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			<u> </u>
'	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0		8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			<u> </u>
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
10	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	1		x
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X			
-	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44.	x	
L	Part VI	<u>11a</u>	А	<u> </u>
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	44.		x
لم	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
u	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	11d	x	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11e	X	├──
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		21	├──
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	444	x	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	21	
128	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		x
ь	Schedule D, Parts XI and XII	<u>12a</u>		
a	Was the organization included in consolidated, independent audited financial statements for the tax year?	10-	х	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	├──
	Did the organization maintain an office, employees, or agents outside of the United States?	<u>14a</u>	Δ	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.4%	х	
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b	21	├──
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	45		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	1		x
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		──
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
832003	12-31-18	Form	220	(2018)

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Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23	х	
24.0	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		<u> </u>
24a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-	x	
	Schedule K. If "No," go to line 25a	24a	л	x
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
~		28a		x
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			x
	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	200		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			1
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	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		x
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		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
57	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	- 57		
30	• • • • •	38	x	1
Pa	Note. All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance	30	- 23	L
	Check if Schedule O contains a response or note to any line in this Part V			
	טוויטיג זו טטוופטעופ ט טטווגמוויז מ ופאטטוזיב טו ווטנפ נט מווץ וווופ ווו נוווז רמוג ע	<u></u>		
-		-	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	-		
		0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)									
		I		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 444								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	X						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)								
			3a 3b		X					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
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 Ac									
5a			<u>5a</u>		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		X					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		<u>5c</u>							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the									
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	-								
	were not tax deductible?		6b							
7	Organizations that may receive deductible contributions under section 170(c).		_							
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv		7a		X					
			7b							
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa		_							
	to file Form 8282?		7c		X					
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_		x					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f							
g L	If the organization received a contribution of qualified intellectual property, did the organization file For		7g 7b							
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.		0-							
a L			9a 9b							
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:		90							
10	Initiation fees and capital contributions included on Part VIII, line 12	10a								
a h										
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:									
11 a		11a								
	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against									
D	amounts due or received from them.)	11b								
1 2 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	12u							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
a	Is the organization licensed to issue qualified health plans in more than one state?		13a							
	Note. See the instructions for additional information the organization must report on Schedule O.		104							
h	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans	13b								
c	Enter the amount of reserves on hand	13c								
14a			14a		x					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner									
	excess parachute payment(s) during the year?		15		x					
	If "Yes," see instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		x					
	If "Yes," complete Form 4720, Schedule O.									
			_	000	(0010)					

Form **990** (2018)

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Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b		No" re	espon	se						
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See inst	ructions.									
	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 1a	8									
	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 in Schedule O.										
b	Enter the number of voting members included in line 1a, above, who are independent	8									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?		2	Х							
3	Did the organization delegate control over management duties customarily performed by or under the direct s	upervision									
	of officers, directors, or 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 f	iled?	4		x						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		x						
6	Did the organization have members or stockholders?		6		x						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint on	e or									
	more members of the governing body?		7a		x						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholde										
	persons other than the governing body?		7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the fo	ollowing:									
а	The governing body?		8a	Х							
	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 in Schedule O		9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	ode.)									
				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, a	ffiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	Х							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before the	iling the form?	11a	Х							
b	Describe in 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	Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflic		12b	Х							
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," desi	cribe									
	in Schedule O how this was done		12c	Х							
13	Did the organization have a written whistleblower policy?		13	Х							
14	Did the organization have a written document retention and destruction policy?		14	Х							
15	Did the process for determining compensation of the following persons include a review and approval by inde	pendent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official		15a	Х							
b	Other officers or key employees of the organization		15b	Х							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with	a									
	taxable entity during the year?		16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its part	icipation									
	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 NONE										
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) a	availal	ole						
	for public inspection. Indicate how you made these available. Check all that apply.										
	X Own website Another's website X Upon request Other (explain in Scher	dule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	terest policy, and f	inanc	ial							
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	ecords 🕨									
	LAURA LAZZERINI - (602)926-7211										
	10251 N 35TH AVE, PHOENIX, AZ 85051										
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Form 990 (2018)	ACCEL		3497070	Page 7
Part VII Comp	pensation of Officers, Directors, Trustees	, Key Employees, Highest Compensated	1	
Emplo	oyees, and Independent Contractors			
Check	if Schedule O contains a response or note to any line	n this Part VII		
Section A. Office	ers, Directors, Trustees, Key Employees, and Highe	st Compensated Employees		
1a Complete this ta	able for all persons required to be listed. Report comp	ensation for the calendar year ending with or within the	he organization's t	ax year.
 List all of the 	organization's current officers, directors, trustees (wh	ether individuals or organizations), regardless of amc	ount of compensat	ion.

Enter -0- in columns (Ď), (E), and (F) if no compensation was paid. • List all of the organization's current key employees, if any. See instructions for definition of "key employee."

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average		not c	heck		than o		Reportable	Reportable	Estimated
	hours per week					s botł or/trus		compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	or dire	e			ited		organization	(W-2/1099-MISC)	from the
	related	Istee	truste		e	bense		(W-2/1099-MISC)		organization
	organizations below	lual tri	tional		nploye	st com	_			and related organizations
	line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JOSEPH CATTANEO	2.00									
PRESIDENT		Х		х				0.	0.	0.
(2) CAROLINE PRICHER	2.00									
SECRETARY		Х		х				0.	0.	٥.
(3) SCOTT TAUBMAN	1.00									
TREASURER		х		х				0.	0.	٥.
(4) JULIA KOLSRUD	1.00									
VICE PRESIDENT		Х		х				0.	0.	0.
(5) CHARLES WANNER	1.00									
DIRECTOR		Х						0.	0.	0.
(6) CHRISTOPHER DUNCAN	1.00									
DIRECTOR		Х						0.	0.	0.
(7) KEITH FARMER	1.00									
DIRECTOR		Х						0.	0.	0.
(8) STEPHANIE FARMER	1.00									
DIRECTOR		Х						0.	0.	0.
(9) RAYMOND DAMM III	40.00									
СЕО	1.00			х				191,565.	0.	12,146.
(10) LAURA LAZZERINI	40.00									
CFO	1.00			х				83,700.	0.	6,122.
(11) MARY MELINDA MALIK	40.00									
VP TRAINING/DEVELOP						X		116,440.	0.	6,122.
(12) NANCY MOLDER	40.00									
VP EDUCATION						x		128,352.	0.	12,902.
(13) CHERYL MARVIN	40.00									
VP OPERATIONS						x		107,338.	0.	22,418.
		_								
		<u> </u>								
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Pa	rt VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	anc	d Hig	ghes	st C	ompensated Employee	s (continued)				
				Average hours per week Position (do not check more than one box, unless person is both an officer and a director/trustee) Reportable compensation from						(E) Reportable compensation from related		on amo		
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatior (W-2/1099-MI		fr org an	pensa om the anizati d relate anizatio	e ion ed
							-							
			-											
			-											
			-						605.205					<u></u>
с	Sub-total Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							627,395. 0. 627,395.		0. 0. 0.			710. 0. 710.
2	Total number of individuals (including but n compensation from the organization						e) wh	o re	,	000 of reportable	-			4
3	Did the organization list any former officer,	director, or tru	ustee	e, ke	ey en	nplo	yee,	or	highest compensated en	nployee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from th	ne organization		3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	iccrue compen	isati	on fi	rom	any	unre	elate	ed organization or individ	lual for services		4	X	
Sec	rendered to the organization? If "Yes," com ction B. Independent Contractors	plete Schedule	e J fe	or si	ich i	oers	on .					5		X
1	Complete this table for your five highest con the organization. Report compensation for t	•	•								pensa	tion fro	om	
	(A) Name and business		NO:		<u>ig w</u>				(B) Description of s		С	(0 ompe	;) nsatio	n
2	Total number of independent contractors (ir	ncluding but no	ot lin	nited	d to t			ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	zation 🕨				(0					Form	990 (ź	2018)

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rt VII	Statement of Revenue					
	Check if Schedule O contains a response o	r note to any line			·····	
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclue from tax und sections 512 - 514
1 a	Federated campaigns					
b	Membership dues 1b					
	Fundraising events 1c	12,000.				
	Related organizations 1d	750,000.				
	Government grants (contributions) 1e					
	All other contributions, gifts, grants, and					
	similar amounts not included above 1f	776,337.				
a	Noncash contributions included in lines 1a-1f: \$					
-	Total. Add lines 1a-1f		1,538,337.			
		Business Code	· ·			
2 a		611600	13,159,856.	13,159,856.		
		621300	1,064,336.	1,064,336.		
c	CLASSROOM CONSULTING	611710	15,238.	15,238.		
d			,	,		
e						
f	All other program service revenue					
	Total. Add lines 2a-2f		14,239,430.			
3	Investment income (including dividends, interes	1				
	other similar amounts)	· .	19,907.			19,9
4	Income from investment of tax-exempt bond pro					
5	Royalties	ŕ F				
-	(i) Real	(ii) Personal				
6 a	Gross rents	(.)				
	Less: rental expenses					
	Rental income or (loss)					
	Net rental income or (loss)					
	Gross amount from sales of (i) Securities	(ii) Other				
7 4	assets other than inventory					
h	Less: cost or other basis					
D D						
~	and sales expenses Gain or (loss)					
	Net gain or (loss)					
0 a	including \$ 12,000. of					
	contributions reported on line 1c). See					
	Part IV, line 18a	3,793.				
h	Less: direct expenses b	12,156.				
	Net income or (loss) from fundraising events		-8,363.			-8,3
	Gross income from gaming activities. See					
9 a						
L	Part IV, line 19 a					
	Less: direct expenses b					
	Net income or (loss) from gaming activities					
iu a	Gross sales of inventory, less returns					
Ŀ	and allowances a					
	Less: cost of goods sold b					
с	Net income or (loss) from sales of inventory					
44 -	Miscellaneous Revenue I HEALTH INS. REBATE	Business Code 900099	25,036.			25,0
		500033	23,030.			25,0
b						+
c						+
	All other revenue		25 026			
	Total. Add lines 11a-11d		25,036.	14 020 120	-	
12	Total revenue. See instructions		15,814,347.	14,239,430.	0	. 36,58

0000	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			general expenses	enperiese
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	293,533.	269,200.	18,848.	5,485.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	10,000,873.	9,168,896.	647,840.	184,137.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	978,432.	901,641.	54,457.	22,334.
10	Payroll taxes	736,724.	678,852.	45,066.	12,806.
11	Fees for services (non-employees):				
а	Management				
b	Legal	29,992.		29,992.	
	Accounting	130,308.		130,308.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g		252 242	155 769	E0 074	27 700
	column (A) amount, list line 11g expenses on Sch 0.)	252,342. 25,116.	155,768.	58,874.	37,700. 25,116.
12	Advertising and promotion	172,256.	146,296.	21,155.	4,805.
13	Office expenses	20,087.	14,348.	5,599.	140.
14 15	Information technology	20,007.			
15 16	Royalties	650,744.	613,467.	37,277.	· · · · · · · · · · · · · · · · · · ·
17	Occupancy	172,826.	151,647.	16,667.	4,512.
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	93,495.	81,139.	9,065.	3,291.
20	Interest	772,062.	749,700.	22,360.	2.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	521,117.	494,386.	26,438.	293.
23	Insurance	126,236.	119,905.	6,331.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25. column (A)				
	amount, list line 24e expenses on Schedule O.)				
а	REPAIRS & MAINT.	273,329.	265,364.	3,940.	4,025.
b	SCHOOL/PROGRAM SUPPLIES	162,282.	162,282.		
С	NURSING & PSYCHOLOGY	81,191.	81,191.		
d	LOSS ON DEFEASANCE	60,538.		60,538.	
е	All other expenses	184,933.	132,200.	29,687.	23,046.
25	Total functional expenses. Add lines 1 through 24e	15,738,416.	14,186,282.	1,224,442.	327,692.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Farma 990 (0010)

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

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Form **990** (2018)

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Part IX Statement of Functional Expenses

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		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	323,557.	1	488,030.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	215,600.
	4	Accounts receivable, net		4	1,176,018.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ស		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	170 337	9	59,796.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 16,607,153			
	b	Less: accumulated depreciation 3,147,913	4,358,027.	10c	13,459,240.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	126,056.	15	2,013,167.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	17,411,851.
	17	Accounts payable and accrued expenses	332,715.	17	727,789.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	2,340,958.	20	13,942,258.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ŝ	22	Loans and other payables to current and former officers, directors, trustees,			
iliti		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	1,212,120.	23	136,961.
	24	Unsecured notes and loans payable to unrelated third parties		24	215,000.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of	56.050		40.000
		Schedule D	56,970.	25	48,692.
	26	Total liabilities. Add lines 17 through 25	3,942,763.	26	15,070,700.
		Organizations that follow SFAS 117 (ASC 958), check here ► X and			
ses		complete lines 27 through 29, and lines 33 and 34.	1 080 666		2 111 440
anc	27	Unrestricted net assets		27	2,111,449.
Bal	28	Temporarily restricted net assets		28	229,702.
pu	29	Permanently restricted net assets		29	
Ŀ		Organizations that do not follow SFAS 117 (ASC 958), check here			
s or		and complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	<u> </u>
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32 33	2,341,151.
_	33	Total net assets or fund balances	6,053,901.	33 34	17,411,851.
-	34	Total liabilities and net assets/fund balances	0,000,001.	J 4	<u> </u>

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Form 990 (2018)

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Form 990 (2018)
Part X Balance Sheet

Part XI Reconciliation of Net Assets X Check if Schedule O contains a response or note to any line in this Part XI X 1 Total revenue (must equal Part VIII, column (A), line 2) 1 15,814,347. 2 Total expenses (must equal Part X), column (A), line 2) 2 15,738,416. 3 77,931. 4 2,111,138. 4 Het assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 2,111,138. 5 Net unrealized gains (losses) on investments 5 6 6 Donated services and use of facilities 7 7 Investment expenses 7 8 Prior period adjustments 8 9 Other charges in net assets or fund balances (explain in Schedule O) 8 9 Other charges in net assets or fund balances (explain in Schedule O) 9 10 2,341,151. Yes Part XII Financial Statements and Reporting 1 Check if Schedule O contains a response or note to any line in this Part XII Yes 1 Accounting method used to prepare the Form 990: Cash< X Accrual Other If "Yes," check a box below to	Form	990 (2018) ACCEL	95-349707	70	Pa	_{ge} 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 15,814,347. 2 Total expenses (must equal Part IX, column (A), line 25) 15,738,416. 3 75,931. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 2,111,138. 5 Bevenue less expenses. Subtract line 2 from line 1 3 75,931. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 2,111,138. 5 Bonated services and use of facilities 6 - 7 Investment expenses 7 - 8 Prior period adjustments 8 - 9 154,082. 8 - 9 154,082. 10 2,341,151. Part XII Financial Statements and Reporting - - Check if Schedule O contains a response or note to any line in this Part XII - - 1 Accounting method used to prepare the Form 990: Cash X Accrual Other - 11 the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>						
2 Total expenses (must equal Part IX, column (A), line 25) 2 15,738,416. 3 Revenue less expenses. Subtract line 2 from line 1 3 75,931. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 2,111,138. 5 Net unrealized gains (losses) on investments 6 6 6 7 7 6 7 8 Prior period adjustments 8 9 9 Other changes in net assets or fund balances (explain in Schedule 0) 9 154,082. 10 10 2,341,151. 7 7 7 7 7 10 2,341,151. 9 154,082. 10 2,341,151. 7 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 7 7 7 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 7 2a X 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 7 2a X 11 Mercounting method acounting from a prior year or checked "Other," explain		Check if Schedule O contains a response or note to any line in this Part XI				X
2 Total expenses (must equal Part IX, column (A), line 25) 2 15,738,416. 3 Revenue less expenses. Subtract line 2 from line 1 3 75,931. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 2,111,138. 5 Net unrealized gains (losses) on investments 6 6 6 7 7 6 7 8 Prior period adjustments 8 9 9 Other changes in net assets or fund balances (explain in Schedule 0) 9 154,082. 10 10 2,341,151. 7 7 7 7 7 10 2,341,151. 9 154,082. 10 2,341,151. 7 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 7 7 7 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 7 2a X 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 7 2a X 11 Mercounting method acounting from a prior year or checked "Other," explain						
3 75,931. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 2,111,138. 5 Net unrealized gains (losses) on investments 5 6 6 6 7 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 154,082. 10 2,341,151. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 10 2,341,151. Part XII Financial Statements and Reporting 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 in Schedule O. Yes No Independent accountant? Za X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. consolidated basis Both consolidated and separate basis. Zb X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis Both consolidated and separ	1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,	,814,	347.
3 75,931. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 2,111,138. 5 Net unrealized gains (losses) on investments 5 6 6 7 7 6 7 8 7 7 7 8 9 0ther changes in net assets or fund balances (explain in Schedule 0) 9 154,082. 10 2,341,151. 9 154,082. 10 2,341,151. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting thod used to prepare the term inancial statements for the year were compiled or reviewed on a separate basis. Consolidated basis Both consolidated and separate basis Za	2	Total expenses (must equal Part IX, column (A), line 25)	2	15,	,738,	416.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 2, 111, 138. 5 Net unrealized gains (losses) on investments 6 6 6 7 7 8 9 9 0ther changes in net assets or fund balances (explain in Schedule 0) 9 154, 082. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 2, 341, 151. Part XII Financial Statements and Reporting 10 2, 341, 151. 7	3		3		75,	931.
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 in Schedule O) 9 154,082. 10 2,341,151. 9 154,082. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2 2 X 1 The organization is financial statements compiled or reviewed by an independent accountant? 2 X 2 X 1 Mere the organization's financial statements or below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 2 X 1 M'res,'' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis S	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2 ,	,111,	138.
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column (B) 2,341,151. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	9		9		154,	082.
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, or both: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or a separate basis Dot consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection or an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. As a result of a federal award, was the organization req	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
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Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b 3b						
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or audits, explain why in Schedule O and describe any steps taken to undergo such audits				3a		X
	b		red audit			
		or audits, explain why in Schedule O and describe any steps taken to undergo such audits			000	L

Form **990** (2018)

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Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. n 990 or Form 990-F7 h to For

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

2018	-
Open to Public Inspection	

OMB No. 1545-0047

Name of the	organization
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						r identification number			
		ACCEL							95-3497070
Par	tl	Reason for Public (Charity Status (All organizations must co	mplete th	is part.) Se	e instructions		
The c	organi	zation is not a private found	ation because it is: (For lines 1 through 12, cl	neck only o	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2	X	A school described in sect	ion 170(b)(1)(A)(ii).(Attach Schedule E (Form	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,								
		city, and state:							
5		An organization operated for		llege or university owned	or operate	ed by a go	overnmental ur	nit describe	ed in
,		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6 [A federal, state, or local gov							
7 [An organization that norma	Ily receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	e general	public described in
r		section 170(b)(1)(A)(vi). (C							
8 [A community trust describe			-				
9 [An agricultural research org	-			-		-	-
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	eor
		university:							
10		An organization that norma							
		activities related to its exem		• •	. ,				
		income and unrelated busir		(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Con	• •						
11		An organization organized a							
12		An organization organized a	-	-	-			•	
		more publicly supported or	-						Jneck the box in
-		lines 12a through 12d that						-	
а		Type I. A supporting orga	-		•	-			
		the supported organization			majonty o	or the alrec		es or the st	porting
b		organization. You must c Type II. A supporting org	-		ion with its		d organizatio	a(c) by bay	ling
b	L	control or management o	-				-		-
		organization(s). You mus			ane perso	113 11121 00	าแบบบา เกลกล์	je trie supp	Joned
с		Type III functionally inte	-		in connect	tion with	and functional	lv integrate	ad with
U	L	its supported organization						ly integrate	So with,
d		Type III non-functionally						ted organi:	zation(s)
ŭ	L	that is not functionally int	• •					•	
		requirement (see instructi	с с	c	•		•	anatona	
е		Check this box if the orga		-				I. Type III	
-		functionally integrated, or					·) [·, ·) [·	., ., .,	
f	Ente	r the number of supported of		, , , , , , , , , , , , , , , , , , , ,	5 5				
		vide the following informatior	•						
) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	anization listed ng document?	(v) Amount of	,	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
			1			1			1

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectior	n 501(c)(3)	
_	organization, check this box and stop	<u>phere</u>					>
	ction C. Computation of Publi						
14	Public support percentage for 2018 (I					14	%
15	Public support percentage from 2017					15	%
16 a	33 1/3% support test - 2018. If the o				14 is 33 1/3% or m	ore, check this bo	(and
	stop here. The organization qualifies		° °				
k	33 1/3% support test - 2017. If the o	-					
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac			-	-	-	
_	meets the "facts-and-circumstances"						
k	10% -facts-and-circumstances test	-					
	more, and if the organization meets th						,
	organization meets the "facts-and-circ		-		• • • •		
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b			
					Sche	edule A (Form 990	or 990-EZ) 2018

(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

832022 10-11-18

95-3497070

Page 2

Schedule A	A (Form 990 or 990-EZ) 2018 ACCEL	95-34970
Part II	Support Schedule for Organizations Described in Sect	tions 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Schedule A	(Form 990 or 990-EZ) 2018	ACCEL
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Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e	e) 2018	(f) Total	
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that are not an unrelated trade or bus-								
	iness under section 513								
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons								
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
с	Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6.)								
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e	e) 2018	(f) Total	
9	Amounts from line 6								
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses acquired after June 30, 1975								
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.)								
14	First five years. If the Form 990 is for	r the organization':	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiza	ation,	
	check this box and stop here							►	
Sec	ction C. Computation of Publi	c Support Per	rcentage						
15	Public support percentage for 2018 (I	ine 8, column (f), c	livided by line 13,	column (f))		15			%
	Public support percentage from 2017					16			%
Sec	ction D. Computation of Inves	stment Income	e Percentage						
17	Investment income percentage for 20)18 (line 10c, colur	mn (f), divided by l	ine 13, column (f))		17			%
18	Investment income percentage from					18			%
19a	33 1/3% support tests - 2018. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%	, and line 17	7 is not	
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation		►[
b	33 1/3% support tests - 2017. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is mo	ore than	ı 33 1/3%, a	nd	
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	anization qualifies	as a publicly suppo	orted or	ganization	►[
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check tl				<u></u>	
83202	23 10-11-18				Sch	edule /	4 (Form 990) or 990-EZ) 2	2018

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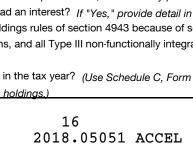
Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 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.)

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Yes No 1 2 3a 3b 3c 4a 4b 4c 5a 5b <u>5c</u> 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990 or 990-EZ) 2018

Sche	dule A (Form 990 or 990-EZ) 2018 ACCEL 95	-3497070	Pa	age 5
Par				0
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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 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,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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			
Raa	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations	<u> </u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions).		
a L	The organization satisfied the Activities Test. <i>Complete</i> line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>		,	
с 2	L The organization supported a governmental entity. <i>Describe in</i> Part VI <i>how you supported a government entity (se</i> Activities Test. Answer (a) and (b) below.	e instructions	Yes	No
z a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		165	NU
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Lu		
~	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 (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
832025	5 10-11-18 Schedule A (Fe	orm 990 or 9	90-EZ)	2018

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chedule A (Form 990 or 990-EZ) 2018 ACCEL Part V Type III Non-Functionally Integrated 509(a)(3) Supportin	a Oraani:	ations	95-3497070 Pag
Check here if the organization satisfied the Integral Part Test as a qualifying			Dort V/L) See instruction
other Type III non-functionally integrated supporting organizations must co	-		Part VI.) See instructions
ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% 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 .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 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	ly integrated	Type III supporting orga	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2018

Sche Par	dule A (Form 990 or 990-EZ) 2018 ACCEL t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	95-3497070	Page 7
	on D - Distributions	u/o/ oupporting orgu		Current Y	ear
1	Amounts paid to supported organizations to accomplish exer	mot ourooses		Guitent	
2	Amounts paid to perform activity that directly furthers exemp				
-	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations			
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.	•			
9	Distributable amount for 2018 from Section C, line 6				
10	Line 8 amount divided by line 9 amount				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributa Amount for	
1	Distributable amount for 2018 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2018 (reason-				
	able cause required- explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2018				
а	From 2013				
b	From 2014				
C	From 2015				
d	From 2016				
e	From 2017				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
h	Applied to 2018 distributable amount				
<u> i</u>	Carryover from 2013 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2018 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2018 distributable amount				
C	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2019. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2014				
	Excess from 2015				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	(Form 990 or 990-EZ) 2018 ACCEL		95-3497070	Page 8
Part VI	Supplemental Information. Provide the explanations req Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1	a, 11b, and 11c; Part IV, Section B, lines ⁻ c, 2a, 2b, 3a, and 3b; Part V, line 1; Part ^v	I and 2; Part IV, Section /, Section B, line 1e; Pa	C.
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and (See instructions.)	6. Also complete this part for any additio	nal information.	
832028 10-11-	8	Schedu	le A (Form 990 or 990-	EZ) 2018
				,

Schedule B

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

Name of the organization

* *	PUBLIC	DISCLOSURE	COPY	* *

Schedule of Contributors

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

OMB No. 1545-0047

2018

Employer identification number

	ACCEL	95-3497070
Organization type (cheo	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

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

Schedule E	(Form	990,	990-EZ,	or 990-PF)	(2018)
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Page **2** Employer identification number

Name of organization

95-	3497	070

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule E	(Form	990,	990-EZ,	or 990-PF)	(2018)
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Employer identification number

Name of orga	nization

ACCEL

95-3497070

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$115,600.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$750,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$7,500.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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Schedule E	3 (Form	990,	990-EZ,	or 990-PF)	(2018)
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Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(b)

Description of noncash property given

Page 3 Employer identification number

(d)

Date received

(d)

Date received

(d)

Date received

(d)

Date received

(d)

Date received

(d)

Date received

Name of organization

95-3497070

(c)

FMV (or estimate)

(See instructions.)

\$

\$

\$

\$

\$

\$

ACCEL

Part II

(a)

No.

from

Part I

823453 11-08-18

24 2018.05051 ACCEL Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Page 4

ame of or	ganization		Employer identification numb
CCEL			95-3497070
Part III	from any one contributor. Complete columns (a)	through (e) and the following line entricharitable, etc., contributions of \$1,000 or l	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the y try. For organizations less for the year. (Enter this info. once.) \$
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	[
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	[
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	[
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
F		(e) Transfer of gift	l
ŀ	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
3454 11-08-	-18		Schedule B (Form 990, 990-EZ, or 990-PF) (2

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(Form	990)
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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.



Department of the Treasury Internal Revenue Service Name of the organization

ACCEL

Employer identification number

-	95-3497070	
	JJ JIJ/0/0	

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Ac	counts. Con	nplete if the	
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.				
		(a) Donor advised funds	(k	b) Funds and otl	her 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	writing that the assets held in donor advis	ed fund	S		
	are the organization's property, subject to the organization's	exclusive legal control?			Yes	No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used or	ıly		
	for charitable purposes and not for the benefit of the donor o	or donor advisor, or for any other purpose	conferrir	ng		
_					Yes	No
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV,	line 7.		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).				
	Preservation of land for public use (e.g., recreation or e	education)	torically	important land a	area	
	Protection of natural habitat	Preservation of a cer	tified his	storic structure		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	of a con			
	day of the tax year.		-	Held at th	e End of the Ta	ax Year
а	Total number of conservation easements			2a		
b				2b		
С	Number of conservation easements on a certified historic structure			2c		
d	Number of conservation easements included in (c) acquired a					
	listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	e organiz	ation during the	etax	
	year ▶					
4	Number of states where property subject to conservation eas					
5	Does the organization have a written policy regarding the per			_	∀ •• □	
~	violations, and enforcement of the conservation easements it				_ Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting,	fianding of violations, and emorcing cons	servation	reasements du	ning the year	
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and onforcing consonra	tion one	omonte durina t	ho voor	
'	Amount of expenses incurred in monitoring, inspecting, mance	and enorcing conserva	lion eas	ements during t	ne year	
8	Does each conservation easement reported on line 2(d) abov	ve satisfy the requirements of section 170	/b)(4)(B)(i	i)		
U	and section 170(h)(4)(B)(ii)?				Yes	No
9	In Part XIII, describe how the organization reports conservation					
•	include, if applicable, the text of the footnote to the organization	•			-	
	conservation easements.		ine erge		antan igi tot	
Par		f Art, Historical Treasures, or Ot	ther Si	milar Assets	6.	
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.				
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue staten	nent and	d balance sheet	works of art,	
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furthera	nce of p	oublic service, pr	rovide, in Parl	t XIII,
	the text of the footnote to its financial statements that descri					
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	and bal	lance sheet wor	ks of art, hist	orical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	blic serv	vice, provide the	following am	ounts
	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	asures, or other similar assets for financia	I gain, p	rovide		
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:				
а	Revenue included on Form 990, Part VIII, line 1			▶ \$		
b	Assets included in Form 990, Part X			▶ \$		
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.		Schedule	e D (Form 99	0) 2018
832051	10-29-18					

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Sche	dule D (Form 990) 2018 ACCEL							95-349			_{age} 2
Par	t III Organizations Maintaining C	ollections of Art	t, Histor	ical Trea	asures, o	r Other	⁻ Simila	r Assets	contii	nued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check a	ny of the fo	ollowing that	t are a sig	gnificant u	se of its c	ollection	items	i
	(check all that apply):										
а	Public exhibition	d	I 🗌 Lo	an or exch	nange progra	ams					
b	Scholarly research	е	e 🗌 Ot	her							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how they	further the	e organizatio	on's exem	npt purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations c	of art, histo	orical treas	ures, or othe	er similar	assets				
	to be sold to raise funds rather than to be ma	aintained as part of th	he organiz	ation's coll	lection?				Yes		No
Par	t IV Escrow and Custodial Arran							, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custodi	ian or other intermedi	iary for co	ntributions	or other as	sets not i	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	t	
с	Beginning balance						1c				
d	Additions during the year						. 1d				
е	Distributions during the year						. 1e				
f	Ending balance						1f				
	Did the organization include an amount on F						ty?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete	if the organization an		1							
		(a) Current year	(b) Pric	or year	(c) Two yea	rs back	(d) Three y	ears back	(e) Fou	' years	back
1a	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance		<i>.</i>								
2	Provide the estimated percentage of the curr	•	e (line 1g, o	column (a))) held as:						
a	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Temporarily restricted endowment	%									
0-	The percentages on lines 2a, 2b, and 2c sho				al a alexaño fastas						
Ja	Are there endowment funds not in the posse	ssion of the organiza	ition that a	ire neid an	a administer	red for the	e organiza	ation	1	Vee	Na
	by:								0-(1)	Yes	No
	(i) unrelated organizations 3a(i) (ii) related organizations 3a(ii)										
h	If "Yes" on line 3a(ii), are the related organizations								3a(ii)		
4	Describe in Part XIII the intended uses of the								3b		i
	t VI Land, Buildings, and Equipm			us.							
	Complete if the organization answere) Part IV I	ine 11a Se	ee Form 990	Part X	line 10				
	Description of property	(a) Cost or o		(b) Cost			ccumulate	bd	(d) Boo	k valu	
	beschption of property	basis (investr		basis (oreciation		(u) Boo	it valu	C
1a	Land	· · · · ·			,849,540.	F			1	849.	540.
	Buildings				287,591.		1,736,	341.		551,	
	Leasehold improvements				,068,030.		542,			,	814.
	Equipment				, 035,803.		695,				196.
	Other			,	, 366,189.		173,	749.		192,	
	. Add lines 1a through 1e. (Column (d) must e		X. column	(B), line 10)c.)				13		240.
					•						

Schedule D (Form 990) 2018

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Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (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) DEPOSITS	27,411.
(2) DUE FROM RELATED ENTITY	233,861.
(3) CASH & EQUIVALENTS HELD BY BOND TRUSTEE	1,597,813.
(4) DEFERRED TAX ASSET	154,082.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	2,013,167.

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.

<u>1.</u>	(a) Description of liability	(b) Book value
(1) Federal income tax	Kes	
(2) DEFERRED RENT	EXPENSE	48,692.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must eo	ual Form 990 Part X col (B) line 25)	48,692.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

10230319 143399 240227

Schedule D (Form 990) 2018

Sche	edule D (Form 990) 2018 ACCEL			95-349	97070 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stat	ements With Re	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	15,884,949.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d			70,602.		
е	Add lines 2a through 2d			2e	70,602.
3	Subtract line 2e from line 1			3	15,814,347.
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	Ο.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	15,814,347.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With E	xpenses per R	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			
1	Total expenses and losses per audited financial statements			1	15,664,934.
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.)	2d	141,138.		
е	Add lines 2a through 2d			2e	141,138.
3	Subtract line 2e from line 1			3	15,523,796.
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			
b	Other (Describe in Part XIII.)	4b	214,620.		
с	Add lines 4a and 4b			4c	214,620.
5				5	15,738,416.
Pa	rt XIII Supplemental Information.	, ,			
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b an	d 2b; Part V, line 4	; Part X. li	ne 2; Part XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	, ,		,	· ·
		-			

PART X, LINE 2:

THE ORGANIZATION QUALIFIES AS A TAX-EXEMPT ORGANIZATIONS UNDER SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE (THE "CODE") AND, THEREFORE, THERE

IS NO PROVISION FOR INCOME TAXES. IN ADDITION, ACCEL QUALIFIES FOR THE

CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170 OF THE CODE AND HAVE

BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION.

INCOME DETERMINED TO BE UNRELATED BUSINESS TAXABLE INCOME WOULD BE

TAXABLE. THE ORGANIZATION EVALUATES THEIR UNCERTAIN TAX POSITIONS, IF ANY,

ON A CONTINUAL BASIS THROUGH REVIEW OF THEIR POLICIES AND PROCEDURES,

REVIEW OF THEIR REGULAR TAX FILINGS, AND DISCUSSIONS WITH OUTSIDE EXPERTS.

ACCEL'S FEDERAL RETURNS OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990

832054 10-29-18

Schedule D (Form 990) 2018 ACCEL Part XIII Supplemental Information (continued)		95-3497070	Page 5
AND 990T) FOR FISCAL 2015, 2016 AND 2017 ARE SUBJECT	TO EXAMINATION BY THE		
IRS, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED			
PART XI, LINE 2D - OTHER ADJUSTMENTS:			
ELIMINATION OF FOUNDATION ACTIVITY	7,905.		
SPECIAL EVENT EXPENSES	12,156.		
ELIMINATION OF INTERNATIONAL ACTIVITY	800,541.		
ELIMINATION OF RELATED PARTY CONTRIBUTION	-750,000.		
TOTAL TO SCHEDULE D, PART XI, LINE 2D	70,602.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
SPECIAL EVENT EXPENSES	12,156.		
ELIMINATION OF INTERNALTIONAL ACTIVITY	878,982.		
ELIMINATION OF RELATED PARTY CONTRIBUTION	-750,000.		
TOTAL TO SCHEDULE D, PART XII, LINE 2D	141,138.		
PART XII, LINE 4B - OTHER ADJUSTMENTS:			
INCOME TAX BENEFITS	154,082.		
TOTAL TO SCHEDULE D, PART XII, LINE 4B	214,620.		

Schedule D (Form 990) 2018

832055 10-29-18

SCHEDULE E

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Schools

OMB No. 1545-0047

Open to Public

Complete if the organization answered "Yes" on Form 990,
Part IV, line 13, or Form 990-EZ, Part VI, line 48.
Attach to Form 990 or Form 990-EZ.

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

Name of the organization

ACCEL

Inspection Employer identification number

95-3497070

Pai			YES	NC
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		120	
•	other governing instrument, or in a resolution of its governing body?	1	x	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,	-		
-	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	х	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the	_		
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.			
	If you need more space, use Part II	3	х	
	BROCHURES DISTRIBUTED FOR THE SCHOOL AND ITS SERVICES STATE:			
	WE DO NOT DISCRIMINATE ON THE BASIS OF SEX, RACE, ETHNIC			
	ORIGIN, RELIGION, CREED OR COLOR.			
_				
	Does the organization maintain the following?		v	
	Records indicating the racial composition of the student body, faculty, and administrative staff?		X	<u> </u>
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	X	-
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student		v	
	admissions, programs, and scholarships?	4c	X X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	~	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
5				
	Does the organization discriminate by race in any way with respect to:	52		x
а	Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	<u>5a</u>		-
a b	Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	5b		x
a b c	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff?			X X
a b c d	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance?	5b 5c		X X X
a b c d e	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies?	5b 5c 5d		X X X X
a b c d e f	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities?	5b 5c 5d 5e		X X X X X
a b d e f g	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	5b 5c 5d 5e 5f		X X X X X X X
a b d e f g	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities?	5b 5c 5d 5e 5f 5g		X X X X X X X
a b d e f g	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5b 5c 5d 5e 5f 5g		X X X X X X X
a b c d e f g h	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f 5g 5h	X	X X X X X X X
a b c d e f g h	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency?	5b 5c 5d 5e 5f 5g 5h	X	X X X X X X X
a b c d e f g h	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	5b 5c 5d 5e 5f 5g 5h	X	X X X X X X X
a b c d e f g h 6 a b	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency?	5b 5c 5d 5e 5f 5g 5h	X	x x x x x x x x x x x x x x x x x x x

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		Sebadula E /Farm 000 000 F7) 0040
DISABILITIES AGE 18 AND OVER.		
ARIZONA DEPARTMENT OF ECONOMIC SECURITY	FOR ADULTS WITH FUNCTIONAL	
THE ORGANIZATION'S ADULT SERVICES PROGRA	AM RECEIVES FUNDING FROM THE	
LINE 6 - EXPLANATION OF GOVERNMENT FINAM	NCIAL AID:	

 Schedule E (Form 990 or 990-EZ) 2018
 ACCEL
 95-34970

 Part II
 Supplemental Information.
 Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable.

Also provide any other additional information.

95 - 3497070

Page **2**

832071 10-31	-18	
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and 3b)

3 a Subtotal **b** Total from continuation

sheets to Part I c Totals (add lines 3a

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Statement of	Activities	Outside 1	the Uni	ted Sta	tes

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

Attach to Form 990.

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

ACCEL				95-3497070	
Part I General Info	rmation on A	ctivities Out	side the United States. Comple	ete if the organization answered "	Yes" on
 Form 990, Part IV				-	
1 For grantmakers. Does	the organizatior	n maintain record	ds to substantiate the amount of its gra		
the grantees' eligibility for	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assistance? X	Yes 🗌 No
	ribe in Part V the	e organization's p	procedures for monitoring the use of its	grants and other assistance outs	ide the
United States.					
			n be duplicated if additional space is n		
(a) Region	(b) Number of offices	(c) Number of employees.	(d) Activities conducted in the region (by type) (such as, fundraising, pro-	 (e) If activity listed in (d) is a program service, 	(f) Total expenditures
	in the region	employees, agents, and independent	gram services, investments, grants to	describe specific type	for and
	in the region	contractors	recipients located in the region)	of service(s) in the region	investments in the region
		in the region			
MIDDLE EAST AND				DELIVER SPECIAL	
NORTH AFRICA	1	3		EDUCATION SERVICES	800,541.
					<u> </u>
					1

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800,541.

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

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1	OMB No. 1545-0047
	2018
	Open to Public Inspection

Employer identification number

Part II 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)
			ecognized as charities by the t					
by the IRS, or for whic 3 Enter total number of			ion 501(c)(3) equivalency letter					

(h) Method of valuation (book, FMV, appraisal, other)

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 additional space is needed. (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance -

			Schodu	ile F (Form 990) 2018

Scheo	ule F (Form 990) 2018 ACCEL	95-3497070	Page 4
Par	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)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization		
	may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	X Yes	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

	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.							
832075 10-31- ⁻	8 Schedule F (Form 990) 201							

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ing or Gaming A	ctiv	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" on organization entered more than \$15				r 19,	or if the	2018
Department of the Treasury		Attach to Form 990	-		-			Open to Public
Internal Revenue Service		to www.irs.gov/Form990 for instru	uction	s and	the latest informati	on.		Inspection
Name of the organization	ACCEL						Employer ide 95-349707	entification number
	ing Activities.	Complete if the organization answe	red "Y	'es" or	n Form 990, Part IV, I	ine 1		
	complete this part		a aatii	ition	Chaola all that apply			
a Mail solicitat		ed funds through any of the followin e Solicita			overnment grants			
b Internet and	email solicitations				nment grants			
c Phone solici		g 📃 Special	fundra	aising	events			
d In-person so		w aval agree ment with any individual	linglug	lina of	ficere directore true	+		
		or oral agreement with any individual art VII) or entity in connection with p				iees,		s 🗌 No
		viduals or entities (fundraisers) pursu			e e	ne fu	ndraiser is to be	9
compensated at le	ast \$5,000 by the	organization.						
(i) Nome and address			(iii) fundr	Did	(in) Cross respire		Amount paid	(vi) Amount paid
(i) Name and addres or entity (fund		(ii) Activity	have c	raiser ustody ntrol of	(iv) Gross receipts from activity		or retained by) fundraiser	to (or retained by) organization
				utions?		lis	sted in col. (i)	
			Yes	No	-			
								+
								-
		n is registered or licensed to solicit c	ontrib	 utions	or has been notified	it is	exempt from re	l gistration
or licensing.	5	5						
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form 9	90 or	990-E	Z. 9	Sche	dule G (Form 9	990 or 990-EZ) 2018

832081 10-03-18

	2	Less: Contributions		12,000.						12,000.
	3	Gross income (line 1 minus line 2)		2,470.					1,323.	3,793.
	4	Cash prizes								
	5	Noncash prizes								
benses	6	Rent/facility costs								
Direct Expenses	7	Food and beverages								
ā	~	Fatadainment								
	8 9	Entertainment Other direct expenses		12 156						12,156.
	9 10	Direct expense summary. Add lines 4 through		column (d)					•	12,156.
		Net income summary. Subtract line 10 from li								-8,363.
Pa	rt I									-,
		\$15,000 on Form 990-EZ, line 6a.				,	0, 0.			
Revenue				(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo				c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Seve										
	1	Gross revenue								
es	2	Cash prizes								
xbens	3	Noncash prizes								
Direct Expenses	4	Rent/facility costs								
	_									
	5	Other direct expenses	┢──				0/			
	e	Voluntaar labor	ŀ	Yes %		Yes	_ %		Yes %	
	6	Volunteer labor		No		No			No	
	7	Direct expense summary. Add lines 2 through	n 5 in	column (d)					►	
	8	Net gaming income summary. Subtract line 7	fron	ı line 1, column (d)						
		er the state(s) in which the organization condu	-							
		he organization licensed to conduct gaming ac				s?				Yes No
b	lf "	No," explain:								
		re any of the organization's gaming licenses re Yes," explain:					e tax y	/ear'ı		Yes No
83208	32 10	-03-18							Schedule G (For	rm 990 or 990-EZ) 2018

832082 10-03-18

(d) Total events (add col. (a) through

col. (c))

15,793.

(c) Other events

(total number)

1

1,323

Schedule G (Form 990 or 990-EZ) 2018 ACCEL

Gross receipts

Revenue

1

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

(a) Event #1

(event type)

14,470.

TOP GOLF

(b) Event #2

(event type)

Sch	edule G (Form 990 or 990-EZ) 2018 ACCEL 9	5-349707	0	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	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:			
	The organization's facility			%
	An outside facility	13 b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No 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			
16	Gaming manager information:			
	Name			
	Gaming manager compensation			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
-	retain the state gaming license?		Yes	No No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year > \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	l Part III, line	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
			- 000	EZ) 0040

10230319 143399 240227

240227_1

Schedule G (Form 990 or 990-EZ)

10230319 143399 240227

SC	HEDULE J	Compens	sation Information	I	OMB No. 1	545-004	47
(Fo	rm 990)		ors, Trustees, Key Employees, and Highest		20	10)
			pensated Employees Inswered "Yes" on Form 990, Part IV, line 23.		20	10	
Depa	tment of the Treasury		tach to Form 990.		Open to		ic
Interr	al Revenue Service		0 for instructions and the latest information.		Inspe		
Nan	e of the organization			Employer id		on nui	nber
D		ACCEL		95-34	97070		
Pa	rt I Question	s Regarding Compensation					
	o					Yes	No
1a			of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any rele					
	First-class or c		Housing allowance or residence for perso				
	Travel for companions Payments for business use of personal residence						
		ation and gross-up payments	Health or social club dues or initiation fee				
		spending account	Personal services (such as maid, chauffe	ir, chet)			
h	If any of the house	on line 12 are checked did the organization	follow a written policy regarding payment or				
a	-	n line 1a are checked, did the organization rovision of all of the expenses described ab	follow a written policy regarding payment or		1b		
2	•	·			ai		
2			or allowing expenses incurred by all directors,		2		
	trustees, and onice	rs, including the CEO/Executive Director, rec	garding the items checked on line 1a?				
3	Indicate which if a	w, of the following the filing organization us	ed to establish the compensation of the organiza	tion's			
5							
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.						
	X Independent compensation consultant Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee						
		the organizations		Ommillee			
4	During the year did	any person listed on Form 990, Part VII, Se	ection A line 1a with respect to the filing				
	organization or a re	• •	outorry, and ra, warrespect to the mang				
а	•	e payment or change-of-control payment?			4a		x
b			alified retirement plan?		· – –		x
			ensation arrangement?				x
-		les 4a-c, list the persons and provide the ap					
	·····, ···						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organization	s must complete lines 5-9.				
5			the organization pay or accrue any compensatio	n			
	contingent on the r						
а	-				5a		х
							X
		r 5b, describe in Part III.					
6			the organization pay or accrue any compensatio	n			
	contingent on the n	et earnings of:					
а					6a		x
							X
		r 6b, describe in Part III.					
7			the organization provide any nonfixed payments	i			
			· · · · · · · · · · · · · · · · · · ·		7		х
8							
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III						Х
9							
			· · · ·	<u></u>	9		
LHA		eduction Act Notice, see the Instructions			le J (Forn	n 990)	2018

832111 10-26-18

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) RAYMOND DAMM III	(i)	189,866.	0.	1,699.	0.	12,146.	203,711.	0	
СЕО	(ii)	0.	0.	0.	0.	0.	٥.	0	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii) (i)								
	(ii)								
	(i)								
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	(i)								
	(ii)								
	(i) (ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2018

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2018

SCHEDULE K (Form 990) Department of the Treasur Internal Revenue Service	SCHEDULE K Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Operation of the Treasury netrinal Revenue Service Department of the Treasury Internal Revenue Service Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. Operations of the latest information.											OMB No. 1545-0047 2018 Open to Public Inspection		
Name of the organi	zation ACCEL								-	-	identi 49707		n num	ıber
Part I Bond Is		ססס עד דיסס מ	COLUMN (A) CONT						2	95-34	19/0/	J		
					(a) loou					faggad		bobolf	(i) De	
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issu	e price	e price (f) Description of purpose		on of purpose (g) Defea			suer	(i) Po finan	
									Yes	No	Yes	1	Yes	<u> </u>
THE INDUSTR	IAL DEVELOPMENT AUTHORITY						FACILITY MORTGAGE				103		103	
▲ OF THE TOWN	OF FLORENCE, INC.	34-1975556	NONEAVAIL	12/22/14	2.7	00.000.	REFINANCE			x		х		x
	AL DEVELOPMENT AUTHORITY				,		REFUNDING, F.	ACILITIES						
B EDUCATION F	ACILITY REVENUE BOND 2018		04052BGK4	08/01/18	14,2	05,000.	ACQUISITION			x		х	x	ĺ
	AL DEVELOPMENT AUTHORITY													
C EDUCATION F	ACILITY REVENUE BOND 2018		04052BGL2	08/01/18	5	25,000.	FUNDING RESE	RVE		x		х		x
D														
Part II Proceed	ds													
				A			В	С				D		
1 Amount of bo	onds retired			2,	386,155.									
2 Amount of bo	onds legally defeased													
3 Total proceed	ds of issue			2,	700,000.		14,205,000.	5	25,000	<u>، ا</u>				
4 Gross procee	eds in reserve funds													
5 Capitalized in	terest from proceeds													
					97,756.		790,152.		29,203	[,] .				
										—				
							10 204 606			_				
				2	602,244.		10,204,606.	5	25,000	, —				
11 Other spent p				,	002,244.		5,210,242.	J	23,000	·				
12 Other unsper 13 Year of subst					015		2018	20	18	—				
13 Fear OF Subst	antial completion			Yes	No	Yes	No	Yes	No		Yes	<u> </u>	No	
14 Were the bon	nds issued as part of a refunding is	ssue of tax-exempt	bonds (or	105	NO	165		165	NO		165			
	r to 2018, a current refunding issu	•	()		х	х			х					
	ids issued as part of a refunding is											+		
	o 2018, an advance refunding iss		()	х			x		х					
	allocation of proceeds been made					Х		1	Х	-		1		
	anization maintain adequate book													
final allocatio	n of proceeds?		•••	x		Х			х					

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

Schedule K (Form 990) 2018

Schedule K (Form 990) 2018 ACCEL

95-3497070

Page 2

Part III Private Business Use								1 age
		A		в		:		D
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
which owned property financed by tax-exempt bonds?				Х		Х		
2 Are there any lease arrangements that may result in private business use of								
bond-financed property?				x		х		
3a Are there any management or service contracts that may result in private								
business use of bond-financed property?				x		x		
 b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside 								-
counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of				x		x		
bond-financed property?						~		-
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside								
counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by								
entities other than a section 501(c)(3) organization or a state or local government		%		%		%		
5 Enter the percentage of financed property used in a private business use as a result of								
unrelated trade or business activity carried on by your organization, another								
section 501(c)(3) organization, or a state or local government		%		%		%		
6 Total of lines 4 and 5		%		%		%		
7 Does the bond issue meet the private security or payment test?				X		X		
8a Has there been a sale or disposition of any of the bond-financed property to a non-								
governmental person other than a 501(c)(3) organization since the bonds were issued?				x		х		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed		•						1
of		%		%		%		
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections		/0		/0		/0		
1.141-12 and 1.145-2? Has the organization established written procedures to ensure that all nonqualified								
-								
bonds of the issue are remediated in accordance with the requirements under			x		х			
Regulations sections 1.141-12 and 1.145-2?			Å		Δ			<u></u>
Part IV Arbitrage								
d - Han the instant filed Forms 0000 T. Arkiteness Data to Markin Data that is and		A No		B	(D No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No X	Yes	No X	Yes	No X	Yes	No
Penalty in Lieu of Arbitrage Rebate?		A				~		
2 If "No" to line 1, did the following apply?		T		-				
a Rebate not due yet?	Х			X		Х		
b Exception to rebate?		X		X		Х		
c No rebate due?		X		x		X		
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed								_
3 Is the bond issue a variable rate issue?		х		x		Х		

A B C							D		
	-				Ĩ		No		
	X	103	X	103	X	103			
							1		
	x		x		x				
2									
	X		x		x				
	x	x		x					
· I			1						
	A	I	B		2		2		
Yes	No	Yes	No	Yes	No	Yes	No		
. Х		х		x					
ons on Schedule	e K. See instru	uctions							
018A									
018B									
	Yes	X X	Yes No Yes X X X <td>Yes No Yes No X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X</td> <td>Yes No Yes No Yes X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X</td> <td>Yes No Yes No Yes No X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X Yes No Yes No Yes No X X X X X X X X X X X X</td> <td>Yes No Yes No Yes No Yes X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X</td>	Yes No Yes No X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X	Yes No Yes No Yes X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X	Yes No Yes No Yes No X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X Yes No Yes No Yes No X X X X X X X X X X X X	Yes No Yes No Yes No Yes X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X		

SCHEDULE O

(Form 990 or 990-EZ)

Form 990-EZ) Complete to pro-

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

Supplemental Information to Form 990 or 990-EZ

2018 Open to Public Inspection

OMB No. 1545-0047

Employer identification number 95-3497070

ACCEL

FORM 990, PART VI, SECTION A, LINE 2:

KEITH FARMER AND STEPHANIE FARMER SHARE A FAMILY RELATIONSHIP.

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

THE FORM 990 WILL BE PRESENTED TO THE BOARD OF DIRECTORS AT A REGULARLY

SCHEDULED BOARD MEETING. THE PRESENTER WILL HIGHLIGHT CERTAIN INFORMATION

INCLUDED ON THE FORM 990, AND ALL BOARD MEMEBERS WILL RECEIVE A COPY OF THE

FORM 990 BEFORE FILING.

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

THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY THAT ADDRESSES THE

CONSIDERATION OF POTENTIAL CONFLICTS OF INTEREST BY THE BOARD OF DIRECTORS,

COMMITTEE MEMBERS, VOLUNTEERS, AND EMPLOYEES, INCLUDING RELATIVES. AS PER

THE POLICY, BOARD AND COMMITTEE MEMBERS MUST MAKE DISCLOSURE OF ANY

POTENTIAL CONFLICTS OF INTEREST AND MUST ABSTAIN FROM VOTING ON ANY ACTION

IN WHICH THEY MAY HAVE AN INTEREST. ON AN ANNUAL BASIS, ALL BOARD MEMBERS

ARE REQUIRED TO SIGN OFF ON AN ANNUAL CONFLICT OF INTEREST FORM, EITHER

STATING ANY KNOWN CONFLICTS, OR STATING THAT THERE ARE NONE.

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

THE BOARD OF DIRECTORS DETERMINES AND APPROVES THE COMPENSATION FOR THE

EXECUTIVE DIRECTOR AND THE CFO.

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

THE ORGANIZATION MAKES ITS ARTICLES OF INCORPORATION, BYLAWS, CONFLICT OF

INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832211 10-10-18 Schedule O (Form 990 or 990-EZ) (2018)

10230319 143399 240227

48 2018.05051 ACCEL

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization	Page Employer identification number
ACCEL	95-3497070
REQUEST, IN PERSON, AT THE ORGANIZATION'S MAIN OFFICE.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
INCOME TAX BENEFIT	154,082.
832212 10-10-18	Schedule O (Form 990 or 990-EZ) (201

For Paperwork Reduction Act Notice, se	e the l	nstruc	tions	for Form 990.
C.L.L.	שמעם	VTT	FOR	CONTINUATIO

832161 10-02-18 LHA

(Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

Name of the organization

Department of the Treasury Internal Revenue Service

SCHEDULE R

ACCEL

Employer identification number 95 - 3497070

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I

SEE PART VII FOR CONTINUATIONS

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II

(a)	(b)	(c)	(d)	(e)	(f)	(9	g) 512(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling entity		o12(b)(13) rolled
of related organization		foreign country)	section	status (if section		ent	ity?
				501(c)(3))		Yes	No
ACCEL FOUNDATION - 46-2359150	TO PROMOTE COMMUNITY						
10251 N 35TH AVE	AWARENESS FOR CHILDREN AND						
PHOENIX, AZ 85051	ADULTS WITH SPECIAL NEEDS	ARIZONA	501(C)(3)	LINE 7	ACCEL		х

Schedule R (Form 990) 2018

OMB No. 1545-0047

Open to Public Inspection

2018

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j)		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income Share of total Share (related, unrelated, income end-of excluded from tax under		g Predominant income Share of total (related, unrelated, excluded from tax under 20 of S		Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	lo	
										+		
	-											
	4											
	-											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(cont	(i) ction (b)(13) trolled tity?
		country)						Yes	No
ACCEL INTERNATIONAL, INC.									
10251 N 35TH AVE	SPECIAL EDUCATION	SAUDI							
PHOENIX, SAUDI ARABIA 85051	SCHOOL	ARABIA	ACCEL	C CORP			100%		х

Schedule R (Form 990) 2018 ACCEL

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

lote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
b Gift, grant, or capital contribution to related organization(s)			Σ
c Gift, grant, or capital contribution from related organization(s)	_	X	
d Loans or loan guarantees to or for related organization(s)			2
e Loans or loan guarantees by related organization(s)			2
f Dividends from related organization(s)	1f		:
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)			_
i Exchange of assets with related organization(s)	<u>1i</u>		
j Lease of facilities, equipment, or other assets to related organization(s)			-
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			
m Performance of services or membership or fundraising solicitations by related organization(s)			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	x	
o Sharing of paid employees with related organization(s)	-	X	+
p Reimbursement paid to related organization(s) for expenses		x	
q Reimbursement paid by related organization(s) for expenses			
r Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)	1s		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ACCEL INTERNATIONAL, INC.	В	750,000.	CASH
(2)			
<u>(3)</u>			
<u>(4)</u>			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2018 ACCEL

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partne 501(org Yes	(f) Share of total income	(g) Share of end-of-year assets	(r Dispr tior allocat Yes	opor- ate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes N	or Percentage ownership

Schedule R (Form 990) 2018

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

ACCEL

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

ACCEL FOUNDATION

EIN: 46-2359150

10251 N 35TH AVE

PHOENIX, AZ 85051

PRIMARY ACTIVITY: TO PROMOTE COMMUNITY AWARENESS FOR CHILDREN AND ADULTS

WITH SPECIAL NEEDS

DIRECT CONTROLLING ENTITY: ACCEL

832165 10-02-18

Fo	8925	Report of Employer-Owned Life Insurance Co	ntracts	OMB No. 1545-2089				
Dep	(Rev. September 2017) Attach to the policyholder's tax return. See instructions. Department of the Treasury Internal Revenue Service (99) Go to www.irs.gov/Form8925 for the latest information.							
Na	me(s) shown on return	Identifying	number					
AC	CEL			95-3497070				
Na	me of policyholder, if d	ifferent from above	Identifying nu	mber, if different from above				
	pe of business HOOL							
1	Enter the number of e	mployees the policyholder had at the end of the tax year	1	444.				
2	Enter the number of e	mployees included on line 1 who were insured at the end of the tax year under the						
	policyholder's employ	er-owned life insurance contract(s) issued after August 17, 2006. See Section						
	1035 exchanges for a	n exception	2	1.				
3	Enter the total amoun	t of employer-owned life insurance in force at the end of the tax year for employees						
	who were insured und	ler the contract(s) specified on line 2	3	3,000,000.				
4a	Does the policyholder	have a valid consent for each employee included						
	on line 2? See instruc	tions Yes I	No					
b	If "No," enter the num	ber of employees included on line 2 for whom the policyholder does not have a valid						
	consent		4b					

(Rev. January 2019)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

					Enter filer's identifying number				
Type or print	Name of exempt organization or other filer, see instru	uctions.		Employer identification number (EIN) or					
print	ACCEL	95-3497070 Social security number (SSN)							
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, s 10251 N 35TH AVENUE								
return. See instructions.	tructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. PHOENIX, AZ 85051								
Enter the	Return Code for the return that this application is for (fil	le a separa	te application for each return)			0 1			
Applicati	on	Return	Application			Return			
ls For		Code	Is For			Code			
Form 990) or Form 990-EZ	01	Form 990-T (corporation)			07			
Form 990)-BL	02	Form 1041-A			08			
Form 472	20 (individual)	03	Form 4720 (other than individual)			09			
Form 990)-PF	04	Form 5227			10			
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 990)-T (trust other than above) LAURA LAZZERINI	06	Form 8870			12			
Teleph If the of If this box 1 I re the box	quest an automatic 6-month extension of time until organization named above. The extension is for the org	s in the Un Group Exe and atta MAY 1 Janization's	Fax No. ►	f this is fo all memb	r the whole gr ers the extens npt organizatio	sion is for.			
	nis application is for Forms 990-BL, 990-PF, 990-T, 4720 / nonrefundable credits. See instructions.), or 6069, e	enter the tentative tax, less	<u>3a</u>	\$	0.			
b If t	nis application is for Forms 990-PF, 990-T, 4720, or 6069	9, enter any	refundable credits and						
	imated tax payments made. Include any prior year overp			3b	\$	0.			
	lance due. Subtract line 3b from line 3a. Include your pa								
usi	ng EFTPS (Electronic Federal Tax Payment System). Se	e instructio	ns.	3c	\$	0.			
Caution: instructio	If you are going to make an electronic funds withdrawa ns.	l (direct del	bit) with this Form 8868, see Form 84	153-EO an	d Form 8879-	EO for payment			
LHA F	or Privacy Act and Paperwork Reduction Act Notice, MAIL TO: DEPARTMENT OF THE INTERNAL REVENUE S OGDEN, UT 84201-00	TREASURY SERVICE C			Form 88	368 (Rev. 1-2019)			

823841 12-19-18