Form <b>990</b>
(Rev. January 2020)
Department of the Treasury

### EXTENDED TO NOVEMBER 16, 2020

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 g **Open to Public** Inspection

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.

AF	or th	e 2019 calendar year, or tax year beginning and	ending		
B C	heck if pplicat	e: C Name of organization	D Employer identific	ation number	
	Addr				
	Nam			27-0048002	
	Initia		E Telephone number		
	Final return	2222 MARTIN ST	140	949-640-4401	
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,554,201.
	Amer	IRVINE, CR 92012		H(a) Is this a group re	turn
	Appli tion	F Name and address of principal officer: LISA ACKERMAN		for subordinates	? Yes X No
_	pend	SAME AS C ABOVE		H(b) Are all subordinates inc	cluded? Yes No
		empt status: 🕱 501(c)(3) 🚺 501(c) ( ) ┥ (insert no.) 🚺 4947(a)(1) c	or 527	If "No," attach a l	list. (see instructions)
		te: > TACANOW, ORG		H(c) Group exemption	
		forganization: X Corporation Trust Association Other	L Year	of formation: 2003 M	State of legal domicile: CA
Pa	irt I	Summary			
æ	1	Briefly describe the organization's mission or most significant activities: PROVIDI	ES EDUCAT	ION, SUPPORT AND	
u c		HOPE TO FAMILIES LIVING WITH AUTISM.			
Activities & Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos		12 13	ets.
Ň	3	Number of voting members of the governing body (Part VI, line 1a)			9
୍ ଅ	4	Number of independent voting members of the governing body (Part VI, line 1b)		8	
es	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		20	
iviti	6	Total number of volunteers (estimate if necessary)			1000
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
-	b	Net unrelated business taxable income from Form 990-T, line 39	T		
			-	Prior Year 2,193,482.	Current Year 2,036,650.
e	8	Contributions and grants (Part VIII, line 1h)		140,408.	165,487.
Revenue	9	Program service revenue (Part VIII, line 2g)		2,058.	6,240.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-262,767.	-211,647.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,073,181.	1,996,730.
-	12 13	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		128,628.	148,353.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		921,841.	1,024,016.
ses		Professional fundraising fees (Part IX, column (A), line 11e)		26,125.	34,675.
Expenses	h	Total fundraising expenses (Part IX, column (D), line 25)	441.		
ŭ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		766,394.	813,175.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,842,988.	2,020,219.
	19	Revenue less expenses. Subtract line 18 from line 12		230,193.	-23,489.
or				ginning of Current Year	End of Year
Assets or d Balances	20	Total assets (Part X, line 16)		1,042,709.	983,596.
Ass	21	Total liabilities (Part X, line 26)		206,192.	162,188.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		836,517.	821,408.
Pa	rt II	Signature Block			

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

Sign Here	Signature officer LISA ACRERMAN, EXECUTIVE DIRECTOR	/SECRETARY	Date 11/13/2020							
	Type or print hame and title									
Paid	Print/Type preparer's name BRIAN YACKER	Preparer's signature	Date Check PTIN if self-employed P00401346							
Preparer	Firm's name YH ADVISORS, INC.		Firm's EIN 5-3269313							
Use Only										
	HUNTINGTON BEACH, CA 92649 Phone no.310-982-2803									
May the II	RS discuss this return with the preparer shown abo	ve? (see instructions)	X Yes No							

LHA For Paperwork Reduction Act Notice, see the separate instructions. 932001 01-20-20

	990 (2019) THE AUTISM COMMUNITY IN ACTION T III Statement of Program Service Accomplishments	27-00480	02 Page
га			X
4	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	A
1	Briefly describe the organization's mission: PROVIDES EDUCATION, SUPPORT AND HOPE TO FAMILIES LIVING WITH AUTISM.		
	INVIDED EDUCATION, BUTTONI AND HOTE TO FAMILIED EIVING WITH AUTOM.		
2	Did the organization undertake any significant program services during the year which were not listed on the		Yes X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes X No
0	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	easured by e	xpenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	-	
	revenue, if any, for each program service reported.	,	
4a	(Code:) (Expenses \$953,550. including grants of \$) (Revenue	\$	165,342.
	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 2019, TACA REACHED 72,000 INBOXES AND 341,585 FOLLOWERS IN 50		
	STATES WITH HOPE, HELP AND INFORMATION. WE HAD 615 COFFEE TALKS,		
	MEETINGS AND WEBINARS EDUCATING MORE THAN 7,000 PEOPLE. OUR PARENT		
	MENTOR PROGRAM COMPLETED 779 INTRODUCTIONS TO HELP NEW FAMILIES OBTAIN		
	ONE-ON-ONE SUPPORT AND INFORMATION ABOUT AUTISM-RELATED TOPICS, FROM		
	EXPERIENCED AND TRAINED TACA MENTOR PARENTS. THE TACA PARENT SUPPORT		
4b	(Code:         ) (Expenses \$) (Expenses \$) (Revenue	\$	145.
	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 3,891 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 MORE THAN		
	1.3 MILLION UNIQUE WEBSITE PAGE VIEWS. OUR "HOPE AND HELP" FACEBOOK		
	SUPPORT GROUP CONTINUES TO GROW AND CURRENTLY HAS OVER 10,000 MEMBERS.		
	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		
4c	(Code:) (Expenses \$ 220,018. including grants of \$ 148,353. ) (Revenue	:\$	
	SCHOLARSHIPS - TACA AWARDED \$148,353 IN SCHOLARSHIPS FOR TREATMENT		
	THROUGH OUR FAMILY SCHOLARSHIP PROGRAM; AND ATTENDANCE TO FAMILY EVENTS AND TACA'S NATIONAL AUTISM CONFERENCES. WE NEVER WANT FINANCIAL		
	HARDSHIP TO STOP A FAMILY FROM RECEIVING THE SUPPORT AND EDUCATION WE		
	OFFER.		
	OFFER.		
4d	Other program services (Describe on Schedule O.)		
40	(Expenses \$ including grants of \$ )     (Revenue \$       Total program service expenses ►     1,457,281.		)
46	Total program service expenses 1,457,281.		Form <b>990</b> (201
932004	SEE SCHEDULE O FOR CONTINUATION(S)		1 0111 0 (201
	2		
)11	10 144414 3540 2019.05000 THE AUTISM COMM	ATTNT T TV	TNT 7 354

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Form 990 (2019) THE AUTISM COMMUNI Part IV Checklist of Required Schedules THE AUTISM COMMUNITY IN ACTION 27-0048002 Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in 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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	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		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.4%		x
1E	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		^^
15		45		x
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10		16		x
17	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
17		17	х	
18	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."			
19		19	x	
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
£ 1	domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		x
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 Form 990 (2019)
 THE AUTISM COMMUNITY IN ACTION

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	<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				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			x	
	Schedule J	23		<u> </u>	-
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? <i>If</i> "Yes," answer lines 24b through 24d and complete	04-		x	
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b			-
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240			-
C	any tax-exempt bonds?	24c			
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d			-
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				-
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete				
	Schedule L. Part I	25b		x	
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled				
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X	_
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV				
	instructions, for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
	"Yes," complete Schedule L, Part IV	28a		X	-
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X	-
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If				
~~	"Yes," complete Schedule L, Part IV	28c	v	X	-
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	X	├──	-
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x	
24	contributions? If "Yes," complete Schedule M	<u>30</u> 31		x	-
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31			-
32		32		x	
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32			-
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 55			-
01		34		x	
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x	-
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity				1
	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		x	
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		x	
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		
Par					
	Check if Schedule O contains a response or note to any line in this Part V				_
			Yes	No	Ē
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 35	4			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	-			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				
	(gambling) winnings to prize winners?	1c	X	<u> </u>	
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Form	990 (2019) THE AUTISM COMMUNITY IN ACTION 27-004800	2	Р	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 20			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	х	
	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 required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
		-		(0040

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	<b>Int VI</b> Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	check in Schedule O contains a response of note to any line in this Part Vi	<u></u>		
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	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 on Schedule 0.			
b	Enter the number of voting members included on 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			
	officer, director, trustee, or key employee?	2	х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	. 4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
	Each committee with authority to act on behalf of the governing body?		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 on Schedule O	. 9		X
Sec	ction 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	Х	
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	
b	• Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	. 12b	Х	
С	: Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	. 14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official		Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed 🕨 🗛 , AL , CA , CO , CT , FL , GA , HI , IL , MA , MD , MI			
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	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd financ	cial	
19				
19	statements available to the public during the tax year.			
19 20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	State the name, address, and telephone number of the person who possesses the organization's books and records DIANA BARSTAD - 949-640-4401			
	State the name, address, and telephone number of the person who possesses the organization's books and records		<b>990</b>	

<u>Form 990 (2019)</u>	THE AUTISM COMMUNITY IN ACTION	27-0048002	Page 1						
Part VII Comper	nsation of Officers, Directors, Trustees, Key Employees, H	Highest Compensated							
Employees, and Independent Contractors									
Check if S	Schedule O contains a response or note to any line in this Part VII								
Section A. Officers,	Directors, Trustees, Key Employees, and Highest Compensated Emplo	yees							
1a Complete this table	e 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.

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	Position		Reportable	Reportable	Estimated				
	hours per	box	(do not check more than one box, unless person is both an		compensation	compensation	amount of			
	week		officer and a director/trustee)		from	from related	other			
	(list any	rector						the	organizations	compensation
	hours for	or di	ee e			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		96	suadu		(W-2/1099-MISC)		organization and related
	below	ual tr	tional		vold	st con	_			organizations
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) LISA ACKERMAN	40.00	_			-	1 0				
SECRETARY/EXECUTIVE DIRECTOR		х		x				66,074.	0.	28,624.
(2) KEITH BANNING	1.00									
DIRECTOR		х						0.	0.	0.
(3) ELIZABETH MCCOY	1.00									
DIRECTOR		х						٥.	0.	0.
(4) ROBBY SAGGU	1.00									
DIRECTOR		Х						٥.	0.	0.
(5) ERICH KREIDLER	1.00									
DIRECTOR		Х						0.	0.	0.
(6) KIM, YANG-UK	1.00									
DIRECTOR		Х						0.	0.	0.
(7) INNA KASSATKINA JONES	1.00									
DIRECTOR		х						0.	0.	0.
(8) GLEN ACKERMAN	5.00									
PRESIDENT		х		х				0.	0.	0.
(9) DAN CARNEY	1.00									
CFO		х		х				0.	0.	0.
				-	-					
		1								
932007 01-20-20	1	1	1			1	1	1		Form <b>990</b> (2019)

932007 01-20-20

Form **990** (2019)

### 13221110 144414 3540

Form 990 (2019) THE AUTISM C									27-00	48002	2	Pa	age <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
(A) Name and title	<b>(B)</b> Average hours per week	box	not c , unles	Pos heck ss per	rson i	than o s both pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensatio from related	n	an	(F) stimate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization: (W-2/1099-MIS		fr org and	pensa om the anizati d relate anizatio	e ion ed
		-											
		-											
		-											
		-											
		-											
1b Subtotal								66,074.		0.		28,	624.
c Total from continuation sheets to Part V								0.		0.			٥.
d Total (add lines 1b and 1c)								66,074.		٥.		28,	624.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	oove	) wh	o re	eceived more than \$100,	000 of reportable	;			0
compensation from the organization												Yes	0 <b>No</b>
3 Did the organization list any <b>former</b> officer			-	•	-		Ŭ			[		100	
<ul><li>line 1a? If "Yes," complete Schedule J for s</li><li>For any individual listed on line 1a, is the su</li></ul>											3		X
and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4		X
5 Did any person listed on line 1a receive or a											5		х
rendered to the organization? <i>If</i> "Yes," con Section B. Independent Contractors	nplete Schedule	<u>e J to</u>	<u>or sl</u>	icn į	bers	on .				<u></u>	5		
1 Complete this table for your five highest co the organization. Report compensation for	•	•							•	pensat	ion fro	om	
(A)				<u>.g</u>				(B)			(0		
Name and business	address	NO	NE					Description of s	ervices	C	ompe	nsatio	ו 
							_						
							_						
2 Total number of independent contractors (i	ncluding but n	ot lin	nitec	d to	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organi						0		-				000	
											Form	<b>990</b> (2	2019)

932008 01-20-20

ar	t VII	Statement of Re	ven	ue						-
		Check if Schedule O	conta	iins a respo	nse	or note to any line		(D)	(0)	
							<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue exclu from tax unc sections 512 -
Ś	1 a	Federated campaigns		1a						
Inu		Membership dues								
mo		Fundraising events				852,643.				
ar A		Related organizations								
mil		Government grants (contr								
S	f	All other contributions, gifts,	grant	s, and						
the		similar amounts not included	abov	e 1f		1,184,007.				
and Other Similar Amounts	g	Noncash contributions included in	lines 1	a-1f <b>1g</b>	5	187,591.				
an	h	Total. Add lines 1a-1f					2,036,650.			
						Business Code				
		EDUCATIONAL PROGRAM	S			900099	165,342.	165,342.		
he	b	PRINTED MATERIALS				900099	145.	145.		
Revenue	с									
Be	d									
	e f	All other program service	rovor							
		Total. Add lines 2a-2f					165,487.			
	3	Investment income (includ					, -			
	-	other similar amounts)	0	,		,	1,890.			1,8
	4	Income from investment of								
	5	Royalties	. <u></u>			🕨				
				(i) Rea		(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses	6b							
	с	Rental income or (loss)	6c							
	d	Net rental income or (loss	)			►				
	7 a	Gross amount from sales of		(i) Securit		(ii) Other				
		assets other than inventory	7a	281,3	69.					
	b	Less: cost or other basis		077.0	10					
enue		and sales expenses	7b	277,0	50.					
eve		Gain or (loss)	7c	,			4,350.			4,3
r L		Net gain or (loss) Gross income from fundraisi			. <u></u>		4,550.			±,3
	0 a	including \$	-							
		contributions reported on								
		Part IV, line 18		-	8a	18,525.				
	b	Less: direct expenses			8b	242,097.				
		Net income or (loss) from			it <u>s</u>		-223,572.			-223,5
	9 a	Gross income from gamin	-							
		Part IV, line 19			9a	18,600.				
	b	Less: direct expenses			9b	15,361.				
		Net income or (loss) from			°	▶	3,239.			3,2
	10 a	Gross sales of inventory,				00.010				
		and allowances			10a					
		Less: cost of goods sold			10b	22,994.	5,225.			5,2
+	С	Net income or (loss) from	sales	or inventor	у	Business Code	5,225.			5,2
	11 ~	MISCELLANEOUS				900099	3,461.			3,4
aur	n a b						5,101.			<u> </u>
ver	с С									
Revenue		All other revenue								
		Total. Add lines 11a-11d					3,461.			
	~			<u></u>			, -•	165,487.		-205,4

2019.05000 THE AUTISM COMMUNITY IN A 3540\_\_\_1

THE AUTISM COMMUNITY IN ACTION Part IX Statement of Functional Expenses

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Check if Schedule O contains a respon- Do not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8b, 9b, and 10b of Part VIII.	•	expenses	general expenses	expenses
<b>1</b> 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	148,353.	148,353.		
<b>3</b> Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors,	0.4. 600	17 240	0.450	
trustees, and key employees	94,698.	47,349.	9,470.	37,879
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	773,435.	512,538.	77,265.	183,632
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	85,784.	45,341.	11,256.	29,187
0 Payroll taxes	70,099.	45,296.	7,019.	17,784
1 Fees for services (nonemployees):				
a Management				
b Legal	700.		700.	
c Accounting	11,000.		11,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	34,675.			34,675
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25,				
column (A) amount, list line 11g expenses on Sch 0.)	86,602.	83,490.	3,112.	
2 Advertising and promotion	5,090.			5,090
3 Office expenses	67,303.	53,046.	3,350.	10,907
4 Information technology	5,638.	5,638.		
5 Royalties				
6 Occupancy	101,241.	64,879.	10,124.	26,238
7 Travel	9,131.	6,391.	860.	1,880
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials $\dots$				
9 Conferences, conventions, and meetings	11,161.	1,817.	4.	9,340
0 Interest				
1 Payments to affiliates				
2 Depreciation, depletion, and amortization	16,804.	12,602.	1,345.	2,857
3 Insurance	20,823.	15,596.	1,698.	3,529
4 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
amount, list line 24e expenses on Schedule 0.)				
a ANNUAL CONFERENCE	264,443.	264,443.		
b PARENT & MENTOR SUPPORT	85,822.	85,822.		
c DUES AND SUBSCRIPTIONS	69,632.	56,589.	3,395.	9,648
d MERCHANT FEES	41,399.		41,399.	
e All other expenses	16,386.	8,091.	2,500.	5,79
5 Total functional expenses. Add lines 1 through 24e	2,020,219.	1,457,281.	184,497.	378,44
6 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 Figure if following SOP 98-2 (ASC 958-720)				

13221110 144414 3540

Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 7 Notes and loans receivable, net 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 73,453. 9 97,851. **10a** Land, buildings, and equipment: cost or other 67,489. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a 58,907. 8,582. 18,820. b Less: accumulated depreciation 10b 10c 17,383. 257,540. 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 5,033. Intangible assets 14 14 33,251. 63,864. Other assets. See Part IV, line 11 15 15 1,042,709. 983,596. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 93,854. 79,165. Accounts payable and accrued expenses 17 17 18 18 Grants payable 112,338. 83,023. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, 22 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 206,192. 162,188. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🗵 and complete lines 27, 28, 32, and 33. 508,828. 641,095. 27 Net assets without donor restrictions 27 327,689. Net assets with donor restrictions 180,313. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances 836,517. 32 821,408. 32 1,042,709. 983,596. 33 Total liabilities and net assets/fund balances 33

THE AUTISM COMMUNITY IN ACTION

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

Cash - non-interest-bearing Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable, net

27-0048002

(A) Beginning of year

701,459.

193,310.

1

2

3

4

**(B)** End of year

Page 11

395,732.

151,527.

Form 990 (2019)

8,500.

Form 990 (2019)
Part X Balance Sheet

1

2

3

4

Assets

Liabilities

Net Assets or Fund Balances

Form	1990 (2019) THE AUTISM COMMUNITY IN ACTION	27-0048002		Pa	<sub>ge</sub> 12
	rt XI Reconciliation of Net Assets				<u>a-</u>
	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	1,	996,	730.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,	020,	219.
3	Revenue less expenses. Subtract line 2 from line 1	3		-23,	489.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		836,	517.
5	Net unrealized gains (losses) on investments	5		8,	380.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10		821,	408.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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 C	).			
2a		·····	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	ona			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X 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				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
~	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	le Audit			
_	Act and OMB Circular A-133?	·····	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	(0010)

Form **990** (2019)

932012 01-20-20

SCHED	ULE A
-------	-------

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2019

**Open to Public** Inspection

## -

									identification number			
Da	nrt I		TISM COMMUNITY						27-0048002			
		Reason for Public C					e instruction:	6.				
	organ	ization is not a private found		•								
1		A church, convention of chu					I)(A)(i).					
2		A school described in secti										
3		A hospital or a cooperative					•					
4		A medical research organiza	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,			
_		city, and state:										
5		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).										
6			-									
7	X	An organization that normal	•	ntial part of its support fi	om a gove	ernmental	unit or from t	ne general p	oublic described in			
_		section 170(b)(1)(A)(vi). (C										
8		A community trust describe			-							
9		An agricultural research org				-		-	-			
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or			
		university:										
10		An organization that normal	•					-	•			
		activities related to its exem							-			
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acqui	red by the ore	ganization a	ifter June 30, 1975.			
		See section 509(a)(2). (Cor										
11		An organization organized a	-	•	•				_			
12		An organization organized a		•	•				• •			
		more publicly supported org	-						Check the box in			
		lines 12a through 12d that o	• •					-				
а		<b>Type I.</b> A supporting orga	-	-	•	-						
		the supported organization		• • • •	majority o	of the direc	tors or truste	es of the su	ipporting			
		organization. You must c	-									
b		<b>Type II.</b> A supporting orga	-				-		•			
		control or management o			ame perso	ns that co	ntrol or mana	ge the supp	ported			
		organization(s). You mus	-									
C		<b>Type III functionally inte</b>						ly integrate	d with,			
		its supported organization		· ·								
C		Type III non-functionally						-				
		that is not functionally inter	<b>°</b>	<b>c</b> ,			•	l an attentiv	/eness			
		requirement (see instructi										
e		Check this box if the orga					Туре I, Туре	II, Type III				
		functionally integrated, or		nally integrated supportion	ng organiz	ation.			[			
f		er the number of supported o	•									
<u> </u>		vide the following information i) Name of supported	i about the supporte (ii) EIN	ed organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	fmonetany	(vi) Amount of other			
	``	organization	(1) 2.13	(described on lines 1-10	in your governi	l ,	support (see in	-	support (see instructions)			
		5		above (see instructions))	Yes	No		,	, , ,			
Tota	al											

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

### Schedule A (Form 990 or 990-EZ) 2019 THE AUTISM COMMUNITY IN ACTION

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.)

1 Gifts, grants, contributions, and membership fees received. (Do not	Total 094,690.
membership fees received. (Do not	94,690.
	94,690.
include any "unusual grants.") 1,277,406. 1,687,561. 1,899,591. 2,193,482. 2,036,650. 9,	94,690.
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	
<b>4 Total.</b> Add lines 1 through 3 1,277,406. 1,687,561. 1,899,591. 2,193,482. 2,036,650. 9,	94,690.
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,	
	.37,000.
	957,690.
Section B. Total Support	
	Total
	94,690.
8 Gross income from interest,	
dividends, payments received on	
securities loans, rents, royalties,	
and income from similar sources 571. 724. 1,314. 2,137. 1,890.	6,636.
9 Net income from unrelated business	•,••••
activities, whether or not the business is regularly carried on 6,508. 9,424. 7,983. 3,416. 11,925.	39,256.
	55,250.
10 Other income. Do not include gain	
or loss from the sale of capital	
assets (Explain in Part VI.)	40 500
	40,582.
	589,173.
<b>13</b> First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	
organization, check this box and stop here Section C. Computation of Public Support Percentage	
	.00 %
	/0
	.49 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and	N V
stop here. The organization qualifies as a publicly supported organization	X
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box	
and <b>stop here.</b> The organization qualifies as a publicly supported organization	
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more	
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization	. —
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the	. —
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	

Schedule A (Form 990 or 990-EZ) 2019

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# Schedule A (Form 990 or 990-EZ) 2019 THE AUTISM COMMUNITY IN ACTION

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

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

Se	ction A. Public Support	<u>, prodoc comp</u>					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
t	3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	n 501(c)(3) organ	ization,
_							
	ction C. Computation of Publi		•				
	Public support percentage for 2019 (I					15	%
	Public support percentage from 2018					16	%
	ction D. Computation of Inves			10 1 (1)			
	Investment income percentage for 20					17	%
18	Investment income percentage from :					18	17 is not
195	<b>33 1/3% support tests - 2019.</b> If the more than 33 1/3%, check this box ar						
٢	33 1/3% support tests - 2018. If the						and
	line 18 is not more than 33 1/3%, che						
20	<b>Private foundation.</b> If the organization						
	23 09-25-19						90 or 990-EZ) 2019
			1 5				

1

2

Yes No

### Part IV Supporting Organizations

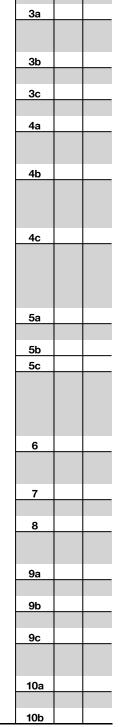
(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete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

### Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2019

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			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		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	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 year (see instructions).			
а	The organization satisfied the Activities Test. <i>Complete</i> 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 <b>Part VI</b> how you supported a government entity (see insti	uctions		
2	Activities Test. Answer (a) and (b) below.	uotionis	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 <b>Part VI identify</b>			
	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 <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	2b		
3	activities but for the organization's involvement. Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>	20		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or tructors of each of the supported organizations?	20		
L	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	3a		
D	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	0L		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	<u>3b</u>	0	0040
932025	5 09-25-19 Schedule A (Form 9	90 or 99	v∪-ヒZ)	2019

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	edule A (Form 990 or 990 EZ) 2019 THE AUTISM COMMUNITY IN ACTION	•	- 1	27-0048002 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	•		Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Sec	tions A through E.	(D) Current Veer
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	Ilv integrated	Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2019

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instructions).

	t V Type III Non-Functionally Integrated 509		nizations (continued)	27-0040002 Page 7
Sect	ion D - Distributions		(continued)	Current Year
1	Amounts paid to supported organizations to accomplish exer	mot purposes		
2	Amounts paid to perform activity that directly furthers exemp			
_	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is responsive		
-	(provide details in <b>Part VI</b> ). See instructions.	ie elgamente responente		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
_1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
_	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

Schedule A	(Form 990 or 990-EZ) 2019 THE AUTISM COMMUNITY IN ACTION	27-0048002	Page <b>8</b>
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lin 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; F Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any ad (See instructions.)	nes 1 and 2; Part IV, Section Part V, Section B, line 1e; Pa	n C,
932028 09-25-*	9 Sch	edule A (Form 990 or 990	-EZ) 2019

### **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

2019

Employer identification number

2	7	-	0	0	4	8	0	0	2	

Organization type (chec	sk one):
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation

THE AUTISM COMMUNITY IN ACTION

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

#### **General Rule**

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

#### **Special Rules**

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

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

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

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

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

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

27-0048002

THE AUTISM COMMUNITY IN ACTION

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$100,000.	Person     X       Payroll        Noncash        (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$46,049.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$87,956.	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$85,660.	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

923452 11-06-19

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

27 - 0048002

THE AUTISM COMMUNITY IN ACTION

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	JICLY TRADED SECURITIES		
		\$\$	12/31/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom 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
453 11-06-19		\$Schedule B (Earm )	 990, 990-EZ, or 990-PF) (2

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ame of org	ganization			Employer identification number
HE AUTIS	SM COMMUNITY IN ACTION			27-0048002
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	) through (e) and the following lin charitable, etc., contributions of \$1,00	e entry For organizations	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held
_		(e) Transfer o	f gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship	of transferor to transferee
a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held
	Transferee's name, address, a	(e) Transfer o nd ZIP + 4		of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held
		(a) Transfer a		
	Transferee's name, address, a	(e) Transfer o nd ZIP + 4		of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held
F		(e) Transfer o	f gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship	of transferor to transferee
454 11-06-1	19	25	Sch	nedule B (Form 990, 990-EZ, or 990-PF) (2

### 13221110 144414 3540

SCH	EDULE	D

Name of the organization

(Form	990	)
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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.



Employer identification number

Department of the Treasury Internal Revenue Service

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

	THE AUTISM COMMUNITY IN ACT	27-0048002		
Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	r Accounts. Complete if the	
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.		
	• • • • • • • • • • • • • • • • • • •	(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds	
	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
Par				
1	Purpose(s) of conservation easements held by the organizati			
	Preservation of land for public use (for example, recrea		historically important land area	
	Protection of natural habitat	·	certified 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	a conservation easement on the last	
	day of the tax year.		Held at the End of the Tax Year	
а	Total number of conservation easements			
b	<u> </u>			
с	Number of conservation easements on a certified historic str			
d	Number of conservation easements included in (c) acquired			
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, re		ganization during the tax	
	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	· · · · · · · · · · · · · · · · · · ·		
	violations, and enforcement of the conservation easements i		Yes No	
6	Staff and volunteer hours devoted to monitoring, inspecting,			
	▶			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservatio	n easements during the year	
	▶\$			
8	Does each conservation easement reported on line 2(d) abov	ve satisfy the requirements of section 170(h)(	4)(B)(i)	
	and section 170(h)(4)(B)(ii)?		Yes No	
9	In Part XIII, describe how the organization reports conservati			
	balance sheet, and include, if applicable, the text of the footi	note to the organization's financial statement	ts that describes the	
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections or	f Art, Historical Treasures, or Othe	er Similar Assets.	
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	i8, not to report in its revenue statement and	l balance sheet works	
	of art, historical treasures, or other similar assets held for pul	olic exhibition, education, or research in furth	nerance of public	
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items.		
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and bal	ance sheet works of	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	ance of public service,	
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		• • •	
			<b>N</b> .	
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial g	ain, provide	
	the following amounts required to be reported under FASB A	SC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1		► \$	
b	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2019	
	10-02-19			
		26		

26	5						
<b>`</b>	~	-	~	^	^		

Sche	dule D (Form 990) 2019 THE AUTISM	COMMUNITY IN AC	CTION			27-0	048002	<u> </u>	<sub>age</sub> 2
Pa	t III Organizations Maintaining C	ollections of Ar	t, Historical T	reasures, o	r Other S	Similar Asse	ets <sub>(contil</sub>	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check any of th	e following tha	t make sigr	nificant use of it	s	,	
	collection items (check all that apply):			-	-				
а	Public exhibition	d	Loan or e	xchange progr	am				
b	Scholarly research	е		0.0					
с	Preservation for future generations								
4	Provide a description of the organization's co	llections and explair	how they further	the organization	on's exemp	t purpose in Pa	art XIII.		
5	During the year, did the organization solicit o	-	-	-					
•	to be sold to raise funds rather than to be ma						Yes		No
Pa	t IV Escrow and Custodial Arrange								
	reported an amount on Form 990, Par					onn ooo, r arri	,		
1a	Is the organization an agent, trustee, custodi		iary for contributio	ons or other as	sets not inc	cluded			
iu	on Form 990, Part X?					-	Yes		No
h	If "Yes," explain the arrangement in Part XIII					L	163		
D		and complete the loi	iowing table.				Amoun	+	
-	Designing belonce						Amoun	ι <u></u>	
	Beginning balance								
	Additions during the year					1d			
-	Distributions during the year					1e			
t	Ending balance								<b>-</b>
	Did the organization include an amount on Fo				-	7l	Yes	-	No
Pa	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has bee	n provided on	Part XIII .		<u></u>		
Fai	T V Endowment Funds. Complete i								
_		(a) Current year	(b) Prior year	(c) I wo yea	irs back (d	I) Three years bad	<u>ck (e) Fou</u>	r years	back
<b>1</b> a	Beginning of year balance	25,000.	05.00						
b	Contributions	26,610.	25,000	· ·					
С	Net investment earnings, gains, and losses	4,003.							
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	55,613.	25,000	0.					
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column	(a)) held as:					
а	Board designated or quasi-endowment	100.00	_%						
b	Permanent endowment  .00	%							
с	Term endowment  .00	%							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held	and administe	red for the	organization			
	by:							Yes	No
	(i) Unrelated organizations							Х	
	(ii) Related organizations								х
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R	?			3b		
4	Describe in Part XIII the intended uses of the								
Pa	t VI   Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a	. See Form 990	), Part X, lin	ne 10.			
	Description of property	(a) Cost or o		ost or other		umulated	(d) Boo	k valu	e
		basis (investr	• •	is (other)	1	eciation	(1) 200		•
1a	Land			. /					
	Buildings								
	Leasehold improvements			3,170.		3,170.			٥.
				64,319.		55,737.		8	582.
	Equipment			51,515.				,	
	Other			10.)	1			8	582.
100	. Add lines 1a through 1e. (Column (d) must e	qual ⊢orm 990, Part .	<u>x, column (B), line</u>	10c.)					
						Sched	ule D (Forr	u 880)	2019

#### Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨		

#### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

#### Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DEPOSITS	8,251.
(2) BENEFICIAL INTEREST IN ASSETS HELD BY COMMUNITY FOUNDATION	55,613.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	63,864.
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25	5.
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	

(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990 Part X col. (B) line 25.)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2019

X

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Sche	edule D (Form 990) 2019 THE AUTISM COMMUNITY IN ACTION			27-0048002	Page <b>4</b>
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With R	evenue per Ret	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,352,494.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	8,380.		
b	Donated services and use of facilities	. 2b	347,384.		
с	Recoveries of prior year grants	2c			
d					
е	Add lines 2a through 2d			2e	355,764.
3	Subtract line 2e from line 1			3	1,996,730.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,996,730.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With E	Expenses per R	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total expenses and losses per audited financial statements			1	2,367,603.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	<b>2</b> a	347,384.		
b	Prior year adjustments	<b>2</b> b			
с	Other losses	. 2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	347,384.
3	Subtract line 2e from line 1			3	2,020,219.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
с	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,020,219.
Pa	rt XIII Supplemental Information.				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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PART V, LINE 4:

TO ASSIST WITH NEW INITIATIVES OR EMERGENCY FUNDING.

PART X, LINE 2:

THE ORGANIZATION HAS RECEIVED TAX-EXEMPT STATUS FROM THE INTERNAL REVENUE

SERVICE AND CALIFORNIA FRANCHISE TAX BOARD UNDER SECTION 501(C)(3) OF THE

INTERNAL REVENUE CODE AND UNDER REVENUE AND TAXATION CODE SECTION 23701D,

#### RESPECTIVELY.

SINCE THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAX

LIABILITY, NO PROVISION IS MADE FOR CURRENT OR DEFERRED INCOME TAXES. THE

ORGANIZATION USES THE SAME ACCOUNTING METHODS FOR TAX AND FINANCIAL

Schedule D (Form 990) 2019

Part XIII Supplemental Information (continued)

REPORTING. MANAGEMENT HAS CONSIDERED ITS TAX POSITIONS AND BELIEVES THAT

ALL OF THE POSITIONS TAKEN IN ITS FEDERAL AND STATE EXEMPT ORGANIZATION

RETURNS ARE MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION. THE

ORGANIZATION'S RETURNS ARE SUBJECT TO EXAMINATION BY FEDERAL AND STATE

TAXING AUTHORITIES, GENERALLY FOR THREE YEARS AND FOUR YEARS,

RESPECTIVELY, AFTER THEY ARE FILED.

Schedule D (Form 990) 2019

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30 2019.05000 THE AUTISM COMMUNITY IN A 3540\_\_\_1

13221110 144414 3540

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ing or Gaming A	ctiv	ties	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" on organization entered more than \$1				r 19,	or if the	2019
Department of the Treasury		Attach to Form 990						Open to Public Inspection
Internal Revenue Service Name of the organization		to www.irs.gov/Form990 for instr	uction	s and	the latest informati	on.		Inspection Intification number
		COMMUNITY IN ACTION					27-004800	
	ing Activities.	Complete if the organization answe	ered "Y	es" or	ו Form 990, Part IV, I	ine 17	7. Form 990-EZ	filers are not
<ul> <li>a X Mail solicitation</li> <li>b X Internet and</li> <li>c Phone solicitation</li> <li>d In-person solicitation</li> <li>2 a Did the organization</li> <li>key employees lister</li> </ul>	ons email solicitations ations icitations n have a written c ed in Form 990, P highest paid indiv	f Solicita g X Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	ition of ition of I fundra (incluc irofessi	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		X Yes	
(i) Name and address or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser red in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
PEN TO PAPER GRANT			Yes	No			24 675	10.055
- 35540 CHANTILLY (	CT,	GRANT WRITER		x	84,540.		34,675.	49,865.
Total		ı			84,540.		34,675.	49,865.
or licensing.	_	n is registered or licensed to solicit				it is e	exempt from re	gistration

VA,WA,WI

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990 or 990-EZ) 2019

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#### Schedule G (Form 990 or 990-EZ) 2019 THE AUTISM COMMUNITY IN ACTION

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

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			ANTE UP	A RIDE FOR AUTISM	3	(add col. <b>(a)</b> through col. <b>(c)</b> )
ē			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	836,642.	11,000.	23,526.	871,168.
	2	Less: Contributions	818,117.	11,000.	23,526.	852,643.
	3	Gross income (line 1 minus line 2)	18,525.			18,525.
	4	Cash prizes	6,845.			6,845.
	5	Noncash prizes	46,425.			46,425.
<b>Uirect Expenses</b>	6	Rent/facility costs	56,514.			56,514.
rect EX	7	Food and beverages	65,524.			65,524.
5	8	Entertainment				
	9	Other direct expenses	57,972.		8,817.	66,789.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		►	242,097.
_		Net income summary. Subtract line 10 from li				-223,572.
<b>a</b>	rt I	II Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or r	reported more than	
Т		\$13,000 0H F0HH 390-EZ, IIIE 02.	() 5:	(b) Pull tabs/instant		(d) Total gaming (add

anue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) I otal gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			18,600.	18,600.
S	2	Cash prizes			1,500.	1,500.
Direct Expenses	3	Noncash prizes			3,068.	3,068.
Direct E	4	Rent/facility costs			9,550.	9,550.
	5	Other direct expenses			1,243.	1,243.
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	X Yes 50.00 %	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		►	15,361.
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			3,239.
9	En	ter the state(s) in which the organization condu	cts gaming activities: <u>C</u>	A		
		he organization licensed to conduct gaming ac No," explain:				X Yes No
		, I				
		ere any of the organization's gaming licenses re			/ear?	Yes X No
D	11	Yes," explain:				

932082 09-11-19

Schedule G (Form 990 or 990-EZ) 2019

Schedule G (Form 990 or 990-EZ) 2019 THE AUTISM COMMUNITY IN ACTION	27-0048002	Page 3
11 Does the organization conduct gaming activities with nonmembers?	X Ye	s 🗌 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?	Ye	s X No
<b>13</b> Indicate the percentage of gaming activity conducted in:	1 1	
a The organization's facility		.00 <u>%</u> 100.00 %
b An outside facility		100.00 %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records	:	
Name  DIANA BARSTAD		
Address 🕨 2222 MARTIN ST. SUITE 140 - COSTA MESA, CA 92612		
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Ye	s 🗴 No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amou	nt	
of gaming revenue retained by the third party  \$		
c If "Yes," enter name and address of the third party:		
Name 🕨		
Address		
16 Gaming manager information:		
Name  COMMERCE CASINO		
Gaming manager compensation    \$		
Description of services provided <b>PROVIDED DEALERS</b> , TABLES, CHIPS, CARDS AND MANAGEMENT OF THE TOURNAMENT.		
<u></u>		
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	V.	
retain the state gaming license?		s 🗌 No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in organization's own exempt activities during the tax year ► \$ 16,740.	the	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a	nd 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		
932083 09-11-19 Schedule G	6 (Form 990 or 9	90-EZ) 2019


Schedule G (Form 990 or 990-EZ)

932084 04-01-19

SCHEDULE I (Form 990)	Go	Grants and Oth overnments, ar lete if the organizatio	nd Individua	ls in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		Co to unuu ir	Attach to For rs.gov/Form990 for		action		Open to Public Inspection
Name of the organization	UTISM COMMUNITY IN AC	-	5.gowPorniaa010	ine latest miori			Employer identification number 27-0048002
	on Grants and Assistance						
Does the organization mainta criteria used to award the gra     Describe in Part IV the organ     Part II Grants and Other Ass	ants or assistance?	toring the use of grant	funds in the United	d States.			X Yes No
	more than \$5,000. Part II car						· · · · · · · · · · · · · · · · · · ·
<b>1 (a)</b> Name and address of org or government	anization (b) EIN	<b>(c)</b> IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<ul> <li>2 Enter total number of section</li> <li>3 Enter total number of other of</li> <li>4 Ear Benerwork Beduction</li> </ul>	rganizations listed in the line	1 table					Schedule L/Earm 000) (2010)

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

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.

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
DOCTOR CONSULTATION	101	116,932.	0.		
MEDICAL EQUIPMENT	21	0.	28,680.	FMV	MEDICAL EQUIPMENT
THERAPY SESSIONS	2	2,741.	0.		

**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.

932102 10-26-19

27-0048002

Page 2

#### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

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.

ſ g ZU Open to Public Inspection

Employer identification number

Name of the organization

THE AUTISM COMMUNITY IN ACTION

	THE AUTISM COMMUNITY IN ACTION						27-0048002		
Par	tl Types	of Property							
			<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	n	(d) Method of deterr oncash contributior	0	ts
1	Art - Works of a	art	X	1	425.	FMV			
2	Art - Historical								
3	Art - Fractional	interests							
4		olications							
5		ousehold goods			18,775.	FMV			
6		vehicles		1	13,851.	FMV			
7		ies							
8	Intellectual pro								
9	Securities - Pul	olicly traded	x	6	119,717.	FMV			
10	Securities - Clo	sely held stock							
11	Securities - Pa	tnership, LLC, or							
	trust interests								
12	Securities - Mis	scellaneous							
13	Qualified conse	ervation contribution -							
	Historic structu	ıres							
14	Qualified conse	ervation contribution - Other							
15	Real estate - Residential								
16		ommercial							
17	Real estate - O	ther							
18				3	1,225.				
19	Food inventory		X	32	17,214.	FMV			
20	Drugs and med	dical supplies							
21									
22		icts							
23		imens							
24	Archeological a				= = = = = = = = = = = = = = = = = = = =				
25	Other 🕨 (	ACCESSORIES	) X	3	7,500.				
26	Other (	EVENT TICKETS	) X ) X	9	6,940. 1,340.				
27	Other (	ELECTRONICS SPORTS GEAR	)	1	-				
28	Other (		/			L HIV			
29		ms 8283 received by the org							
	for which the d	rganization completed Form	0203, Part IV, I	Johee Acknowledg	gement 29			Yes	No
202	During the yea	r did the organization receiv	o by contributio	n any proporty rop	orted in Part I, lines 1 throug	h 28 -	that it	105	No
30a			-	•••••	which isn't required to be us				
									x
h	exempt purposes for the entire holding period? <b>b</b> If "Yes," describe the arrangement in Part II.					<u>s</u> c			
31						3	1 X		
	•	nization hire or use third part		•	•		<b>_</b>	· · · ·	+
020	contributions?			•	· · ·		32	a	x
b	If "Yes," descri								
33			in column (c) fo	r a type of property	/ for which column (a) is cheo	cked,			

describe in Part II.

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

Schedule M (Form 990) 2019

932141 09-27-19

Schedule M	Form 990) 2019 THE AUTISM COMMUNITY IN ACTION	27-0048002	Page <b>2</b>
Part II	<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and 33, is reporting in Part I, column (b), the number of contributions, the number of items received, or a comb this part for any additional information.	and whether the organiz ination of both. Also com	ation
PART I, O	HER TYPES OF PROPERTY:		
GIFT BASK	T		
(A) CHECK	IF APPLICABLE = X		
(B) NUMBE	R OF CONTRIBUTIONS = 2		
(C) REVEN	JE REPORTED ON FORM 990, PART VIII \$ 177.		
(D) METHO	OF DETERMINING REVENUE: FMV		
SCHEDULE	I, PART I, COLUMN (B):		
NUMBER OF	CONTRIBUTIONS		
020140 00 07 7		Sobodulo M (Earr	n 000) 2010
932142 09-27-1		Schedule M (Form	1 990) 20 19

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or Complete to provide information for responses to specific questio Form 990 or 990-EZ or to provide any additional information.	ns on	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	<ul> <li>Attach to Form 990 or 990-EZ.</li> <li>Go to www.irs.gov/Form990 for the latest information.</li> </ul>		Open to Public Inspection
Name of the organization	THE AUTISM COMMUNITY IN ACTION		r identification number 048002
FORM 990, PART III,	LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:		
TEAM AND VOLUNTEERS	RESPONDED TO A TOTAL OF 53,946 SUPPORT CALLS AND		
EMAILS. TACA SUPPOR	TED MORE THAN 30,000 PEOPLE AT FAMILY AND OUTREACH		
EVENTS ACROSS THE CO	DUNTRY AND EDUCATED OVER 2,100 AT CONFERENCES IN		
GEORGIA AND CALIFOR	NIA. OUR CONFERENCES FEATURE EXPERT SPEAKERS FROM		
ACROSS THE UNITED S	TATES FOCUSING ON MEDICAL ISSUES, THERAPY, ADVOCACY		
AND OTHER AUTISM-RE	LATED TOPICS. TACA IS ABLE TO KEEP OUR EXPENSES FOR		
PARENT SUPPORT & ED	JCATION LOW BECAUSE OF OVER 1000 AMAZING AND		
DEDICATED VOLUNTEER	5 THAT CONTRIBUTED MORE THAN 25,000 HOURS TO HELPING		
FAMILIES LIVING WIT	AUTISM.		
FORM 990, PART III,	LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:		
BEST THEY CAN BE.			
FORM 990, PART VI,	SECTION A, LINE 2:		
EXECUTIVE DIRECTOR,	LISA ACKERMAN IS MARRIED TO BOARD PRESIDENT, GLEN		
ACKERMAN.			
FORM 990, PART VI,	SECTION B, LINE 11B:		
THE BOARD MEMBERS R	EVIEW THE FORM 990 BEFORE IT IS FILED. THE BOARD VOTES		
ON APPROVING THE FO	RM 990 EACH YEAR AND RECORD THE APPROVAL IN THE MEETING		
MINUTES OF BOARD RE	SOLUTIONS.		
FORM 990, PART VI,	SECTION B, LINE 12C:		
THE BOARD REVIEWS A	ND SIGNS THE ANNUAL CONFLICT OF INTEREST FORMS TO ENSURE		
ITS COMPLIANCE.			
-	luction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (For	m 990 or 990-EZ) (2019)
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Schedule O	(Form 990 or 990-EZ) (2019)	
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#### Name of the organization

THE AUTISM COMMUNITY IN ACTION

Page 2 Employer identification number 27-0048002

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:

AK, AL, CA, CO, CT, FL, GA, HI, IL, MA, MD, MI, MN, MO, NC, ND, NH, NJ, NY, OH, OK, OR, PA, SC, TN

VA,WA,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:

THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT PROCESS OR SELECTION

PROCESS DURING THE TAX YEAR.

932212 09-06-19