Form	990
01111	

EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 **2022** Open to Public Inspection

Depa	rtment o	of the Treasury nue Service		form990 for instructions and			Inspection		
			lar year, or tax year beginning		dending		·		
Bo	heck if	C Name o	f organization			D Employer identif	ication number		
_	Addres		TISM COMMUNITY IN ACTION						
X	Name					27-0048002			
-	_change _Initial _return		usiness as	Room/suite	E Telephone numb				
	_lreturn Final		and street (or P.O. box if mail is not de	ivered to street address)	140	949-640-440			
	lreturn/ termin			710 extension postal anda	140	G Gross receipts \$	2,524,039.		
—	ated	ded TRUTT	own, state or province, country, and . CA 92614	ZIP or loreign postal code		H(a) Is this a group			
-	_return Applic _tion		nd address of principal officer:LISA	ACKERMAN		for subordinate			
	_tion pendir	na l	C ABOVE	HORLIGHEN		H(b) Are all subordinates			
		empt status:		(insert no.) 4947(a)(1)	or 527	1	a list. See instructions		
_	ax-exe Vebsit			(113011110.)		H(c) Group exempti			
		ιψ1 		sociation Other	I Year		M State of legal domicile: CA		
-		Summary							
			e the organization's mission or most	significant activities: PROVII	DES EDUCAT	ION, SUPPORT AND			
Governance			MILIES LIVING WITH AUTISM.						
naı	2	Check this bo	if the organization disco	ntinued its operations or dispo	osed of more	than 25% of its net a	issets.		
Ver	I –		ting members of the governing body						
ğ			lependent voting members of the go				10		
80 60			of individuals employed in calendar				29		
Activities &			of volunteers (estimate if necessary)				57:		
ctiv			d business revenue from Part VIII, co				0.		
<	ь	Net unrelated	business taxable income from Form	990-T, Part I, line 11			0.		
						Prior Year	Current Year		
ð	8	Contributions	and grants (Part VIII, line 1h)			2,459,454	2,015,358.		
nç	9	Program servi	Program service revenue (Part VIII, line 2g) 93						
Revenue	10	Investment in	come (Part VIII, column (A), lines 3, 4	, and 7d)		1,804	1,660.		
æ	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8d	, 9c, 10c, and 11e)		-286,473	-89,298.		
	12	Total revenue	- add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		2,268,080			
	13	Grants and si	milar amounts paid (Part IX, column (A), lines 1-3)		284,209	159,918.		
	14	Benefits paid	to or for members (Part IX, column (/	A), line 4)		0			
ŝ	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)		966,760	1,266,199.		
Expenses	16a	Professional f	undraising fees (Part IX, column (A),			0	0		
xpe	b	Total fundrais	ing expenses (Part IX, column (D), lin	e 25) 405	,608.				
ш			es (Part IX, column (A), lines 11a-11d			505,521	788,596		
			es. Add lines 13-17 (must equal Part I			1,756,490			
	19	Revenue less	expenses. Subtract line 18 from line	12		511,590			
s or					De	ginning of Current Year			
Net Assets or Fund Balances	20	1	Part X, line 16)	1,429,194 83,443					
etA	21		(Part X, line 26)		······ ==	1,345,751			
꾼	22	Net assets or Signature	fund balances. Subtract line 21 from	line 20		1,545,751	1,100,100,		
L Ca	II II	Signatur	I declare that I have examined this return,	including accompanying schedul	ec and statem	ente and to the best of n	av knowledge and helief it is		
			. Declaration of preparer (other than office				ny knowledge and bollon, it lo		
uue,	COLLEC	i, and complete	. Declaration of a center (other than onlo		men proparer	1113	73		
C:		Signature of o	licer			Date			
Sigr		LISA ACKER	EXECUTIVE DIRECTOR/SECH	RETARY					
Her	¢	Type or print n							
		Print/Type pre	parer's name	Preparer's signature	10	Date Check	PTIN		
Paid		REBECCA CHI		REBECCA CHRISTIANSEN	h:	1/01/23	yed P01219191		
Prep		Firm's name	EVERGREEN ALLIANCE PROFES			Firm's EIN 8			
-	Only		4332 CERRITOS AVE, SUITE 2						
	•		LOS ALAMITOS, CA 90720			Phone no.71	4-372-8110		
May	the IF	RS discuss thi	s return with the preparer shown abo	ove? See instructions			X Yes No		

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Par	t III Statement of Program Service Accomplishments	27-0048002 Pa
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	PROVIDES EDUCATION, SUPPORT AND HOPE TO FAMILIES LIVING WITH AUTISM.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2	prior Form 990 or 990-EZ?	Yes X
	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
-	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	measured by expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	
	revenue, if any, for each program service reported.	, , ,
4a		ue\$ 120,42
	FAMILY EDUCATION	·
	THE MISSION OF TACA IS TO PROVIDE EDUCATION, SUPPORT AND HOPE TO	
	FAMILIES LIVING WITH AUTISM. WE PROVIDE NO-COST AND LOW-COST	
	EDUCATIONAL PROGRAMMING, OFFERING SCHOLARSHIPS FOR TICKETED PROGRAMS	
	TO ENSURE EQUITY IN ACCESS. EDUCATION PROGRAMS INCLUDE FREE MONTHLY	
	WEBINARS AND TOPICAL SEMINARS, A FREE AUTISM JOURNEY GUIDE, THE LARGEST	
	NATIONAL CONFERENCE ON AUTISM, AND A COMPREHENSIVE WEBSITE WITH VIDEO	
	LIBRARIES, RESEARCH-BASED ARTICLES, AND DOWNLOADABLE RESOURCES. TACA	
	ALSO DELIVERS A MONTHLY NEWSLETTER WITH EDUCATION CONTENT TO MORE THAN	
	80,000 MEMBERS. IN 2022 EDUCATION PROGRAM ATTENDANCE WAS 15,579. 98%	
	OF TACA FAMILIES LEARN NEW SKILLS, RESOURCES, AND INFORMATION TO BETTER	
	SUPPORT THEIR CHILD'S HEALTH, WELLNESS, AND QUALITY OF LIFE.	
4b	(Code:) (Expenses \$677, 377. including grants of \$) (Reven	ue\$7,89
	FAMILY SUPPORT	
	IN 2022, 49,322 FAMILIES ENGAGED IN TACA SUPPORT NETWORKS AND	
	INITIATIVES. SUPPORT STRUCTURES INCLUDE A PRIVATE FACEBOOK GROUP WITH	
	MORE THAN 17,000 MEMBERS, WHERE EXPERIENCED AUTISM PARENTS PROVIDE	
	GUIDANCE, ANSWER QUESTIONS, AND MAKE RECOMMENDATIONS TO FAMILIES IN	
	NEED. TACA'S CHAPTERS PROVIDE LOCAL SUPPORTS FOR FAMILIES TO NAVIGATE	
	REGIONAL SYSTEMS AND SUPPORTS FOR AUTISM. EACH CHAPTER IS LED BY A	
	VOLUNTEER CHAPTER COORDINATOR, WHO HAS EXPERTISE IN MENTORING AND	
	SUPPORTING OTHER FAMILIES ON AN AUTISM JOURNEY. IN 2022, TACA MATCHED	
	526 NEW FAMILIES WITH EXPERIENCED AND TRAINED PARENT MENTORS TO PROVIDE	
	ONE-ON-ONE SUPPORTS TO FAMILIES. SUPPORT ALSO INCLUDES FAMILY EVENTS	
	AND FAMILY PROGRAMMING THAT IS INCLUSIVE AND SAFE. TACA PROVIDES	
4c	(Code:) (Expenses \$225,793. including grants of \$159,918.) (Reven	ue \$
	SCHOLARSHIPS	
	IN 2022 TACA AWARDED \$159,918 IN SCHOLARSHIPS AND GRANTS AS PAYMENTS	
	FOR TREATMENT OR PROGRAMS. TACA ALSO PROVIDED OVER \$47,000 IN FREE	
	ATTENDANCE TO TACA FAMILY AND EDUCATIONAL EVENTS, TOTALING \$207,000 IN	
	BENEFITS FOR SUPPORTED FAMILIES. THESE EVENTS INCLUDE THE NATIONAL TACA	
	AUTISM CONFERENCE, AND FAMILY EVENTS INCLUDING SENSITIVE SANTA. 93% OF	
	RECIPIENTS SAW IMPROVEMENTS IN THEIR CHILD'S HEALTH, DEVELOPMENT AND	
	BEHAVIOR.	
4d	Other program services (Describe on Schedule O.)	
4e	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 1,612,803.)
	Total program service expenses 1, 612, 803.	
10		Form 330
	12-13-22 SEE SCHEDULE O FOR CONTINUATION(S)	Form 990 (;

Form 990 (2022) THE AUTISM COMMUNI Part IV Checklist of Required Schedules THE AUTISM COMMUNITY IN ACTION

		0
Pao	Ie.	J

			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 2	X X	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	Z	Δ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	•		
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	•		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	5		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
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? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i>	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	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? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	11d	x	
۵	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	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		v
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		X
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	v	
19	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
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232003 12-13-22

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3 2022.05000 THE AUTISM COMMUNITY IN ACT 2320___1

Form	990	(2022)
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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	x	
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? <i>If "Yes," complete</i>			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
U	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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
	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	250		
	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 the Schedule L, Part IV,			
а	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			
	"Yes," complete Schedule L, Part IV	28c		X
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
80	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
<u>م</u> ح م	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
	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 on Schedule O for Part VI, lines 11b and 19?	0/		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	· · · ·		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 76	5		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b)		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming)		
b c	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	1c	x 1990	(005

_	_	(2022) THE AUTISM COMMUNITY IN ACTION	27-0048002		P	age 5
Pa	נע	Statements Regarding Other IRS Filings and Tax Compliance (continued)			No.	
0-	E nto	er the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1		Yes	No
za			2 a 29			
h		for the calendar year ending with or within the year covered by this return		2b	x	
b 3a				20 3a		x
3a b		es," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
		ny time during the calendar year, did the organization have an interest in, or a signature or other a		30		
та		ncial account in a foreign country (such as a bank account, securities account, or other financial a	•	4a		x
h		es," enter the name of the foreign country		та		
D		instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (EBAB)			
5a		the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		x
b		any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5a 5b		x
c		es" to line 5a or 5b, did the organization file Form 8886-T?		5c		
		s the organization have annual gross receipts that are normally greater than \$100,000, and did th		00		
ou		contributions that were not tax deductible as charitable contributions?	-	6a		x
h		es," did the organization include with every solicitation an express statement that such contribut		<u> </u>		
D		e not tax deductible?	-	6b		
7		anizations that may receive deductible contributions under section 170(c).		0.5		
'a	-	he organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	x	
b		es," did the organization notify the donor of the value of the goods or services provided?		7b	x	
		the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
•		e Form 8282?		7c		x
d		es," indicate the number of Forms 8282 filed during the year	7d			
e		the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		7e		x
f		the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		x
g		e organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h		e organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		7h		
8		nsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
		nsoring organization have excess business holdings at any time during the year?		8		
9		nsoring organizations maintaining donor advised funds.				
а	Did 1	the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did 1	the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Sect	tion 501(c)(7) organizations. Enter:	_			
а	Initia	ation fees and capital contributions included on Part VIII, line 12	10a			
b	Gros	ss receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Sect	tion 501(c)(12) organizations. Enter:				
а	Gros	ss income from members or shareholders	11a			
b	Gros	ss income from other sources. (Do not net amounts due or paid to other sources against				
	amo	unts due or received from them.)	11b			
12a	Sect	tion 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
b	lf "Y	es," enter the amount of tax-exempt interest received or accrued during the year	12b			
13		tion 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is th	e organization licensed to issue qualified health plans in more than one state?		13a		
		e: See the instructions for additional information the organization must report on Schedule O.				
b		er the amount of reserves the organization is required to maintain by the states in which the	1			
		nization is licensed to issue qualified health plans	13b			
с		er the amount of reserves on hand	13c			
14a		the organization receive any payments for indoor tanning services during the tax year?		14a	<u> </u>	X
		es," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
15		e organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		- L		
		ess parachute payment(s) during the year?		15		X
40		es," see the instructions and file Form 4720, Schedule N.	t in a sur o			v
16		e organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		X
47		es," complete Form 4720, Schedule O.				
17		tion 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac				
		would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
00000		es," complete Form 6069.		Form	1 990	(2022)
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 2022.05000 THE AUTISM COMMUNITY IN ACT 2320___1

_	990 (2022) THE AUTISM COMMUNITY IN ACTION		27-0048002			age
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 to	-		a "No"	respo	nse
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule					_
	Check if Schedule O contains a response or note to any line in this Part VI					2
Sec	tion A. Governing Body and Management					
4.			1 *		Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
h	Enter the number of voting members included on line 1a, above, who are independent	16	10			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	1b		Í		
2	officer, director, trustee, or key employee?			2	x	
3	Did the organization delegate control over management duties customarily performed by or under the			-		
Ŭ	of officers, directors, trustees, or key employees to a management company or other person?			3		2
4	Did the organization make any significant changes to its governing documents since the prior Form			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X
6	Did the organization have members or stockholders?			6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?			7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	persons other than the governing body?		,	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye					
	The governing body?	-	-	8a	x	
b	Each committee with authority to act on behalf of the governing body?			8b	х	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Σ
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue C	ode.)			
					Yes	Ν
0a	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 o	chapters, a	affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\ \ ,$			10b	X	
1 1 a	Has the organization provided a complete copy of this Form 990 to all members of its governing box	dy before	filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "					
	on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	x	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approv		pendent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange					
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	-				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	anization's	5	101		
	exempt status with respect to such arrangements?			16b		
200	lion C. Disclosure		MT MN NC			
		гь, ма, мо	,MI,MN,NC		A	- 1- 1
17	List the states with which a copy of this Form 990 is required to be filed <u>AL, CA, CT, FL, GA, HI, I</u>		(api
17	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a		(section 501(c)(3)s only) avai	
17	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply	and 990-T)s only) avan	
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain)	and 990-T n on Sche	dule O)			
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply. Image: Constraint of the constraint of	and 990-T n on Sche	dule O)			
17 18 19	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply. Image: Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply. Image: Section 6104 requires an organization to make its governing documents, or statements available to the public during the tax year.	and 990-T n on Sche conflict of i	<i>dule O)</i> interest policy, ar			
17 18 19	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, or statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's beautiful to the public during the tax year.	and 990-T n on Sche conflict of i	<i>dule O)</i> interest policy, ar			
17 18 19	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply.	and 990-T n on Sche conflict of i	<i>dule O)</i> interest policy, ar			
17 18 19 20	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, or statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's beautiful to the public during the tax year.	and 990-T n on Sche conflict of i	<i>dule O)</i> interest policy, ar	nd final		(20)

Form 990 (2	022) THE AUTISM	COMMUNITY IN ACTION	27-0048002 P	Page 7						
Part VII	Compensation of Officers	, Directors, Trustees, Key Em	ployees, Highest Compensated							
Employees, and Independent Contractors										
	Check if Schedule O contains a re	sponse or note to any line in this Part \	/II							
Section A.	Officers, Directors, Trustees, K	ey Employees, and Highest Compens	sated Employees							

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the 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	(do	Position (do not check more than one				000	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)		h an	compensation	compensation	amount of		
	week		cer ar	nd a d I	irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or di	e			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	ional		ploye	t con /ee		1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) LISA ACKERMAN	40.00				×	1 0				
SECRETARY/EXECUTIVE DIRECT		x		x				90,000.	0.	33,768.
(2) CAROLYN BAKER	40.00									
DEVELOPMENT DIRECTOR						х		112,885.	٥.	5,964.
(3) GLEN ACKERMAN	1.00									
PRESIDENT		х		x				0.	0.	0.
(4) DAN CARNEY	1.00									
CFO		x						0.	0.	0.
(5) KEITH BANNING	1.00									_
DIRECTOR		х						0.	0.	0.
(6) ELIZABETH MCCOY	1.00									
DIRECTOR (7) ROBBY SAGGU	1 00	X						0.	0.	0.
(7) ROBBY SAGGU DIRECTOR	1.00	x						0.	0.	0
(8) ERICH KREIDLER	1.00	^						0.	υ.	0.
DIRECTOR	1.00	x						0.	0.	0.
(9) KIM YANG-UK	1.00							· · ·	•.	
DIRECTOR		x						0.	0.	0.
(10) INNA KASSATKINA JONES	1.00								- •	
DIRECTOR		x						0.	0.	0.
(11) BILL OLDBAM	1.00									
DIRECTOR		x						0.	Ο.	Ο.
(12) CELENA HALLSTEAD	1.00									
DIRECTOR		x						0.	Ο.	0.
(13) CHERYL FOSTER	1.00									
DIRECTOR		х						0.	Ο.	0.
		<u> </u>								
020007 10 12 00		L	L	L		I				Eorm 990 (2022)

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Form **990** (2022)

09571108 161399 2320

2022.05000 THE AUTISM COMMUNITY IN ACT 2320___1

	990 (2022) THE AUTISM CC									27-0048	8002		Pa	age 8
Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continu													
	(A) Name and title	(B) Average hours per week (list any	box offic	not c , unle	Pos heck ss pe id a d	ition more rson i	than is bot	h an	(D) Reportable compensation from the	(E) Reportable compensatio from related organizations		an	(F) stimate nount other pensa	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS 1099-NEC)		om the anizat d relat anizati	e ion :ed	
С	Subtotal Total from continuation sheets to Part VI	I, Section A							202,885. 0. 202,885.		0. 0. 0.			,732. 0. ,732.
2	Total (add lines 1b and 1c) Total number of individuals (including but n compensation from the organization								,				<u> </u>	1
3	Did the organization list any former officer,												Yes	No
4	line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportab	le co	omp	ensa	ation	n and	d otl	her compensation from	the organization		3		X X
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i>	accrue comper	nsat	ion f	rom	any	/ unr	elat	ed organization or indiv	idual for services		5		x
	tion B. Independent Contractors													
1	Complete this table for your five highest co the organization. Report compensation for								n the organization's tax		ipens			
	(A) Name and business	address	NO	NE					(B) Description of s	services	С	ompe)	•) nsatio	n
2	Total number of independent contractors (i	ncludina but n	ot li	mite	d to	the	se lie	sted	above) who received n	nore than				
	\$100,000 of compensation from the organiz	•	511				0					Form	990 (2022)

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ar	t VIII									
		Check if Schedule O	conta	ains a respo	onse	or note to any line	e in this Part VIII (A)	(B)	(C)	L
							Total revenue	Related or exempt	Unrelated business revenue	Revenue exclude from tax under sections 512 - 5
2	1 a	Federated campaigns		1a						
	b	Membership dues		1b						
2	с	Fundraising events		1c		930,527.				
5	d	Related organizations		1d						
		Government grants (conti								
5	f	All other contributions, gifts,								
		similar amounts not included				1,084,831.				
2	-	Noncash contributions included in				261,769.	2 015 259			
5	n	Total. Add lines 1a-1f		<u></u>		Business Code	2,015,358.			
	0.0	EDUCATIONAL PROGRAM	g			900099	120,425.	120,425.		
		FAMILY SUPPORT PROG				900099	7,895.	7,895.		
	~					300033	,,000.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	c d									
	e									
		All other program service	reve	nue				<u> </u>		
		Total. Add lines 2a-2f					128,320.			
T	3	Investment income (inclue								
						, 	5,099.			5,0
	4	Income from investment of								
	5	Royalties								
				(i) Rea		(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses \dots	6b							
	с	Rental income or (loss)	6c							
	d	Net rental income or (loss	s) <u></u>			1				
	7 a	Gross amount from sales of		(i) Securit		(ii) Other				
		assets other than inventory	7a	63,	195.					
	b	Less: cost or other basis								
		and sales expenses		66,						
		Gain or (loss)		-3,			2 420			
		Net gain or (loss)					-3,439.			-3,4
	8 a	Gross income from fundraisi								
		including \$								
		contributions reported on		,	0	284,137.				
	h	Part IV, line 18			8a 8b	393,246.				
		Net income or (loss) from			-		-109,109.			-109,1
		Gross income from gamin		•	_		,			,-
	• •	Part IV, line 19			9a					
	b	Less: direct expenses			9b					
		Net income or (loss) from								
		Gross sales of inventory,	•	•						
		and allowances			10a	12,607.				
	b	Less: cost of goods sold			10b	8,119.				
		Net income or (loss) from			ry		4,488.			4,4
						Business Code				
	11 a	REFUNDED EXPENSES				900099	15,323.			15,3
	b									
	с									
-		All other revenue								
		Total. Add lines 11a-11d					15,323.			
	е	Total revenue. See instruction					2,056,040.	128,320.		-87,6

THE AUTISM COMMUNITY IN ACTION

Form 990 (2022)

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Page 9

27-0048002

Page 10

THE AUTISM COMMUNITY IN ACTION 27 - 0048002Form 990 (2022) Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) (D) (A) (B) Do not include amounts reported on lines 6b, Total expenses Program service Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. ĕxpenses expenses 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 22 159,918 159,918 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, 123,768 92,826 24,754 6,188. trustees, and key employees 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 973,699 666,975 75,524 231,200. 7 Other salaries and wages Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) Other employee benefits 79,919 39,862 7,993 32,064. 9 88,813 59,848 8,431 20,534. Payroll taxes 10 Fees for services (nonemployees): 11 а Management b Legal 14,750 14,750. Accounting С d Lobbying Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, q column (A), amount, list line 11g expenses on Sch O.) 88,981 48,591 6,241 34,149. 21,060 11,629 9,431. Advertising and promotion 12 32,632 19,924 3,005 9,703. Office expenses 13 5,201 5,201 Information technology 14 Royalties 15 102,760 70,376 8,153 24,231. 16 Occupancy 6,320 6,056 24 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... 2,119 10,821. 12,940 Conferences, conventions, and meetings 19 20 Interest Payments to affiliates _____ 21 10,809 8,033 928 1,848. Depreciation, depletion, and amortization 22 22,274 4,208. 16,632 1,434 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) PARENT & MENTOR SUPPORT 177,654 177,654 а ANNUAL CONFERENCE 170,328 170,328 b TRAINING & DEVELOPMENT 47,482 32,863 4,073 10,546. С DUES & SUBSCRIPTIONS 36,768 3,383 10,443. 22,942 d 38,637 37,609 1,026 е All other expenses 1,612,803 196,302 2,214,713 405,608. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here

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if following SOP 98-2 (ASC 958-720)

2022.05000 THE AUTISM COMMUNITY IN ACT 2320___1

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Form 990 (2022)

240.

2.

THE AUTISM COMMUNITY IN ACTION

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			955,054.	1	403,579.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			163,301.	3	143,335.
	4	Accounts receivable, net			33,840.	4	22,558.
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, se	ubstantial co	ontributor, or 35%			
		controlled entity or family member of any of	these perso	ns		5	
	6	Loans and other receivables from other disp	ualified pers	ons (as defined			
		under section 4958(f)(1)), and persons desci	ribed in sect	ion 4958(c)(3)(B)		6	
ets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
4	9	Prepaid expenses and deferred charges			69,803.	9	10,790.
	10a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D		86,231.			
	b	Less: accumulated depreciation		71,624.	22,672.	10c	14,607.
	11	Investments - publicly traded securities			81,564.	11	511,861.
	12	Investments - other securities. See Part IV, li		12			
	13	Investments - program-related. See Part IV, I				13	
	14	Intangible assets	100.050	14			
	15	Other assets. See Part IV, line 11		102,960.	15	149,443.	
	16	Total assets. Add lines 1 through 15 (must			1,429,194.	16	1,256,173.
	17	Accounts payable and accrued expenses	77,543.	17	96,525.		
	18	Grants payable	5,900.	18	6,458.		
	19	Deferred revenue	5,900.	19 20	0,430.		
	20 21	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete and other payables to any surrent or		21			
Liabilities	~~	Loans and other payables to any current or trustee, key employee, creator or founder, su					
ilidi		controlled entity or family member of any of		22			
Lia	23	Secured mortgages and notes payable to ur	F		22		
	24	Unsecured notes and loans payable to unrel				23	
	25	Other liabilities (including federal income tax		F			
		parties, and other liabilities not included on I					
		of Schedule D	-			25	
	26	Total liabilities. Add lines 17 through 25			83,443.	26	102,983.
		Organizations that follow FASB ASC 958,	check here	X			
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			1,154,921.	27	1,020,909.
Ba	28	Net assets with donor restrictions			190,830.	28	132,281.
pun		Organizations that do not follow FASB AS					
ц Ц		and complete lines 29 through 33.					
s o	29	Capital stock or trust principal, or current fur	nds			29	
sse	30	Paid-in or capital surplus, or land, building, c				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulate		F		31	
Ne	32	Total net assets or fund balances			1,345,751.	32	1,153,190.
	33	Total liabilities and net assets/fund balances	;		1,429,194.	33	1,256,173.
							Form 990 (2022)

Form **990** (2022)

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Form	990 (2022) THE AUTISM COMMUNITY IN ACTION	27-004800	2	Ра	ge 12
	rt XI Reconciliation of Net Assets				<u> </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	2	,056	,040.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	,214	,713.
3	Revenue less expenses. Subtract line 2 from line 1	3		-158	,673.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	,345	,751.
5	Net unrealized gains (losses) on investments	5		-33	,888.
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			٥.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1	,153	,190.
Pa	t 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 on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e 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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

232012 12-13-22

Department of the Treasury

Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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

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

OMB No. 1545-0047
2022

Open	to	Pub	lic
Insp	ec	tion	1

Name of the organization

Nam	e of t	he organization						Employer	identification number		
	THE AUTISM COMMUNITY IN ACTION 27-004800						7-0048002				
Pa	tΙ	Reason for Public (Charity Status.	All organizations must c	omplete th	nis part.) S	ee instructior	ıs.			
The o	organ	ization is not a private found	lation because it is: (For lines 1 through 12, c	heck only	one box.)					
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).				
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,		
		city, and state:									
5		An organization operated for	or the benefit of a co	llege or university owned	d or operat	ted by a g	overnmental u	unit describ	bed in		
		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, state, or local gov	vernment or governn	nental unit described in s	section 17	70(b)(1)(A)	(v).				
7	Х	An organization that norma	lly receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	/, and state o	f the colleg	e or		
		university:									
10		An organization that norma	lly receives (1) more	than 33 1/3% of its sup	port from a	contributio	ns, members	hip fees, a	nd gross receipts from		
		activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more thar	n 33 1/3% of	its support	from gross investment		
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	ired by the or	ganization	after June 30, 1975.		
		See section 509(a)(2). (Cor	mplete Part III.)								
11		An organization organized a	and operated exclusi	ively to test for public sa	fety. See s	section 50)9(a)(4).				
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	the functio	ons of, or to ca	arry out the	e purposes of one or		
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section (509(a)(2).	See section (509(a)(3). (Check the box on		
		lines 12a through 12d that	describes the type o	f supporting organizatio	n and com	nplete lines	s 12e, 12f, an	d 12g.			
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	anization(s),	typically by	giving		
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority o	of the dire	ctors or truste	es of the s	supporting		
		organization. You must o	omplete Part IV, Se	ections A and B.							
b		Type II. A supporting org	anization supervised	or controlled in connec	tion with it	s supporte	ed organizatio	on(s), by ha	ving		
		control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported		
		organization(s). You mus	t complete Part IV,	Sections A and C.							
с		Type III functionally inte	grated. A supporting	g organization operated	in connec ⁻	tion with, a	and functiona	Ily integrate	ed with,		
		its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.				
d		Type III non-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organi	zation(s)		
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a dist	ribution re	quirement an	d an attent	iveness		
		requirement (see instruct	ions). You must con	plete Part IV, Sections	A and D,	and Part	v .				
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III			
		functionally integrated, or									
f	Ente	er the number of supported o	organizations								
g	Pro	vide the following information									
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of	,	(vi) Amount of other		
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)		
Tota	1										

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,193,482.	2,036,650.	1,493,944.	2,459,453.	2,015,358.	10,198,887.
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 \dots						
4	Total. Add lines 1 through 3	2,193,482.	2,036,650.	1,493,944.	2,459,453.	2,015,358.	10,198,887.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						489,397.
6	Public support. Subtract line 5 from line 4.						9,709,490.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	2,193,482.	2,036,650.	1,493,944.	2,459,453.	2,015,358.	10,198,887.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	2,137.	1,890.	5,718.	1,804.	5,099.	16,648.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	723.	8,464.				9,187.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	2,693.	3,461.	2,971.	2,150.	15,323.	26,598.
11	Total support. Add lines 7 through 10						10,251,320.
	Gross receipts from related activities,	etc. (see instructiv	ons)			12	632,583.
13	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third, f	ourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop	here					
See	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2022 (I	ine 6, column (f), c	livided by line 11, o	olumn (f))		14	94.71 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	95.18 %
1 6a	1 33 1/3% support test - 2022. If the c	organization did no	t check the box or	line 13, and line ⁻	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2021. If the c	organization did no	ot check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ition			
17a	10% -facts-and-circumstances test	t - 2022. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact						
	meets the facts-and-circumstances te	st. The organization	on qualifies as a pu	blicly supported o	organization		
b	0 10% -facts-and-circumstances test	t - 2021. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets th						_
	organization meets the facts-and-circu	umstances test. Th	ne organization qua	alifies as a publicly	/ supported organ	ization	
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	ind see instruction	s
						Schedule A	(Form 990) 2022

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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.)

	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e)	2022	(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								
2	Gross receipts from activities that								
3	are not an unrelated trade or bus-								
	income under exertion 510								
	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								_
	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								_
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
	Add lines 7a and 7b								-
	Public support. (Subtract line 7c from line 6.)								-
	ction B. Total Support								-
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e)	2022	(f) Total	-
	Amounts from line 6	(4) 2010		(0) 2020	(u) 2021		LOLL	(1) Fotda	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
b	Unrelated business taxable income (less section 511 taxes) from businesses								
	acquired after June 30, 1975								_
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								_
13	Total support. (Add lines 9, 10c, 11, and 12.)								
	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second. third.	fourth, or fifth tax	year as a section	501(c)(3) organizati	on,	-
	ale and distants are all address to area	-						····	
Sec	ction C. Computation of Publ								
	Public support percentage for 2022 (I			column (f))		15		c	%
	Public support percentage from 2021		•	.,,		16			%
	tion D. Computation of Invest							,	-
	Investment income percentage for 20					17			%
	Investment income percentage for 20					18			%
	33 1/3% support tests - 2022. If the						and line 1		0
199							, and line I		1
1-	more than 33 1/3%, check this box a						00 1 /00/	L	1
D	33 1/3% support tests - 2021. If the								1
00	line 18 is not more than 33 1/3%, che								1]
	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check t	nis box and see in:				<u> </u>
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. 71	108 161399 2320	201			M COMMUNI	nv T		2220 1	
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Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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| 10b | Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022	
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Yes

1

2

No

Part IV Supporting Organizations (continued)		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
11c below, the governing body of a supported organization?	11a		
b A family member of a person described on line 11a above?	11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.	11c		

Section B. Type I Supporting Organizations

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	

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.

Section 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		

Section 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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c _____ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

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- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

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 Yes
 No

 2a
 ...

 2a
 ...

 2b
 ...

 2b
 ...

 3a
 ...

 3b
 ...

Schedule A	(Form 990) 2022
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Part	V Type III Non-Functionally Integrated 509(a)(3) Support	ing Orgar		7-0048002 Page
1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instruction
	All other Type III non-functionally integrated supporting organizations mu	-		
Sectio	n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 1	let short-term capital gain	1		
2 F	Recoveries of prior-year distributions	2		
3 (Other gross income (see instructions)	3		
4 /	vdd lines 1 through 3.	4		
5 [Depreciation and depletion	5		
6 F	Portion of operating expenses paid or incurred for production or			
	ollection of gross income or for management, conservation, or			
r	naintenance of property held for production of income (see instructions)	6		
7 (Other expenses (see instructions)	7		
8 A	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ectio	n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 /	oggregate fair market value of all non-exempt-use assets (see			
i	nstructions for short tax year or assets held for part of year):			
a /	werage monthly value of securities	1a		
b A	werage monthly cash balances	1b		
сF	air market value of other non-exempt-use assets	1c		
d 1	otal (add lines 1a, 1b, and 1c)	1d		
еĽ	Discount claimed for blockage or other factors			
(*	explain in detail in Part VI):			
2 /	cquisition indebtedness applicable to non-exempt-use assets	2		
	Subtract line 2 from line 1d.	3		
4 (Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
s	ee instructions).	4		
5 1	let value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 N	/ultiply line 5 by 0.035.	6		
	Recoveries of prior-year distributions	7		
8 1	finimum Asset Amount (add line 7 to line 6)	8		
ectio	n C - Distributable Amount			Current Year
1 /	djusted net income for prior year (from Section A, line 8, column A)	1		
2 E	inter 0.85 of line 1.	2		
3 N	linimum asset amount for prior year (from Section B, line 8, column A)	3		
	inter greater of line 2 or line 3.	4		
	ncome tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	mergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function		ed Type III supporting org	anization (see

instructions).

Schedule A (Form 990) 2022

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Par	Type III Non-Functionally Integrated 509	0(a)(3) Supporting Org	anizations _{(continu}	led)	
Sect	ion D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - prior	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive	е		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	· · · · · · · · · · · · · · · · · · ·	(i)	(ii)		(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	ıs	Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
-	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

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	(Form 990) 2022		M COMMUNITY IN ACT				27-004800	. uge .
	Part IV, Section A, line 1; Part IV, Sect	lines 1, 2, 3b, 3c, 4b, tion D, lines 2 and 3;	vide the explanations re 4c, 5a, 6, 9a, 9b, 9c, 1 Part IV, Section E, lines Section E, lines 2, 5, ar	1a, 11b, a 1c, 2a, 2	and 11c; Part b, 3a, and 3b	IV, Section B, lines ; Part V, line 1; Part	1 and 2; Part IN V, Section B, li	/, Section C, ne 1e; Part V,
232028 12-09-2	2						Schedule A	(Form 990) 202
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Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

27 - 0048002

Department of the Treasury
Internal Revenue Service

Schedule B

(Form 990)

Name of the organization

THE	AUTISM	COMMUNITY	IN	ACTION	

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

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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

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

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 co
1		\$50,00	Person Payroll Noncash (Complete Pau noncash cont
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of cor
2		\$80,00	Person Payroll Noncash (Complete Par

Schedule B (Form 990) (2022)	
Name of organization	

Employer identification number

contribution X Part II for ontributions.) (d) contribution X Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 3 Person X Payroll Noncash 75,000. \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. X 4 Person Payroll Noncash 60,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 41,417. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) 223452 11-15-22 Schedule B (Form 990) (2022) 22 09571108 161399 2320 2022.05000 THE AUTISM COMMUNITY IN ACT 2320___1

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

09571108 161399 2320

Schedule B (Form 990) (2022) Name of organization

2022.05000 THE AUTISM COMMUNITY IN ACT 2320___1

Page 3

Employer identification number

Schedule	B (Form 990) (2022)		Page 4				
Name of o	organization		Employer identification number				
THE AUTI	ISM COMMUNITY IN ACTION		27-0048002				
Part III	Exclusively religious, charitable, etc., contri from any one contributor. Complete columns completing Part III, enter the total of exclusively religio Use duplicate copies of Part III if additio	s (a) through (e) and the following line ent us, charitable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year ry. For organizations less for the year. (Enter this info. once.) \$				
(a) No.			()				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gif					
	Transferee's name, address	s, and ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gif					
·	Transferee's name, address	s, and ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	Transferee's name, address	s, and ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	Transferee's name, address		Relationship of transferor to transferee				
223454 11-1	5-22		Schedule B (Form 990) (2022)				
571108	3 161399 2320	24 2022.05000 THE AU	TISM COMMUNITY IN ACT 23201				

09571108 161399 2320

(Form 9	90)
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Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

OMB No. 1545-0047 **Open to Public** Inspection

|--|

Name	of the	organ	izatic
Name	or the	Uiyan	izauc

	ment of the Treasury		ttach to Form 990.	d the lotest inform	otion		Open Inspe		
-	Revenue Service	Go to www.irs.gov/Form99				Employ	er identifica		
Nam		THE AUTISM COMMUNITY IN ACT	TON				27-004800		lumber
Par	t I Organiz	ations Maintaining Donor Advise		er Similar Fund	ls or A				
		on answered "Yes" on Form 990, Part IV, lir							
	0		(a) Donor ad	vised funds	()) Funds a	and other ac	count	S
1	Total number at e	nd of year							
2		of contributions to (during year)							
3		of grants from (during year)							
4		at end of year							
5		on inform all donors and donor advisors in		s held in donor adv	ised fun	de			
Ŭ	-	on's property, subject to the organization's	-				Yes	Γ	No
6		on inform all grantees, donors, and donor a					100		
Ŭ	•	poses and not for the benefit of the donor of	•	•					
	impermissible priv					•	🖸 Yes	Г	No
Par		vation Easements. Complete if the org						-	
1		servation easements held by the organizat	-		,				
•		n of land for public use (for example, recrea	· ·	Preservation c	of a histo	rically imp	ortant land a	area	
		of natural habitat		Preservation of					
		n of open space							
2		through 2d if the organization held a quali	fied conservation cor	ntribution in the form	n of a co	nservatior	n easement o	on the	elast
	day of the tax yea						d at the End o		
а	Total number of c	onservation easements				2a			
						2b			
	-	vation easements on a certified historic str				2c			
		rvation easements included in (c) acquired							
		listed in the National Register				2d			
3		rvation easements modified, transferred, re				ization du	ring the tax		
	year				Ū.		Ū		
4	Number of states	where property subject to conservation ea	sement is located						
5	Does the organiza	ation have a written policy regarding the pe	- riodic monitoring, ins	pection, handling of	f				
	violations, and en	forcement of the conservation easements i	t holds?				🛄 Yes	[No
6	Staff and voluntee	er hours devoted to monitoring, inspecting,						he ye	ar
7	Amount of expense	ses incurred in monitoring, inspecting, hand	dling of violations, an	d enforcing conserv	ation ea	sements o	during the ye	ar	
8		rvation easement reported on line 2(d) abov						-	
		n)(4)(B)(ii)?					📖 Yes	L	No
9		be how the organization reports conservat		-					
	balance sheet, an	d include, if applicable, the text of the foot	note to the organizat	on's financial stater	ments th	at describ	es the		
Der	organization's acc	counting for conservation easements.	Ast Illatedaal	-	<u></u>	<u></u>	A I -		
Par		ations Maintaining Collections o		Treasures, or G	Jther a	Similar I	Assets.		
		f the organization answered "Yes" on Form							
1a	-	elected, as permitted under FASB ASC 95							
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public								
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.								
b	-	elected, as permitted under FASB ASC 95							
		sures, or other similar assets held for public	c exhibition, educatio	n, or research in fur	therance	e ot public	service,		
		ing amounts relating to these items:				•			
		Ided on Form 990, Part VIII, line 1							
~	.,								
2		received or held works of art, historical tre			iai gain,	provide			
-	-	unts required to be reported under FASB A	-			\$			
а	nevenue includeo	I on Form 990, Part VIII, line 1				\$			

b Assets included in Form 990, Part X

LHA	For Paperwork Reduction Act Notice, see the	ne Instructions f	or Form 990.
232051	09-01-22		

Schedule D (Form 990) 2022

\$

2022.05000 THE AUTISM COMMUNITY IN ACT 2320___1

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Sche		COMMUNITY IN AC				7-00480			age 2
Par	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Ot	her Simila	r Asset	ts (contii	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that make	e significant u	se of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explair	n how they further t	he organization's e	xempt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or other sim	lar assets		1		-
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arran		te if the organizatio	n answered "Yes"	on Form 990,	Part IV, I	ine 9, oi	r	
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodi						1		-
	on Form 990, Part X?					∟	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:				•		
							Amoun	t	
	Beginning balance								
	Additions during the year								
	Distributions during the year								
t	Ending balance		~		1 f				1
	Did the organization include an amount on Fo						Yes		J No □
	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete it								
I UI		(a) Current year	(b) Prior year	(c) Two years back		ars hack	(e) Four	r vears	hack
10	Paginning of year balance	94,709.	59,844.	55,613		5,000.	(0) 1 001	youro	buok
1a 5	Beginning of year balance	50,725.	25,000.	55,015		6,610.		25	000.
U O	Contributions	-4,242.	10,565.	4,231		4,003.		23,	
	Net investment earnings, gains, and losses Grants or scholarships	1,212.	10,505.	4,231	•	±,005.			
	Other expenditures for facilities								
e	-								
f	and programs Administrative expenses		700.						
	End of year balance	141,192.	94,709.	59,844	5	5,613.		25	000.
g 2	Provide the estimated percentage of the curr	,	,		•	•,•=••		,	
	Board designated or quasi-endowment	100.0000	%						
h	Permanent endowment	%							
č		/0 %							
Ŭ	The percentages on lines 2a, 2b, and 2c sho	-							
3a	Are there endowment funds not in the posse		ation that are held a	nd administered fo	r the				
	organization by:							Yes	No
	(i) Unrelated organizations						3a(i)	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								
Par	rt VI Land, Buildings, and Equipm	ient.							
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990, Part	X, line 10.				
	Description of property	(a) Cost or ot basis (investm		• • •	Accumulated		(d) Boo	k valu	e
	Land		nent) basis		epreciation				
	Land								
	Buildings			3 170	2 1	70			
	Leasehold improvements			3,170.	3,1			1 /	0.
	Equipment			83,061.	68,4	<u>, , , , , , , , , , , , , , , , , , , </u>		14,	607.
	Other		V oolumn (D) lizz 1					11	607.
Total	I. Add lines 1a through 1e. (Column (d) must e	quai i 01111 990, Part I	л, сошти (В), ште т	<i>vv.</i> /		····	_ /-	±*,	

Schedule D (Form 990) 2022

232052 09-01-22

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 (4) (5) (B) (C) (C) (C) (C) (C) (D) (C) (C) (C) (C) (F) (F) (F) (F) (F)

(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.

(G)

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	141,192.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	149,443.
Part X Other Liabilities.	

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

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

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

Schedule D (Form 990) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 THE AUTISM COMMUNITY IN ACTION			27-0048002	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ι.			
1	Total revenue, gains, and other support per audited financial statements			1	2,151,894.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-33,888.		
b	Donated services and use of facilities	2b	129,742.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	95,854.
3	Subtract line 2e from line 1			3	2,056,040.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,056,040.
Pa	t XII Reconciliation of Expenses per Audited Financial Staten	nents With	Expenses per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1.			
1	Total expenses and losses per audited financial statements			1	2,344,455.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	129,742.		
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	129,742.
3	Subtract line 2e from line 1			3	2,214,713.
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.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,214,713.
Pa	t 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.

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

232054 09-01-22

Schedule D (Form 990) 2022

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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) 2022

232055 09-01-22

09571108 161399 2320

SCHEDULE G	Suppleme	ental Information Regarding	g Fun	drais	sing or Gaming	Activ	ities (OMB No. 1545-0047
(Form 990)		e organization answered "Yes" or organization entered more than \$*				or 19, d	or if the	2022
Department of the Treasury		Attach to Form 990						Open to Public
Internal Revenue Service		o www.irs.gov/Form990 for instru	ctions	and t	he latest informatio			Inspection
Name of the organization		COMMUNITY IN ACTION					27-0048002	entification number
Part Fundrais		Complete if the organization answ	orod "	(00" 0	n Form 000 Part IV			
	complete this par		eleu i	65 0	nn onn 990, Fait IV,		. 1 0m 990-L	
1 Indicate whether th	e organization rais	sed funds through any of the follow	ing acti	vities.	Check all that apply			
a 📃 Mail solicitat	tions	e 📃 Solicita	ation of	non-g	overnment grants			
b Internet and	email solicitations	s f Solicita	ation of	gover	mment grants			
c Phone solici		g 🛄 Specia	l fundra	aising	events			
d In-person so								
•		or oral agreement with any individua	•	•			or	s No
		art VII) or entity in connection with viduals or entities (fundraisers) purs			-			
compensated at le				ayree		ine iui		De
·	·····		1		1			1
(i) Name and addres	s of individual		fùnd	Did	(iv) Gross receipts		mount paid retained by)	(vi) Amount paid
or entity (fund	draiser)	(ii) Activity	or cor	ustody ntrol of utions?	from activity	Ìfι	indraiser ed in col. (i)	to (or retained by) organization
				-		liste	a in coi. (i)	
			Yes	No				
			-					
			_					
Total								
		on is registered or licensed to solicit			s or has been notified	l d it is e	exempt from r	registration
or licensing.	5	5						5

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

Schedule G (Form 990) 2022

232081 10-27-22

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 NONE	(d) Total events
			ANTE UP	3RD PARTY EVENTS	NONE	(add col. (a) through col. (c))
Φ			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	1,134,155.	80,509.		1,214,664.
	2	Less: Contributions	850,018.	80,509.		930,527.
	3	Gross income (line 1 minus line 2)	284,137.			284,137.
	4	Cash prizes	8,500.			8,500.
	5	Noncash prizes	137,948.			137,948.
pense	6	Rent/facility costs	14,310.			14,310.
Direct Expenses	7	Food and beverages	95,058.			95,058.
_	8	Entertainment	27,100.			27,100.
	9	Other direct expenses	107,210.	3,120.		110,330.
ŀ	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			393,246.
Ŀ	11	Net income summary. Subtract line 10 from li	ne 3, column (d)			-109,109.

\$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1 Gross revenue				
ses	2 Cash prizes				
Expen	3 Noncash prizes				
Direct Expenses	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	└── Yes % └── No	└── Yes% └── No	└── Yes% └── No	
	7 Direct expense summary. Add lines 2 through	15 in column (d)			
	8 Net gaming income summary. Subtract line 7	from line 1, column (d)			
	Enter the state(s) in which the organization condu Is the organization licensed to conduct gaming ac If "No," explain:	ctivities in each of these	states?		Yes No
	Were any of the organization's gaming licenses re If "Yes," explain:				Yes No
2320	32 10-27-22			Sche	dule G (Form 990) 2022

2022.05000 THE AUTISM COMMUNITY IN ACT 2320___1

Sch	edule G (Form 990) 2022	THE AUTISM COMMUNITY IN ACTION	27-0048	3002	Page 3
11	Does the organization conduct g	aming activities with nonmembers?		Yes	No
		neficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?			Yes	🗌 No
13	Indicate the percentage of gamir				
á	The organization's facility			13a	%
				13b	%
14	Enter the name and address of t	he person who prepares the organization's gaming/special events books and reco	ords:		
	Name				
	Address				
15a	Does the organization have a co	ntract with a third party from whom the organization receives gaming revenue? $_{\dots}$		Yes	No No
ł		ning revenue received by the organization \$ and the ar	nount		
	of gaming revenue retained by th				
C	If "Yes," enter name and address	s of the third party:			
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation	\$			
	Description of services provided				
	Description of services provided				
	Director/officer	Employee Independent contractor			
	Mandatory distributions:				
á		er state law to make charitable distributions from the gaming proceeds to			—
				Yes	
ł		required under state law to be distributed to other exempt organizations or spen	t in the		
Pa	organization's own exempt activi	ties during the tax year \$ rmation. Provide the explanations required by Part I, line 2b, columns (iii) and (v	I): and Part	III lines 9	9h 10h
		s applicable. Also provide any additional information. See instructions.	, and r an	,	, 55, 165,
	,,,,,				
2320	83 10-27-22		Schedul	le G (Form	990) 2022
		32			,

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2022.05000 THE AUTISM COMMUNITY IN ACT 2320___1

Schedule G (Form 990)

232084 04-01-22

SCHEDULE I (Form 990)		Go	irants and Oth vernments, ar ete if the organizatio	nd Individua	ls in the Ŭni	ited States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			0.4	Attach to Form		- 41		Open to Public Inspection
	ion		GO to WWW.Irs	.gov/Form990 for	the latest inform	ation.		Employer identification numbe
Name of the organizat	THE AUTISM CON	MUNITY IN ACT	ION					27-0048002
Part I General II	nformation on Grants a							
1 Does the organi	zation maintain records t	to substantiate the	amount of the grants	or assistance, the	e grantees' eligibilit	y for the grants or ass	sistance, and the selec	tion
criteria used to a	award the grants or assis	stance?						🛛 🖾 Yes 📃 No
	IV the organization's pro							
	d Other Assistance to					anization answered "ץ	′es" on Form 990, Par	t IV, line 21, for any
	hat received more than S					(f) Method of		(1) D
.,	ddress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
			1	1	•	1	1	1

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

Schedule I (Form 990) 2022 THE AUTISM COMMUNITY IN ACTION

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
DOCTOR CONSULTATION	133	159,918.	0.	DOCTOR RECEIPT	

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

FOR TACA'S FAMILY SCHOLARSHIP PROGRAM, WE CONTROL THE USE OF FUNDS BY

MAKING THE CHECKS PAYABLE TO THE VENDOR AND MAILING THEM DIRECTLY TO THE

VENDOR. TACA DOES NOT GIVE MONEY DIRECTLY TO THE FAMILY RECEIVING THE

ASSISTANCE.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

)22

r

Employer identification number

27-0048002

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.

Open to Public Inspection

Name of the organization

THE AUTISM COMMUNITY IN ACTION

Par	tl Ty	pes of Property							
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	s
1	Art - Works	s of art							
2		ical treasures							
3		onal interests							
4		publications							
5		nd household goods	X		20,807.	FMV			
6		other vehicles	Х	1	16,000.	FMV			
7		planes							
8		l property							
9		Publicly traded	Х	4	66,634.	FMV			
10		- Closely held stock							
11	Securities	- Partnership, LLC, or							
	trust intere	ests							
12	Securities	- Miscellaneous							
13	Qualified c	onservation contribution -							
	Historic str	ructures							
14		onservation contribution - Other $_{\dots}$							
15		e - Residential							
16	Real estate	e - Commercial							
17	Real estate	e - Other							
18	Collectible	s							
19		ntory	X	2	6,087.				
20		medical supplies	X	2	85,606.	FMV			
21									
22		artifacts							
23		pecimens							
24		cal artifacts							
25	Other (TRAVEL)	X	22	,				
26	Other (TICKETS)	X	12	9,119.	FMV			
27	Other ()							
28	Other ()	<u> </u>						
29		Forms 8283 received by the organ							
	for which t	he organization completed Form 82	283, Part V, L	Jonee Acknowledg	jement 29			V	
20-					andral in David L linea 1 thursu			Yes	No
30a	-	year, did the organization receive b	-			-			
		for at least 3 years from the date of					00-		v
		rposes for the entire holding period	1?				30a		X
	,	escribe the arrangement in Part II.	naliov that -	oquiros the review	of any ponstandard contribu	itions?	24	x	
31		rganization have a gift acceptance					31	^	
s∠a		rganization hire or use third parties		0			220		х
h	contributio	escribe in Part II.					32a		
		nization didn't report an amount in	column (c) fo	r a type of prepart	v for which column (a) is cho	ekod			
33				a type of propert	y for which column (a) is che	UNEU,			
	describe ir	I Fail II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

232141 09-09-22

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Schedule M	1 (Form 990) 2022 THE AUTISM COMMUNITY IN ACTION		27	-0048002	Page
Part II	Supplemental Information. Provide the information required is reporting in Part I, column (b), the number of contributions, the nur this part for any additional information.	by Part I, lines 3 nber of items rec	0b, 32b, and 33, and ceived, or a combinat	whether the ion of both. A	organization
SCHEDULE	M, PART I, COLUMN (B):				
UMBER OF	F CONTRIBUTIONS IS BEING REPORTED				
32142 09-09-				Schedule I	M (Form 990) 202
71108	3 161399 2320 2022.05000 TH		COMMUNITY	IN ACT	23201

09

SCHEDULE O	Supplemental Information to Form 990 or 99		OMB No. 1545-0047
(Form 990)	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.	1	LULL Open to Public
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.	_	Inspection
Name of the organization	N THE AUTISM COMMUNITY IN ACTION	Employe	r identification number 48002
FORM 990, PART III	, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:		
SUPPORT FOR FAMILI	ES AND INDIVIDUALS WHO CALL OUR OFFICES, CONNECTING		
THEM WITH APPROPRI	ATE SUPPORT STRUCTURES TO MEET THEIR NEEDS. TACA'S		
NATIONAL TEAM OVER	SEES THE TRAINING, DEVELOPMENT, AND MANAGEMENT OF THE		
CRITICAL VOLUNTEER	S WHO DELIVER SUPPORT.		
FORM 990, PART VI,	SECTION A, LINE 2:		
EXECUTIVE DIRECTOR	, LISA ACKERMAN IS MARRIED TO BOARD PRESIDENT, GLEN		
ACKERMAN. LISA ACK	ERMAN RECEIVES COMPENSATION FOR HER DUTIES AS EXECUTIVE		
DIRECTOR. THE BOAR	D (EXCLUDING GLEN ACKERMAN) REVIEWS LISA ACKERMAN'S		
SALARY AND BENEFIT	S ANNUALLY.		
FORM 990, PART VI,	SECTION B, LINE 11B:		
THE BOARD MEMBERS	REVIEW THE FORM 990 BEFORE IT IS FILED. THE BOARD VOTES		
ON APPROVING THE F	ORM 990 EACH YEAR AND RECORD THE APPROVAL IN THE MEETING		
MINUTES OF BOARD R	ESOLUTIONS.		
FORM 990, PART VI,	SECTION B, LINE 12C:		
THE BOARD REVIEWS	AND SIGNS THE ANNUAL CONFLICT OF INTEREST FORMS TO ENSURE		
ITS COMPLIANCE.			
FORM 990, PART VI,	SECTION B, LINE 15:		
THE BOARD FOLLOWS	PROCEDURES TO DETERMINE THAT EXECUTIVE COMPENSATION IS IN		

LINE WITH THE IRS SAFE HARBOR SUCH AS, OFFICIAL BOARD REVIEW, COMPARABILITY

DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DECISION.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

Schedule O (Form 990) 2022

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ORM 990, PART VI, LINE 17, LIST OF ST L,CA,CT,FL,GA,HI,IL,MA,MD,MI,MN,NC,NH		
ORM 990, PART VI, SECTION C, LINE 19:	:	
OVERNING DOCUMENTS AND THE CONFLICT C	OF INTEREST POLICY ARE AVAILABLE UPON	
EQUEST.		
UDITED FINANCIAL STATEMENTS AND THE F	FORM 990 ARE AVAILABLE ON THE TACA	
EBSITE.		
ORM 990, PART XII, LINE 2C:		
HE ORGANIZATION DID NOT CHANGE ITS OV	/ERSIGHT PROCESS OR SELECTION	
PROCESS DURING THE TAX YEAR.		
32212 10-28-22	39	Schedule O (Form 990) 20

Schedule O (Form 990) 2022 Name of the organization

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THE AUTISM COMMUNITY IN ACTION

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Employer identification number

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