EXTENDED TO NOVEMBER 15, 2022

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

| Α | For the | 2021 calendar year, or tax year beginning and e | ending | | |
|-------------------------|----------------------------|---|---|---|-------------------------------|
| В | Check if applicable | C Name of organization | | D Employer identifi | cation number |
| | Addres change | S ACCELERATING CIRCULARITY INC. | | | |
| | Name change | | | 84-39062 | 95 |
| | Initial return Final | · · · · · · · · · · · · · · · · · · · | Room/suite | E Telephone numbe | |
| | return/ termin- ated | 32 BRIAR BROOK LANE | | (917) 41 | |
| | ated Amend return | City or town, state or province, country, and ZIP or foreign postal code CAMPBELL HALL, NY 10916 | | G Gross receipts \$ H(a) Is this a group re | 784,623. |
| | Applica | | | for subordinates | |
| | tion pendin | SAME AS C ABOVE | | H(b) Are all subordinates in | |
| $\overline{}$ | Tax-exe | mpt status: $X = 501(c)(3)$ 501(c) () (insert no.) 4947(a)(1) or | r 527 | 1 ` ′ | list. See instructions |
| | | E: ► WWW.ACCELERATINGCIRCULARITY.ORG | 02. | H(c) Group exemption | |
| | | organization: X Corporation Trust Association Other | L Year o | | M State of legal domicile: DE |
| | | Summary | 1 - 100. | | otato or rogar dormono, |
| | 1 1 | Briefly describe the organization's mission or most significant activities: OPERA' | TES F | OR THE CHAR | ITABLE, |
| Activities & Governance | | EDUCATION AND SCIENTIFIC PURPOSES OF TRANS | | | |
| nar | 2 | Check this box if the organization discontinued its operations or dispose | | | |
| Ver | 3 1 | | | | 6 |
| ဇ္ | 4 1 | Number of independent voting members of the governing body (Part VI, line 1b) | | | 5 |
| ۆ رە | 5 - | Fotal number of individuals employed in calendar year 2021 (Part V, line 2a) | | | 5 |
| ij | 6 | Total number of volunteers (estimate if necessary) | | | 0 |
| ξį | 7 a - | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. |
| _ < | i d | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | | 0. |
| | | | | Prior Year | Current Year |
| ø. | 8 (| Contributions and grants (Part VIII, line 1h) | | 1,638,390. | 764,523. |
| ž | 9 1 | Program service revenue (Part VIII, line 2g) | | 30,000. | 20,100. |
| Revenue | 10 | nvestment income (Part VIII, column (A), lines 3, 4, and 7d) | | 0. | 0. |
| Œ | 11 (| Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 0. | 0. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 1,668,390. | 784,623. |
| | 13 (| Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| ç | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 184,989. | 357,156. |
| Expenses | 16a I | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. |
| Σ | b | Fotal fundraising expenses (Part IX, column (D), line 25) | <u>7. </u> | | |
| Ŵ | 17 (| Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 161,673. | |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 346,662. | 587,988. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | 1,321,728. | 196,635. |
| Sor | 9 | | Beg | ginning of Current Year | End of Year |
| Net Assets or | 20 | Total assets (Part X, line 16) | | 1,352,002. | 1,543,837. |
| at Ag | 21 | Total liabilities (Part X, line 26) | | 4,800. | 0. |
| Ž | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 1,347,202. | 1,543,837. |
| | art II | Signature Block | | | |
| | | ties of perjury, I declare that I have examined this return, including accompanying schedules a | | | / knowledge and belief, it is |
| true | e, correct | , and complete. Declaration of preparer (other than officer) is based on all information of whic | cn preparer | nas any knowledge. | |
| <u> </u> | | Signature of officer | | I Date | |
| Sig | | KARLA MAGRUDER, PRESIDENT | | Duto | |
| Hei | re | Type or print name and title | | | |
| | | Print/Type preparer's name Preparer's signature | | Date Check | PTIN |
| Pai | d i | ADAM REISS | | if self-employ | yed P01776010 |
| | parer | Firm's name ► SCHULMAN LOBEL ET AL LLP | 1 | | 22-3840651 |
| | Only | | FLOOR | | |
| | - | NEW YORK, NY, NY 10018 | | Phone no. (2 | 12) 868-5781 |
| Ma | y the IR | S discuss this return with the preparer shown above? See instructions | | | X Yes No |

4d Other program services (Describe on Schedule O.)

(Expenses \$\frac{\text{including grants of \$}}{\text{A C Q 1 2 A}}\) (Revenue \$\text{\$}

4e Total program service expenses ▶

462,134.

Form 990 (2021) ACCELERATING CIRCULARITY INC. 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)? | | 37 | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | 7.7 |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | 7.7 |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | , |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | Х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | | Х |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | Х |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | Х |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | Х |
| 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 | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | Х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 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 | | X |
| 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 | | X |
| 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 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | X |
| 20a | · | 20a | | Х |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | Х |

ACCELERATING CIRCULARITY INC. 84-3906295 Page 4 Part IV Checklist of Required Schedules (continued) Yes No 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 Х 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete 23 Х Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х Schedule K. If "No," go to line 25a 24a b 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 I 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Х 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Х 26 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 Х 27 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 IV 28b c 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 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 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 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Х 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete 32 Х Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 **35a** Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 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

| | chook in contrast of containing a respective of fileto to any line in this case in the containing and containing a respective of the containing a respective of the containing and containing a respective of | | | | | |
|----|---|----|---|----|-----|----|
| | | | _ | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | 1a | 5 | | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | 1b | 0 | | | |
| С | c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | | | |
| | (gambling) winnings to prize winners? | | | 10 | | |

Form 990 (2021) ACCELERATING CIRCULARITY INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

| | | | Yes | No | | | | | |
|--|---|-----|-----|----|--|--|--|--|--|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a 5 | | | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | | | | | | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. | | | | | | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | Х | | | | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | | | | | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | | | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | Х | | | | | |
| b | If "Yes," enter the name of the foreign country | | | | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | | | | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | | | | | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Х | | | | | |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | | | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | | | | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | X | | | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | | | | | | |
| | were not tax deductible? | 6b | | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | X | | | | | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | | | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | 77 | | | | | |
| | to file Form 8282? | 7с | | X | | | | | |
| d | , | | | 77 | | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X | | | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X | | | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | | | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | | | | | | |
| ^ | sponsoring organization have excess business holdings at any time during the year? | 8 | | | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | | | | | |
| a b | Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | UD | | | | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | | | | | | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | | | | |
| а | Gross income from members or shareholders | | | | | | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | | | | | | |
| | amounts due or received from them.) | | | | | | | | |
| I2a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | | | | | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | | | | |
| | organization is licensed to issue qualified health plans 13b | | | | | | | | |
| | Enter the amount of reserves on hand | | | v | | | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X | | | | | |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | | | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | 15 | | Х | | | | | |
| | excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. | 15 | | Λ | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | Х | | | | | |
| | If "Yes," complete Form 4720, Schedule O. | 10 | | | | | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator 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. | | | | | | | | |

Page 6 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

| | to line da, de, or real below, december the endamentarious, proceeded, or ornanges on contocurs of | . 000 " | ion donorio. | | | |
|--------|---|---------|---|---------------------|--------|-------------|
| 800 | Check if Schedule O contains a response or note to any line in this Part VI | | | | | X |
| Sec | tion A. Governing Body and Management | | | | Vac | No |
| 10 | Enter the number of voting members of the governing body at the end of the tax year | 1a | | 5 | Yes | No |
| ia | If there are material differences in voting rights among members of the governing body, or if the governing | la_ | | 1 | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. | | | | | |
| b | Enter the number of voting members included on 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 | | | 4 | | |
| 2 | officer diseases to store and so considering | | | 2 | | Х |
| 3 | Did the organization delegate control over management duties customarily performed by or under th | | | | | 1 |
| 3 | of officers alterative to the second | | | 3 | | Х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 9 | | filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's ass | | | 5 | | X |
| 6 | Did the approximation have provided and all the Ideas O | | | 6 | | X |
| 7a | Did the organization have members or stockholders, or other persons who had the power to elect or approximation have members, stockholders, or other persons who had the power to elect or approximation have members or stockholders, or other persons who had the power to elect or approximation have members or stockholders, or other persons who had the power to elect or approximation have members or stockholders, or other persons who had the power to elect or approximation have members or stockholders, or other persons who had the power to elect or approximation have members or stockholders. | | | " | | 1 |
| 1 a | | | | 7a | | X |
| h | more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, s | | | 1a | | 1 |
| b | and the other than the analysis is both 0 | | | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | | | 7.0 | | 122 |
| | | - | - | 8a | Х | |
| a b | The governing body? Each committee with authority to act on behalf of the governing body? | | | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea | | | OD | 22 | |
| 9 | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | | 9 | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Re | | 01-1 | <u> </u> | | 21 |
| | This Section B requests information about policies not required by the internal Re | venue | <u> </u> | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | | | 10a | 103 | X |
| | If "Yes," did the organization have written policies and procedures governing the activities of such ch | | | 100 | | |
| | | | umatos, | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing bod | | | 11a | Х | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | , 20.0. | g | 110 | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | 12a | Х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | | | 12b | Х | |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? If | | | 120 | | |
| • | on Schedule O how this was done | , | | 12c | Х | |
| 13 | Did the organization have a written whistleblower policy? | | | 13 | | х |
| 14 | Did the organization have a written document retention and destruction policy? | | | 14 | | х |
| 15 | Did the process for determining compensation of the following persons include a review and approva | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | .opo.nao.n | | | |
| а | The organization's CEO, Executive Director, or top management official | | | 15a | | х |
| | Other officers or key employees of the organization | | | 15b | | Х |
| - | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger | nent wi | th a | | | |
| | taxable entity during the year? | | | 16a | | х |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua | | | 100 | | |
| _ | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ | - | · · | | | |
| | exempt status with respect to such arrangements? | | | 16b | | |
| Sec | tion C. Disclosure | | | 1 | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶NY | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a | nd 990- | T (section 501(c)(3 | s only | availa | ble |
| | for public inspection. Indicate how you made these available. Check all that apply. | _ ,,,, | (11111111111111111111111111111111111111 | , · -··· y) | 2 | |
| | Own website Another's website X Upon request Other (explain | n on So | hedule (1) | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, co | | , | ıd finar | icial | |
| | 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 boo | oks and | records > | | | |
| | SARAH COULTER - (917) 410-3188 | 3.110 | | | | |
| | 32 BRIAR BROOK LANE, CAMPBELL HALL, NY 10926 | | | | | |

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

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

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

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

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

| Check this box if neither the organization ne | organization compensate | | | | | sate | sated any current officer, director, or trustee. | | | | | |
|---|-------------------------|--------------------------------|-------------------------------------|---------|--------------|------------------------------|--|-----------------|-----------------|---------------|--|--|
| (A) | (B) | | | (0 | C) | | | (D) | (E) | (F) | | |
| Name and title | Average | (do | Position (do not check more than on | | | | one | Reportable | Reportable | Estimated | | |
| | hours per | box | box, unless pe | | | is both | n an | compensation | compensation | amount of | | |
| | week | _ | cer ar | ia a a | irecto | or/trus | tee) | from | from related | other | | |
| | (list any | rector | | | | | | the | organizations | compensation | | |
| | hours for | or dir | 9 | | | ated | | organization | (W-2/1099-MISC/ | from the | | |
| | related | stee | truste | | go. | bens | | (W-2/1099-MISC/ | 1099-NEC) | organization | | |
| | organizations | ıal trı | onal | | ploye | E e | | 1099-NEC) | | and related | | |
| | below line) | Individual trustee or director | In stit utio nal tru stee | Officer | Key employee | Highest compensated employee | Former | | | organizations | | |
| (1) KARLA MAGRUDER | 40.00 | | | | | | | | | | | |
| PRESIDENT | | Х | | Х | | | | 157,000. | 0. | 0. | | |
| (2) EDWARD DENES | 0.50 | | | | | | | | | | | |
| TREASURER | | Х | | Х | | | | 0. | 0. | 0. | | |
| (3) TRICIA CAREY | 0.50 | | | | | | | | | | | |
| SECRETARY | | Х | | Х | | _ | | 0. | 0. | 0. | | |
| (4) ALICE HARTLEY | 0.50 | | | | | | | | | | | |
| DIRECTOR | | Х | | | | _ | | 0. | 0. | 0. | | |
| (5) KATE KITCHENER | 0.50 | | | | | | | | | | | |
| DIRECTOR | | Х | | | | _ | | 0. | 0. | 0. | | |
| (6) EILEEN MOCKUS | 0.50 | | | | | | | | | | | |
| DIRECTOR | | Х | | | | _ | | 0. | 0. | 0. | | |
| | | | | | | | | | | | | |
| | | | | | | <u> </u> | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | <u> </u> | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | _ | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

132007 12-09-21 Form **990** (2021)

| Section A. Officers, Directors, Trus | tees, Key Em | oloy | ees, | anc | <u>iH t</u> | ghes | st C | ompensated Employee | s (continued) | | | |
|--|------------------------|--------------------------------------|-----------------------|--------------|--------------|------------------------------|----------|------------------------------|--------------------|---|---------------------|------|
| (A) | (B) | | | (0 | C) | | | (D) | (E) | | (F) | |
| Name and title | Average | Position (do not check more than one | | | | | | Reportable | Reportable | E | stimate | ed |
| | hours per | box | , unle | ss per | rson i | is botl | h an | compensation | compensation | a | mount | of |
| | week | | cer ar | nd a d | irecto | or/trus | stee) | from | from related | | other | |
| | (list any | rector | | | | | | the | organizations | | npensa | |
| | hours for related | or di | 99 | | | ated | | organization | (W-2/1099-MISC/ | | from th | |
| | organizations | ustee | trust | | 90 | ubeus | | (W-2/1099-MISC/ 1099-NEC) | 1099-NEC) | | ganizat nd relat | |
| | below | lual tr | tional | ١. | ploye | st con | | 1099-1120) | | | ganizati | |
| | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | " | jai iizati | 5110 |
| | | _ | Ι= | | | 1 0 | | | | + | | |
| | | 1 | | | | | | | | | | |
| | | | | | | | | | | + | | |
| | | 1 | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | 1 | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | _ | | | |
| 1b Subtotal | | | | | | | | 157,000. | 0 | | | 0. |
| c Total from continuation sheets to Part V | I, Section A | | | | | | | 0. | 0 | | | 0. |
| d Total (add lines 1b and 1c) | | | | | | | <u> </u> | 157,000. | 0 | <u>• </u> | | 0. |
| 2 Total number of individuals (including but r | ot limited to th | ose | liste | d ab | ove | e) wh | no re | eceived more than \$100, | 000 of reportable | | | _ |
| compensation from the organization | | | | | | | | | | | 1 | 1 |
| | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former officer | | | • | • | • | | _ | | • | | | 37 |
| line 1a? If "Yes," complete Schedule J for s | | | | | | | | | | 3 | | X |
| 4 For any individual listed on line 1a, is the su | | | | | | | | | | | v | |
| and related organizations greater than \$15 | 0,000? <i>If</i> "Yes, | " co | mple | ete S | Sche | edule | e J f | for such individual | | . 4 | Х | |
| 5 Did any person listed on line 1a receive or a | | | | | | | | | | _ | | Х |
| rendered to the organization? If "Yes." con Section B. Independent Contractors | <u>nplete Schedul</u> | e J f | or su | ıch <u>ı</u> | oers | son | | | | . 5 | | |
| · | mnoncotod inc | lone | nda | nt or | n+r | 2010 | ro +L | ant received more than | 2100 000 of compan | cation f | rom | |
| Complete this table for your five highest co the organization. Report compensation for | | | | | | | | | | sauuli I | 10111 | |
| (A) | trie Caleridai y | sai e | iluli | ig w | шт | JI WI | | (B) | ear. | | (C) | |
| Name and business | address | NO | INC | 3 | | | | Description of s | services | | ensatio | n |
| | | | | | | | \neg | <u> </u> | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 2 Total number of independent contractors (i | ncluding but n | ot lir | nited | d to | thos | se lis | sted | above) who received me | ore than | | | |
| \$100,000 of compensation from the organi | zation 🕨 | | | | (|) | | | | | | |
| | | | | | | | | | | _ | aan a | 0004 |

84-3906295

| | | Check if Schedule O contains a response | or note to any line | e in this Part VIII | | | |
|--|----------|--|---------------------|---------------------|-------------------|------------------|--------------------|
| | | Officer if Generalic G contains a response | I note to any link | (A) | (B) | (C) | (D) |
| | | | | Total revenue | Related or exempt | | Revenue excluded |
| | | | | | function revenue | business revenue | from tax under |
| | | | | | | | sections 512 - 514 |
| ts ts | 1 a | Federated campaigns 1a | | | | | |
| irar | b | Membership dues | | | | | |
| ğ, | С | Fundraising events1c | | | | | |
| ifts ar / | d | Related organizations 1d | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | е | Government grants (contributions) 1e | | | | | |
| Sir | f | All other contributions, gifts, grants, and | | | | | |
| uti Je | • | similar amounts not included above | 764,523. | | | | |
| ë₽ | _ | | 701,323. | | | | |
| o d | g | | | 764 522 | | | |
| Og | <u>n</u> | Total. Add lines 1a-1f | | 764,523. | | | |
| | | | Business Code | 00 100 | 00 100 | | |
| e | 2 a | CONSULTING FEES | 541610 | 20,100. | 20,100. | | |
| e Ķ | b | | | | | | |
| Se | С | | | | | | |
| am | d | | | | | | |
| Beg | е | | | | | | |
| Program Service Revenue | f | All other program service revenue | | | | | |
| | | Total. Add lines 2a-2f | | 20,100. | | | |
| - | 3 | Investment income (including dividends, intere | | 2071001 | | | |
| | 3 | | | | | | |
| | _ | other similar amounts) | | | | | |
| | 4 | Income from investment of tax-exempt bond p | · 1 | | | | |
| | 5 | Royalties | | | | | |
| | | (i) Real | (ii) Personal | | | | |
| | 6 a | Gross rents 6a | | | | | |
| | b | Less: rental expenses 6b | | | | | |
| | С | Rental income or (loss) 6c | | | | | |
| | d | Net rental income or (loss) | • | | | | |
| | | Gross amount from sales of (i) Securities | (ii) Other | | | | |
| | . u | assets other than inventory 7a | () | | | | |
| | | | | | | | |
| • | D | Less: cost or other basis | | | | | |
| ň | | and sales expenses | | | | | |
| Revenue | | Gain or (loss) 7c | | | | | |
| | | Net gain or (loss) | | | | | |
| her | 8 a | Gross income from fundraising events (not | | | | | |
| ₽ | | including \$ of | | | | | |
| | | contributions reported on line 1c). See | | | | | |
| | | Part IV, line 18 | | | | | |
| | b | Less: direct expenses 8b | | | | | |
| | | Net income or (loss) from fundraising events | | | | | |
| | | Gross income from gaming activities. See | | | | | |
| | - u | Part IV, line 19 9a | | | | | |
| | h | | 1 | | | | |
| | | | | | | | |
| | | Net income or (loss) from gaming activities | | | | | |
| | 10 a | Gross sales of inventory, less returns | | | | | |
| | | and allowances 10a | | | | | |
| | b | Less: cost of goods sold10b | | | | | |
| | С | Net income or (loss) from sales of inventory | | | | | |
| , Τ | | | Business Code | | | | |
| snc | 11 a | | | | | | |
| ne | b | | | | | | |
| Miscellaneous Revenue | c | | | | | | |
| Sce | | All other revenue | | | | | |
| Σ | | Total. Add lines 11a-11d | | | | | |
| | | Total revenue See instructions | | 784.623. | 20.100. | 0. | n |

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising expenses (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 31,400. 157,000. 109,900. 15,700. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 166,993. 116,895. 33,399. 16,699. 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 2,073. 1,451. 415. 207. Other employee benefits 9 31,090. 21,763. 6,218. 3,109. 10 Payroll taxes 11 Fees for services (nonemployees): Management 10,000. 10,000. Legal 3,053. 3,053. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 202,343. 202,343. column (A), amount, list line 11g expenses on Sch O.) 399. 399. Advertising and promotion 12 4,818. 4,818. Office expenses 13 681. 681. Information technology 14 15 Royalties 16 Occupancy 6,053. 6,053. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 1,473. 1,473. 23 Other expenses. Itemize expenses not covered 24 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.) 1,496. 1,496. LOSS ON FOREIGN CURRENC PAYROLL PROCESSING FEES 516. 361. 103. 52. С d All other expenses 587,988. 462,134. 90,087. 35,767. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2021)
Part X Balance Sheet

| Pai | rt X | Balance Sneet | | | |
|-----------------------------|------|--|---------------------------------|-----|---------------------------|
| | | Check if Schedule O contains a response or note to any line in this Part X | | | |
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 1,273,002. | 1 | 1,145,070 |
| | 2 | Savings and temporary cash investments | | 2 | |
| | 3 | Pledges and grants receivable, net | | 3 | 398,767 |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Loans and other receivables from any current or former officer, director, | | | |
| | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | | controlled entity or family member of any of these persons | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined | | | |
| | | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| S | 7 | Notes and loans receivable, net | | 7 | |
| Assets | 8 | Inventories for sale or use | | 8 | |
| Ä | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10a | Land, buildings, and equipment: cost or other | | | |
| | | basis. Complete Part VI of Schedule D 10a | | | |
| | b | Less: accumulated depreciation | | 10c | |
| | 11 | Investments - publicly traded securities | | 11 | |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 1,352,002. | 16 | 1,543,837 |
| | 17 | Accounts payable and accrued expenses | 4,800. | 17 | 0 |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| S | 22 | Loans and other payables to any current or former officer, director, | | | |
| III Č | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| Liabilities | | controlled entity or family member of any of these persons | | 22 | |
| _ | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17-24). Complete Part X | | | |
| | | of Schedule D | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 4,800. | 26 | 0 |
| " | | Organizations that follow FASB ASC 958, check here 🕨 🗓 | | | |
| ce | | and complete lines 27, 28, 32, and 33. | 102 450 | | 451 501 |
| ılan | 27 | Net assets without donor restrictions | | 27 | 471,791 |
| B | 28 | Net assets with donor restrictions | 1,223,750. | 28 | 1,072,046 |
| un | | Organizations that do not follow FASB ASC 958, check here | | | |
| ΥF | | and complete lines 29 through 33. | | | |
| ts c | 29 | Capital stock or trust principal, or current funds | | 29 | |
| sse | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| Net Assets or Fund Balances | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | 1 5/2 027 |
| Se | 32 | Total net assets or fund balances | 1,347,202. | 32 | 1,543,837 |
| | 33 | Total liabilities and net assets/fund balances | 1,352,002. | 33 | 1,543,837 |

Form **990** (2021)

| 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 | | 784 | 1,6 | <u>23.</u> | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 58' | 7,9 | 88. | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 196 | 5,6 | 35. | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 1, | 34' | 7,2 | 02. | | | |
| 5 | Net unrealized gains (losses) on investments | 5 | | | | | | | |
| 6 | 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 | 1, | 543 | 3,8 | 37. | | | |
| 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 X Accrual Other | | | | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | Ο. | | | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | L | 2a | Х | | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | | | | | |
| | separate basis, consolidated basis, or both: | | | | | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | L | 2b | | Х | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | | | | | |
| | consolidated basis, or both: | | | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | audit, | | | | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | | 2c | | X | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Scho | edule O | | | | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | gle Aud | lit | | | | | | |
| | Act and OMB Circular A-133? | - | | За | | Х | | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed audi | it | | | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | 3h | | 1 | | | |

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number Name of the organization ACCELERATING CIRCULARITY INC. 84-3906295 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

| Sec | tion A. Public Support | | | | | | |
|------|--|-----------------------|----------------------|------------------------|----------------------|---------------------|--------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | 42,000. | 1638390. | 764,523. | 2444913. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | 42,000. | 1638390. | 764,523. | 2444913. |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | 1774922. |
| | Public support. Subtract line 5 from line 4. | | | | | | 669,991. |
| Sec | tion B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 7 | Amounts from line 4 | | | 42,000. | 1638390. | 764,523. | 2444913. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | 30,000. | 20,100. | 50,100. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 2495013. |
| 12 | Gross receipts from related activities, | etc. (see instruction | ons) | | | 12 | |
| 13 | First 5 years. If the Form 990 is for the | ne organization's fir | rst, second, third, | fourth, or fifth tax y | ear as a section 5 | 01(c)(3) | |
| | organization, check this box and stop | here | | | | | <u> </u> |
| Sec | ction C. Computation of Publi | c Support Per | centage | | | г | |
| 14 | Public support percentage for 2021 (I | ine 6, column (f), d | ivided by line 11, o | column (f)) | | 14 | <u>%</u> |
| 15 | Public support percentage from 2020 | • | | | | 15 | <u>%</u> |
| 16a | 33 1/3% support test - 2021. If the | | | | 14 is 33 1/3% or m | ore, check this box | k and |
| | stop here. The organization qualifies | | • | | | | |
| b | 33 1/3% support test - 2020. If the | organization did no | t check a box on | ine 13 or 16a, and | line 15 is 33 1/3% | or more, check thi | s box |
| | and stop here. The organization qual | • | | | | | |
| 17a | 10% -facts-and-circumstances test | : - 2021. If the org | anization did not o | check a box on line | e 13, 16a, or 16b, a | and line 14 is 10% | or more, |
| | and if the organization meets the fact | | | - | • | VI how the organiz | ation |
| | meets the facts-and-circumstances te | st. The organizatio | n qualifies as a pu | iblicly supported or | rganization | | ▶□ |
| b | 10% -facts-and-circumstances test | - | | | | | 10% or |
| | more, and if the organization meets the | | | | - | | |
| | organization meets the facts-and-circu | umstances test. Th | e organization qua | alifies as a publicly | supported organiz | ation | ▶∐ |
| 18 | Private foundation. If the organization | on did not check a | box on line 13, 16 | a, 16b, 17a, or 17b | , check this box a | nd see instructions | : ▶ ∐ |

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. P | ublic Support | | • | | | | |
|---|--|-----------------|-----------------|------------------|----------|------------|---------------|
| Calendar year (or | fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 1 Gifts, grant | s, contributions, and | | | | | | |
| membershi | p fees received. (Do not | | | | | | |
| include any | / "unusual grants.") | | | | | | |
| 2 Gross recei | ipts from admissions, | | | | | | |
| | se sold or services per- | | | | | | |
| , | facilities furnished in that is related to the | | | | | | |
| | n's tax-exempt purpose | | | | | | |
| 3 Gross recei | ipts from activities that | | | | | | |
| are not an i | unrelated trade or bus- | | | | | | |
| iness unde | r section 513 | | | | | | |
| 4 Tax revenu | es levied for the organ- | | | | | | |
| ization's be | enefit and either paid to | | | | | | |
| or expende | ed on its behalf | | | | | | |
| 5 The value of | of services or facilities | | | | | | |
| furnished b | y a governmental unit to | | | | | | |
| the organiz | ation without charge | | | | | | |
| 6 Total. Add | lines 1 through 5 | | | | | | |
| 7a Amounts in | ncluded on lines 1, 2, and | | | | | | |
| 3 received | from disqualified persons | | | | | | |
| | ded on lines 2 and 3 received | | | | | | |
| | ater of \$5,000 or 1% of the | | | | | | |
| amount on line | 13 for the year | | | | | | |
| c Add lines 7 | a and 7b | | | | | | |
| | port. (Subtract line 7c from line 6.) | | | | | | |
| Section B. T | otal Support | | T | | | 1 | |
| | fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| | om line 6 | | | | | | |
| | me from interest, payments received on | | | | | | |
| securities lo | oans, rents, royalties, | | | | | | |
| and income | e from similar sources | | | | | | |
| | isiness taxable income | | | | | | |
| ` | 511 taxes) from businesses | | | | | | |
| • | er June 30, 1975 | | | | | | |
| | 0a and 10b | | | | | | |
| | e from unrelated business of included on line 10b, | | | | | | |
| whether or | not the business is | | | | | | |
| regularly ca | | | | | | | |
| | me. Do not include gain not the sale of capital | | | | | | |
| ٠. | plain in Part VI.) | | | | | | |
| • | rt. (Add lines 9, 10c, 11, and 12.) | | | | L | 12.47.1/21 | |
| = | rs. If the Form 990 is for th | - | | | - | | |
| | box and stop here Computation of Publi | | | | | | P |
| | port percentage for 2021 (li | | | volumn (f)) | | 15 | 0/ |
| | port percentage for 2021 (ii | | | | | 16 | <u>%</u> % |
| | Computation of Inves | | | | | 1 10 1 | 70 |
| | income percentage for 20 | | | ne 13 column (f) | | 17 | % |
| | : income percentage from 2 | | | | | 18 | <u>%</u> |
| | ipport tests - 2021. If the | | | | | | |
| | 33 1/3%, check this box ar | | | | | | . — |
| | ipport tests - 2020. If the | | | | | | |
| | ot more than 33 1/3%, che | • | | | • | • | |
| | ındation. If the organizatio | | | | | | |

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

| | Yes | No |
|-----|-----|----|
| | | |
| 1 | | |
| | | |
| 2 | | |
| | | |
| 3a | | |
| | | |
| 3b | | |
| | | |
| 3c | | |
| | | |
| 4a | | |
| | | |
| 4b | | |
| | | |
| 4c | | |
| | | |
| | | |
| 5a | | |
| | | |
| 5b | | |
| 5c | | |
| 6 | | |
| J | | |
| 7 | | |
| | | |
| 8 | | |
| | | |
| 9a | | |
| | | |
| 9b | | |
| | | |
| 9с | | |
| 40 | | |
| 10a | | |
| 10h | | |
| 10b | | |

| Par | t IV | Supporting Organizations (continued) | | | |
|-----|--------|---|------------|-----|-----|
| | | | | Yes | No |
| 11 | Has t | the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A per | rson who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c b | pelow, the governing body of a supported organization? | 11a | | |
| b | A fan | nily member of a person described on line 11a above? | 11b | | |
| | | % controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | | / in Part VI. | 11c | | |
| Sec | tion | B. Type I Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | Did th | he 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, | | | |
| | | tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | | | |
| | | tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported | | | |
| | | nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | | he organization operate for the benefit of any supported organization other than the supported | - | | |
| _ | | nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | _ | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | | rvised, or controlled the supporting organization. | 2 | | |
| Sec | tion (| 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 | | 100 | 140 |
| • | | ustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | | anagement of the supporting organization was vested in the same persons that controlled or managed | | | |
| | | upported organization(s). | 1 | | |
| Sec | tion | D. All Type III Supporting Organizations | • | | |
| | | ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, | | Yes | No |
| 1 | Did t | he organization provide to each of its supported organizations, by the last day of the fifth month of the | | 103 | 140 |
| • | | nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | | (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | • | nization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | - | e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| _ | | nization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how | | | |
| | | rganization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | | eason of the relationship described on line 2, above, did the organization's supported organizations have a | | | |
| Ū | - | ficant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | - | me or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | | · · · · · · · · · · · · · · · · · · · | 3 | | |
| Sec | tion | orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | | sk the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| а | | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | 一 | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | 一 | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins | truction | s) | |
| 2 | Activ | ities Test. Answer lines 2a and 2b below. | iti dotion | Yes | No |
| а | | substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | | upported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify | | | |
| | | e supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | | the organization was responsive to those supported organizations, and how the organization determined | | | |
| | | these activities constituted substantially all of its activities. | 2a | | |
| b | | he activities described on line 2a, above, constitute activities that, but for the organization's involvement, | | | |
| | | or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in | | | |
| | _ | VI the reasons for the organization's position that its supported organization(s) would have engaged in | | | |
| | | e activities but for the organization's involvement. | 2b | | |
| 3 | | nt of Supported Organizations. Answer lines 3a and 3b below. | | | |
| | | he organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | | ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. | 3a | | |
| b | | he organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | | supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

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

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2021

instructions).

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

Schedule A (Form 990) 2021

132028 01-04-22 Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

2021

OMB No. 1545-0047

Name of the organization

ACCELERATING CIRCULARITY INC.

Employer identification number

84-3906295

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must

answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

ACCELERATING CIRCULARITY INC.

84-3906295

| Part I | Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. | | | | | | |
|------------|---|----|----------------------------|--|--|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | | (c) Total contributions | (d) Type of contribution | | | |
| 1 | | \$ | 50,000. | Person X Payroll | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | | (c) Total contributions | (d) Type of contribution | | | |
| 2 | | \$ | 100,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | | (c) Total contributions | (d) Type of contribution | | | |
| 3 | | \$ | 50,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | | (c) Total contributions | (d) Type of contribution | | | |
| 4 | | \$ | 40,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | | (c) Total contributions | (d) Type of contribution | | | |
| 5 | | \$ | 41,360. | Person X Payroll | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | | (c) Total contributions | (d) Type of contribution | | | |
| 6 | | \$ | 117,172. | Person X Payroll | | | |

ACCELERATING CIRCULARITY INC.

84-3906295

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. | | | | | |
|------------|--|----|----------------------------|---|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | | (c) Total contributions | (d) Type of contribution | | |
| 7 | | \$ | 50,000. | Person X Payroll | | |
| (a) No. | (b) Name, address, and ZIP + 4 | | (c) Total contributions | (d) Type of contribution | | |
| 8 | | \$ | 11,869. | Person X Payroll | | |
| (a) No. | (b) Name, address, and ZIP + 4 | | (c) Total contributions | (d) Type of contribution | | |
| 9 | | \$ | 118,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | | (c) Total contributions | (d) Type of contribution | | |
| 10 | | \$ | 37,500. | Person X Payroll | | |
| (a) No. | (b) Name, address, and ZIP + 4 | | (c) Total contributions | (d) Type of contribution | | |
| 11 | | \$ | 12,100. | Person X Payroll | | |
| (a) No. | (b) Name, address, and ZIP + 4 | | (c) Total contributions | (d) Type of contribution | | |
| 12 | | \$ | 9,623. | Person X Payroll | | |

ACCELERATING CIRCULARITY INC. 84-3906295 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 13 X Person **Payroll** 5,899. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 14 X Person **Payroll** 121,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash \$ (Complete Part II for noncash contributions.) (a) (c) (d) (b) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash \$ (Complete Part II for

noncash contributions.)

ACCELERATING CIRCULARITY INC.

84-3906295

| Part II | Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. | | | | | |
|------------------------------|---|---|----------------------|--|--|--|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| | | - - - - \$ | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| | | - - - - \$ | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| | | - - - - - \$ | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| | | - - - - - \$ | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| | | - - - - - \$ | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| | | - - - - \$ | | | | |

| ACCELE | RATING CIRCULARITY INC | • | | | 84-3906295 |
|---------------------------|--|--|---|--|------------------------------|
| Part III | Exclusively religious, charitable, etc., contribut | tions to organizations desc | ribed in section 5 | 01(c)(7), (8), or (10) ti | |
| | from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, | a) through (e) and the follow charitable, etc., contributions of | ing line entry. For a \$1,000 or less for | organizations the year. (Enter this info. onc | se.) ► \$ |
| | Use duplicate copies of Part III if additional | space is needed. | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of | gift | (d) Desc | cription of how gift is held |
| | | - | | | |
| | | | | | |
| | | (e) Trans | fer of gift | 1 | |
| - | Transferee's name, address, a | and ZIP + 4 | F | Relationship of tra | nsferor to transferee |
| | | | | | |
| (a) No. from | (b) Purpose of gift | (a) Use of | aift. | (d) Doos | wintion of how gift in hold |
| Part I | (b) Furpose of gift | (c) Use of | yıı t | (u) Desc | cription of how gift is held |
| | | | | | |
| - | | (e) Trans | fer of gift | | |
| | Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee | | | | |
| | Transieree's name, address, a | IIIU ZIF + 4 | | relationship of tra | isseror to transferee |
| | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Desc | cription of how gift is held |
| | | | | | |
| | | (e) Trans | fer of gift | | |
| | Transferee's name, address, a | nd ZIP + 4 | F | Relationship of tra | nsferor to transferee |
| | | | | | |
| | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of | gift | (d) Desc | cription of how gift is held |
| | | | | | |
| | | | | | |
| | | | fer of gift | | |
| - | Transferee's name, address, a | and ZIP + 4 | F | Relationship of tra | nsferor to transferee |
| | | | | | |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

ACCELERATING CIRCULARITY INC.

Employer identification number 84-3906295

| | | (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 wr | iting that the assets held in donor advi | sed funds |
| | are the organization's property, subject to the organization's ex | clusive legal control? | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor adv | visors in writing that grant funds can be | e used only |
| | for charitable purposes and not for the benefit of the donor or o | donor advisor, or for any other purpose | conferring |
| | impermissible private benefit? | | Yes No |
| Par | t II Conservation Easements. Complete if the orga | nization answered "Yes" on Form 990, | Part IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organization | (check all that apply) | |
| | Preservation of land for public use (for example, recreation | on or education) Preservation o | of a historically important land area |
| | Protection of natural habitat | Preservation of | of a certified historic structure |
| | Preservation of open space | | |
| | Complete lines 2a through 2d if the organization held a qualifie | d conservation contribution in the form | |
| | day of the tax year. | | Held at the End of the Tax Yea |
| а | Total number of conservation easements | | 2a |
| | • | | |
| С | Number of conservation easements on a certified historic struc | ture included in (a) | 2c |
| | Number of conservation easements included in (c) acquired aft | | |
| | listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, relea | ased, extinguished, or terminated by th | e organization during the tax |
| | year > | | |
| 4 | Number of states where property subject to conservation ease | ment is located | - |
| 5 | Does the organization have a written policy regarding the perio | dic monitoring, inspection, handling of | |
| | violations, and enforcement of the conservation easements it h | olds? | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, ha | andling of violations, and enforcing con | servation easements during the year |
| | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling | ng of violations, and enforcing conserva | ation easements during the year |
| | > \$ | | |
| 8 | Does each conservation easement reported on line 2(d) above | satisfy the requirements of section 170 | 0(h)(4)(B)(i) |
| | and section 170(h)(4)(B)(ii)? | | Yes No |
| 9 | In Part XIII, describe how the organization reports conservation | easements in its revenue and expense | e statement and |
| | balance sheet, and include, if applicable, the text of the footnot | te to the organization's financial statem | nents that describes the |
| | organization's accounting for conservation easements. | | |
| Par | Organizations Maintaining Collections of A | | tner Similar Assets. |
| | Complete if the organization answered "Yes" on Form 9 | | |
| | If the organization elected, as permitted under FASB ASC 958, | | |
| | of art, historical treasures, or other similar assets held for public | | • |
| | service, provide in Part XIII the text of the footnote to its financi | | |
| | If the organization elected, as permitted under FASB ASC 958, | · | |
| | art, historical treasures, or other similar assets held for public e | xhibition, education, or research in furt | therance of public service, |
| | provide the following amounts relating to these items: | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | |
| | | | |
| 2 | If the organization received or held works of art, historical treas | ures, or other similar assets for financi | al gain, provide |
| | the following amounts required to be reported under FASB ASC | 058 rolating to those itoms: | |
| | - | _ | |
| а | Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X | _ | |

| Par | rt III Organizations Maintaining C | ollections of Ar | t, Historical Tre | easures, or Oth | ner Simil | ar Assets | (contir | nued) | |
|-------|---|---------------------------------|-------------------------|--------------------------|----------------------------|--------------|------------|---------|------|
| 3 | Using the organization's acquisition, accession | on, and other record | s, check any of the | following that make | e significar | t use of its | | | |
| | collection items (check all that apply): | | | | | | | | |
| а | Public exhibition | c | l Loan or exc | change program | | | | | |
| b | Scholarly research | e | Other | | | | | | |
| С | Preservation for future generations | | | | | | | | |
| 4 | Provide a description of the organization's co | llections and explain | n how they further t | he organization's e | kempt purp | oose in Part | XIII. | | |
| 5 | During the year, did the organization solicit or | r receive donations | of art, historical trea | sures, or other sim | lar assets | | | | |
| | to be sold to raise funds rather than to be ma | | | | | | Yes | | No |
| Par | rt IV Escrow and Custodial Arrang | gements. Compl | ete if the organization | on answered "Yes" | on Form 9 | 90, Part IV, | line 9, or | | |
| | reported an amount on Form 990, Par | t X, line 21. | | | | | | | |
| 1a | Is the organization an agent, trustee, custodia | an or other intermed | liary for contribution | is or other assets n | ot included | k | _ | | _ |
| | on Form 990, Part X? | | | | | <u> </u> | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fo | llowing table: | | _ | | | | |
| | | | | | | | Amoun | t | |
| С | Beginning balance | | | | 1c | : | | | |
| d | Additions during the year | | | | 1c | l | | | |
| е | Distributions during the year | | | | <u>1e</u> | , | | | |
| f | Ending balance | | | | 1f | <u> </u> | | | |
| 2a | Did the organization include an amount on Fo | orm 990, Part X, line | 21, for escrow or c | ustodial account lia | ıbility? | L | Yes | | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | | | |
| Par | rt V Endowment Funds. Complete i | f the organization ar | I | 1 | | | 1 | | |
| | | (a) Current year | (b) Prior year | (c) Two years bac | (d) Thre | e years back | (e) Four | years | back |
| 1a | Beginning of year balance | | | | | | | | |
| b | Contributions | | | | | | | | |
| С | Net investment earnings, gains, and losses | | | | | | | | |
| d | Grants or scholarships | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | |
| | and programs | | | | | | | | |
| f | Administrative expenses | | | | | | | | |
| g | End of year balance | | | | | | | | |
| 2 | Provide the estimated percentage of the curr | ent year end balanc | e (line 1g, column (a | ı)) held as: | | | | | |
| а | Board designated or quasi-endowment | | % | | | | | | |
| b | Permanent endowment > | % | | | | | | | |
| С | Term endowment > | % | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c show | uld equal 100%. | | | | | | | |
| За | Are there endowment funds not in the posses | ssion of the organiza | ation that are held a | nd administered fo | the organ | ization | , | | |
| | by: | | | | | | | Yes | No |
| | (i) Unrelated organizations | | | | | | 3a(i) | | |
| | (ii) Related organizations | | | | | | 3a(ii) | | |
| b | If "Yes" on line 3a(ii), are the related organiza | tions listed as requir | red on Schedule R? | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | | wment funds. | | | | | | |
| Pai | rt VI Land, Buildings, and Equipm | | | | | | | | |
| | Complete if the organization answered | d "Yes" on Form 990 |), Part IV, line 11a. S | See Form 990, Part | X, line 10. | | | | |
| | Description of property | (a) Cost or o basis (investr | | t or other (c (other) |) Accumula depreciation | | (d) Boo | k value | Э |
| 1a | Land | | | | | | | | |
| b | | | | | | | | | |
| С | | | | | | | | | |
| d | | I | | | | | | | |
| | Other | | | | | | | | |
| Total | II. Add lines 1a through 1e. (Column (d) must e | gual Form 990. Part | X. column (B). line 1 | 10c.) | | ▶ | | | 0. |

Schedule D (Form 990) 2021

| Schedule D (Form 990) 2021 ACCELERATING Part VII Investments - Other Securities. | G CIRCULARITY | INC. 84 | -3906295 _{Page} |
|--|--|---|--------------------------|
| Complete if the organization answered "Yes" of | on Form 990. Part IV. line | 11b. See Form 990. Part X. line 12. | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end | d-of-year market value |
| (1) Financial derivatives | | | |
| (2) Closely held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" of | 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 | d-of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. | | | |
| Complete if the organization answered "Yes" of | on Form 000 Part IV line | 11d Soc Form 990 Part V line 15 | |
| | Description | Tru. See Form 990, Fait A, line 13. | (b) Book value |
| | <u>Jescription</u> | | (b) Dook value |
| | | | |
| (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" of | | | |
| A-A Danas de Para de P | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 110 St. 111. GCC 1 Gttt 390, 1 att A, III le 20 | (b) Book value |
| 1. (a) Description of liability (1) Federal income taxes | | | (2) Book value |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| | | | |

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

(6) (7) (8) (9)

| | | Reconciliation of Revenue per Audited Financial Statement | s Wi | th Revenue per Ret | urn. | rage - |
|----------|---------|--|----------|----------------------------|------------|------------------|
| | | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | | |
| 1 | Total | revenue, gains, and other support per audited financial statements | | | 1 | |
| 2 | Amou | ints included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net ur | nrealized gains (losses) on investments | 2a | | | |
| b | Donat | ted services and use of facilities | 2b | | | |
| С | Recov | veries of prior year grants | 2c | | | |
| d | Other | (Describe in Part XIII.) | 2d | | | |
| е | Add li | nes 2a through 2d | | | 2e | |
| 3 | | act line 2e from line 1 | | | 3 | |
| 4 | Amou | ints included on Form 990, Part VIII, line 12, but not on line 1: | ı | | | |
| а | | ment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | | (Describe in Part XIII.) | 4b | | | |
| _C | | nes 4a and 4b | | | 4c | |
| 5 Dai | Total | revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statemen | te W | ith Evnences per D | 5 oturn | |
| Га | I AII | | ito w | itii Expelises pei n | etuiii. | |
| _ | Tatal | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | <u> </u> | |
| 1 | | expenses and losses per audited financial statements | | | 1 | |
| 2 | | , , | ء ا | | | |
| a | | ted services and use of facilities | 2a 2b | | | |
| b | | year adjustments losses | 2c | | | |
| d | | (Describe in Part XIII.) | 2d | | | |
| | | nes 2a through 2d | | | 2e | |
| 3 | | act line 2e from line 1 | | Γ | 3 | |
| 4 | | ints included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| a | | ment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | | (Describe in Part XIII.) | 4b | | | |
| | | nes 4a and 4b | | | 4c | |
| 5 | Total | expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) | | | 5 | |
| Pa | rt XIII | Supplemental Information. | | | | |
| Provi | de the | descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV | , lines | 1b and 2b; Part V, line 4; | Part X, | line 2; Part XI, |
| lines | 2d and | I 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition | onal in | formation. | | |
| | | | | | | |
| пΩт | 3M O | 00 DADE VIII IINE O | | | | |
| FOF | KM 9 | 90, PART XIII, LINE 2 | | | | |
| TUT | 7 ∩D | GANIZATION IS REQUIRED TO DISCLOSE UNREC | יחפא | יואים עגיי חשקדי | ze T me | œ |
| 1111 | 1 OK | GANIZATION IS REQUIRED TO DISCHOSE ONREC | .OGIV | IZED IAK DENI | 71. T 1 | <u> </u> |
| RE.S | יי, דנז | ING FROM UNCERTAIN TAX POSITIONS. AT DEC | 'EMP | ER 31 2021 | тне | |
| | | 110 11011 01(02111111 1111 1 001110100 111 020 | | | | |
| ORO | INA | ZATION DID NOT HAVE ANY UNRECOGNIZED TAX | BE | NEFITS OR LIA | ABIL: | ITIES. |
| | | | | | | |
| THE | OR | GANIZATION OPERATES IN THE UNITED STATES | AN | D IN STATE AN | ND L | CAL |
| | | | | | | |
| JUI | RISD | ICTIONS, AND THE PREVIOUS THREE YEARS RE | MAI | N SUBJECT TO | EXA | MINATION |
| | | | | | | |
| BY | TAX | AUTHORITIES. THERE ARE PRESENTLY NO ONG | OIN | G INCOME EXAM | MINA | rions. |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

132054 10-28-21 Schedule D (Form 990) 2021

SCHEDULE J (Form 990)

Compensation Information

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

ZUZ I

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

ACCELERATING CIRCULARITY INC.

Employer identification number 84-3906295

| Pa | art I Questions Regarding Compensation | | | | |
|----|--|--|-----|-----|----|
| | <u> </u> | | | 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 | | | | |
| | 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) | | | |
| | | <u> </u> | | | |
| b | If any of the boxes on line 1a are checked, did the organiza | ation follow a written policy regarding payment or | | | |
| | • | ed above? If "No," complete Part III to explain | 1b | | |
| 2 | Did the organization require substantiation prior to reimbur | | | | |
| | | or, regarding the items checked on line 1a? | 2 | | |
| | 3 | , 3 | | | |
| 3 | Indicate which, if any, of the following the organization use | ed to establish the compensation of the organization's | | | |
| | CEO/Executive Director. Check all that apply. Do not chec | | | | |
| | establish compensation of the CEO/Executive Director, but | | | | |
| | 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 V | II. Section A. line 1a, with respect to the filing | | | |
| | organization or a related organization: | ., | | | |
| а | Receive a severance payment or change-of-control paymer | nt? | 4a | | х |
| | Participate in or receive payment from a supplemental non | | · | | х |
| | Participate in or receive payment from an equity-based cor | | · - | | Х |
| · | If "Yes" to any of lines 4a-c, list the persons and provide th | | | | |
| | , 55 35 4, 67 1155 14.5, 165 11.5 persons 44 provide 4 | | | | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organiza | ations must complete lines 5-9. | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a | | | | |
| _ | contingent on the revenues of: | , and the organization pay or accorde any compensation | | | |
| а | | | 5a | | х |
| | | | | | х |
| _ | If "Yes" on line 5a or 5b, describe in Part III. | | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a | a did the organization pay or accrue any compensation | | | |
| _ | contingent on the net earnings of: | , and and angular party or according to the property of the pr | | | |
| а | - | | 6a | | х |
| b | Any related organization? | | 6b | | Х |
| ~ | If "Yes" on line 6a or 6b, describe in Part III. | | | | |
| 7 | · | a. did the organization provide any nonfixed payments | | | |
| - | | II | 7 | | х |
| 8 | Were any amounts reported on Form 990, Part VII, paid or | | | | |
| - | initial contract exception described in Regulations section | | 8 | | х |
| 9 | If "Yes" on line 8, did the organization also follow the rebut | | | | |
| _ | | | | | |

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

Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2021

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

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

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

| Compensation injective compensation compensa | (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | in column (B) | |
|--|--------------------|-------------|--|-----------|-----------------------------------|-------------------------|------------------------------------|---------------|---|
| PRESIDENT (II) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | | (i) Base compensation | incentive | reportable | compensation | | | reported as deferred on prior Form 990 |
| PRESIDENT (II) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | (1) KARLA MAGRUDER | (i) | 157,000. | | | | | 157,000. | 0. |
| (ii) | PRESIDENT | | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (ii) | | (i) | | | | | | | |
| | | | | | | | | | |
| | | (i) | | | | | | | |
| | | | | | | | | | |
| | | (i) | | | | | | | |
| | | (ii) | | | | | | | |
| | | (i) | | | | | | | |
| | | (ii) | | | | | | | |
| | | (i) | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| (i) (ii) (ii) (iii) (iii | | | | | | | | | |
| (i) (i) (ii) (ii) (ii) (iii) (iiii) (iiii) (iiiii) (iiiiiii) (iiiiiiii | | | | | | | | | |
| (i) (ii) (ii) (iii) (iiii) (iiii) (iiii) (iiiii) (iiiiii) (iiiiiiii | | | | | | | | | |
| (ii) (ii) (iii) (iiii) (iiii) (iiiii) (iiiiiii) (iiiiiiii | | | | | | | | | |
| (i) | | | | | | | | | |
| (ii) (i) (ii) (ii) (ii) (iii) | | | | | | | | | |
| (i) (ii) (ii) (iii) (iiii) (iiiiiiiiiii | | | | | | | | | |
| (ii) (i) (i) | | | | | | | | | |
| (i) | | | | | | | | | |
| | | | | | | | | | |
| | | (i) (ii) | | | | | | | |

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

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

ACCELERATING CIRCULARITY INC.

Employer identification number 84-3906295

| ACCELERATING CIRCULARITY INC. 04-3 | 300233 |
|---|--------------|
| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: | |
| CHAINS FROM LINEAR TO CIRCULAR, THEREBY REDUCING TEXTILE WASTE A | AND |
| HELPING THE ENVIRONMENT. | |
| | |
| FORM 990, PART VI, SECTION B, LINE 11B: | |
| LINE 11A EXPLANATION - EACH DIRECTOR WAS PROVIDED A COPY OF THE | FORM 990 |
| PRIOR TO FILING. THE PRESIDENT AND INDEPENDENT CPA WERE AVAILABLE | E TO ANY |
| QUESTIONS. | |
| | |
| FORM 990, PART VI, SECTION B, LINE 12C: | |
| OFFICERS AND TRUSTEES ARE REQUIRED TO SIGN A CONFLICT OF INTERES | ST STATEMENT |
| ANNUALLY. OFFICERS AND TRUSTEES ARE ALSO REQUIRED TO DISCLOSE AT | BOARD |
| MEETINGS ANY CHANGE SINCE SIGNING THE DISCLOSURE STATEMENT. | |
| | |
| FORM 990, PART VI, SECTION C, LINE 19: | |
| ALL DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. | |
| | |
| FORM 990, PART IX, LINE 11G, OTHER FEES: | |
| CONSULTING FEES: | |
| PROGRAM SERVICE EXPENSES | 202,343. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 202,343. |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 202,343. |
| | |