** 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.

Department of the Treasury Internal Revenue Service

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

A F	or the	2021 calendar year, or tax year beginning JU	L 1, 2021 and	ending J	UN 30, 2022		
B c	heck if oplicable:	C Name of organization			D Employer id	dentific	cation number
	Address	ACCEL					
	Name change	Doing business as			95-349	7070	
	Initial return	Number and street (or P.O. box if mail is not deli	vered to street address)	Room/suite	E Telephone r	number	r
	Final return/	10251 N 35TH AVENUE			(602)92	6-721	1
	termin- ated	City or town, state or province, country, and 2	ZIP or foreign postal code		G Gross receipts S	\$	17,517,725.
	Amende return	PHOENIX, AZ 65051			H(a) Is this a g	roup re	eturn
	Applica tion	F Name and address of principal officer: AATMO	ND DAMM		for subord	dinates	? Yes X No
	pending	SAME AS C ABOVE					cluded? Yes No
<u>1 T</u>	ax-exe	mpt status: X 501(c)(3) 501(c) ()		or 527	If "No," at	tach a	list. See instructions
		www.ACCEL.ORG			H(c) Group exe	emptio	n number 🕨
K F		9	sociation Other >	L Year	of formation: 198	0 N	N State of legal domicile: AZ
Pa	rt I	Summary					
•	1 E	Briefly describe the organization's mission or most	significant activities: TO PRO	VIDE EDUC	CATION,		
Activities & Governance	Ţ	HERAPEUTIC AND VOCATIONAL PROGRAMS TO	SPECIAL NEEDS INDIVID	UALS			
rna	2 (Check this box 🕨 🔲 if the organization discon	tinued its operations or dispos	sed of more	than 25% of its	net ass	sets.
ove	3 1	lumber of voting members of the governing body (Part VI, line 1a)				8
Ğ	4 N	lumber of independent voting members of the gov	erning body (Part VI, line 1b)				7
S S	5 T	otal number of individuals employed in calendar ye	ear 2021 (Part V, line 2a)				440
Λij	6 T	otal number of volunteers (estimate if necessary)				6	150
∕ cti	7 a ⊺	otal unrelated business revenue from Part VIII, col	umn (C), line 12				0.
_	b١	let unrelated business taxable income from Form S	990-T, Part I, line 11	·····		7b	0.
					Prior Year		Current Year
Φ		Contributions and grants (Part VIII, line 1h)			3,334,		2,214,033.
nue	9 F	Program service revenue (Part VIII, line 2g)			13,482,	823.	15,303,692.
Revenue	10 li	nvestment income (Part VIII, column (A), lines 3, 4,	and 7d)			0.	0.
—	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)			015.	0.
	12 T	otal revenue - add lines 8 through 11 (must equal F	Part VIII, column (A), line 12)		16,834,	387.	17,517,725.
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.
		Benefits paid to or for members (Part IX, column (A)				0.	0.
S		Salaries, other compensation, employee benefits (P			11,416,		12,784,617.
Expenses		Professional fundraising fees (Part IX, column (A), lir				0.	0.
xbe		otal fundraising expenses (Part IX, column (D), line					
Ш		Other expenses (Part IX, column (A), lines 11a-11d,			4,069,		5,172,603.
	18 T	otal expenses. Add lines 13-17 (must equal Part IX	, column (A), line 25)		15,486,		17,957,220.
		Revenue less expenses. Subtract line 18 from line 1	2		1,347,	974.	-439,495.
s or				Ве	ginning of Current		End of Year
sset	20 T				21,659,		22,292,677.
Net Assets or Fund Balances	21 T	otal liabilities (Part X, line 26)			18,252,		19,324,743.
		Net assets or fund balances. Subtract line 21 from I	ine 20		3,407,	429.	2,967,934.
	rt II	Signature Block					
	-	ies of perjury, I declare that I have examined this return,				-	knowledge and belief, it is
true,	correct	and complete. Declaration of preparer (other than office) is based on all information of wi	nich preparer	nas any knowledg	e	
		Signature of officer			I Date		
Sigr		, ,			Date		
Her	9	MITCHELL MOORE, CFO Type or print name and title					
		,			Date (hook C	PTIN
Date		Print/Type preparer's name	Preparer's signature		- /4 - /00	Check	
Paid		MY A. O'LOUGHLIN		μ		elf-employe	
Prep		Firm's name CBIZ MHM, LLC			Firm's E	IIN 🕨	34-1884125
Use	UIIIY	Firm's address 4722 N 24TH ST, STE 300			Dis.	602	-264-6835
		PHOENIX, AZ 85016			Phone i	10.002	-264-6835
May	the IR	S discuss this return with the preparer shown abov	e? See instructions				X Yes No

3	Did the organization cease conducting, or make significant changes in how it conducts, any program	n services?	Yes X No
	If "Yes," describe these changes on Schedule O.		
1	Describe the organization's program service accomplishments for each of its three largest program s	services, as measured	by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	ions to others, the tota	l expenses, and
	revenue, if any, for each program service reported.		
l a	(Code:) (Expenses \$ 11,079,941. including grants of \$) (Revenue \$	12,994,350.
	ACCEL OPERATES SCHOOL PROGRAMS LOCATED IN PHOENIX AND TEMPE AS WELL AS		
	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.		
	•		
1b	(Code:) (Expenses \$ 2,796,738. including grants of \$	\ /p	645,050.
ŧυ	ACCEL ADULT SERVICES WAS ESTABLISHED TO PROVIDE ADULTS WITH FUNCTIONAL) (Revenue \$	
	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 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.		
l c) (Revenue \$	1,664,292.
	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.		
	·		

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$

Total program service expenses ► 15,876,135.

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) (Revenue \$

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Form 990 (2021) ACCEL Part IV Checklist of Required Schedules

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

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	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		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
	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		х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
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		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 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 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37

Note: All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance

Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	15			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	ole gaming			
	(gambling) winnings to prize winners?			1c	Х	

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Form	990 (2021) ACCEL	95-	3497070		Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
		1			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		440			
	filed for the calendar year ending with or within the year covered by this return	2a	440		v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	Х	
2-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions			2-		х
				3a 3b		A
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule 6 At any time during the calendar year, did the organization have an interest in, or a signature or other a		·····	SD		
4 a	financial account in a foreign country (such as a bank account, securities account, or other financial account	•		4a	х	
h	If "Yes," enter the name of the foreign country SAUDI ARABIA			та		
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FRAR)				
5a				5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.			5b		х
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			-		
	any contributions that were not tax deductible as charitable contributions?			6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribution		······ [
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).		·····			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and a contribution and partly a	vices provided to the	payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s required				
	to file Form 8282?			7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?		7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ct?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file For	m 8899 as require	ed?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ion file a Form 109	98-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the				
				8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		
b			·····	9b		
10	Section 501(c)(7) organizations. Enter:	40-				
	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a	-			
11	Section 501(c)(12) organizations. Enter:	10b	-			
11 a		11a				
b	Gross income from members or snareholders Gross income from other sources. (Do not net amounts due or paid to other sources against	i ia				
	amounts due or received from them.)	11b				
12a	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				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?		Г	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.		·····			
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a	Did the consideration which are a second of the following the second of			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule	∍0		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?		L	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?		16		Х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in a	any				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		L	17		
	If "Yes," complete Form 6069.					

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a8			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
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 supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_ <u> </u>		
	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
a h	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	This Section B requests information about policies not required by the internal nevenue code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	110
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
-	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 filing the form?	11a		Х
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
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)	availat	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 on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	MITCHELL MOORE - (602)926-7211			
	10251 N 35TH AVE, PHOENIX, AZ 85051			

Form 990 (2021) ACCEL 95-3497070 Page **7**

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

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

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

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

See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	box offi	not c , unle cer ar	Pos heck ss per	more rson i	than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(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/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensatior from the organization and related organizations
(1) GORDON COMFORT	40.00	1								
200				Х				194,414.	0.	41,71
(2) RAYMOND DAMM III	40.00	1								
CEO		Х		Х				188,469.	0.	45,10
(3) MITCHELL MOORE	40.00	4								
CFO	1.00	<u> </u>		Х				165,916.	0.	17,48
(4) JESSICA BUSTAMANTE	40.00	4						152 244	•	04.04
CHIEF ADVANCEMENT OFFICER (5) JONATHAN EVANS	1.00			Х				153,344.	0.	24,04
(5) JONATHAN EVANS PRINCIPAL	40.00	1				x		100 504	0.	46 22
(6) CHRISTOPHER DUNCAN	1.00					_		109,594.	0.	46,32
PRESIDENT	1.00	x		х				0.	0.	ı
(7) JULIA KOLSRUD	1.00	1						•	· ·	
VICE PRESIDENT	1.00	x		x				0.	0.	
(8) BROOKE WALDRON	1.00							•	•	
SECRETARY		x		x				0.	0.	
(9) SCOTT TAUBMAN	1.00									
TREASURER		х		х				0.	0.	
(10) KEITH FARMER	1.00									
DIRECTOR		х						0.	0.	
(11) STEPHANIE FARMER	1.00									
DIRECTOR		х						0.	0.	
(12) JAMES BARHAM, ESQ	1.00									
DIRECTOR		х						0.	0.	
]								
		<u> </u>								
]								
		<u> </u>								
		1								
		<u> </u>								
			l	l	l	1	1			

	1 990 (2021) ACCEL									95-349	7070)	Pa	ge 8
Pai	t VII Section A. Officers, Directors, Trust		loye	ees,			ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week (list any	box, offic	not cl	ss per	ition more rson is irecto	than o s both r/trust	an	(D) Reportable compensation from the	Reportable compensation from related organizations		Estin amo of compe		f ion
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS(1099-NEC)	3/	orgar	relate	on d
	Subtotal							<u> </u>	811,737.		0.	1	74,6	66.
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A						>	0. 811,737.		0.		74,6	0.
2	Total number of individuals (including but no compensation from the organization							o re	· · · · · ·	000 of reportable				5
3	Did the organization list any former officer,	director, truste	ee, k	ev e	empl	oye	e, or	hiq	hest compensated emp	oyee on		`	'es	No
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su											3		X
_	and related organizations greater than \$150											4	х	
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com											5		Х
1	ction B. Independent Contractors Complete this table for your five highest cor	mpensated ind	epe	nder	nt cc	ontra	actor	s th	nat received more than \$	100,000 of compe	ensati	on fron	1	
	the organization. Report compensation for t	he calendar ye	ar e	ndir	ig w	ith c	or wit	hin T	the organization's tax y	ear.		(C)		
	Name and business	address	NOI	NE					Description of s	ervices	Co	ompens	ation	
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nited	to t		se lis	ted	above) who received mo	ore than				
		<u></u>										orm 9 9	90 (2)	021)

132008 12-09-21

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Form 990 (2021) ACCEL
Part VIII Statement of Revenue

			Check if Schedule O contain	ns a response	or note to anv lin	e in this Part VIII			
				,	,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1	_	Federated campaigns	1a	120,152.				
Contributions, Gifts, Grants and Other Similar Amounts	'								
ij d			Membership dues						
fts,			Fundraising events						
ig di			Related organizations		855 034				
ns,			Government grants (contribution		855,034.				
er i			All other contributions, gifts, grants	I I	1 220 047				
현된			similar amounts not included above		1,238,847.				
d d		_	Noncash contributions included in lines 1a-			0.014.000			
<u>0 g</u>		h	Total. Add lines 1a-1f			2,214,033.			
					Business Code				
9	2	-	TUITION REVENUES		611600	12,994,350.	12,994,350.		
Program Service Revenue		~	CLINIC FEES		621300	1,664,292.	1,664,292.		
Sen		С	CLASSROOM CONSULTING		611710	645,050.	645,050.		
am		d							
Pg B		е							
Ą.		f	All other program service revenu	ie					
		g	Total. Add lines 2a-2f		>	15,303,692.			
	3		Investment income (including di						
			other similar amounts)						
	4		Income from investment of tax-e						
	5		Royalties						
	·			(i) Real	(ii) Personal				
	6	2	Gross rents 6a	(7	()				
			· · · · · · · · · · · · · · · · · · ·						
			Rental income or (loss) 6c						
			Net rental income or (loss)	(i) Securities	(ii) Other				
	′		Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory 7a						
			Less: cost or other basis						
her Revenue			and sales expenses						
š			Gain or (loss) 7c						
æ			Net gain or (loss)	I					
je	8		Gross income from fundraising ever	its (not					
δ			including \$	of					
			contributions reported on line 1	· I					
			Part IV, line 18						
		b	Less: direct expenses	8b					
		С	Net income or (loss) from fundra	ising events	<u></u>				
	9	а	Gross income from gaming activ	vities. See					
			Part IV, line 19	9a					
		b	Less: direct expenses	9b					
		С	Net income or (loss) from gamin	g activities	<u></u>				
	10	а	Gross sales of inventory, less re	turns					
			and allowances	10a	1				
			Less: cost of goods sold						
			Net income or (loss) from sales		>				
			, , ,	<u>,</u>	Business Code				
snc	11	а							
nec Tue	•	b							
Miscellaneous Revenue		c							
Sc			All other revenue						
Σ			Total. Add lines 11a-11d						
	12		Total revenue. See instructions			17,517,725.	15,303,692.	0.	0.

132009 12-09-21

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Part IX | Statement of Functional Expenses

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

Do	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total experiess	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	716,783.	653,503.	44,822.	18,458
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	10,504,604.	9,576,692.	644,016.	283,896
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				<i>></i> =
9	Other employee benefits	841,861.	767,786.	58,594.	15,481
10	Payroll taxes	721,369.	658,425.	42,448.	20,496
11	Fees for services (nonemployees):				
а					
b	9	15,798.		15,798.	
С	5 ······ –	153,830.		153,830.	
d	, , , , , , , , , , , , , , , , , , , ,				
е	· · · · · · · · · · · · · · · · · · ·				
f	Investment management fees				
g	` '				
	column (A), amount, list line 11g expenses on Sch 0.)	572,289.	359,361.	134,455.	78,473
12	Advertising and promotion	38,168.	11,907.		26,261
13	Office expenses	152,902.	119,539.	27,062.	6,301
14	Information technology	76,556.	52,489.	22,232.	1,835
15	Royalties				
16	Occupancy	890,063.	741,522.	131,991.	16,550
17	Travel	213,325.	207,406.	5,911.	8
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			2 2 2 2	
19	Conferences, conventions, and meetings	259,468.	241,781.	3,313.	14,374
20	Interest	738,821.	582,563.	156,258.	
21	Payments to affiliates	624 225	500 401		
22	Depreciation, depletion, and amortization	634,036.	633,421.	10 (10	615
23	Insurance	270,701.	251,088.	19,613.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	240 702	220 405	1 664	
a	REPAIRS & MAINT.	340,790.	339,126.	1,664.	
b	SCHOOL/PROGRAM SUPPLIES	282,674.	282,674.		
C	NURSING & PSYCHOLOGY	77,740.	77,740.	31 064	2 052
d	DUES & SUBSCRIPTIONS	62,480.	27,243.	31,964.	3,273
е		392,962.	291,869.	98,427.	2,666
25	Total functional expenses. Add lines 1 through 24e	17,957,220.	15,876,135.	1,592,398.	488,687
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)				Form 990 (202

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Form 990 (2021) Part X Balance Sheet

Par	ίλ	Balance Sneet					
		Check if Schedule O contains a response or r	ote to an	y line in this Part XI		·····	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,178,516.	1	336,90
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			249,900.	3	878,07
	4	Accounts receivable, net			1,288,443.	4	825,23
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul	ostantial o	contributor, or 35%			
		controlled entity or family member of any of the	nese pers	ons		5	
	6	Loans and other receivables from other disqu	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ		6			
y,	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
As	9	5			118,893.	9	49,32
	10a	Land, buildings, and equipment: cost or other	.				
		basis. Complete Part VI of Schedule D	10a	17,992,826.			
	b	Less: accumulated depreciation			13,220,391.	10c	13,056,08
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, lin			12		
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		5,603,479.	15	7,147,05	
	16	Total assets. Add lines 1 through 15 (must e	21,659,622.	16	22,292,67		
	17	Accounts payable and accrued expenses	684,482.	17	906,08		
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			13,558,579.	20	13,346,22
	21	Escrow or custodial account liability. Complet				21	
ا ي	22	Loans and other payables to any current or fo	rmer offic	cer, director,			
		trustee, key employee, creator or founder, sul	ostantial o	contributor, or 35%			
Liabilities		controlled entity or family member of any of the	nese pers	ons		22	
5	23	Secured mortgages and notes payable to unr	elated thi	rd parties	3,537,998.	23	4,872,42
	24	Unsecured notes and loans payable to unrela	ted third	parties	471,134.	24	200,00
	25	Other liabilities (including federal income tax,	payables	to related third			
		parties, and other liabilities not included on lir	es 17-24). Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			18,252,193.	26	19,324,74
		Organizations that follow FASB ASC 958, c	heck her	e ▶ X			
Ses		and complete lines 27, 28, 32, and 33.					
<u>a</u>	27	Net assets without donor restrictions	2,816,988.	27	1,824,14		
D	28	Net assets with donor restrictions	590,441.	28	1,143,78		
		Organizations that do not follow FASB ASC	958, ch	eck here 🕨 🗌			
ב		and complete lines 29 through 33.					
ָס מ	29	Capital stock or trust principal, or current fund	ds			29	
ser	30	Paid-in or capital surplus, or land, building, or	equipme	nt fund		30	
As	31	Retained earnings, endowment, accumulated	income,	or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			3,407,429.	32	2,967,93
	33	Total liabilities and net assets/fund balances			21,659,622.	33	22,292,677

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Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			725.
2	Total expenses (must equal Part IX, column (A), line 25)	2			220.
3	Revenue less expenses. Subtract line 2 from line 1	3			495.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,	407,	429.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	2,	967,	934.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Щ.
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	-			
	Act and OMB Circular A-133?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2021)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **Employer identification number** 95-3497070 ACCEL Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). Х A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

<u> </u>	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
•	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						
Ū	furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
	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.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for th	•			•		
800	organization, check this box and stop tion C. Computation of Publi						>
				actions (f)		14	
	Public support percentage for 2021 (li					15	<u>%</u> %
	Public support percentage from 2020 33 1/3% support test - 2021. If the control of the control o						
IUa	stop here. The organization qualifies						
h	33 1/3% support test - 2020. If the o		•			or more check thi	
D	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	-					
	meets the facts-and-circumstances te				raanization	_	\sim
h	10% -facts-and-circumstances test	-			-	 17a. and line 15 is 1	
	more, and if the organization meets the	-					. 5, 5 51
	organization meets the facts-and-circu				-		ightharpoonup
18	Private foundation. If the organization				•		• • • • • • • • • • • • • • • • • • •
			,	, , ,,	,		(Farm 000) 2001

Schedule A (Form 990) 2021

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				•	•	
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6		, ,	, ,		1	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organization	on,
	check this box and stop here	-					
Se	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2021 (I			column (f))		15	%
	Public support percentage from 2020					16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20)21 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
	a 33 1/3% support tests - 2021. If the						
-	more than 33 1/3%, check this box ar						
ŀ	33 1/3% support tests - 2020. If the	=	-	•			and
-	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						>

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Schedule A (Form 990) 2021

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain.

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
За		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ju		
9b		
9c		
10a		
iva		
10b		

95-3497070 Schedule A (Form 990) 2021 Page 5 Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in P</u>art VI 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the 1 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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, upervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) Section D. All Type III Supporting Organizations No Yes 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 2 the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's 3 supported organizations plaved in this regard. Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. h The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С Yes No 2 Activities Test. Answer lines 2a and 2b below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in 2b these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. За

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| 3b | | | Schedule A (Form 990) 2021

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.

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

Schedule A (Form 990) 2021

instructions).

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	s 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	, , , , , , , , , , , , , , , , , , ,	6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
<u></u>	Ente o amount divided by line o amount	(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
С	From 2018			
	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
	Carryover from 2016 not applied (see instructions)			
T	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h			
U	-			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021 ACCEL	95-3497070	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17. Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line II; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part IV, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any add (See instructions.)	es 1 and 2; Part IV, Section art V, Section B, line 1e; Pa	ı C,

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Employer identification number

A	CCEL	95-3497070
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
• •	is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.
-	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling by one contributor. Complete Parts I and II. See instructions for determining a contributor	•
Special Rules		
sections 509(a)(1 contributor, durin	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, an ng the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) EZ, line 1. Complete Parts I and II.	d that received from any one
contributor, during literary, or educa	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ng the year, total contributions of more than \$1,000 exclusively for religious, charitable, so tional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (6) instead of the contributor name and address), II, and III.	sientific,
year, contribution is checked, ente purpose. Don't c	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from as exclusively for religious, charitable, etc., purposes, but no such contributions totaled may here the total contributions that were received during the year for an exclusively religious omplete any of the parts unless the General Rule applies to this organization because it ble, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>
answer "No" on Part IV, lin	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF ing requirements of Schedule B (Form 990).	
LHA For Paperwork Reduc	ction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page **2**

Name of organization	Employer identification number
1.0077	05.2405050
ACCEL	95-3497070

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 2	Name, address, and ZIP + 4	Total contributions - \$ 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		_ \$ 50,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. <u>4</u>	Name, address, and ZIP + 4	Total contributions - \$ 5,000.	Person X Payroll
(a)	(b)	(c) Total contributions	(d)
No. 5	Name, address, and ZIP + 4	S	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Hamo, address, and EIF T T	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

ACCEL

95-3497070

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
10	Name, address, and ZIP + 4	* \$ 227,802.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	Hame, audiess, and ZIF + +	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

ACCEL 95-3497070

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	lditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(с) Total contributions Тур	(d) be of contribution
13		\$ 50,000. Pa	rson X yroll oncash blete Part II for ash contributions.)
(a)	(b)	(c) Total contributions Typ	(d) be of contribution
No. 14	Name, address, and ZIP + 4	Pe Pa 300,000. (Com	rson X yroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Typ	(d) be of contribution
15		Pe Pa No (Com	rson X yroll
(a)	(b)	(c)	(d)
16	Name, address, and ZIP + 4	Pe Pa No (Com	rson X yroll oncash olete Part II for ash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Typ	(d) be of contribution
17	Hame, audi 655, anu ZiF + 4	Pe Pa 10,000. (Com	rson X yroll oncash olete Part II for ash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Typ	(d) be of contribution
18		Pe Pa 10,000. (Com	rson X yroll

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

ACCEL

95-3497070

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

Schedule B (Form 990) (2021) Pag

Name of organization

Employer identification number

ACCEL

95-3497070

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.							
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
	\$						
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
	\$						
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
	\$						
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
	\$						
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
	\$						
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
	(b) Description of noncash property given (b) Description of noncash property given	(b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) FMV (or estimate) (See instructions.) (e) FMV (or estimate) (See instructions.) (f) FMV (or estimate) (See instructions.) (g) FMV (or estimate) (See instructions.) (h) Description of noncash property given (g) FMV (or estimate) (See instructions.) (g) FMV (or estimate) (See instructions.) (h) Description of noncash property given (g) FMV (or estimate) (See instructions.) (h) Description of noncash property given (g) FMV (or estimate) (See instructions.) (h) Description of noncash property given (g) FMV (or estimate) (See instructions.)					

Schedule B (Form 990) (2021)

Name of organization

Page 4

Employer identification number

ivarrie or or	ganization		Employer identification number
ACCEL Part III			95-3497070 tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year
	from any one contributor. Complete columns (completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or le	/. For organizations ss for the year. (Enter this info. once.) \$
(a) No.	Use duplicate copies of Part III if additiona	Il space is needed.	1
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Toursefaurate name adduses	(e) Transfer of gift	Deletionalis of transferred to transferre
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(2)peec c. g	(c, ccc c. g	(a, 2000) paon o mon gine no a
		(e) Transfer of gift	
	Transferee's name, address,	and 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
	Transferee's name, address,	(e) Transfer of gift	Relationship of transferor to transferee
	Transieree 3 fiame, address,		Relationship of transfer of to transfer ee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- Faiti			
-		(e) Transfer of gift	
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Employer identification number

Name of the organization

	ACCEL			95-3497070	
Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accoun	ts. Complete if the	ne
	organization answered "Yes" on Form 990, Part IV, lin	e 6.			
		(a) Donor advised funds	(b) Fun	ds and other accou	ınts
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 v	writing that the assets held in donor advis	ed funds		
	are the organization's property, subject to the organization's	· ·		Yes	No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor of	• •	-		
	impermissible private benefit?	, , ,	ū	Yes	☐ No
Pai		ganization answered "Yes" on Form 990,	Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization				
	Preservation of land for public use (for example, recrea	tion or education) Preservation of	f a historically	important land area	a
	Protection of natural habitat	Preservation of	-	-	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservat	tion easement on th	ne last
	day of the tax year.			Held at the End of th	
а	Total number of conservation easements		2a		
b	T				
С	Number of conservation easements on a certified historic stru				
d	Number of conservation easements included in (c) acquired a				
	listed in the National Register	•			
3	Number of conservation easements modified, transferred, rele			during the tax	
	year >	,	· ·	· ·	
4	Number of states where property subject to conservation eas	sement is located			
5	Does the organization have a written policy regarding the per				
	violations, and enforcement of the conservation easements it	holds?		Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting,				ear
	>				
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easement	s during the year	
	> \$				
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?			Yes	☐ No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and	d	
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statement	ents that desc	ribes the	
	organization's accounting for conservation easements.				
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	her Similaı	r Assets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement a	nd balance sh	neet works	
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in fu	ırtherance of p	oublic	
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these item	IS.		
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and I	palance sheet	works of	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of pub	olic service,	
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1		> :	\$	
	(m) A			\$	
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financia	l gain, provide	,	
	the following amounts required to be reported under FASB A	SC 958 relating to these items:			
а	Revenue included on Form 990, Part VIII, line 1		> :	\$	
b	Assets included in Form 990, Part X				

132051 10-28-21

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

Schedule D (Form 990) 2021

Sche	dule D (Form 990) 2021 ACCEL							95-349	7070	Pa	age 2
	rt III Organizations Maintaining Coll	ections of Art	, Histo	orical Tre	asures, o	r Other	Similar	Assets	(contin	ued)	-9-
3	Using the organization's acquisition, accession,								,		
	collection items (check all that apply):			•	ŭ	· ·					
а	Public exhibition	d		Loan or exc	hange progra	am					
b	Scholarly research	е			5 1 5						
С	Preservation for future generations										
4	Provide a description of the organization's collection	ctions and explain	how th	ev further th	e organizatio	n's exemi	ot purpos	e in Part I	XIII.		
5	During the year, did the organization solicit or re	· ·		-	-	•					
•	to be sold to raise funds rather than to be maintain								Yes		No
Par	rt IV Escrow and Custodial Arrange										,
	reported an amount on Form 990, Part X			9			,	, .	,		
	Is the organization an agent, trustee, custodian	or other intermedia	arv for c	contributions	s or other ass	sets not in	cluded				
	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII and								,		,
-	Too, oxplain the arrangement in tare xiii and		ownig a	abio.					Amount		
С	Beginning balance						1c				
ď	Additions during the year						1d				
٠ -	Distributions during the year						1e				
f	Ending balance						1f				
	Did the organization include an amount on Form								Yes		No
	If "Yes," explain the arrangement in Part XIII. Ch					-]
	rt V Endowment Funds. Complete if th										
	· · · · · · · · · · · · · · · · · · ·	a) Current year		rior year	(c) Two year		d) Three ye	ars back	(e) Four	vears	back
1a	Beginning of year balance	<i></i>	. ,		, ,	<u> </u>	, ,		. ,		
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
۰ و	Other expenditures for facilities										
ŭ	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the current	vear end halance	line 10	L column (a)) held as:	<u> </u>		ı			
a	Board designated or quasi-endowment	year end balance	/ (iii)	j, ooiaiiii (a)	, riola ao.						
b	Permanent endowment	%	_′°								
c	Term endowment ▶ %										
Ū	The percentages on lines 2a, 2b, and 2c should	egual 100%									
За	Are there endowment funds not in the possession	•	tion that	t are held an	nd administer	ed for the	organizat	ion			
-	by:	or the organization	tion that	aro mora ar	ia aarriiriiotor	04 101 1110	organizat			Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
h	If "Yes" on line 3a(ii), are the related organization	ne lietad ae raquira	ad on Sc	rhedule R2					3b		
4	Describe in Part XIII the intended uses of the organization								COD		
	rt VI Land, Buildings, and Equipmen		VIIICIII II	urius.							
1 0	Complete if the organization answered "\		Part IV	line 11a. S	ee Form 990	. Part X. lii	ne 10.				
	Description of property	(a) Cost or ot			or other		cumulated	, T	(d) Book	voluc	
	Description of property	basis (investm			(other)		reciation	1	(u) book	value	•
10	Land	223.3 (11133411			,849,540.	ч	- 5.4.1017		1	849,	540
_	Land				,287,591.		2,820,3	48		467,	
b	Buildings				,392,043.		677,0			714,	
ט	Leasehold improvements				,140,200.		911,2			228,	
d	Equipment Other				,323,452.		528,0	-		795,	
_	Ou 101	1		_	,,		, 0			,	

Schedule D (Form 990) 2021

13,056,083.

e Other.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2021 ACCEL			95-3497070	Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	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 e	nd-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.				
	on Form 000 Dort IV line 1	II a Caa Farm 000 Part V line 12		
Complete if the organization answered "Yes" (and of viocii in and in a	- value
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	riu-or-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" of	on Form 990, Part IV, line 1	I1d. See Form 990, Part X, line 15.		
(a)	Description		(b) Book	value
(1) DEPOSITS				50,543.
(2) BOND SINKING FUND			1.	754,052.
(3) DUE FROM ACCEL INT'L INC				789,677.
(4) RIGHT-OF-USE ASSETS				552,783.
(5)				
(5) (6)			_	
			+	
(8)			+	
(9)				147 055
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u>15.)</u>		<u>▶</u> /,.	147,055.
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X, line 2		
1. (a) Description of liability			(b) Book	value
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)			1	
(9)			1	
Total. (Column (b) must equal Form 990. Part X. col. (B) line	25.)			
2. Liability for uncertain tax positions. In Part XIII, provide	•		that reports the	
			· ·	,
organization's liability for uncertain tax positions under	I MOD MOD 140. UTIECK TIE	io ii tile tevr ol tile lootilote has been f	JIOVIGEU III FAIL A	

Schedule D (Form 990) 2021

Schedule D	(Form 990) 2021 ACCEL		95-3497070	Page 4
Part XI	Reconciliation of Revenue per Audited Financial Sta	tements With Revenu	e per Return.	<u> </u>
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.		
1 Total	revenue, gains, and other support per audited financial statements		1	
2 Amou	ints included on line 1 but not on Form 990, Part VIII, line 12:			
a Net u	nrealized gains (losses) on investments	2a		
b Dona	ted services and use of facilities	2b		
c Reco	veries of prior year grants	2c		
d Other	(Describe in Part XIII.)	2d		
	nes 2a through 2d			
3 Subtr	act line 2e from line 1		3	
4 Amou	ints included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
a Inves	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other	(Describe in Part XIII.)	4b		
	nes 4a and 4b			
5 Total	revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	5	
Part XII	Reconciliation of Expenses per Audited Financial Sta	-	ses per Heturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.		
			1	
	ints included on line 1 but not on Form 990, Part IX, line 25:	1 1		
a Dona	ted services and use of facilities	2a		
	year adjustments			
	losses			
	(Describe in Part XIII.)	`		
	nes 2a through 2d			
3 Subtr	act line 2e from line 1		3	
4 Amou	ints included on Form 990, Part IX, line 25, but not on line 1:	1 1		
	ment expenses not included on Form 990, Part VIII, line 7b	4a		
	(Describe in Part XIII.)	4b		
	nes 4a and 4b			
5 Total	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Supplemental Information.	8.)	5	
	descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a		act, iiio i, rati, iiio 2, ra	

SCHEDULE E

(Form 990)

Department of the Treasury Internal Revenue Service

Schools

► 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.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization ACCEL Employer identification number 95-3497070

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			
	bylaws, other governing instrument, or in a resolution of its governing body?	1	Х	
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 on its primary publicly accessible Internet			
	homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the			
	homepage, or 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.			
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c	Х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
	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:			
а	Students' rights or privileges?	5a		X
b	Admissions policies?	5b		X
С	Employment of faculty or administrative staff?	5c		X
d	Scholarships or other financial assistance?	5d		X
	Educational policies?	5e		Х
	Use of facilities?	5f		X
g	Athletic programs?	5g		X
	Other extracurricular activities?	5h		Х
	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?	6a	Х	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		X
	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through			
	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial pondiscrimination? If "No " explain on Part II	7	Х	

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

Schedule E (Form 990) 2021

Schedule E	(Form 990) 2021 ACCEL	95-3497070	Page 2
Part II	Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as		<u> </u>
	applicable. Also provide any other additional information.		
LINE 6 -	EXPLANATION OF GOVERNMENT FINANCIAL AID:		
THE ORGAN	IZATION'S ADULT SERVICES PROGRAM RECEIVES FUNDING FROM THE		
ARIZONA I	DEPARTMENT OF ECONOMIC SECURITY FOR ADULTS WITH FUNCTIONAL		
DISABILIT	TIES AGE 18 AND OVER.		
-			
-			

SCHEDULE F (Form 990)

Department of the Treasury

Statement of Activities Outside the United States

 \blacktriangleright 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.

2021
Open to Public Inspection

Internal Revenue Service

Employer identification number

vame or th	e organization					Employer identifi	cation number
ACCEL						95-3497070	
Part I	General Infor	mation on A	ctivities Out	side the United States. Comple	te if the organ	ization answered "Y	'es" on
	Form 990, Part IV						
				ds to substantiate the amount of its gra			
the g	rantees' eligibility fo	or the grants or a	issistance, and t	he selection criteria used to award the	grants or assis	tance?	Yes No
2 For	grantmakers. Desc	ribe in Part V the	organization's r	procedures for monitoring the use of its	grants and oth	ner assistance outsi	de the
	ed States.		organization of	stoccarios for mornicoling the acc of he	granto ana oti		40 1110
3 Activ	rities per Region. (Th	ne following Part	I, line 3 table ca	n be duplicated if additional space is n	eeded.)		
(a) Region	(b) Number of	(c) Number of employees,	(d) Activities conducted in the region		vity listed in (d)	(f) Total expenditures
		offices in the region	agents and	(by type) (such as, fundraising, program services, investments, grants to		gram service, specific type	for and
			contractors in the region	recipients located in the region)		(s) in the region	investments in the region
MIDDLE E	AST AND		in the region				
NORTH AF	RICA -						
ALGERIA,	BAHRAIN,				TRAIN SPECI	AL EDUCATION	
DJIBOUTI	, EGYPT,	2	98	SPECIAL EDUCATION SCHOOL	SERVICE PRO	VIDERS.	7,247,001.
• • • • • •		2	^^				7 247 001
3 a Subt	otal	2	98				7,247,001.
	ts to Part I	0	0				0.
	Is (add lines 3a						
	3b)	2	98				7,247,001.

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

Schedule F (Form 990) 2021

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)
			recognized as charities by the t					I
exempt 501(c)(3) orga 3 Enter total number of			or counsel has provided a sect			>		

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.							
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other

95-3497070 Page **4**

Schedule F (Form 990) 2021 ACCEL
Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	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? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	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? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	X Yes	☐ No

Schedule F (Form 990) 2021

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

2021

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Department of the Treasury

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

Name of the organization

ACCEL

Part I Questions Regarding Compensation

Yes No

1a. Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990

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

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

Schedule J (Form 990) 2021

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	I-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) GORDON COMFORT	(i)	178,889.	15,525.	0.	0.	41,711.	236,125.	0.
C00	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) RAYMOND DAMM III	(i)	98,444.	90,025.	0.	19,500.	25,600.	233,569.	0,
CEO	(ii)	0.	0.	0.	0.	0.	0.	0,
(3) MITCHELL MOORE	(i)	150,891.	15,025.	0.	0.	17,488.	183,404.	0,
CFO	(ii)	0.	0.	0.	0.	0.	0.	0,
(4) JESSICA BUSTAMANTE	(i)	138,319.	15,025.	0.	1,135.	22,905.	177,384.	0,
CHIEF ADVANCEMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JONATHAN EVANS	(i)	103,594.	6,000.	0.	4,647.	41,680.	155,921.	0.
PRINCIPAL	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

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.
PART I, LINE 7:
BONUS PAYMENTS ARE MADE FOR MEETING ORGANIZATIONAL GOALS AND WITH THE
APPROVAL OF THE BOARD OF DIRECTORS.

SCHEDULE K (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,

explanations, and any additional information in Part VI.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2021 Open to Public Inspection

Name of the organization

Employer identification number

ACCEL									-	97070			
Part I Bond Issues SEE	PART VI FOR C	OLUMN (A) CONT	INUATIONS										
(a) Issuer name	(a) Issuer name (b) Issuer EIN (c) CUSIP # (d)		(d) Date issued	(e) Issue p		(f) Description	on of purpose	(g) De	feased	1	behalf suer	(i) Po	
								Yes	No	Yes	No	Yes	No
AZ INDUSTRIAL DEVELOPMENT AUTHORITY						REFUNDING, F	ACILITIES						
A EDUCATION FACILITY REVENUE BOND 2018		04052BGK4	08/01/18	14,2	05,000.	ACQUISITION			Х		Х	Х	
AZ INDUSTRIAL DEVELOPMENT AUTHORITY													
B EDUCATION FACILITY REVENUE BOND 2018		04052BGL2	08/01/18	5	25,000.	FUNDING RESE	RVE		Х		Х	i	Х
С													
D Duranti Duranti													
Part II Proceeds									$\overline{}$		_		
1 Amount of bonds retired			A			В	С				D		
2 Amount of bonds legally defeased													
3 Total proceeds of issue			14,2	205,000.		525,000.							
4 Gross proceeds in reserve funds													

		4		В		<i>;</i>	L)
Amount of bonds retired								
Amount of bonds legally defeased								
Total proceeds of issue	14	1,205,000.		525,000.				
Gross proceeds in reserve funds								
Capitalized interest from proceeds								
Proceeds in refunding escrows								
Issuance costs from proceeds		790,152.		29,203.				
Credit enhancement from proceeds								
Working capital expenditures from proceeds								
Capital expenditures from proceeds	10	,204,606.						
Other spent proceeds		3,210,242.		525,000.				
Other unspent proceeds								
Year of substantial completion		2018		2018				
	Yes	No	Yes	No	Yes	No	Yes	No
Were the bonds issued as part of a refunding issue of tax-exempt bonds (or,								
if issued prior to 2018, a current refunding issue)?	X			Х				
Were the bonds issued as part of a refunding issue of taxable bonds (or, if								
issued prior to 2018, an advance refunding issue)?		Х		Х				
Has the final allocation of proceeds been made?	Х			Х				
Does the organization maintain adequate books and records to support the								
final allocation of proceeds?	Х			Х				
	Amount of bonds legally defeased Total proceeds of issue Gross proceeds in reserve funds Capitalized interest from proceeds Proceeds in refunding escrows Issuance costs from proceeds Credit enhancement from proceeds Working capital expenditures from proceeds Capital expenditures from proceeds Other spent proceeds Other unspent proceeds Year of substantial completion Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? Has the final allocation of proceeds been made? Does the organization maintain adequate books and records to support the	Amount of bonds retired Amount of bonds legally defeased Total proceeds of issue Gross proceeds in reserve funds Capitalized interest from proceeds Proceeds in refunding escrows Issuance costs from proceeds Credit enhancement from proceeds Working capital expenditures from proceeds Capital expenditures from proceeds Other spent proceeds Other unspent proceeds Year of substantial completion Yes Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? Has the final allocation of proceeds been made? X Does the organization maintain adequate books and records to support the final allocation of proceeds?	Amount of bonds legally defeased Total proceeds of issue	Amount of bonds retired Amount of bonds legally defeased Total proceeds of issue 14, 205, 000. Gross proceeds in reserve funds Capitalized interest from proceeds Proceeds in refunding escrows Issuance costs from proceeds Working capital expenditures from proceeds Year of substantial completion Vera of substantial completion of proceeds Vera of substantial completion of proceeds been made? X Does the organization maintain adequate books and records to support the final allocation of proceeds?	Amount of bonds retired Amount of bonds legally defeased Total proceeds of issue 14,205,000. 525,000. Gross proceeds in reserve funds Capitalized interest from proceeds Proceeds in refunding escrows Issuance costs from proceeds Working capital expenditures from proceeds Capital expenditures from proceeds Cother unspent proceeds Year of substantial completion Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, a current refunding issue)? Were the onds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? X	Amount of bonds retired Amount of bonds legally defeased Total proceeds of issue Gross proceeds in reserve funds Capitalized interest from proceeds Proceeds in refunding escrows Susuance costs from proceeds Working capital expenditures from proceeds Capital expenditures fro	Amount of bonds retired Amount of bonds legally defeased Total proceeds of issue 14,205,000. 525,000. Gross proceeds in reserve funds Capitalized interest from proceeds Proceeds in refunding escrows Issuance costs from proceeds Working capital expenditures from proceeds Capital expenditures from proceeds Working capital expenditures from proceeds Capital expenditures from proceeds Working capital expenditures from proceeds Capital expenditures from proceeds Working capital expenditures from proceeds Capital expenditures from proceeds Vere of substantial completion Tyes No Yes No Yes No Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? X X X Does the organization maintain adequate books and records to support the final allocation of proceeds? X X X X X X X X X X X X X X X X X X X	Amount of bonds retired Amount of bonds legally defeased Total proceeds of issue Capitalized interest from proceeds Proceds in refunding escrows Issuance costs from proceeds Capital expenditures from proceeds Working capital expenditures from proceeds Capital expenditures f

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

Schedule K (Form 990) 2021

 Schedule K (Form 990) 2021
 ACCEL
 95-3497070
 Page 2

Par	t III Private Business Use								
			A	E	3	())
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?		Х		Х				
За	Are there any management or service contracts that may result in private								
	business use of bond-financed property?		Х		Х				
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?								
С	Are there any research agreements that may result in private business use of								
	bond-financed property?		Х		Х				
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?		Х		Х				
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?		Х		Х				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
	disposed of		%		%		%		<u>%</u>
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
	sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all								
	nonqualified bonds of the issue are remediated in accordance with the								
	requirements under Regulations sections 1.141-12 and 1.145-2?	Х		Х					
Par	t IV Arbitrage								
			Α	E	i l	`			ĺ
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		Х		Х				
	If "No" to line 1, did the following apply?								T
	Rebate not due yet?		X		X				
	Exception to rebate?		Х		Х				
С	No rebate due?		Х		Х				
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	performed		T						T
3	Is the bond issue a variable rate issue?		Х		X				

Schedule K (Form 990) 2021 ACCEL 95-3497070 Page **3**

Part IV Arbitrage (continued)								
		A	ı	3		С)
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		Х		Х				
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		Х				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		Х		Х				
7 Has the organization established written procedures to monitor the								
requirements of section 148?	Х		Х					
Part V Procedures To Undertake Corrective Action								
		A	I	3		C)
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?	Х		Х					
Part VI Supplemental Information. Provide additional information for responses to question	s on Schedule	e K. See instr	uctions.					
SCHEDULE K, PART I, BOND ISSUES:								
(A) ISSUER NAME:								
AZ INDUSTRIAL DEVELOPMENT AUTHORITY EDUCATION FACILITY REVENUE BOND 201	8A							
(A) ISSUER NAME:								
AZ INDUSTRIAL DEVELOPMENT AUTHORITY EDUCATION FACILITY REVENUE BOND 201	8B							

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for the latest information. **Employer identification number**

ACCEL 95-3497070 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 REVEIWED BY THE CFO 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 REQUEST, IN PERSON, AT THE ORGANIZATION'S MAIN OFFICE.

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

Schedule O (Form 990) 2021

SCHEDULE R (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.

Department of the Treasury Internal Revenue Service

Name of the organization

ACCEL

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

95 - 3497070

(a)	(b)	(c)	(d)	(e)) T		(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	I	II		Direct o	controlling ntity	9
Part II Identification of Related Tax-Exempt Or organizations during the tax year.	ganizations. Complete if the organization a	answered "Yes" on Form 990), Part IV, line 34, I	pecause it had one	or more r	elated tax-exe	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) t controlling entity	conti	g) 512(b)(13) rolled ity?
				501(c)(3))			Yes	No
ACCEL FOUNDATION - 46-2359150	TO PROMOTE COMMUNITY							
10251 N 35TH AVE PHOENIX, AZ 85051	AWARENESS FOR CHILDREN AND ADULTS WITH SPECIAL NEEDS	ARIZONA	501(C)(3)	LINE 7	ACCEL			х

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.

and the state of t											
(a)	(b) (c) (d)		(e)	(f)	(g)	(1	h)	(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Direct controlling entity entity Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of total income	Share of total income	al Share of end-of-year assets Disproportionate amount in 20 of Sche	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partn	Percentage ownership
		foreign country)		sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes	10
]										
	1										
	1										
	1										
	1										
	1										
		l		l		l			1		

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 country)	(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	ent	tion b)(13) rolled tity?
ACCEL INT'L, INC 83-3862716 10251 N 35TH AVE									No
PHOENIX, AZ 85051	MANAGEMENT	DE	ACCEL	C CORP	0.	0.	100%		X

Page 2

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions wit	ith one or more rel	ated organizations listed ir	n Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х
	Gift, grant, or capital contribution to related organization(s)				1b		Х
	Gift, grant, or capital contribution from related organization(s)				1c		Х
	Loans or loan guarantees to or for related organization(s)				1d	Х	
	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f		Х
g	Sale of assets to related organization(s)				1 g		Х
	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
- 1	Performance of services or membership or fundraising solicitations for related organizations	-t: (-)			11		Х
m	Performance of services or membership or fundraising solicitations by related organizat	tion(s)			1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	s)			1n	Х	
o	Sharing of paid employees with related organization(s)				10	Х	
р	Reimbursement paid to related organization(s) for expenses				1p	Х	
	Reimbursement paid by related organization(s) for expenses				1q		Х
r	Other transfer of cash or property to related organization(s)				1r		Х
s	Other transfer of cash or property from related organization(s)				1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who n	must complete thi	s line, including covered re	elationships and transaction thresholds.			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	volved		
1) 2	ACCEL INT'L, INC.	D	789,677.	FMV			
۵۱							

| Table | Tabl

Page 3

Schedule R (Form 990) 2021 ACCEL 95-3497070 Page 4

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 all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionat allocatio	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) Percentage ownership

Schedule R (Form 990) 2021 ACCEL	95-3497070	Page 5
Schedule R (Form 990) 2021 ACCEL Part VII Supplemental Information		
Provide additional information for responses to questions on Schedule R. See instructions.		
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:		
NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:		
ACCEL FOUNDATION		
EIN: 46-2359150		
10251 N 35TH AVE		
DUOTINITY 17 05051		
PHOENIX, AZ 85051		
PRIMARY ACTIVITY: TO PROMOTE COMMUNITY AWARENESS FOR CHILDREN AND ADULTS		
TRIMARI ACTIVITI: TO FROMOTE COMMONITI AWARENESS FOR CHILDREN AND ADULIS		
WITH SPECIAL NEEDS		
THE GLICIAL KILLDS		
DIRECT CONTROLLING ENTITY: ACCEL		

CARRYOVER DATA TO 2022

Name ACCEL	Employer Identification Number 95–3497070
Based on the information provided with this return, the following are possible carryover amounts to next year.	
FEDERAL PRE-2018 NET OPERATING LOSS	649,719.
FEDERAL AMT NET OPERATING LOSS	654,145.
TEDERAL ANT NET OFERATING BOSS	
	<u> </u>
	_
	

Name: ACCEL FEIN: 95-3497070

	and Entity: PRE 382 Annual Limitation	-2018 NOL FED	Section 382 Carryover		DETAIL C	ARRYOVER SCH					
Year Origi- nated	Original Carryover Amount	Total Amount Used	Amount Used for 06/30/18	Amount Used for							
2013	191,827.	35,257.	35,257.								
2013 2014 2015 2016	168,430. 130,215										
2020	200,220.										
/	E Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
Detail Type	S Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for
	<u>c</u> —										
1											
1											
/											

Name: ACCEL FEIN: 95-3497070

		nd Entity: AMT 82 Annual Limitation	NOL FED	TOL FED DETAIL CARRYOVER SCHEDULE Section 382 Carryover								
·	'ear Prigi-	Original Carryover Amount	Total Amount Used	Amount Used for 06/30/18	Amount Used for							
	2013 2014	194,504.	30,831.	30,831.								
C	2015	194,504. 191,827. 168,430. 130,215.										
E	2016	130,215.										
A B C D E F G H												
I												
J K												
L M												
N												
P												
R												
T												
K L M N O P Q R S T U V W												
		E Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
	etail ype	S Used for B	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for
		<u> </u>										
B C												
A B C D E F G H												
F												
H I												
J												
K L												
M N												
K L M N O P Q R S T U V												
Q R												
S T												
Ů V												
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Form **8925**

Report of Employer-Owned Life Insurance Contracts

OMB No. 1545-2089

(Rev. September 2017)
Department of the Treasury
Internal Revenue Service (99)

▶ Attach to the policyholder's tax return. See instructions.▶ Go to www.irs.gov/Form8925 for the latest information.

Attachment Sequence No. **160**

Na	me(s) shown on return	Identifying	g number		
AC	CEL		95-3497070		
Na	me of policyholder, if different from above	Identifying r	fying number, if different from above		
,	De of business				
1	Enter the number of employees the policyholder had at the end of the tax year	1	440.		
2	Enter the number of employees included on line 1 who were insured at the end of the tax year under the				
	policyholder's employer-owned life insurance contract(s) issued after August 17, 2006. See Section				
	1035 exchanges for an exception	2	1.		
3	Enter the total amount of employer-owned life insurance in force at the end of the tax year for employees				
	who were insured under 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 instructions	lo			
b	If "No," enter the number of employees included on line 2 for whom the policyholder does not have a valid				
	consent	4b			