$_{\text{Form}} 990$

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α Ι	For the	2022 calenda	ar year, or tax year beginnir	ng		, 2022, a	and endir	ng		, 20
В	Check if a	applicable:	C Name of organization AC	celerator for Am	erica) Emplo	oyer identification number
	Address	change	Doing business as							82-1702618
	Name ch	ange	Number and street (or P.O. bo	ox if mail is not delivered t	o street address)		Room/su	ite E	E Telepl	hone number
	nitial retu	ırn	1171 E Alosta Ave	Suite 111						(626)966-5600
	inal retu	rn/terminated	City or town, state or province	, country, and ZIP or fore	ign postal code				G Gross	s receipts
$\overline{\Box}$	Amended	I return	Azusa, CA 91702-	2740					\$	2,101,768
Ē,	Applicatio	on pending	F Name and address of principa					H(a) Is this a gr	oup return f	
_								H(b) Are all su	ubordinate	es included? Yes No
	Fax-exen	npt status:	501(c)(3) 501(c) () (insert no.)	4947(a)(1) or	527		1		st. See instructions
	Nebsite:		w.acceleratorforameric			-		H(c) Group ex		
		organization: X		sociation Other		L Year of format	ion: 201			gal domicile: CA
	rt I	Summary				2 100 0 10 110	201	1 0.	ato or log	<u> </u>
	1	•	ribe the organization's miss	ion or most signific:	ant activities: Acc	elerator for	America	a finds and	devel	lons
	'	•	o economic insecurity a	•					dovoi	
			conomic mobility, attrac							
Governance			ure, and deliver a more		•	investment,	Turiu			
rna	2	-	ox if the organization of		•	of more than 24	5% of its	net accets		
ove	3		voting members of the gove					not assets.	3	6
ر ص	4		ndependent voting member	• • •					4	5
Activities &			•		• •	•			5	<u></u>
ĭ	5		er of individuals employed in				• • • •		6	
Act	6		er of volunteers (estimate if	• /						
	7a		ted business revenue from						7a	0
	Ь	ivet unrelate	ed business taxable income	990-1,	Part I, line II		<u> </u>	D: V	7b	0
		0 - 1 - 1 - 1 - 1		41.5				Prior Year	705	Current Year
	8		s and grants (Part VIII, line	•				990,	765	2,100,673
Jue	9	•	rvice revenue (Part VIII, line	•					0.4.4	0
Revenue	10		ncome (Part VIII, column (A		•			1,	644	1,043
ď	11		ue (Part VIII, column (A), lir							52
	12		ue - add lines 8 through 11 (` ,	,		992,		2,101,768
	13		similar amounts paid (Part	, ,	,			323,	634	10,000
	14		d to or for members (Part I)							0
	15		ner compensation, employee	,	, ,	*		773,	383	798,162
Expenses			I fundraising fees (Part IX,	, ,	;)					0
per	b		ising expenses (Part IX, co	, ,		107,074	_			
й	17		ises (Part IX, column (A), lii					901,		953,770
			ses. Add lines 13-17 (must					1,998,0		1,761,932
	19	Revenue les	ss expenses. Subtract line	18 from line 12				(1,005,62	28)	339,836
5	3						Begir	nning of Current		End of Year
sets	20		(Part X, line 16)					2,490,7	65	2,857,327
Net Assets or	21		es (Part X, line 26)					235,		262,563
			or fund balances. Subtract	line 21 from line 20				2,254,9	28	2,594,764
	rt II	Signatui								
			clare that I have examined this retu claration of preparer (other than off				t of my know	vledge and belie	f, it is	
				,		, , , , , , , , , , , , , , , , , , , ,			\Box	
٥.			Ellen Wiederwohl						_ L	
Sig		Signature of office	cer						Dat	ie
Her	е		Ellen Wiederwohl, Pre	sident and CEO						
		Type or print nar	me and title							
		Print/Type pre	eparer's name	Preparer's signature		Date		Check	X if	PTIN
Pai	d	Kevin E.	Fordyce, CPA	Kevin E. Fordyc	e, CPA	11-15-202	3	self-emp	loyed	P01469246
Pre	parer	Firm's name	Kevin E. F	ordyce			F	irm's EIN		
Use	Only	/ Firm's addres	ss 3588 Starl	ing Drive			F	hone no.		
			Frisco TX	75034					469- <u>9</u>	80-7400
May	the IR	S discuss this	retum with the preparer sh	nown above? See ir	nstructions					X Yes No

Accelerator for America 82-1702618 P

Form 990 (2022) Accelerator for Ameri
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	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
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		Χ
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		Χ
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		Χ
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		Χ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Χ
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Χ
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Χ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more		, ,	
~	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Χ
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more	1.10		
Ū	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Χ
А	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Χ
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		^
f	,	445		V
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Χ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40	\ \	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
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		Χ
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		Χ
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		Χ
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		Χ
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		Χ
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Χ
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	

Part IV

(continued)

Checklist of Required Schedules 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 Χ 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 Χ Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 24a \$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..... Χ 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?.... 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?..... 24d 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 J..... 25a Χ 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 Χ 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% 26 Χ 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 Χ 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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV..... 28a b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part I.V............ 28b A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c "Yes," complete Schedule L, Part IV..... 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M....... 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.......... 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part J..... 31 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 Χ 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I...... 33 Χ Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?..... If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.......... 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?If "Yes," complete Schedule R, Part V, line 2...... 36 Х 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VJ....... 37 Χ 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O 38 Х Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable..... 1a 12 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c Х

Form 990 (2022) Accelerator for America 82-1702618 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 8 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Χ Did the organization have unrelated business gross income of \$1,000 or more during the year?..... За Χ За If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule Q......... 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, 4a a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a If "Yes," enter the name of the foreign country b See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Χ 5a Χ Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? С Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a organization solicit any contributions that were not tax deductible as charitable contributions? 6a Χ If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a Χ h 7h Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was С required to file Form 8282? 7c 7d d е Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?.... 7g g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. 9 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a а Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b b 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a а Gross income from other sources (Do not net amounts due or paid to other sources 11h Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? Χ 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O...... 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? 15 If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069.

Part VI

Governance, Management, and Disclosure

Covernance, Management, and Disclosure Toll each Tes Tesponse to lines 2 through 75 below, and for a No
response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response or note to any line in this Part VI

Sec	ction A. Governing Body and Management						
	g and					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		6			
	If there are material differences in voting rights among members of the governing body, or			Ť			
	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 in line 1a, above, who are independent	1b		5			
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			Ī			
	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	ł?			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			Ī	5		Χ
6	Did the organization have members or stockholders?			Ī	6		Χ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			Ī			
	one or more members of the governing body?				7a		Χ
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			Ī			
	stockholders, or persons other than the governing body?				7b		Χ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during						
	the year by the following:						
а	The governing body?				8a	Χ	
b	Each committee with authority to act on behalf of the governing body?			Ī	8b		Χ
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at						
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		Χ
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C)				
						Yes	No
10a	Did the organization have local chapters, branches, or affiliates?				10a		Χ
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,						
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filin			Ī	11a	Χ	
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	Χ	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to co	onflicts?		12b	Χ	
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	Χ	
13	Did the organization have a written whistleblower policy?				13	Χ	
14	Did the organization have a written document retention and destruction policy?			Ī	14	Χ	
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		Χ
b	Other officers or key employees of the organization				15b		Χ
	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		Χ
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 California						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (s	sectio	n 501(c)				
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.						
	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain on Sche	dule	O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte	rest p	olicy,				
	and financial 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 reco	rds.					
	Mary Ellen Wiederwohl (626)966-5600, 1171 E Alosta Ave Suite 111, Azusa, CA 91702-2740						

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

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

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

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

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

Check this box if neither the organization nor any rel	ated organizat	ion co	mper			ny curr	ent	officer, director, or	trustee.	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er and	Pos eck m	son is	han one both an Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Mary Ellen Wiederwohl	40.00	.,		.,						
President and CEO	4.55	Х		Χ				266,200	0	0
(2) Michelle De La Isla	1.00							_		2
Director	1.00	Χ						0	0	0
(3) Steve Benjamin Director	_	Х						0	0	0
	1.00	^						0	0	U
(4) Daniel Carol Director	_	Х						0	0	0
(E) Class Dales	1.00							0	0	0
Treasurer and Secretary	_	X		Х				0	0	0
(6) Jonathan Weiss	1.00									<u> </u>
Chair	_	X		Х				0	0	0
(7)										
(8)										
(9)										
<u>(10)</u>										
<u>(11)</u>										
<u>(12)</u>										
<u>(13)</u>										
<u>(14)</u>										

Part	VII Section A. Officers, Directors, Tru	stees, Key	/ Emp	oloy	ees	s, a	nd Hi	ghe	est Compensat	ed Employees		(cont	tinued)
						(C)							
	(A) Name and title	(B) Average hours per week (list any	box, offic	unles	eck m ss per d a di	rson is	han one s both ar r/trustee)		(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	COI	(F) nated am of other mpensat rom the	r tion
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	_	nization d organi:	
<u>(15)</u>													
<u>(16)</u>													
<u>(17)</u>													
<u>(18)</u>													
<u>(19)</u>													
(20)													
<u>(21)</u>													
(22)_													
<u>(23)</u>													
(24)													
(25)													
1b c	Subtotal												
d 2	Total (add lines 1b and 1c)			hove	5) vad	ho r	acoivo.	4 m	266,200	0 of			0
	reportable compensation from the organization	ted to those i	isieu a	DOVE	<i>5)</i> WI	110 16	ceive	<i>1</i> 1110	ore than \$100,000	JI		ı	1
3	Did the organization list any former officer, direc	tor. trustee. k	ev em	vola	ee.	or hi	iahest	com	npensated			Yes	No
	employee on line 1a? If "Yes," complete Schedu	le J for such	individ	lual.							3		Х
4	For any individual listed on line 1a, is the sum of r organization and related organizations greater the												
	individual					.p.c.		<i>-</i>			4	Х	
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes	•					_				5		X
Section	on B. Independent Contractors	s, complete	Scried	uie c	J 101	Suc	прего	011 .		•			
1	Complete this table for your five highest compensation												
	compensation from the organization. Report comp	pensation for	the cal	enda	ar ye	ear e	nding	with	or within the orgar	nization's tax year.	(C)		
	Name and business addre	SS							Description of service	es	Compens	ation	
	ocalism Associates, Inc, 2404 N Florida St								nsulting			150,0	
1116 L	indy Institute at Drexel Univ., 3600 Market S	J.11 E E l						\es	search			150,0	<u> </u>
	Total number of independent contractors (including	ng but not lim	ited to	thos	e lis	ted a	above)	wh	0				
	received more than \$100.000 of compensation from	-					- /			2			

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Part VIII Statement of Revenue

		Check if Schedule O co	ontains	a response	e or n	ote to any line in thi	s Part VIII			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Program Service Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f f San b c d e f f	Federated campaigns Membership dues Fundraising events	ributior its, gra nclude cluded	ns) nts, d above in		2,100,673 \$ Business Code	2,100,673			
	3 4 5	Total. Add lines 2a-2f Investment income (includion other similar amounts) Income from investment of Royalties	ing divi	idends, inte	rest, a		1,043	1,043		
	С	Gross rents Less: rental expenses Rental income or (loss)	6a 6b 6c	(i) Real		(ii) Personal				
evenue	7a b	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	7a 7b 7c	(i) Securitie		(ii) Other				
Other Rev	8a	Net gain or (loss)	ising on line		8a 8b					
	c 9a b	Net income or (loss) from a Gross income from gaming activities, See Part IV, line Less: direct expenses Net income or (loss) from a control of the con	fundra g 19	ising events	9a 9b					
	10a b	Gross sales of inventory, I returns and allowances Less: cost of goods sold Net income or (loss) from	ess		10a					
Miscellanous Revenue	b c					Business Code 900099	52	52		
Mis R	е	All other revenue Total. Add lines 11a-11d Total revenue. See instruc					52 2.101.768	1.095	0	0

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Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all c	olumns. All other organ	izations must complete	e column (A).	
	Check if Schedule O contains a response or note to	any line in this Part IX			
Do n	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	10,000	10,000		
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				
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	697,766	515,649	113,736	68,381
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	47,394	35,024	7,725	4,645
10	Payroll taxes	53,002	39,169	8,639	5,194
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	106,612		106,612	
d	Lobbying	,		,	
е	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
3	(A) amount, list line 11g expenses on Schedule O.)	115,188	85,124	18,776	11,288
12	Advertising and promotion				,
13	Office expenses	17,413	12,869	2,838	1,706
14	Information technology	4,452	3,290	726	436
15	Royalties	.,	5,255		
16	Occupancy				
17	Travel	67,925	67,925		
18	Payments of travel or entertainment expenses	0.,020	0.,020		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	121,069	121,069		
20	Interest	,,	,,		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,285	2,428	535	322
23	Insurance	462	2,120	462	022
24	Other expenses. Itemize expenses not covered	102		102	
- '	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	Strategic Consultants	327,115	327,115		
b	Communications	125,405	92,674	20,441	12,290
С	Miscellaneous	23,724	17,532	3,867	2,325
d	Software Development	40,024	40,024	3,007	2,323
e	All other expenses	1,096	40,024	110	487
25	Total functional expenses. Add lines 1 through 24e	1,761,932	1,370,391	284,467	107,074
25 26	Joint costs. Complete this line only if the	1,101,332	1,370,381	20 1,4 01	107,074
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				

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 Accelerator for America
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Part X Balance Sheet

		Check if Schedule O contains a response or note	e to an	y line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			1,471,302	1	1,982,466
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			1,011,938	3	862,965
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or former	officer,	director,			
		trustee, key employee, creator or founder, substantial co					
		controlled entity or family member of any of these perso				5	
	6	Loans and other receivables from other disqualified pers		s defined			
		under section 4958(f)(1)), and persons described in sec				6	
	7	Notes and loans receivable, net		() () (7	
ets	8	Inventories for sale or use				8	
Assets	9	Prepaid expenses and deferred charges			2,860	9	9,819
_	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	8,325			
	b	Less: accumulated depreciation	10b	6,248	4,665	10c	2,077
	11	Investments - publicly traded securities		·	1,000	11	2,011
	12	Investments - other securities. See Part IV, line 11		İ		12	
	13	Investments - program-related. See Part IV, line 11		İ		13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 3			2,490,765	16	2,857,327
	17	Accounts payable and accrued expenses			235,837	17	262,563
	18	Grants payable		•••	200,007	18	202,000
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of		dule D		21	
	22	Loans and other payables to any current or former office					
es	22	trustee, key employee, creator or founder, substantial co					
Liabilities		controlled entity or family member of any of these perso				22	
Ľi	23	Secured mortgages and notes payable to unrelated thir				23	
	24	Unsecured notes and loans payable to unrelated third p				24	
	25	Other liabilities (including federal income tax, payables				27	
	20	parties, and other liabilities not included on lines 17-24).					
		of Schedule D	Comp	icto i art A		25	
	26	Total liabilities. Add lines 17 through 25			235,837	26	262,563
	20	Organizations that follow FASB ASC 958, check here	X		200,007	20	202,303
		and complete lines 27, 28, 32, and 33.					
S	27	Net assets without donor restrictions			438,482	27	458,114
DGe	28	Net assets with donor restrictions		ŀ	1,816,446	28	2,136,650
<u>a</u>	20	Organizations that do not follow FASB ASC 958, check			1,010,440	20	2,130,030
Б		and complete lines 29 through 33.	Here				
Ē	20					20	
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipmen				30	
sets	30	Retained earnings, endowment, accumulated income, o		funds		31	
t As	31	_		funds	2 254 029		2 504 764
Ret	32	Total net assets or fund balances		-	2,254,928	32	2,594,764
	33	Total liabilities and net assets/fund balances			2,490,765	33	2,857,327

EEA Form 990 (2022)

Form	n 990 (2022) Accelerator for America	82-1702618		Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,1	01,7	68
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,7	61,9	32
3	Revenue less expenses. Subtract line 2 from line 1	3		339,8	336
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,2	254,9	28
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	2,5	94,7	64
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	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		Χ
	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	Χ	
	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	Χ	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Χ
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	990	(2022)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ.

Employer identification number

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

Open to Public Inspection

\cc	elera	ator for America					82-1702618		
Pa	rt I	Reason for Public Charit	y Status. (All o	rganizations must o	omplete	this par	t.) See instructions	3.	
The	orga	nization is not a private foundation be	ecause it is: (For lin	nes 1 through 12, check of	only one bo	x.)			
1		A church, convention of churches,	or association of c	hurches described in se	ction 170(l	o)(1)(A)(i).			
2		A school described in section 170(b)(1)(A)(ii). (Attach	Schedule E (Form 990)	.)				
3		A hospital or a cooperative hospital	l service organizat	ion described in section	170(b)(1)(A)(iii).			
4		A medical research organization of	perated in conjunct	tion with a hospital descr	ribed in se	ction 170(l	o)(1)(A)(iii). Enter the		
		hospital's name, city, and state:							
5		An organization operated for the be	nefit of a college o	r university owned or ope	erated by a	a governme	ental unit described in		
		section 170(b)(1)(A)(iv). (Complete	Part II.)						
6		A federal, state, or local governme	nt or governmental	I unit described in sectio	n 170(b)(1)(A)(v).			
7	X	An organization that normally receive	ves a substantial pa	art of its support from a g	overnmen	tal unit or f	rom the general public		
		described in section 170(b)(1)(A)(v							
8		A community trust described in sec							
9		An agricultural research organization	on described in sec	ction 170(b)(1)(A)(ix) ope	erated in c	onjunction	with a land-grant colle	ge	
		or university or a non-land-grant co	llege of agriculture	(see instructions). Enter	the name,	city, and s	tate of the college or		
	_	university:							
10		An organization that normally receiveceipts from activities related to its support from gross investment incoacquired by the organization after a	s exempt functions, me and unrelated b June 30, 1975. See	subject to certain exceptusiness taxable income e section 509(a)(2). (Cor	tions; and (less secti nplete Par	(2) no mor ion 511 tax t III.)	e than 33 1/3% of its) from businesses	SS	
11	Ļ	An organization organized and ope	•			. ,	•		
12		An organization organized and ope							
		one or more publicly supported org		, , , ,		. , . ,	. , , ,	Check	
		the box on lines 12a through 12d th	,,	11 0 0		•			
,	a	Type I. A supporting organization				-		ving	
		the supported organization(s) the supported organization Volume			jority of the	airectors	or trustees of the		
	h	supporting organization. You n			with ita aw	anartad ar	anization(a) by boyin	~	
	b	Type II. A supporting organization						-	
		control or management of the s		·	Dersons tria	at control o	r manage the supporte	u	
	_	organization(s). You must com			nootion wi	th and fur	ationally intograted wi	łh.	
	С	its supported organization(s) (s		·			•	ш,	
	d	Type III non-functionally integr						(c)	
	u	that is not functionally integrate	•	•				' '	
		requirement (see instructions).	_				crit and an attentivenes	3	
	е	Check this box if the organization					I Type II Type III		
	•	functionally integrated, or Type				• •	., . , po, . , po		
1	f F	Enter the number of supported organ	•						
		Provide the following information abo		ganization(s).					L
		lame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
	,	0	`,	(described on lines 1-10	listed in you	ır governing	support (see	othe	er support (see
				above (see instructions))	docum	ent?	instructions)	i	nstructions)
					Yes	No			
۸.									
A)									
D)									
B)									
C)									
C)									
D)									
رر									
E)									
Tota	l						I	1	

Schedule A (Form 990) 2022 Accelerator for America 82-1702618 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 810,000 1,939,231 5,067,964 742,417 2,100,673 10,660,285 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 810,000 1,939,231 5,067,964 742,417 2,100,673 10,660,285 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) 7,402,872 Public support. Subtract line 5 from line 4 . 3,257,413 Section B. Total Support (f) Total Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 2,100,673 7 Amounts from line 4 5,067,964 810,000 1,939,231 742,417 10,660,285 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 309 1,054 1,644 5,172 1,043 9,222 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.) 52 52 11 Total support. Add lines 7 through 10 10,669,559 12 Gross receipts from related activities, etc. (see instructions) First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here..... Section C. Computation of Public Support Percentage 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14 30.53 % 15 Public support percentage from 2021 Schedule A, Part II, line 14 15 33.40 16a

16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

X

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

EEA Schedule A (Form 990) 2022

Page 3

Schedule A (Form 990) 2022 Accelerator for America 82-1702618 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities fumished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons . b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support. (Subtract line 7c from line 6.) Section B. Total Support (e) 2022 (f) Total Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 Amounts from line 6 10a Gross income from interest, dividends. payments received on securities loans, rents, royalties, and income from similar sources . b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 С Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, 13 and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage % 15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 Public support percentage from 2021 Schedule A, Part III, line 15 16 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) ... 17 % 18 Investment income percentage from 2021 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ...

Schedule A (Form 990) 2022 Accelerator for America 82-1702618 Page 4

Part IV **Supporting Organizations**

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

occion A. An oupporting organization	Section A	A. All	Supporting	Organization:
--------------------------------------	-----------	--------	------------	---------------

ecuc	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		103	140
-	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.	1		
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).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	lines 3b and 3c below.	За		
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.	3b		
С	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.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
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.	4b		
С	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.	4c		
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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6		
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).	7		
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).	8		
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.	9a		
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.	9b		
С	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.	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings.)	10b		

Parti	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
<u> </u>	provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	4		
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Cootic	supervised, or controlled the supporting organization.	2		
Secuc	on C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	INO
'	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
Ocour	71 B. 7 III 1 ypo III Gupporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		. 00	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on 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	instr	uction	ıs).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	tions)		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2022 Accelerator for America 82-1702618 Page 6

Instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. Section A - Adjusted Net Income (A) Prior Year (B) Current Year (coptional) 1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 Pactories of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income of for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1 Average monthly value of securities 1 Average monthly value of securities 1 Average monthly locash balances 1 Total (add lines 1a, 1b, and 1c) 2 Average monthly value of securities 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt-use assets 4 Total (add lines 1a, 1b, and 1c) 2 Acquisition indebtedness applicable to non-exempt-use assets 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 8 Multiply line 5 by 0.035. 9 Recoveries of prior-year distributions 8 Milimimum Asset Amount (add line 7 to line 6) 8 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Letter 0.5 of line 1. 9 Distributable Amount Subtract line 4 from Section B, line 8, column A) 1 Adjusted net income for prior year (from Section B, line 8, column A) 1 Current Year 5 Current Year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	Part	7 7 7 11 0 0			
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a Average monthly value of securities b Average monthly cash balances c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization					
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3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 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-functionally integrated Type III supporting organization	2		2		
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emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization					
7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization	Ü	•	6		
	7		- 1	tegrated Type III suppor	ting organization
	•	(see instructions).	,	g.a.oa 1,po iii oappoi	g organization

EEA Schedule A (Form 990) 2022

Schedul	e A (Form 990) 2022 Accelerator for America		82-17	7026	18 Page 7			
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Section	Section D - Distributions							
1								
2								
	2							
3	organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purpo	oses of supported organ	izations	3				
4	Amounts paid to acquire exempt-use assets	soco or cupportou organ	izationo	4				
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	VI)	5				
6	Other distributions (describe in Part VI). See instructions.	provide detaile in r art	V1)	6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which	the organization is rest	oneiva	'				
O	(provide details in Part VI). See instructions.	i tile organization is resp	Olisive	8				
	Distributable amount for 2022 from Section C, line 6			9				
9	-			10				
10	Line 8 amount divided by line 9 amount			10	/:::\			
C = =4:	on F. Dietribution Allocations (one instructions)	(i)	(ii)		(iii)			
Section	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions		Distributable			
			Pre-2022		Amount for 2022			
	Distributable amount for 2022 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2022							
	(reasonable cause required - explain in Part VI). See							
	instructions.							
3	Excess distributions carryover, if any, to 2022							
a	From 2017							
b	From 2018							
C	From 2019							
d	From 2020							
е	From 2021							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2022 distributable amount							
i	Carryover from 2017 not applied (see instructions)							
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2022 from							
	Section D, line 7: \$							
а	Applied to underdistributions of prior years							
	Applied to 2022 distributable amount							
С	Remainder, Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2022, if							
_	any. Subtract lines 3g and 4a from line 2. For result							
	greater than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2022. Subtract lines 3h							
Ŭ	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2023. Add lines 3j							
,	and 4c.							
8	Breakdown of line 7:							
	Fyene from 2010							
a_ b	Evenes from 2010							
	Fyrana fram 2000							
	Evenes from 2021							
d								
e	Excess from 2022							

Schedule A (Form 990) 2022

Page 8

Part VI Supplemental Information Provide the explanations required by Part II, line 10: Part II, line 17a or 17b: Part

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

Open to Public

OMB No. 1545-0047

Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Accele	rator for America		82-1702618
Par	t I Organizations Maintaining Donor Advised Fur	nds or Other Similar Funds or Accounts.	
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 6.	
	· · · · · ·	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	
	funds are the organization's property, subject to the organiz	=	∏ Yes ∏ No
6	Did the organization inform all grantees, donors, and donor		
•	only for charitable purposes and not for the benefit of the do		
	conferring impermissible private benefit?		☐ Yes ☐ No
Part			
ı arı	Complete if the organization answered "Yes"	on Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the organization		
ı	Preservation of land for public use (for example, recreating the control of land for public use)		piatorically important land area
			nistorically important land area
	Protection of natural habitat	☐ Preservation of a C	certified historic structure
0	Preservation of open space	Cod accompanies and the Code to the Course of a	
2	Complete lines 2a through 2d if the organization held a quali	itied conservation contribution in the form of a	
	easement on the last day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic st	` '	2c
d	Number of conservation easements included in (c) acquired	l after July 25, 2006, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the or	rganization during the
	tax year		
4	Number of states where property subject to conservation ea	asement is located	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva	ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
8	Does each conservation easement reported on line 2(d) about	ove 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 conserva	ition easements in its revenue and expense st	atement and
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statements	that describes the
	organization's accounting for conservation easements.		
Part	III Organizations Maintaining Collections of	Art, Historical Treasures, or Other S	Similar Assets.
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 9	958, not to report in its revenue statement and	balance sheet works
	of art, historical treasures, or other similar assets held for pu	ublic exhibition, education, or research in furth	erance of public
	service, provide in Part XIII the text of the footnote to its final		
b	If the organization elected, as permitted under FASB ASC 9	958, to report in its revenue statement and bal	ance sheet works of
	art, historical treasures, or other similar assets held for publi	c exhibition, education, or research in furthera	ance of public service,
	provide the following amounts relating to these items:		,
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical tre		·
_	following amounts required to be reported under FASB ASC	_	,1 2
а	Revenue included on Form 990, Part VIII, line 1	•	\$
b	Assets included in Form 990, Part X		\$ *
-			

Part	III Organizations Maintaining Colle	ections of Art,	Historic	al Treas	ures, or Ot	her Si	milar Assets (c	ontinued)		
3	Using the organization's acquisition, accession,	and other record	s, check a	ny of the fo	ollowing that m	nake sig	nificant use of its			
	collection items (check all that apply):									
а	☐ Public exhibition		d	Loan o	r exchange pr	ogram				
b	Scholarly research		е	Other						
С	Preservation for future generations									
4	Provide a description of the organization's colle	ctions and explain	n how they	further the	e organization	's exem	pt purpose in Part			
	XIII.									
5	During the year, did the organization solicit or re	eceive donations	of art, histo	rical treas	ures, or other	similar				
	assets to be sold to raise funds rather than to b	e maintained as p	part of the	organizatio	on's collection	1?		Yes		No
Part	IV Escrow and Custodial Arranger	nents.								
	Complete if the organization an	swered "Yes"	on Forn	n 990, P	art IV, line	9, or r	eported an am	ount on F	orm	
	990, Part X, line 21.						•			
1a	Is the organization an agent, trustee, custodian	or other intermedi	iary for cor	tributions	or other asset	ts not				
	included on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII an							_		
	-						Am	ount		
С	Beginning balance					10	;			
d	Additions during the year					10	ı			
е	Distributions during the year					1e	:			
f	Ending balance					1f				
2a	Did the organization include an amount on Form		21. for es	crow or cu	stodial accour			Yes	П	No
b	If "Yes," explain the arrangement in Part XIII. C						•		П	
Part										
	Complete if the organization an	swered "Yes"	on Forn	n 990. P	art IV. line	10.				
		(a) Current year	(b) Prid		(c) Two years		(d) Three years back	(e) Four ye	ars ba	ck
1a	Beginning of year balance	(1)	(*)	,	(4)		(1)	(1)		
b	Contributions									
С	Net investment earnings, gains, and							+		
_	losses									
d	Grants or scholarships							+		
e	Other expenditures for facilities and							+		
Ü	programs									
f	Administrative expenses							+		
	End of year balance							+		
g 2	Provide the estimated percentage of the current	vear end halance	e (line 1a	column (a)) held ac.					
a	Board designated or quasi-endowment	%	c (iiiic 1g,	coluitiii (a)) Hold as.					
b	Permanent endowment %									
С	Term endowment %									
C	The percentages on lines 2a, 2b, and 2c should	egual 100%								
За	Are there endowment funds not in the possessi		ation that s	re held an	nd administere	d for the	2			
Ja	organization by:	on or the organiz	ation that c	ire ricia ari	a administre	a for the	,	\(\nu\)	es	No
	(i) Unrelated organizations							3a(i)	03	140
h	(ii) Related organizations							3a(ii) 3b		
b	If "Yes" on line 3a(ii), are the related organization	•					•	30		
4 Dort	Describe in Part XIII the intended uses of the o		owmentiu	ius.						
Part			on Forn	000 D	ort IV/ line	110	Soo Form 000	Dort V lin	~ 10	`
	Complete if the organization an).
	Description of property	(a) Cost or other		. ,	r other basis other)	. ,	Accumulated epreciation	(d) Book va	alue	
		(investme	711L)	(0	Julei)	a	apreciation			
1a	Land									
b	Buildings									
C	Leasehold improvements				2.05-		0.5.5			
d	Equipment				8,325		6,248		2,07	1
<u>e</u>	Other	<u> </u>		(5)					0.5:	
otal	Add lines 1a through 1e. (Column (d) must equa	ai⊩orm 990 Part	x column	(B) line '	100)				2 07	/

Schedule D (Form 990) 2022 Accelerator for America Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (b) Book value (c) Method of valuation: Cost or end-of-year market value (including name of security) (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)..... Investments - Program Related. Part VIII Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2)(3)(4) (5)(6)(7) (8) (9)Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)..... Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2)(3)(4) (5) (6) (7) (8) (9)Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)..... Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X,

line 25.

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

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

Schedu	ale D (Form 990) 2022 Accelerator for America		82-1702618	Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue	per Return.	
	Complete if the organization answered "Yes" on Form 990), Part IV, line 12a	ì.	
1	Total revenue, gains, and other support per audited financial statements		1	2,101,768
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	2,101,768
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			, - ,
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b	1.2	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,101,768
Part				2,101,700
1 are	Complete if the organization answered "Yes" on Form 990			
1	Total expenses and losses per audited financial statements		1	1,761,932
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		1	1,701,332
	Donated services and use of facilities	2a		
a		2b		
b	Prior year adjustments Other losses			
C		2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	4 704 000
3	Subtract line 2e from line 1	1 1	3	1,761,932
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	٤)	5	1,761,932
Part				
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part			
2; Part	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	le any additional inform	ation.	

Schedule D (Form 990) 2022 EEA

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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

OMB No. 1545-0047 2022 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer identification number

Accelerator for America						82-1702618	
Part I General Information on Gra	ants and Assistand	e					
1 Does the organization maintain records to		-	-		assistance, and		_
the selection criteria used to award the gra							X Yes No
2 Describe in Part IV the organization's prod							
Part II Grants and Other Assistance	_			-		on Form 990,	
Part IV, line 21, for any recipie			· ·			T	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)Building Energy Exchange KC							
600 Broadway Blvd.							
Kansas City MO 64105			10,000				
(2)							
(2)							
(3)							
(4)							
(5)							
(0)							
(6)							
(7)							
(8)							
(9)							
(10)							
(10)							
0 Faten total number of a cities 504(\\0)	d	dama Barad to de o Proces	l table				
 Enter total number of section 501(c)(3) and Enter total number of other organizations is 	-					_	

Schedule I (Form 990) (2022) Accelerator for America 82-1702618 Page 2 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (e) Method of valuation (book, (b) Number of (c) Amount of (d) Amount of (f) Description of noncash assistance recipients cash grant FMV, appraisal, other) noncash assistance 5 6 Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Part IV

EEA Schedule I (Form 990) (2022)

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

Accelerator for America

Employer identification number

82-1702618

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, 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.			
	☐ Compensation committee ☐ Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations 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		Χ
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:			
а	The organization?	5a		Х
b	Any related organization?	5b		Χ
	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:			
а	The organization?	6a		Χ
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		Χ
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		Χ
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

Schedule J (Form 990) 2022 Accelerator for America 82-1702618 Page 2

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

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

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

	(B) Breakdown of W-2 ar	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns (F) Compensation			
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990		
Mary Ellen Wiederwohl (i)	266,200	0	0	0	0	266,200	0		
1 President and CEO (ii)	0	0	0	0	0	0	0		
(i)									
(i)									
3 (ii)									
(i)									
4 (ii)									
(i) 5									
(i)									
6 (ii)									
(i)									
7 (ii)									
(i)									
8 (ii)									
(i)									
9 (ii)									
(i)									
10 (ii)									
(i)									
11 (ii)									
(i)									
12 (ii)									
(i)									
13 (ii)									
(i)									
14 (ii)									
(i)									
15 (ii)									

Schedule J (Form 990) 2022

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

Employer identification number

Accelerator for America	82-1702618		
01. Committee meeting documentation (Part VI, line 8b)			
There are no committees. All minutes are in board minutes. Governing body minutes are			
documented contemporaneously for each board meeting and appropriate records of them are			
maintained by the Organization.			
02. Form 990 governing body review (Part VI, line 11)			
A copy of the draft 990 is circulated among all of the board members with request for			
comments and corrections before it is approved by the CEO for filing.			
03. Conflict of interest policy compliance (Part VI, line 12c)			
Each Board member must sign an annual Conflict of Interest Policy Certificate certifying			
they have no knowledge of violating or possibly violating the organization's Conflict of			
Interest policy.			
04. Form 990 availability to public (Part VI, line 18)			
The form 990 can be requested by emailing info@acceleratorforamerica.org. It is also			
available for download at www.acceleratorforamerica.org			
05. Governing documents, etc, available to public (Part VI, line 19)			
The organization no longer maintains a physical office, however governing documents can be			
readily obtained by requesting them at info@acceleratorforamerica.org.			

Form 8879-TF

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning

, 2022, and ending

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records.

, 20 2022

Go to www.irs.gov/Form8879TE for the latest information. Name of filer EIN or SSN Accelerator for America 82-1702618 Name and title of officer or person subject to tax Mary Ellen Wiederwohl, President and CEO Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 2,101,768 Form 990 check here Form 990-EZ check here ... b Total revenue, if any (Form 990-EZ, line 9) b Total tax (Form 1120-POL, line 22) Form 1120-POL check here... Form 990-PF check here ... b Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 8868 check here Form 990-T check here 6b 6a 7a Form 4720 check here b Total tax (Form 4720, Part III, line 1)..... 7b Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D) 8b 8a Form 5330 check here b Tax due (Form 5330, Part II, line 19)..... 10a Form 8038-CP check here... b Amount of credit payment requested (Form 8038-CP, Part III, line 22) ... Declaration and Signature Authorization of Officer or Person Subject to Tax I am an officer of the above entity or I am a person subject to tax with respect to (name Under penalties of perjury, I declare that and that I have examined a copy of the of entity) 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only I authorize to enter my PIN as my signature ERO firm name Enter five numbers, but do not enter all zeros on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. 91702 Signature of officer or person subject to tax 11-14-2023 Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 966580 91202 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163. Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature Kevin E. Fordyce, CPA 11-15-2023 Date ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

990	Overflow Statement (This page is not filed with the return. It is for your records only.)		2022 Page 1
Name(s) as shown on return Accelerator for	America		82-1702618
	Contribution Income		
Description Contribution Inc	come T	otal:	Amount \$ 2,100,673 \$ 2,100,673

CAOVFLOW	State Supporting Statements	2022 Page 1
Name(s) as shown on return Accelerator for	America	SSN/FEIN 82-1702618
Description Miscellaneous	Other Income Income Total:	Amount <u>\$ 52</u> \$52
	Other Expenses	
Benefits Strategic Cons Fravel Communication Professional So Legal and Acco Software Deve Miscellaneus Office Expense Information Tec	ervices ounting opment	Amount \$ 53,002 47,394 327,115 188,994 125,405 115,188 106,612 40,024 23,724 17,413 4,452 3,285 675 462 421 \$ 1,054,166