** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Internal Revenue Service

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

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

Open to Public

Α	For th	e 2018 calendar year, or tax year beginning	and	d ending			
В	Check if applicab	C Name of organization			D Employer ident	ification number	
	Addre						
X		e Doing business as			27-00	048002	
	Initial returr	Number and street (or P.O. box if mail is not de	livered to street address)	Room/suite	E Telephone numb	per	
	Final return	2222 MARTIN ST		140	949-6	540-4401	
	termii ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	2,411,129.	
	Amen return	IRVINE, CA 92612			H(a) Is this a group	return	
	Appli tion	F Name and address of principal officer: "15A	ACKERMAN		for subordinat		
	pendi	SAME AS C ABOVE			H(b) Are all subordinates	s included? Yes No	
T	Tax-ex	empt status: X 501(c)(3) 501(c) ()		or 527	If "No," attach	a list. (see instructions)	
J	Websi	te: TACANOW.ORG			H(c) Group exempt	tion number	
K	Form o	organization: X Corporation Trust As	ssociation Other >	L Year	of formation: 2003	M State of legal domicile: CA	
P	art I	Summary					
-ω	1	Briefly describe the organization's mission or most	t significant activities: PROVII	DES EDUCAT	ION, SUPPORT AN	D	
Governance		HOPE TO FAMILIES LIVING WITH AUTISM.					
rns	2	Check this box lifthe organization disco	ntinued its operations or dispo	osed of more	than 25% of its net	assets.	
Š	3	Number of voting members of the governing body	(Part VI, line 1a)		3	9	
<u>م</u>	4	Number of independent voting members of the go				1 8	
es 6	5	Total number of individuals employed in calendar				5 22	
ξ	6	Total number of volunteers (estimate if necessary)				1000	
Activities	7 a	Total unrelated business revenue from Part VIII, co	olumn (C), line 12		7	a 0.	
_		Net unrelated business taxable income from Form				b 9,124.	
Revenue					Prior Year	Current Year	
	8	Contributions and grants (Part VIII, line 1h)			1,899,591	2,193,482.	
	9	Program service revenue (Part VIII, line 2g)			107,954	1. 140,408.	
ě	10	Investment income (Part VIII, column (A), lines 3, 4	, and 7d)		309	-,	
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8d		-195,504	-262,767.		
	12	Total revenue - add lines 8 through 11 (must equa	Part VIII, column (A), line 12)		1,812,350	2,073,181.	
	13	Grants and similar amounts paid (Part IX, column ((A), lines 1-3)		121,824	1. 128,628.	
	14	Benefits paid to or for members (Part IX, column (A		0.			
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		782,768	921,841.	
Expenses	16a	Professional fundraising fees (Part IX, column (A),	line 11e)		(26,125.	
ă X	b	Total fundraising expenses (Part IX, column (D), lin	ie 25) 🕨 345	,482.			
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d	l, 11f-24e)		744,920	766,394.	
	18	Total expenses. Add lines 13-17 (must equal Part	IX, column (A), line 25)		1,649,512	1,842,988.	
	19	Revenue less expenses. Subtract line 18 from line	12		162,838	230,193.	
Net Assets or Find Balances	3			Ве	ginning of Current Yea	r End of Year	
sets	20	Total assets (Part X, line 16)			793,852	1,042,709.	
AP	21	Total liabilities (Part X, line 26)			185,299	206,192.	
<u> </u>	22	Net assets or fund balances. Subtract line 21 from	ı line 20		608,553	836,517.	
	art II	Signature Block					
		Ilties of perjury, I declare that I have examined this return,			•	my knowledge and belief, it is	
true	e, corre	et, and complete. Declaration of preparer (other than office	er) is based on all information of v	hich preparer	has any knowledge.		
		Signature of officer			Doto		
Sig		Signature of officer			Date		
He	re	LISA ACKERMAN, EXECUTIVE DIRECTOR	/SECRETARY				
		Type or print name and title	T)ata I	I DTIN	
		Print/Type preparer's name	Preparer's signature		Date Check if	PTIN	
Pai		BRIAN YACKER			self-emp	· · ·	
	parer	Firm's name YH ADVISORS, INC.			Firm's EIN	45-3269313	
Use	Only	Firm's address 5882 BOLSA AVENUE, SUITE					
		HUNTINGTON BEACH, CA 926			Phone no.31	10-982-2803	
Ma	v the I	RS discuss this return with the preparer shown abo	ove? (see instructions)			X Ves No	

	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	х
1	Briefly describe the organization's mission: PROVIDES EDUCATION, SUPPORT AND HOPE TO FAMILIES LIVING WITH AUTISM.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
3	If "Yes," describe these changes on Schedule O.	L res L NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured l	ov expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 875,402. including grants of \$) (Revenue \$	139,858.)
	PARENT SUPPORT & EDUCATION - OUR GOAL IS TO PROVIDE EDUCATION, SUPPORT	
	AND HOPE TO FAMILIES LIVING WITH AUTISM. TO ACCOMPLISH OUR MISSION, WE	
	UTILIZE A UNIQUE SERVICE DELIVERY MODEL THAT PROVIDES FAMILIES ACROSS	
	ALL SOCIOECONOMIC DEMOGRAPHICS WITH ACCESS TO LOW - AND NO-COST AUTISM	
	EDUCATION AND SUPPORT PROGRAMS. TO ENSURE ACCESS TO OUR PROGRAMS FOR	
	ALL FAMILIES, TACA PROVIDES SCHOLARSHIPS FOR ANY FEE BASED PROGRAMS WE	
	OFFER. IN 2018, TACA REACHED 68,427 INBOXES AND 175,820 FOLLOWERS IN 50	
	STATES WITH HOPE, HELP AND INFORMATION. WE HAD 524 COFFEE TALKS,	
	MEETINGS AND WEBINARS EDUCATING MORE THAN 6,800 PEOPLE. IN 2018 WE	
	ADDED 3 CHAPTERS IN ALASKA, SOUTH CAROLINA AND ARIZONA. OUR PARENT	
	MENTOR PROGRAM COMPLETED 800 INTRODUCTIONS TO HELP NEW FAMILIES OBTAIN	
	ONE-ON-ONE SUPPORT AND INFORMATION ABOUT AUTISM-RELATED TOPICS, FROM	
4b	(Code:) (Expenses \$246,007. including grants of \$) (Revenue \$	550.
	WEBSITE, FACEBOOK GROUP & PRINTED MATERIALS - TACA HAS MANY PRINT AND	
	ELECTRONIC EDUCATIONAL MATERIALS TO HELP FAMILIES MAKE THE MOST	
	INFORMED DECISIONS FOR THEIR CHILDREN WITH AUTISM. DUE TO A GENEROUS	
	GRANT, TACA DISTRIBUTED 4,058 JOURNEY GUIDES TO OUR FAMILIES FREE OF	
	CHARGE. TACA'S AUTISM JOURNEY GUIDE IS A 200+ PAGE BOOK PROVIDING	
	PARENTS A COMPREHENSIVE OVERVIEW OF AUTISM THERAPIES AND TREATMENTS FOR ALL STAGES OF THE JOURNEY. TACA'S WEBSITE PROVIDES IN-DEPTH,	
	· · · · · · · · · · · · · · · · · · ·	
	COMPREHENSIVE INFO REGARDING THE AUTISM JOURNEY AND RECEIVED ALMOST 1.4 MILLION UNIQUE WEBSITE PAGE VIEWS. OUR "HOPE AND HELP" FACEBOOK	
	SUPPORT GROUP CONTINUES TO GROW. IT IS A PRIVATE, MODERATED FACEBOOK	
	GROUP FOR TACA MEMBERS TO DISCUSS AUTISM AND HOW TO HELP THE PERSON	
	WITH AUTISM IN THEIR LIFE, BE THE BEST THEY CAN BE.	
4c	(Code:) (Expenses \$ 201,814. including grants of \$ 128,628.) (Revenue \$	1
70	SCHOLARSHIPS - TACA PROVIDED 89 FAMILIES WITH SCHOLARSHIPS FOR	
	TREATMENT THROUGH OUR FAMILY SCHOLARSHIP PROGRAM AND GRANTED 20	
	SCHOLARSHIPS FOR SUMMER CAMP, BASIC SWIMMING AND WATER SAFETY AND	
	DOCTOR'S TRAINING. TACA AWARDED 267 SCHOLARSHIPS TO OUR FAMILY EVENTS	
	AND NATIONAL AUTISM CONFERENCES SO THAT FINANCIAL HARDSHIP DOESN'T STOP	
	A FAMILY FROM RECEIVING THE SUPPORT AND EDUCATION WE OFFER.	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 1,323,223.	
		Form 990 (2018)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		
•	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		х
_	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		х
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 temporarily restricted endowments, permanent			
	endowments, or 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		x
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Part IV	hecklist of Required Schedules (continued
Part IV	necklist of Required Schedules (contir

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			Yes	No		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		.,	1		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	<u> </u>		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			1		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			.,		
	Schedule J	23		Х		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the					
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	١		٠		
	Schedule K. If "No," go to line 25a	24a		Х		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease					
	any tax-exempt bonds?	24c		-		
	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	05-				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х		
D	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	056		х		
06	Schedule L, Part I	25b				
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or					
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	26		x		
27	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20				
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			1		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21				
20	instructions for applicable filing thresholds, conditions, and exceptions):					
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV					
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	Х	Х		
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200				
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation					
00	contributions? If "Yes," complete Schedule M	30		x		
31	Did the organization liquidate, terminate, or dissolve and cease operations?					
٠.	If "Yes," complete Schedule N, Part I	31		x		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	 • •				
<u></u>	Schedule N. Part II	32		x		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>				
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	 				
•	Part V, line 1	34		х		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х		
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity					
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b				
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?					
	If "Yes," complete Schedule R, Part V, line 2	36		х		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization					
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?					
	Note. All Form 990 filers are required to complete Schedule O	38	Х	<u>L</u> _		
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>				
			Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable					
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable					
_	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					

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Form **990** (2018)

(gambling) winnings to prize winners?

27-0048002

Form 990 (2018) THE AUTISM COMMUNITY IN ACTION Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

•	5. "	 		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2 a 22			
b	filed for the calendar year ending with or within the year covered by this return		2b	х	
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returnations. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions		20	Λ	
32			3a		х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 6	 Դ	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		30		
	financial account in a foreign country (such as a bank account, securities account, or other financial	• •	4a		х
b	If "Yes," enter the name of the foreign country:	2000am,			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		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				
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut				
	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 ser		7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			
	to file Form 8282?	 I	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g 7h		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations contributions maintaining donor advised funds. Did a donor advised fund maintained		/11		
Ü		by the	8		
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	 	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40-		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
h	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the				
Б	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a			14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
	excess parachute payment(s) during the year?		15		х
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		х
	If "Yes," complete Form 4720, Schedule O.				
			Eorm	990	(2018)

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 in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sec	tion A. Governing Body and Management			
	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	9		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2	х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		v
	taxable entity during the year?	16a		Х
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16b		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed AL, CA, CT, FL, GA, HI, IL, MA, MD, MI, MN, NC			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only	availa	able
.0	for public inspection. Indicate how you made these available. Check all that apply.	, o orny	avano	
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
.5	statements available to the public during the tax year.	u man	Jidi	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
_5	DIANA BARSTAD - 949-640-4401			
	2222 MARTIN ST, NO. 140, IRVINE, CA 92612			
	· · · · · ·			

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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)				1 than is bot	one :h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) LISA ACKERMAN	40.00									
SECRETARY/EXECUTIVE DIRECTOR		Х		Х				44,301.	0.	19,557.
(2) DAN CARNEY	1.00									
CFO		Х		Х				0.	0.	0.
(3) GLEN ACKERMAN	5.00									
PRESIDENT		Х		Х				0.	0.	0.
(4) KEITH BANNING	1.00									
DIRECTOR		Х						0.	0.	0.
(5) ELIZABETH MCCOY	1.00									
DIRECTOR		Х						0.	0,	0.
(6) ROBBY SAGGU	1.00									
DIRECTOR		Х						0.	0.	0.
(7) ERICH KREIDLER	1.00									
DIRECTOR		Х						0.	0.	0.
(8) KIM YANG-UK	1.00									
DIRECTOR		Х						0.	0.	0.
(9) INNA KASSATKINA JONES	1.00									
DIRECTOR		Х						0.	0.	0.
(10) PAT MCILVAIN (THROUGH 12/2018)	1.00									
DIRECTOR		Х						0.	0.	0.

	(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	more erson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation from related		am	(F) timate ount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	()	compensa from th organiza and rela organizat		e ion ed
	Sub-total								44,301.		0.		19	,557.
	Total from continuation sheets to Part VI								0.		0.			0.
d	Total (add lines 1b and 1c)							<u> </u>	44,301.		0.		19	,557.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	nose	liste	ed a	bove	e) wl	no r	eceived more than \$100	0,000 of reportable				0
3	Did the organization list any former officer,			e, ke	ey er	nplo	oyee	, or	highest compensated e	mployee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su								her compensation from			3		Х
•	and related organizations greater than \$150	-		-					·	-		4		х
5	Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	from	any	/ uni	elat	ted organization or indiv	idual for services				
Sec	rendered to the organization? If "Yes," comtion B. Independent Contractors	plete Schedul	e J f	or s	uch	pers	son		<u></u>			5		Х
1	Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of comp	ensat	ion fr	rom	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	rithir T		year.				
	(A) Name and business	address	NO	NE					(B) Description of s	services	Cor	(C nper) Isatio	n
2	Total number of independent contractors (i \$100,000 of compensation from the organi	· ·	ot li	mite	d to		se li: 0	stec	d above) who received n	nore than				
											Fo	orm (9 0 (2018)

832008 12-31-18

27-0048002

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Total revenue Related or Unrelated from tax under exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b 889,915. c Fundraising events d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 1,303,567 132,875 g Noncash contributions included in lines 1a-1f: \$ 2,193,482 h Total. Add lines 1a-1f Business Code 2 a EDUCATIONAL PROGRAMS Program Service Revenue 900099 139,858 139,858 b PRINTED MATERIALS 900099 550 550 С f All other program service revenue 140,408, g Total. Add lines 2a-2f Investment income (including dividends, interest, and 2,137 other similar amounts) 2,137. 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) . (i) Securities (ii) Other 7 a Gross amount from sales of 28,349 assets other than inventory b Less: cost or other basis 28,354 74 and sales expenses -74 c Gain or (loss) -79 -79. d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue 889,915. of including \$ contributions reported on line 1c). See Part IV, line 18 a 22,222 Other **b** Less: direct expenses 287,243 c Net income or (loss) from fundraising events -265,021 -265,021. 9 a Gross income from gaming activities. See Part IV, line 19 a 9,527 10,689. **b** Less: direct expenses -1,162 -1,162. **c** Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 12,311 11,588. **b** Less: cost of goods sold 723 723. c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISCELLANEOUS 900099 2,693 2,693. b С d All other revenue 2,693 e Total. Add lines 11a-11d

832009 12-31-18

Form 990 (2018)

-260,709.

2,073,181

Total revenue. See instructions

140,408

Part IX Statement of Functional Expenses

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

Do	Check if Schedule O contains a responsor include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22	128,628.	128,628.		
3	Grants and other assistance to foreign		,		
Ŭ	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	63,858.	31,929.	6,386.	25,543
6	Compensation not included above, to disqualified		·		·
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	722,711.	480,823.	68,798.	173,090
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	69,846.	45,011.	8,675.	16,160
10	Payroll taxes	65,426.	42,675.	6,361.	16,390
11	Fees for services (non-employees):				
а	Management				
b					
С		16,085.		16,085.	
d					
е	D (' 1(1 ' ' ' O D ' N(' ' 47	26,125.			26,125
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	108,285.	87,494.	3,114.	17,677
12	Advertising and promotion				
13	Office expenses	69,438.	52,791.	4,934.	11,713
14	Information technology				
15	Royalties				
16	Occupancy	101,241.	75,931.	8,099.	17,211
17	Travel	8,531.	6,408.	674.	1,449
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	22,374.	2,673.	30.	19,671
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	29,015.	21,759.	2,320.	4,936
23	Insurance	22,065.	16,848.	1,570.	3,647
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	ANNUAL CONFERENCE	197,371.	197,371.		
b	PARENT & MENTOR SUPPORT	89,094.	89,094.		
С	MERCHANT FEES	36,966.	·	36,966.	
d	TRAINING & DEVELOPMENT	19,011.	10,394.	1,479.	7,138
е	All other expenses	46,918.	33,394.	8,792.	4,732
25	Total functional expenses. Add lines 1 through 24e	1,842,988.	1,323,223.	174,283.	345,482
26	Joint costs. Complete this line only if the organization	-	·		•
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2018) Part X Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	te to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			520,147.	1	701,459
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		197,184.	3	193,310	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compens	ated er	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	า 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 50	1(c)(9) voluntary			
2		employees' beneficiary organizations (see instr)	. Comp	lete Part II of Sch L		6	
Assels	7	Notes and loans receivable, net				7	
₹	8	Inventories for sale or use			1,640.	8	
	9	Prepaid expenses and deferred charges			11,730.	9	73,453
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	65,956.			
	b	Less: accumulated depreciation	10b	47,136.	27,802.	10c	18,820
	11	Investments - publicly traded securities			5,484.	11	17,383
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		21,614.	14	5,033	
	15	Other assets. See Part IV, line 11			8,251.	15	33,251
	16	Total assets. Add lines 1 through 15 (must equ	793,852.	16	1,042,709		
	17	Accounts payable and accrued expenses	111,897.	17	93,854		
	18	Grants payable				18	
	19	Deferred revenue			73,402.	19	112,338
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
2	22	Loans and other payables to current and former	r office	rs, directors, trustees,			
		key employees, highest compensated employee	es, and	disqualified persons.			
LIGDIIICIES		Complete Part II of Schedule L				22	
J	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	s 17-24	. Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			185,299.	26	206,192
		Organizations that follow SFAS 117 (ASC 958	3), ched	k here 🕨 🗓 and			
ß		complete lines 27 through 29, and lines 33 ar					
<u> </u>	27	Unrestricted net assets			526,162.	27	508,828
Ē	28	Temporarily restricted net assets			82,391.	28	327,689
2	29	Permanently restricted net assets		29			
2		Organizations that do not follow SFAS 117 (A	SC 95	B), check here ▶Ш			
5		and complete lines 30 through 34.					
2	30	Capital stock or trust principal, or current funds				30	
Ź	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets of Fulld Balances	32	Retained earnings, endowment, accumulated in				32	
-	33	Total net assets or fund balances		ı	608,553.	33	836,517
	34	Total liabilities and net assets/fund balances			793,852.	34	1,042,709

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,07	3,181.		
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,84	2,988.		
3	Revenue less expenses. Subtract line 2 from line 1						
4							
5	Net unrealized gains (losses) on investments	5		-:	2,229.		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10		83	5,517.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				х		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	а	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e 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	e audit	,				
	review, or compilation of its financial statements and selection of an independent accountant?		2	X			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule C).				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Au	dit				
	Act and OMB Circular A-133?		3	а	Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	dit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3	o			

SCHEDULE A

(Form 990 or 990-EZ)

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 **2018**

Open to Public Inspection

Name of the organization Employer identification number THE AUTISM COMMUNITY IN ACTION 27-0048002 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 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.) 8 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 university: 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

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

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

Sec	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and	, ,	` '	` '	, ,	` ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	1,293,708.	1,277,406.	1,687,561.	1,899,591.	2,193,482.	8,351,748.
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	1,293,708.	1,277,406.	1,687,561.	1,899,591.	2,193,482.	8,351,748.
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)						89,706.
	Public support. Subtract line 5 from line 4.						8,262,042.
		(=) 001 4	(h) 0015	(=) 0010	(4) 0017	(-) 0010	(f) Tatal
	ndar year (or fiscal year beginning in)	(a) 2014 1,293,708.	(b) 2015 1,277,406.	(c) 2016 1,687,561.	(d) 2017 1,899,591.	(e) 2018 2,193,482.	(f) Total 8,351,748.
	Amounts from line 4 Gross income from interest,	1,233,700.	1,277,400.	1,007,301.	1,000,001.	2,133,402.	0,331,740.
0	·						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources	381.	571.	724.	1,314.	2,137.	5,127.
9	Net income from unrelated business					_,,	-,
·	activities, whether or not the						
	business is regularly carried on	4,223.	6,508.	9,424.	7,983.	3,416.	31,554.
10	Other income. Do not include gain	,	,	,	,	· ·	<u>, , , , , , , , , , , , , , , , , , , </u>
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						8,388,429.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	472,945.
13	First five years. If the Form 990 is for	r the organization's	s first, second, third	d, fourth, or fifth ta	ıx year as a sectio	n 501(c)(3)	
_	organization, check this box and stor		·····				<u></u>
	ction C. Computation of Publ		<u> </u>				
	Public support percentage for 2018 (14	98.49 %
	Public support percentage from 2017					15	98.64 %
16a	33 1/3% support test - 2018. If the o	•		•		•	
	stop here. The organization qualifies						
b	33 1/3% support test - 2017. If the c	•		•		•	
4-	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	•					•
	and if the organization meets the "fact						
,	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	-					iu% or
	more, and if the organization meets the				-		ightharpoonup
10	organization meets the "facts-and-circ						\
18	Private foundation. If the organization	in did flot check a	DOX OF HITE 13, 102	a, 100, 17a, 01 17b	, GIRCK THS DOX 8	ina see instructions	·

Schedule A (Form 990 or 990-EZ) 2018

Page 3

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

Sec	tion A. Public Support	siow, piease com	piete i art ii.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and		, ,	, ,	, ,		.,
	membership fees received. (Do not						
	include any "unusual grants.")						
	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support			•			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
~	(less section 511 taxes) from businesses						
	acquired after June 30, 1075						
	Add lines 10a and 10b						
	Net income from unrelated business						
••	activities not included in line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	's first, second, thi	rd, fourth, or fifth t	ax year as a sect	ion 501(c)(3) organiz	zation,
							> L_
	tion C. Computation of Publi						
15	Public support percentage for 2018 (li	ne 8, column (f),	divided by line 13,	column (f))		15	9
	Public support percentage from 2017					16	9
	tion D. Computation of Inves						
	Investment income percentage for 20					17	Ç
	Investment income percentage from 2					18	Ç
19a	33 1/3% support tests - 2018. If the	organization did r	not check the box	on line 14, and line	e 15 is more thar	33 1/3%, and line	17 is not
	more than 33 $1/3\%$, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organi	zation	▶∟
b	33 1/3% support tests - 2017. If the	organization did i	not check a box or	n line 14 or line 19	a, and line 16 is r	nore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and s f	top here. The orga	anization qualifies a	as a publicly sup	oorted organization	▶□
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see i	nstructions	

832023 10-11-18

Schedule A (Form 990 or 990-EZ) 2018

Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
1	2		
3	а		
3	b		
3	С		
4	_		
-	а		
	•-		
4	D		
4	С		
5	а		
	_		
5	b		
5	С		
-	3		
	7		
-	3		
9	_		
9	a		
9	b		
9	С		
10)a		
	1 h		
10)b		

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

Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 2 Recoveries of prior-year distributions Other gross income (see instructions) 3 4 Add lines 1 through 3 Depreciation and depletion 5 5 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) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 see instructions) 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3 4 5 5 Income tax imposed in prior year 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 or 990-EZ) 2018

instructions).

Par	rt V Type III Non-Functionally Integrate	d 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	tion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomp	lish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers	exem	pt purposes of supported		
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt	S			
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval requir	red)			
6	Other distributions (describe in Part VI). See instruction	ons.			
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to	which t	he organization is responsive	e	
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2018 from Section C, line 6				
10	Line 8 amount divided by line 9 amount				
Secti	tion E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2018 (reas	son-			
	able cause required- explain in Part VI). See instruction	ns.			
3	Excess distributions carryover, if any, to 2018				
а	From 2013				
b	From 2014				
С	From 2015				
d	From 2016				
е	From 2017				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
h	Applied to 2018 distributable amount				
i	Carryover from 2013 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2018 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2018 distributable amount				
С	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2018,	if			
	any. Subtract lines 3g and 4a from line 2. For result go	reater			
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2018. Subtract lines	3h			
	and 4b from line 1. For result greater than zero, expla	in in			
	Part VI. See instructions.				
7	Excess distributions carryover to 2019. Add lines 3	j			
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2014				
b	Excess from 2015				
С	Excess from 2016				
d	Excess from 2017				
е	Excess from 2018				

Schedule A (Form 990 or 990-EZ) 2018

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

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2018

Employer identification number

TI	HE AUTISM COMMUNITY IN ACTION	27-0048002
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	x 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
• •	is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F	Rule. See instructions.
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor	
Special Rules		
sections 509(a)(1 any one contribu	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16 tor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount 2, line 1. Complete Parts I and II.	a, or 16b, and that received from
year, total contrib	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from outions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educated the left to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the	ucational purposes, or for the
year, contributior is checked, enter purpose. Don't c	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from sexclusively for religious, charitable, etc., purposes, but no such contributions totaled here the total contributions that were received during the year for an exclusively religion complete any of the parts unless the General Rule applies to this organization because only etc., contributions totaling \$5,000 or more during the year	more than \$1,000. If this box us, charitable, etc., t received <i>nonexclusively</i>
but it must answer "No" o	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

, , , , , , , , , , , , , , , , , , , ,	<u> </u>
Name of organization	Employer identification number
THE AUTISM COMMUNITY IN ACTION	27-0048002

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Name, audiess, and ZIF + +	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No. 3	Name, address, and ZIP + 4	\$\$95,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. <u>4</u>	Name, address, and ZIP + 4	\$ \$1,500.	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140.	italie, audi 635, and EIF T T	\$	Person Payroll Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE AUTISM COMMUNITY IN ACTION

27-0048002

Part II	Noncash Property (see instructions). Use duplicate copies of F	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
		 _{\$}	

E AUTIS	SM COMMUNITY IN ACTION		27-00480	002
art III	Exclusively religious, charitable, etc., contrib from any one contributor. Complete columns (completing Part III, enter the total of exclusively religious	(a) through (e) and the following line es, charitable, etc., contributions of \$1,000 o	try For organizations	than \$1,000 for the y
) No	Use duplicate copies of Part III if additiona	al space is needed.		
) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how	w gift is held
_		(e) Transfer of gi		
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to tra	nsteree
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how	w gift is held
_		(e) Transfer of gi	t	
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to tra	nsferee
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how	w gift is held
<u>art i </u>				
		(e) Transfer of gi	t	
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to tra	nsferee
No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how	w gift is held
$-\Big\lfloor$				
	Transferee's name, address,	(e) Transfer of gi	t Relationship of transferor to tra	nsferee

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 Open to Public Inspection

Name of the organization

THE AUTISM COMMUNITY IN ACTION

Employer identification number 27-0048002

Pai	t I Organizations Maintaining Donor Advise		or Accounts. Complete if the	
	organization answered "Yes" on Form 990, Part IV, lin		2300,60000000000000000000000000000000000	
	, ,	(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		ed funds	
	are the organization's property, subject to the organization's	_		No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?		Yes	No
Pai				
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).		
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	orically important land area	
	Protection of natural habitat	Preservation of a certif	fied historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	of a conservation easement on the las	st
	day of the tax year.		Held at the End of the Tax	Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c	
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	ıre	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, re			
	year			
4	Number of states where property subject to conservation ea	sement is located >		
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of		,
	violations, and enforcement of the conservation easements i			No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easements during the year	
				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	tion easements during the year	
	> \$			
8	Does each conservation easement reported on line 2(d) above	•		1
	and section 170(h)(4)(B)(ii)?			. No
9	In Part XIII, describe how the organization reports conservation	•		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes t	the organization's accounting for	
Pai	conservation easements. t III Organizations Maintaining Collections o	f Art Historical Transuras or Ot	thor Similar Assots	
Fai	Complete if the organization answered "Yes" on Form		iller Sillillar Assets.	
			and halance sheet ways of art	
ıa	If the organization elected, as permitted under SFAS 116 (AS			VIII
	historical treasures, or other similar assets held for public ext	· · · · · · · · · · · · · · · · · · ·	ice of public service, provide, in Part	AIII,
h	the text of the footnote to its financial statements that described as parallel and a second transfer of the organization elected, as parallel and a second transfer of the organization elected, as parallel and transfer of the organization elected.		and balance about works of art, history	orioal
D	If the organization elected, as permitted under SFAS 116 (AS			
	treasures, or other similar assets held for public exhibition, erelating to these items:	ducation, or research in furtherance of pub	blic service, provide the following affic	Junis
	<u> </u>		▶ ¢	
	(i) Revenue included on Form 990, Part VIII, line 1			
2	(ii) Assets included in Form 990, Part X			
~	the following amounts required to be reported under SFAS 1	,	gain, provide	
а	Revenue included on Form 990, Part VIII, line 1		> \$	
	Assets included in Form 990, Part X			
	, soots moradou mi rollil 000, rait /		> ¥	

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Schedule D (Form 990) 2018

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): a Public exhibition	Par	t III Organizations Maintaining C	collections of A	rt, His	torical Tr	easures, o	or Othe	r Similar A	\sset	ts (conti	nued)
a Public exhibition d	3	Using the organization's acquisition, accessi	on, and other record	ls, chec	k any of the	following tha	at are a si	gnificant use	of its	collectio	n itei	ทร
b Scholarly research or for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of air, historical treasures, or other similar assessat to be sold to raise funds attent than to be maintained as part of the organization acceleration. Yes No Part IV Secrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance C Beginning of year balance C Beginning of year balance D Beginning of year balance C C Not investment earnings, gains, and losses G End of year balance C Note respenditures for facilities and programs F Administrative expenses G End of year balance D C Thereporary restricted endowment A Describe in Part XIII the estimated processession of the organization that are held and administered for the organization by: (i) unrelated organizations B If "Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? A Describe in Part XIII the intended uses of the organizations endowment funds. Complete i		(check all that apply):										
c	а	Public exhibition	d	· 🖳	Loan or exc	hange progra	ams					
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assests to be sold to raise funds rather than to be maintained as part of the organization's collection? Part VI Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance 1c Amount 1c Amount 1c Amount 1c Amount 1c Amount 1c Beginning oblaince 1d Amount 1c Beginning oblaince 2 Both the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization naswered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance 1b Contributions 1c No Form 990, Part V, line 10. 1a Beginning of year balance 2c No No 1b (No) Prives, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII 2c No Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	b	Scholarly research	е		Other							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X line 21. Is the organization an aspent, fusuese, custodian or other intermediary for contributions or other assets not included on Form 990, Part X Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: □ Beginning balance □ Beginning balance □ Bistributions during the year the during the year the provided on Part XIII □ Bistributions during the year the during the year the during the year the provided on Part XIII □ Bistributions during the year the during the year the organization answered "Yes" or Form 990, Part IV, line 10. □ Bistributions during the year the leafted organizations listed as required on Schedule R? □ Bistributions during the during the provided organizations listed as required on Schedule R? □ Bistributions during the year the leafted organization an	С	Preservation for future generations										
The part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21. Tall Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Table 11	4	Provide a description of the organization's co	ollections and explai	n how tl	ney further t	he organizati	on's exer	mpt purpose i	n Part	XIII.		
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reproved an amount on Form 990, Part IV, line 9, or form 990, Part IV, line 10 Yes	5									,		_
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance 1b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back of Contributions 1c Net investment earnings, gains, and losses d Grants or scholarships c Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-andowment 100, 00 % b Permanent endowment 100, 00 % c Temporarily restricted endowment 100, 00 % b Permanent endowment 100 and 2 should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) are the related organizations itsed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organizations endowment funds. Describe in Part XIII the intended uses of the organizations of the organization of the organization of depreciation Description of property (a) Cost or other basis (investment) Description of property (a) Cost or other basis (investment) Description of property (b) Cost or other Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the org	_											<u> No</u>
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Par			ete if the	e organizatio	n answered	"Yes" on	Form 990, Pa	art IV, I	ine 9, o	r	
on Form 990, Part X7 b if "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year e Distributions during the year f Ending balance 1												
C Beginning balance	1a									1	_	_
C Beginning balance C C									🖳	Yes		_ No
C Beginning balance 1c	b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:							
d Additions during the year E Distributions during the year E Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Additions Complete										Amoun	t	
e Distributions during the year f fending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Incomplete if the organization answered "Yes" on Form 990, Part XIII Part Y Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part Y Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. A Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four ye												
f Ending balance												
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?												
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Part V Endowment En										\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		¬
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Call Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (d) Three years back (e) Four		_						•	🖳		늗	
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years (e	_											
1a Beginning of year balance	ı aı	Endowment i dids. Complete				· ·			hack	(a) Equ	r voor	e back
b Contributions 25,000.	10	Paginning of year halance	(a) Current year	(D) F	Tior year	(C) TWO year	15 Dack	(u) Tillee years	Dack	(e) 1 0u	i yeai	5 Dack
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 100.00 % b Permanent endowment ▶ 96 The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations 5 b If "Yes" on line 3a(ii), are the related organization's listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d G2, 786. 43, 966. 18, 820. e Other c Other Service of facilities and programs 25,000. 25,000. 9% Yes No 3a(i) X 3a(ii) X 3a(ii) X 3a(ii) X 3a(ii) X 3a(iii) X 3b I 3c(iii) Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.			25 000									
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 25,000. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 100,00 % b Permanent endowment ▶ 96 The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations 3a(ii) x b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements			23,000.									
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 25,000. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment												
and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 100.00 % b Permanent endowment ▶ 9/6 The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other depreciation 1a Land b Buildings c Leasehold improvements 5 C Leasehold improvements 6 C Other 6 Other												
g End of year balance	-											
g End of year balance		. •										
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 100.00 % b Permanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) (c) Accumulated depreciation 1a Land (b) Buildings (c) Leasehold improvements (c) Leasehold improvements (d) Book value depreciation (d) Book value dequipment (e) Leasehold improvements (f) Cost or other basis (other) (f) Cost or other depreciation (f) Cost or depreciation (f) Cost or other depreciation (f) Cost or other depreciation (f) Cost or other depreciation (f) Book value (f) Bo			25 000.									
a Board designated or quasi-endowment ▶		•	,	e (line 1	a column (a	a)) held as:						
b Permanent endowment ▶		· -	•	-	9, 00141111 (0	<i>ajj</i> 11010 00.						
the percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b ! "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements 4 Describe in Part XIII the intended uses of the organization has required on Schedule R? (b) Cost or other depreciation (c) Accumulated depreciation (d) Book value depreciation 1a Land b Buildings c Leasehold improvements 3,170. 3,170. 0. 4 Equipment 62,786. 43,966. 18,820. 6 Other		•	%	_^~								
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations 3a(i) X 3a(i) X 3a(ii) X 3a(ii) X 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements 4 Describe in Part XIII the intended uses of the organization's endowment funds. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land b Buildings c Leasehold improvements 3 ,170. 3 ,170. 0. 4 Equipment 6 2,786. 43,966. 18,820. 6 Other												
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements 4 Equipment 6 2,786. 4 3,966. 18,820. Other	•											
by: (i) unrelated organizations (ii) related organizations (iii) related organizations	За			ation th	at are held a	nd administe	ered for th	ne organizatio	n			
(ii) unrelated organizations (iii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment 62,786. 43,966. 18,820. e Other			3					J			Yes	No
(ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements 3,170. 3,170. 0. 43,966. 18,820. e Other										3a(i)		\top
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment 62,786. 43,966. 18,820. e Other										· · ·		Х
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment 62,786. 43,966. 18,820.	b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on S	Schedule R?					3b		\top
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment 62,786. 43,966. 18,820. e Other	4											
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (e) Book value (f) Book value (f) Cost or other basis (other) (g) Accumulated depreciation (h) Cost or other basis (other) (h) Cost or other basis (ot	Par	t VI Land, Buildings, and Equipm	nent.									
tall Land basis (investment) basis (other) depreciation b Buildings C Leasehold improvements 3,170. 3,170. 0. d Equipment 62,786. 43,966. 18,820. e Other 18,820.		Complete if the organization answere	d "Yes" on Form 990), Part I	V, line 11a. S	See Form 990), Part X,	line 10.				
b Buildings 3,170. 3,170. 0. c Leasehold improvements 62,786. 43,966. 18,820. e Other 9 18,820.		Description of property	1 ' '							(d) Boo	k val	ue
b Buildings 3,170. 3,170. 0. c Leasehold improvements 62,786. 43,966. 18,820. e Other 9 18,820.	1a	Land										
c Leasehold improvements 3,170. 3,170. 0. d Equipment 62,786. 43,966. 18,820. e Other												
e Other						3,170.		3,170				0.
e Other	d	Equipment				62,786.		43,966			18	,820.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	<u>e</u>	Other										
	Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	10c.)					18	,820.

Schedule D (Form 990) 2018

Part VII	Investments - Other Securities.			
(a) Descrip	Complete if the organization answered "Yes" tion of security or category (including name of security)	on Form 990, Part IV, I (b) Book value	line 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or er	ad of year market value
		(b) Book value	(c) Method of Valuation. Cost of el	iu-or-year market value
	al derivatives held equity interests			
(3) Other	neid equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	o) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV, I	line 11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	id-of-year market value
(1)				
(2)				
(3)				
(5)				
(6)				
(7)				
(8)				
(9)				
	o) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes"		line 11d. See Form 990, Part X, line 15.	1
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line	e 15.)	>	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, I		5.
1.	(a) Description of liability		(b) Book value	
	eral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7) (8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line	25.)		
	for uncertain tax positions. In Part XIII, provide		te to the organization's financial statements	s that reports the

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

Schedule D (Form 990) 2018

Part >	Reconciliation of Revenue per Audited Financial St		levenue per R	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li			1	2 291 /38
	tal revenue, gains, and other support per audited financial statements			, , , , , , , , , , , , , , , , , , ,	2,291,438.
	nounts included on line 1 but not on Form 990, Part VIII, line 12:	2a	-2,229.		
	t unrealized gains (losses) on investments		220,412.		
	nated services and use of facilities		220,412.	-	
	coveries of prior year grants			-	
	ner (Describe in Part XIII.) d lines 2a through 2d			20	218,183.
				2e 3	2,073,255.
	btract line 2e from line 1 nounts included on Form 990, Part VIII, line 12, but not on line 1:				2,075,255.
	estment expenses not included on Form 990, Part VIII, line 7b	4a			
			-74.	-	
	ner (Describe in Part XIII.) d lines 4a and 4b		· - •	40	-74.
	d lines 4a and 4b tal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			4c 5	2,073,181.
	III Reconciliation of Expenses per Audited Financial S			_	
i dit /	Complete if the organization answered "Yes" on Form 990, Part IV, li		Expenses per	netain.	
1 To	tal expenses and losses per audited financial statements			1	2,063,474.
	nounts included on line 1 but not on Form 990, Part IX, line 25:				
	nated services and use of facilities	2a	220,412.		
	or year adjustments			-	
				-	
	ner losses ner (Describe in Part XIII.)		74.	-	
				2e	220,486.
	d lines 2a through 2d			3	1,842,988.
	btract line 2e from line 1 nounts included on Form 990, Part IX, line 25, but not on line 1:				
	restment expenses not included on Form 990, Part VIII, line 7b	4a			
	ner (Describe in Part XIII.)			-	
	d Bonn Annual Ale			4c	0.
	d lines 4a and 4b tal expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line</i> :			5	1,842,988.
	III Supplemental Information.	10.)		1 3 1	1,012,500.
	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	A: Part IV lines 1h ar	nd 2h: Part V. lina	1: Part V li	ino 2: Part VI
	and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a			4, Fait 7, 11	TIE Z, Fait Ai,
D3.D# 17	T THE 4				
PART V	LINE 4:				
TO ASS	ST WITH NEW INITIATIVES OR EMERGENCY FUNDING.				
	DI WIII NEW INTITUTED ON EMERCENCE PONDERO.				
PART X	LINE 2:				
WAE OD	TANTZAMION UAC DECETTED MAY EVENDM CMAMMIC EDOM MUE INMI	PONAT DEVENUE			
THE OR	GANIZATION HAS RECEIVED TAX-EXEMPT STATUS FROM THE INTE	ERNAL REVENUE			
SERVIC	E AND CALIFORNIA FRANCHISE TAX BOARD UNDER SECTION 501	(C)(3) OF THE			
INTERN	AL REVENUE CODE AND UNDER REVENUE AND TAXATION CODE SEC	CTION 23701D,			
RESPEC	PIVELY.				
TEDT DC					
SINCE	THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOM	ME TAX			
LIABIL	TY, NO PROVISION IS MADE FOR CURRENT OR DEFERRED INCOM	ME TAXES. THE			
ORGANI	ATION USES THE SAME ACCOUNTING METHODS FOR TAX AND FIR	NANCIAL			

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number THE AUTISM COMMUNITY IN ACTION 27-0048002 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations ☐ Solicitation of non-government grants Internet and email solicitations Solicitation of government grants ☐ Phone solicitations g X Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) PEN TO PAPER GRANT CONSULTING Yes No 35540 CHANTILLY CT Х 107,000 GRANT WRITER 26,125 80,875. 107,000. 26 125 80 875. Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing AL, CA, CO, CT, FL, GA, HI, IL, MA, MD, MI, MN, MO, NC, ND, NH, NJ, NY, OH, OK, OR, PA, TN, VA, WA WΙ

832081 10-03-18

Schedule G (Form 990 or 990-EZ) 2018

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

SEE PART IV FOR CONTINUATIONS

		le G (Form 990 or 990-EZ) 2018 THE AUTISM				048002 Page 2
Pa	rt I					
		of fundraising event contributions and gr				ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			L	HBPOF GOLF	_	(add col. (a) through
			ANTE UP	TOURNAMENT	7	col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	769,349.	57,676.	85,112.	912,137.
	2	Less: Contributions	750,127.	57,676.	82,112.	889,915.
	3	Gross income (line 1 minus line 2)	19,222.		3,000.	22,222.
	4	Cash prizes	3,285.			3,285.
S	5	Noncash prizes	67,810.			67,810.
xpens	6	Rent/facility costs	14,235.		12,275.	26,510.
Direct Expenses	7	Food and beverages	82,804.			82,804.
	8	Entertainment				
	9	Other direct expenses			14,624.	106,834.
	10				· · · · · · · · · · · · · · · · · · ·	287,243.
	11					-265,021.
Pa	rt					
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Be	1	Gross revenue				
nses	2	Cash prizes				
t Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1. column (d)		•	
_						
а	ls t	ter the state(s) in which the organization condithe organization licensed to conduct gaming a No," explain:	ctivities in each of these			Yes No
		ere any of the organization's gaming licenses re			•	Yes No
b	If "	Yes," explain:				

Schedule G (Form 990 or 990-EZ) 2018

Schedule G (Form 990 or 990-EZ) 2018 THE AUTISM COMMUNITY IN ACTION 27	-0048002	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes	☐ No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	13a	%
		//
b An outside facility		70
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Nama 🏲		
Name ▶		
Address		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount		
of gaming revenue retained by the third party > \$		
c If "Yes," enter name and address of the third party:		
Name		
Address ▶		
40. October and the formation		
16 Gaming manager information:		
Name		
Gaming manager compensation > \$		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?	Yes	└── No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	ne	
organization's own exempt activities during the tax year ▶ \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	d Part III, lines 9	, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:		
(I) NAME OF FUNDRAISER: PEN TO PAPER GRANT CONSULTING		
(I) ADDRESS OF FUNDRAISER: 35540 CHANTILLY CT, WINCHESTER, CA 92596		
(1) ADDRESS OF FORDRATSER. 55540 CHANTIBLE CI, WINCHESTER, CA 52570		

Schedule G (Form 990 or 990-EZ)

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization THE AUTISM CON	AMINITMY IN ACT	TON					Employer identification number 27-0048002
Part I General Information on Grants a		TON					27-0048002
Does the organization maintain records criteria used to award the grants or assis Describe in Part IV the organization's pro	to substantiate the				•		
Part II Grants and Other Assistance to	Domestic Organi	zations and Domesti	c Governments.	Complete if the org	anization answered "\	Yes" on Form 990, Par	t IV, line 21, for any
recipient that received more than		· ·	1		(f) Method of	1	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization.		4 4-1-1-					>

Page 2 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-(a) Type of grant or assistance (b) Number of (c) Amount of (f) Description of noncash assistance recipients cash grant cash assistance DOCTOR CONSULTATION/ LAB TESTING 0.DOCTOR RECEIPT 82 95,040 0.RECEIPT SUPPLEMENTS 24 12,000 0.RECEIPT MEDICAL EOUIPMENT 10,000 SUMMER CAMP 11 5,500 0.RECEIPT FROM CAMP DOCTOR TRAINING 5 444 0.RECEIPT Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: FOR TACA'S FAMILY SCHOLARSHIP PROGRAM. WE CONTROL THE USE OF FUNDS BY MAKING THE CHECKS PAYABLE TO THE VENDOR AND MAILING THEM DIRECTLY TO THE VENDOR. TACA DOES NOT GIVE MONEY DIRECTLY TO THE FAMILY RECEIVING THE ASSISTANCE.

Schedule I (Form 990)

Part III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)								
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance			
WATER SAFETY	1.	644.	0.	RECEIPT				
	1		l	l	Schodulo I (Form 990)			

SCHEDULE L

Department of the Treasury

Internal Revenue Service

Transactions With Interested Persons

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ 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

Name of the org	anization										Em	ployer	r ident	ificati	on nu	mber
				MMUNITY IN A								0048	002			
Part I Ex	cess Bene	efit Trans	acti	ons (section 50	01(c)(3	3), sect	ion 50	1(c)(4), and 50	01(c)(29) organizatior	s only	y).				
Co	nplete if the	organization	ansv	wered "Yes" on	Form 9	990, P	art IV, I	ine 25a or 25	b, oı	r Form 990-EZ, P	art V,	line 40)b.			
1 (a) Name of	disqualified p	nerson	(b) Relationship between disqualified				(4	c) D	escription of tran	sactio	n		(d) Corrected		cted?	
(a) Name of	aloqualillou	5015011		person and or	rganız	ation			0, D		Juotic	,,,		Y	es	No
														4		
														—		
														+		
														+		
														+		
0.5							11.61									
		•		•	•		•	•	_	the year under		•				
section 495																
3 Enter the a	nount of tax,	ir any, on iir	ie ∠, i	above, reimburs	sea by	tne or	ganiza	tion				▶ \$				
Part II Lo	ans to and	d/or From	Int	erested Per	sons	<u> </u>										
							Part \	/ line 38a or l	Forn	n 990, Part IV, lin	o 26.	or if th	ne oras	nizati	on	
		•		, Part X, line 5, 6			., ı aıı	v, iii le ooa oi	1 011	11 990, 1 art 10, 111	C 20,	01 11 11	ie orga	ıııızatı	OH	
(a) Nar		(b) Relation		(c) Purpose		oan to or	(e	Original	(1	f) Balance due	(a)) In	(h) Apr	proved ard or	(i) W	ritten
interested		with organiz		of loan		m the ization?		ipal amount	`	(-) =		ault?	by bo	ard or littee?	agree	ment?
					To	From					Yes	No	Yes	No	Yes	No
						1										
														<u> </u>		
Total	·····	·····			<u></u>			🕨 \$								
				nefiting Inter												
	•	_	ansv	wered "Yes" on	Form 9	990, P				_						
(a) Name	of interested	person	((b) Relationship				assistance		(d) Type assistan			• •) Purp assist	ose of	
				interested pers		10		a55151a110 0		assistan	CE		•	200101	ance	
			+									_				
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2018

Schedule L (Form 990 or 990-EZ) 2018 THE AUTISM COMMUNITY IN ACTION 27-0048002 Page 2 Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (d) Description of (a) Name of interested person (b) Relationship between interested (c) Amount of òrganization's person and the organization transaction transaction revenues? Yes No STEPHANIE MCILVAIN MARRIED TO BOARD ME 21,550.EVENT PLANN Х Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: STEPHANIE MCILVAIN (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: MARRIED TO BOARD MEMBER, PATRICK MCILVAIN (D) DESCRIPTION OF TRANSACTION: EVENT PLANNER/COORDINATOR SCHEDULE L PART IV THE ORGANIZATION USES EVENT MANAGEMENT SERVICES FROM STEPHANIE MCILVAIN WHO IS MARRIED TO A BOARD MEMBER. THE ORGANIZATION MADE TOTAL PAYMENTS OF \$21,550 FOR SUCH SERVICES. THE BOARD REVIEWS AND APPROVES RELATED PARTY TRANSACTIONS.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization THE AUTISM COMMUNITY IN ACTION **Employer identification number** 27-0048002

Pa	rt I Types of Property	(a)	(b)	(c)		(d)
		Check if applicable	Number of contributions or items contributed	Noncash contribution amounts reported of Form 990, Part VIII, line	n	Method of determining noncash contribution amounts
1	Art - Works of art	Х	2)25.FM	I V
2	Art - Historical treasures					
3	Art - Fractional interests					
4	Books and publications	Х			26.FM	I V
5	Clothing and household goods	Х		8,	950.FM	I V
6	Cars and other vehicles	Х	1	13,	575.FM	I V
7	Boats and planes					
8	Intellectual property					
9	Securities - Publicly traded	Х	4	42,	182.FM	I V
10	Securities - Closely held stock					
11	Securities - Partnership, LLC, or trust interests					
12	Securities - Miscellaneous					
13	Qualified conservation contribution - Historic structures					
14	Qualified conservation contribution - Other					
15	Real estate - Residential					
16	Real estate - Commercial					
17	Real estate - Other					
18	Collectibles	Х	11	6 . 4	135.FM	4V
19	Food inventory	Х	48	·	739.FM	
20	Drugs and medical supplies			,		
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts					
25	Other (EVENT TICKETS)	Х	21	23.	191.FM	4V
26	Other (ACCESSORIES)	Х	25		557.FM	
27	Other (GIFT BASKET)	Х	1	·	200.FM	
28	Other (WORKBOOKS)	Х	1	·	235.FM	
29	Number of Forms 8283 received by the organ	ization durin	g the tax year for c			
	for which the organization completed Form 82		-			
		,,				Yes N
30a	During the year, did the organization receive b	ov contributio	on any property rer	oorted in Part I. lines 1 t	hrough	
	must hold for at least three years from the dat					
	exempt purposes for the entire holding period		•	•		
h	If "Yes," describe the arrangement in Part II.	' •				334
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandard co	ntributio	ons? 31 X
	Does the organization hire or use third parties					01 -2
JŁd			•			32a X
h	contributions? If "Yes," describe in Part II.					JEG 1
33	If the organization didn't report an amount in	column (c) fo	or a type of proports	v for which column (a) is	check	red l
55	describe in Part II.	Joidinin (6) 10	a type of propert	y for writeri columni (a) i	, CHECK	ica,
LHA		the leature	tions for Form 00	^		Schedule M (Form 990) 20

Schedule M (Form 990) 2018

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
PART I, OTHER TYPES OF PROPERTY:
ELECTRONICS
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 7
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 2060.
(D) METHOD OF DETERMINING REVENUE: FMV
SPORTS GEAR
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 1
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 2000.
(D) METHOD OF DETERMINING REVENUE: FMV
SCHEDULE M, PART I, COLUMN (B):
NUMBER OF CONTRIBUTIONS
832142 10-18-18 Schedule M (Form 990)

40

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

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 990-EZ

OMB No. 1545-0047

Inspection

▶ Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Name of the organization **Employer identification number** 27-0048002 THE AUTISM COMMUNITY IN ACTION FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: EXPERIENCED AND TRAINED TACA MENTOR PARENTS. THE TACA PARENT SUPPORT TEAM AND VOLUNTEERS RESPONDED TO A TOTAL OF 47,916 SUPPORT CALLS AND EMAILS. TACA SUPPORTED MORE THAN 30,000 PEOPLE AT FAMILY AND OUTREACH EVENTS ACROSS THE COUNTRY AND EDUCATED OVER 2,000 AT CONFERENCES IN GEORGIA, CALIFORNIA AND PENNSYLVANIA. OUR CONFERENCES FEATURE EXPERT SPEAKERS FROM ACROSS THE UNITED STATES FOCUSING ON MEDICAL ISSUES THERAPY, ADVOCACY AND OTHER AUTISM-RELATED TOPICS. TACA IS ABLE TO KEEP OUR EXPENSES FOR PARENT SUPPORT & EDUCATION LOW BECAUSE OF OVER 1000 AMAZING AND DEDICATED VOLUNTEERS THAT CONTRIBUTED MORE THAN 25,000 HOURS TO HELPING FAMILIES LIVING WITH AUTISM. FORM 990, PART VI, SECTION A, LINE 2: EXECUTIVE DIRECTOR, LISA ACKERMAN IS MARRIED TO BOARD PRESIDENT, GLEN ACKERMAN. LISA ACKERMAN RECEIVES COMPENSATION FOR HER DUTIES AS EXECUTIVE DIRECTOR. THE BOARD (GLEN ACKERMAN DOES NOT HAVE A VOTE) REVIEWS LISA ACKERMAN'S SALARY AND BENEFITS ANNUALLY. FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZATION CHANGED ITS NAME TO THE AUTISM COMMUNITY IN ACTION AND REVISED ITS BYLAWS DURING THE TAX YEAR END 12/31/18. IT ADDED A DISSOLUTION CLAUSE AND UPDATED THE NUMBER, AUTHORITY, DUTIES AND VOTING RIGHTS OF THE GOVERNING BODY'S VOTING MEMBERS AS WELL AS THE DUTIES OF ITS OFFICERS.

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

THE BOARD MEMBERS REVIEW THE FORM 990 BEFORE IT IS FILED. THE BOARD VOTES

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

Schedule O (Form 990 or 990-EZ) (2018)

THE AUTISM COMMUNITY IN ACTION	27-0048002
ON APPROVING THE FORM 990 EACH YEAR AND RECORD THE APPROVAL IN THE MEETING	
MINUTES OF BOARD RESOLUTIONS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE BOARD REVIEWS AND SIGNS THE ANNUAL CONFLICT OF INTEREST FORMS TO ENSURE	
ITS COMPLIANCE.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE BOARD FOLLOWS PROCEDURES TO DETERMINE THAT EXECUTIVE COMPENSATION IS IN	
LINE WITH THE IRS SAFE HARBOR SUCH AS, OFFICIAL BOARD REVIEW, COMPARABILITY	
DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DECISION.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
AL,CA,CT,FL,GA,HI,IL,MA,MD,MI,MN,NC,NH,NJ,NY,OH,OK,OR,PA,TN,VA,WI	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON	
REQUEST.	
AUDITED FINANCIAL STATEMENTS AND THE FORM 990 ARE AVAILABLE ON THE TACA	
WEBSITE.	
FORM 990, PART XII, LINE 2C:	
THERE WERE NO CHANGES FROM THE PRIOR YEAR.	