** PUBLIC DISCLOSURE COPY **

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

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

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

A F	or the	• 2021 calendar year, or tax year beginning J	$\mathtt{UL}\ 1,\ \mathtt{2021}$ and	ending J	UN 30, 2	022			
B C	heck if oplicable	C Name of organization			D Emplo	yer identific	cation number		
	Addre	ACEING AUTISM, INC.]				
	Name chang	Doing business as			26	-2688140			
	Initial return Final return	Number and street (or P.O. box if mail is not do 2001 S BARRINGTON AVE.	elivered to street address)	Room/suite 320	E Telephone number (508)274-0338				
	termin ated	City or town, state or province, country, and	7IP or foreign postal code		G Gross receipts \$ 1,367,187.				
Х	Ameno return		Zii oi loroigii postai codo			is a group re			
	Applic tion		ARD SPURLING		1	ubordinates			
	pendir	2050 S BENTLY AVE. APT. 303, LOS A			1		cluded? Yes No		
				or	1				
		empt status: X 501(c)(3) 501(c) (e: WWW.ACEINGAUTISM.ORG	(insert no.) 4947(a)(1)	or 527	1		list. See instructions		
			ssociation Other >	I Veen			n number		
	rt I	organization: X Corporation Trust A	SSOCIATION UTILE VILLE	L Year	of formation	: 2000 N	1 State of legal domicile: MA		
		Briefly describe the organization's mission or mos	aignificant activities. MAKE T	ENNIS AVA	TT.ART.E T	າດ			
Governance		CHILDREN WITH AUTISM AND TO USE TENNI			111111111111111111111111111111111111111	. •			
naı	2	Check this box	intinued its operations or dispos	sed of more	than 25%	of its net ass	ets.		
ver	3	Number of voting members of the governing body	(Part VI, line 1a)			3	6		
ဗိ		Number of independent voting members of the go				·····	5		
ళ		Total number of individuals employed in calendar					0		
iţi		Total number of volunteers (estimate if necessary)				·····	8004		
Activities &		Total unrelated business revenue from Part VIII, co					0.		
Ă		Net unrelated business taxable income from Form					0.		
					Prior \		Current Year		
	8	Contributions and grants (Part VIII, line 1h)				102,697.	1,231,091.		
Revenue						48,064.	128,491.		
Ver		Investment income (Part VIII, column (A), lines 3, 4				205.	855.		
Re		Other revenue (Part VIII, column (A), lines 5, 6d, 8d				-567.	6,750.		
		Total revenue - add lines 8 through 11 (must equa			1	150,399.	1,367,187.		
_		Grants and similar amounts paid (Part IX, column				0.	10,705.		
		Benefits paid to or for members (Part IX, column (0.	0.		
		Salaries, other compensation, employee benefits (452,576.	646,194.			
Expenses		Professional fundraising fees (Part IX, column (A),			0.	0.			
eu		Total fundraising expenses (Part IX, column (D), lir				•			
Ä		Other expenses (Part IX, column (A), lines 11a-11c				365,206.	631,085.		
		Total expenses. Add lines 13-17 (must equal Part				817,782.	1,287,984.		
		Revenue less expenses. Subtract line 18 from line				332,617.	79,203.		
- S		Teveride less expenses. Subtract line 10 from line	12	Re	ginning of C		End of Year		
t Assets or d Balances	20	Total assets (Part X, line 16)		<u> </u>		351,412.	2,451,939.		
Asse Bal	21	Total liabilities (Part X, line 26)				57,079.	78,052.		
Net/ -und		Net assets or fund balances. Subtract line 21 from	line 20		2	294,333.	2,373,887.		
	rt II	Signature Block	11110 20			, ,			
		Ities of perjury, I declare that I have examined this return	including accompanying schedule	s and stateme	ents and to t	he hest of my	knowledge and helief it is		
		t, and complete. Declaration of preparer (other than offic				-	momougo and sonor, me		
,	001100	Name of the property of the pr	0.7.0 24004 0.7 4.7 11101111411011 0.7 11	mon proparor	1140 4117 11110	ougo.			
Sigr	1	Signature of officer			D	ate			
Here		RICHARD SPURLING EXECUTIVE DIRE	CTOR						
1101	•	Type or print name and title							
		Print/Type preparer's name	Preparer's signature	1	Date	Check	PTIN		
Paid		BRIAN YACKER	BRIAN YACKER	0	4/17/23	if self-employe			
Prep		Firm's name BAKER TILLY US, LLP				39-0859910			
Use		Firm's address 18500 VON KARMAN AVE, 1	OTH FLOOR		- -	irm's EIN ▶			
030	City	IRVINE, CA 92612				hone no.949	. 222 . 2999		
May	the II	25 discuss this return with the preparer shown abo	wo? Soo instructions			ווטווט ווט. ישט	X Ves No		

Form	1990 (2021) ACEING AUTISM, INC.	26-2688140	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	MAKE TENNIS AVAILABLE TO CHILDREN WITH AUTISM AND TO USE TENNIS AS A		
	MEANS TO ENHANCE HEALTH AND FITNESS, HAND-EYE COORDINATION, MOTOR		
	DEVELOPMENT, AND SOCIAL SKILLS FOR CHILDREN WITH AUTISM. MAKE SURE		
	KIDS HAVE FUN IN THE PROCESS.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Ye	s X No
	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?	Ye	s X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	easured by expenses	S.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,		
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 698,710. including grants of \$ 10,705.) (Revenue	. \$1	28,491.)
	HELP CHILDREN WITH AUTISM TO GROW, DEVELOP AND BENEFIT FROM SOCIAL		
	CONNECTIONS AND FITNESS THROUGH AFFORDABLE TENNIS PROGRAMMING, UNIQUELY		
	SERVING INDIVIDUAL NEEDS WHILE FILLING A NATIONAL VOID FOR THIS GROWING		
	AND WORTHY POPULATION.		
4b	(Code:) (Expenses \$ 148,795. including grants of \$) (Revenue	\$)
	PROVIDE SERVICES, TRAINING, AND TENNIS EQUIPMENT TO LOCATIONS ACROSS		
	THE UNITED STATES, AND CONDUCT TENNIS PROGRAMS IN PUBLIC AND PRIVATE		
	SCHOOLS, ON UNIVERSITY CAMPUSES, AND THROUGH LOCAL COMMUNITY VENUES.		
4c	(Code:) (Expenses \$	* \$)
	ASSESS CHANGES IN THE CHILDREN PRE- AND POST- PROGRAM TO MEASURE THE		
	EFFICACY OF THE SESSIONS AND PROVIDE IN-DEPTH REPORTING AND ANALYTICS		
	ON THE IMPACT ACEING AUTISM HAS ON PHYSICAL, COGNITIVE, BEHAVIORAL, AND		
	SOCIAL DEVELOPMENT.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses ▶ 919,327.		000 ()

Form 990 (2021) ACEING AUTISM, INC.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			,,
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			,,
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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,		х	
	Part VI	11a	Λ	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
ч	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	110		<u> </u>
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	- 110		
•	the organization's siability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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	X	

Part IV Checklist of Required Schedules (continued	٠/)
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete			
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
·	any tax-exempt bonds?	24c		
А	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	270		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ZJa		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	, ,	OEL		x
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	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,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 35			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
•	(gambling) winnings to prize winners?	1c	Х	

ACEING AUTISM, INC. 26-2688140 Page 5 Form 990 (2021) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Х 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? Х 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Х Х Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g 7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b

12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	a Is the organization licensed to issue qualified health plans in more than one state?							
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	b Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans							
С	Enter the amount of reserves on hand	13c						
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X			
b	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O							
15								
	excess parachute payment(s) during the year?		15		X			

If "Yes," complete Form 4720, Schedule O.

17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an explanation and activities that would result in the imposition of an explanation and activities that would result in the imposition of an explanation and activities that would result in the imposition of an explanation and activities that would result in the imposition of an explanation and activities that would result in the imposition of an explanation and activities that would result in the imposition of an explanation and activities that would result in the imposition of an explanation and activities that would result in the imposition of an explanation and activities that would result in the imposition of an explanation and activities that would result in the imposition of an explanation and activities that would result in the imposition of an explanation and activities that would result in the imposition of an explanation and activities that would result in the imposition of an explanation and activities that we have a subject to the explanation and activities that we have a subject to the explanation and activities are activities and activities and activities are activities are activities and activities are activities and activities are activities are activities and activities are activities are activities and activities are activities and activities are activities and activities are activities are activities are activities and activities are activities and activities are activities are activities are activities are activities.

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes," complete Form 6069.

If "Yes," see the instructions and file Form 4720, Schedule N.

16

Page 6 Form 990 (2021)

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year 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. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c Х on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA, MA, AK, AL, AR, CO, CT, FL, GA, HI, IL, KS Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Own website ___ Other (explain on Schedule O) Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records RICHARD SPURLING - (508)274-0338

90064

10534 CLARKSON ROAD, LOS ANGELES,

Form 990 (2021) ACEING AUTISM, INC. 26-2688140 Page 7

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

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

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

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

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

Check this box if neither the organiza		orga T	niza			nper	sate			
(A)	(B)			() Pos	C) ition	,		(D)	(E)	(F)
Name and title	Average		(do not check more than one box, unless person is both an officer and a director/trustee)			than o		Reportable	Reportable 	Estimated
	hours per	box offi				s both r/trus	n an tee)	compensation	compensation	amount of other
	week (list any	.o.						from the	from related organizations	compensation
	hours for	direct				Ļ		organization	(W-2/1099-MISC/	from the
	related	3e 0r	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	m pe		1099-NEC)		and related
	below	idual	ution	la e	Key employee	est co	le.	,		organizations
	line)	Indiv	Instit	Officer	Key 6	Highest compensated employee	Former			
(1) RICHARD SPURLING	40.00									
EXECUTIVE DIRECTOR		Х		Х				114,807.	0.	7,925
(2) PHILIP MILBURN	20.00									
PRESIDENT				Х				106,246.	0.	0
(3) MIRA SPIEGEL	2.00									
DIRECTOR		Х						0.	0.	0
(4) MATT SCHLEIKHORN	1.00									
DIRECTOR		Х						0.	0.	0
(5) THOMAS DARLING	1.00	_								
SECRETARY		Х						0.	0.	0
(6) ROB LAPIDES	2.00	_								
CHAIRMAN		Х						0.	0.	0
(7) PETER KOTSIFAS	2.00	_								
TREASURER		Х						0.	0.	0
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Form **990** (2021)

Form 990 (2021) ACEING AUTIS	M, INC.								26-26	8814	0	Р	age 8	
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	Hiç	ghes	t C	compensated Employee	s (continued)					
(A) Name and title	(B) Average hours per week	Average (do not ch box, unless officer and					an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount o other		of	
	(list any hours for related organizations below	Individual trustee or director	Institutional trustee	ər	Key employee	Highest compensated employee	er	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	ISC/ from the				
	line)	Indiv	Instit	Officer	Key e	High empl	Former							
1b Subtotal							_	221,053.		0.		7,	925.	
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	I, Section A						>	0. 221,053.		0.			0. 925.	
2 Total number of individuals (including but n compensation from the organization							o re	eceived more than \$100,	000 of reportable)			2	
												Yes	No	
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	•		•	•	•		_		•		3		х	
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	ım of reportabl	е со	mpe	ensat	tion	and	oth	ner compensation from t	he organization		4		х	
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com	accrue compen	sati	on fr	om a	any	unre	elate	ed organization or individ	dual for services		5		Х	
Section B. Independent Contractors	ipiete Scriedule	2 J 10	or su	ICH Ļ	pers	OII .					3			
Complete this table for your five highest co the organization. Report compensation for										ensat	tion fro	om		
(A) Name and business	address	NO	NE					(B) Description of s	ervices	С	ompe		n	
2 Total number of independent contractors (i \$100,000 of compensation from the organi		ot lin	nited	d to t	hos:		ted	above) who received mo	ore than					

Form 990 (2021) **Part VIII**

Statement of Revenue

		Check if Schedule O	contains	s a response	or note to any line	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
40.10		Forderick of a constitute		4-					000000000000000000000000000000000000000
nts									
Contributions, Gifts, Grants and Other Similar Amounts									
s, (An	С	Fundraising events		1c					
a iii	d	Related organizations		1d					
s, (mi	е	Government grants (contr	ibutions	s) 1e	88,547.				
ioi	f	All other contributions, gifts,	grants, a	and					
the		similar amounts not included	above	1f	1,142,544.				
ÖĘ	q	Noncash contributions included in	lines 1a-1f	f 1g \$	22,770.				
Sign	h	Total. Add lines 1a-1f			•	1,231,091.			
		101411714441111111111111111111111111111			Business Code				
Program Service Revenue	2 a	TENNIS LESSONS			624100	128,491.	128,491.		
	_				12120	,	120,152.		
er, ne	b								
n S	С								
e a	d								
og T	е								
	f	All other program service	revenue	·					
	g	Total. Add lines 2a-2f				128,491.			
	3	Investment income (include	ling divi	idends, intere	est, and				
		other similar amounts)			▶ [855.			855.
	4	Income from investment of							
	5	Royalties			•				
	•			(i) Real	(ii) Personal				
	6 2	Gross rents	6a	(7	1				

		Less: rental expenses	6b						
		Rental income or (loss)	6c						
		Net rental income or (loss)							
	7 a	Gross amount from sales of		i) Securities	(ii) Other				
		assets other than inventory	7a						
	b	Less: cost or other basis							
ne		and sales expenses	7b						
Revenue	С	Gain or (loss)	7c						
Be		Net gain or (loss)							
ther		Gross income from fundraising							
듄		including \$	-	· I					
		contributions reported on							
		Part IV, line 18	,	I					
	h			I .					
		Less: direct expenses							
		Net income or (loss) from			·····				
	9 a	Gross income from gamin	-						
		Part IV, line 19		I .					
	b	Less: direct expenses		9b					
		Net income or (loss) from			······				
	10 a	Gross sales of inventory, I	ess retu	ırns					
		and allowances		10a	a				
	b	Less: cost of goods sold		10k					
_		Net income or (loss) from			>				
		, , ,		,	Business Code				
snc	11 a	SUBLEASE INCOME			900002	6,750.			6,750.
nec Tue	a					,			, ,
Miscellaneous Revenue									
See	c C								
Ξ	d .	All other revenue				6,750.			
		Total Add lines 11a-11d			>	-	128,491.	0.	7,605.
	12	Total revenue. See instruction	IIIS		▶	1,367,187.	1 140,491.	ı	1 /,005.

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).

0001	on 501(c)(3) and 501(c)(4) organizations must compli Check if Schedule O contains a respons				X
Do i	not include amounts reported on lines 6b,	(A) Total expenses	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	lotal expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		·	·	·
	and domestic governments. See Part IV, line 21	10,705.	10,705.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	127,646.	114,882.	6,382.	6,382.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	452,968.	362,374.	45,297.	45,297.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	22,371.	17,897.	2,237.	2,237.
10	Payroll taxes	43,209.	34,567.	4,321.	4,321.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	24 2-2			
	Accounting	21,950.		21,950.	
	Lobbying				
_	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	, ,	104 146	64 500	60 303	E0 2E6
	column (A), amount, list line 11g expenses on Sch O.)	184,146.	64,588.	69,302.	50,256.
12	Advertising and promotion	19,613.	15,691.	13,974.	1,961.
13	Office expenses	19,015.	13,091.	1,301.	1,301.
14	Information technology				
15	Royalties	44,511.	35,609.	4,451.	4,451.
16 17	Occupancy	103,527.	82,821.	10,353.	10,353.
18	Payments of travel or entertainment expenses	103,327.	02,021.	10,333.	10,333.
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	12,059.	9,647.	1,206.	1,206.
20	Interest	==, : : : : :	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- , - · · · ·	_ <u> </u>
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,473.		4,473.	
23	Insurance	13,234.		13,234.	
24	Other expenses. Itemize expenses not covered			,	
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	SUPPLIES	152,767.	122,213.	15,277.	15,277.
b	TENNIS COURT FEES	17,845.	17,845.		
С	DUES AND SUBSCRIPTIONS	13,459.	10,767.	1,346.	1,346.
d	FUNDRAISING EXPENSE	7,905.	7,905.		
е	All other expenses	21,622.	11,816.	8,329.	1,477.
25	Total functional expenses. Add lines 1 through 24e	1,287,984.	919,327.	224,093.	144,564.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					E 000 (2024)

Form 990 (2021)
Part X Balance Sheet

	τX	Balance Sneet		P 1 11 1 5 1 2			
		Check if Schedule O contains a response or	note to a	y line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,315,955.	1	2,398,429.
	2	Savings and temporary cash investments			, , ,	2	, , .
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		4	2,623.		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descril	•	`		6	
	7	Notes and loans receivable, net		Г		7	
Assets	8	Inventories for sale or use				8	
Ass	9	Duran diel anno anno anno anno al alafanno al ala anno an			22,431.	9	10,832.
		Land, buildings, and equipment: cost or othe			,,	3	,•
	iva	basis. Complete Part VI of Schedule D		40,980.			
	b			8,026.	10c	35,055.	
	11	Less: accumulated depreciation Investments - publicly traded securities	0,020.	11			
	12	Investments - other securities. See Part IV, lir			12		
	13	Investments - program-related. See Part IV, lii		13			
	14			14			
	15	Intangible assets Other assets See Best IV line 11			5,000.	15	5,000.
	16	Other assets. See Part IV, line 11			2,351,412.	16	2,451,939.
	17	Accounts payable and accrued expenses			57,079.	17	78,052.
	18					18	,
	19	Grants payable		19			
	20	Deferred revenue Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Comple		- t C - h - d - d - D		21	
	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, su					
iig		controlled entity or family member of any of t				22	
Lia	23	Secured mortgages and notes payable to uni				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,				24	
	20	parties, and other liabilities not included on li					
		of Schedule D	1100 17 2-	, complete rare x		25	
	26	Total liabilities. Add lines 17 through 25		••••••	57,079.	26	78,052.
		Organizations that follow FASB ASC 958, o	check he	e X			<u>, </u>
S		and complete lines 27, 28, 32, and 33.	oncok ne				
ğ	27				2,294,333.	27	2,373,887.
Sale	28	Net assets with donor restrictions	, , ,	28	, , .		
ğ		Organizations that do not follow FASB ASG					
ᆵ		and complete lines 29 through 33.	0 000, 0.				
ō	29	Capital stock or trust principal, or current fun	nds			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated		[31	
Net Assets or Fund Balances	32	Total net assets or fund balances			2,294,333.	32	2,373,887.
Z	33	Total liabilities and net assets/fund balances			2,351,412.	33	2,451,939.

Form **990** (2021)

Pa	TEXT RECONCILIATION OF NET ASSETS				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		.,367	<u>,187.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		.,287	,984.
3	Revenue less expenses. Subtract line 2 from line 1	3		79	,203.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	2,294	,333.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			351.
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	;	373	,887.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	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 separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	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 Scho				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audi	t		
	Act and OMB Circular A-133?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit	t		
	and additional and the control of Cabadala Control describes and advantage and advantage and the		01-	1	

Form **990** (2021)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

INAII	ile Oi	ı uı	ie organization	NUMBER OF THE						oc occorato	ullibei
Da	ırt I		Reason for Public C	AUTISM, INC.	(All arganizations must a	amalata th	oio nort \ C	aa inatuustian		26-2688140	
		Ļ						ee instruction	is.		
	orga	٦.	zation is not a private found					1			
1		٦.	A church, convention of chu				n 170(a)(1)(A)(I).			
2		-	A school described in secti		,		VI. V/4V/AV/**	•			
3		_	A hospital or a cooperative					•	V:::\ Fatar	tha haanital'a na	
4			A medical research organiza	ation operated in cor	ijunction with a nospital	aescribea	in sectio	n 1/U(b)(1)(A)(III). Enter	tne nospitai's nai	me,
_		_	city, and state:		lana au mainanaith anns al					al i.e.	
5		_	An organization operated for		lege or university owned	or operate	ed by a go	vernmentai u	nit describe	ea in	
_		٦.	section 170(b)(1)(A)(iv). (C		and the second second second second second	45	70/1-1/41/41/	<i>t</i> . A			
6	X	-	A federal, state, or local gov	ū				• •		ordali a rata a collega di S	
′	A	_	An organization that normal	•	ntial part of its support if	om a gove	ernmentai t	unit or from tr	ne generai p	oublic described i	n
		٦.	section 170(b)(1)(A)(vi). (Co		4VAVvi) (Complete Dari	. 11. \					
8 9		٦.	A community trust describe			•	ad in coniu	notion with a	land grant	collogo	
9			An agricultural research org or university or a non-land-g				-		-	-	
			university:	rant conege or agrici	ulture (see iristructions).	Enter the i	name, city,	, and state of	tile college	OI	
10	$\overline{}$	_	An organization that normal	lly receives (1) more t	than 33 1/3% of its supp	ort from co	ontribution	ne membereh	in fees and	d arose receints f	rom
10			activities related to its exem	• • • • • • • • • • • • • • • • • • • •	• •			•	•		
			income and unrelated busir	•	•					-	
			See section 509(a)(2). (Cor		(1000 000tion of really no	54565	ooo aoqan	od by the org	gar neathorr o		0.
11		٦.	An organization organized a	•	vely to test for public saf	etv See	section 50)9(a)(4).			
12		٦.	An organization organized a	•	•	•			rrv out the	purposes of one	or
			more publicly supported or	=	· ·	•			-	· ·	
			lines 12a through 12d that of								
а			Type I. A supporting orga	nization operated, su	upervised, or controlled I	oy its supp	orted orga	anization(s), t	ypically by	giving	
			the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	pporting	
			organization. You must c	omplete Part IV, Se	ections A and B.						
b			Type II. A supporting orga	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ing	
			control or management of	f the supporting orga	anization vested in the sa	ıme persoi	ns that cor	ntrol or mana	ge the supp	orted	
	_		organization(s). You mus	t complete Part IV,	Sections A and C.						
С	L		Type III functionally inte	grated. A supporting	g organization operated i	n connect	tion with, a	and functional	lly integrate	d with,	
	_		its supported organization	n(s) (see instructions)	. You must complete F	Part IV, Se	ections A,	D, and E.			
d	L		Type III non-functionally	integrated. A supp	orting organization opera	ated in cor	nnection w	ith its suppor	rted organiz	ation(s)	
			that is not functionally into	egrated. The organiz	ation generally must sati	sfy a distri	ibution req	uirement and	l an attentiv	reness	
	_	_	requirement (see instructi	·	-						
е	L		Check this box if the orga					Type I, Type	II, Type III		
_	_		functionally integrated, or		nally integrated supportir	ng organiza	ation.				
			the number of supported o	•							
g	Pro		de the following information Name of supported	ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount o	f monetary	(vi) Amount of o	other
		(-)	organization	(-,	(described on lines 1-10	in your governi Yes	ng document?	support (see ir	•	support (see instru	
					above (see instructions))	103	140				
T - 4	-1										

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

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

Sec	ction A. Public Support	71		,			
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	, ,	` ,	,	• •	, ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	1,234,231.	1,221,055.	1,220,797.	1,102,697.	1,231,091.	6,009,871.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,234,231.	1,221,055.	1,220,797.	1,102,697.	1,231,091.	6,009,871.
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)						3,879,538.
	Public support. Subtract line 5 from line 4.						2,130,333.
	ction B. Total Support					Г	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	1,234,231.	1,221,055.	1,220,797.	1,102,697.	1,231,091.	6,009,871.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	562.	794.	690.	205.	855.	3,106.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital		225	2 051	104	6 750	10 100
	assets (Explain in Part VI.)		235.	2,951.	184.	6,750.	10,120.
	Total support. Add lines 7 through 10		`				6,023,097.
	Gross receipts from related activities,					12	410,945.
13	First 5 years. If the Form 990 is for the					. , . ,	. —
Sac	organization, check this box and stop ction C. Computation of Publi						P
	Public support percentage for 2021 (li			olumn (fl)		14	35.37 %
	Public support percentage from 2020					15	18.07 %
	33 1/3% support test - 2021. If the c						,,,
100	stop here. The organization qualifies						
h	33 1/3% support test - 2020. If the c		~				
_	and stop here. The organization qual						
17:	10% -facts-and-circumstances test						
	and if the organization meets the facts	-					
	meets the facts-and-circumstances te			-		vi now the organiza	
h	10% -facts-and-circumstances test	-	•	*	-		
_	more, and if the organization meets the	-					
	organization meets the facts-and-circu				-		ightharpoonup
18	Private foundation. If the organization		-	•	•		>
	V		,				

Schedule A (Form 990) 2021 ACEING AUTISM, INC. 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.)

Secti	ion A. Public Support	low, picase comp	nete i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
n	Sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the irganization's tax-exempt purpose						
а	Gross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to rexpended on its behalf						
5 T	the value of services or facilities urnished by a governmental unit to the organization without charge						
	otal. Add lines 1 through 5						_
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сА	add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d s	Amounts from line 6 Gross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources	(4) 2011	10/2010	(0) 20 10	(4) 2020	(6) 202.	(1) 10101
b U (I	Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975						
11 N a	dd lines 10a and 10b						
12 C	other income. Do not include gain or loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)			1			<u> </u>
	irst 5 years. If the Form 990 is for the	· ·			•		. —
	heck this box and stop here						>
	ion C. Computation of Public			. (6)		145	
	Public support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	Public support percentage from 2020					16	%
	ion D. Computation of Invest			ino 10 pali ima (n)		17	0/
	nvestment income percentage for 202					17	<u>%</u>
	nvestment income percentage from 2			on line 14 and line		18	%
	3 1/3% support tests - 2021. If the					- 4.1	▶ □
b 3	nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
lii	ne 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20 P	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

Schedule A (Form 990) 2021 ACEING AUTISM, INC. 26-2688140 Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

1		Yes	No
	1		
	2		
	_		
	За		
	3b		
	3с		
	4a		
	4b		
	4c		
	_		
	5a		
	5b		
	5c		
	00		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		

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

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2021

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

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021 ACEING AUTISM, INC.	26-2688140	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17. Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line I; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any add (See instructions.)	es 1 and 2; Part IV, Sectior art V, Section B, line 1e; Pa	n C,

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

A	CEING AUTISM, INC.	26-2688140
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.
General Rule		
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling by one contributor. Complete Parts I and II. See instructions for determining a contributor	•
Special Rules		
sections 509(a)(1 contributor, durin	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, aring the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) EZ, line 1. Complete Parts I and II.	d that received from any one
contributor, durir literary, or educa	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ng the year, total contributions of more than \$1,000 exclusively for religious, charitable, so tional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (6)	sientific,
"N/A" in column	(b) instead of the contributor name and address), II, and III.	
year, contribution is checked, enter purpose. Don't c	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from the exclusively for religious, charitable, etc., purposes, but no such contributions totaled may be referred the total contributions that were received during the year for an exclusively religious omplete any of the parts unless the General Rule applies to this organization because it ble, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>
answer "No" on Part IV, lir	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PFing requirements of Schedule B (Form 990).	• •
LHA For Paperwork Reduc	ction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2021)

Name of organization

Employer identification number

ACEING AUTISM, INC.

26-2688140

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

ACEING AUTISM, INC.

26-2688140

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

Employer identification number

Name of organization

	TISM, INC.				26-2688140	
rt III	Exclusively religious, charitable, etc., contributor any one contributor. Complete columns (completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	 a) through (e) and the following lir charitable, etc., contributions of \$1,00 	ne entry. For or	rganizations		
No. om ort I	(b) Purpose of gift	(c) Use of gift		(d) Desci	ription of how gift is held	
_ ;						
		(e) Transfer o	f gift			
	Transferee's name, address, a	and ZIP + 4	Re	elationship of tran	sferor to transferee	
No.		())		(1) 5		
rt I	(b) Purpose of gift	(c) Use of gift		(d) Desci	ription of how gift is held	
	Transferee's name, address, a	(e) Transfer o		elationship of tran	sferor to transferee	
No. om ort I	(b) Purpose of gift	(c) Use of gift		(d) Desci	ription of how gift is held	
.		(e) Transfer o	of gift			
	Transferee's name, address, a			elationship of tran	sferor to transferee	
No. om rt I	(b) Purpose of gift	(c) Use of gift		(d) Desci	ription of how gift is held	
_						
	(e) Transfer of gift					
	Transferee's name, address, a	and ZIP + 4	Re	elationship of tran	sferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

2021 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** ACEING AUTISM, INC. 26-2688140 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works 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 If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Scho	dule D (Form 990) 2021 ACEING AUT:	TSM TNC						26-268	8140	D	_{age} 2
	t III Organizations Maintaining C		t Hist	orical Tre	asures o	r Other	Simila				age Z
3	Using the organization's acquisition, accessi								(CONTI	nuea)	
3	collection items (check all that apply):	on, and other record	s, criecr	carry or trie i	ollowing that	i illake si	grillicarit	use or its			
_	Public exhibition			Loop or ovo	hanga progr	-m					
a					hange progra						
b	Scholarly research	•	• 🗀	Other							
C	Preservation for future generations	allastians and avalair	a baw tb	ov frutbor th		n'a avan		oo in Dort	VIII		
4	Provide a description of the organization's co	•		•	-			se in Part	AIII.		
5	During the year, did the organization solicit of				•				7 v		٦ ٨ ٦
Par	to be sold to raise funds rather than to be ma								」Yes inc 0 or		<u>No</u>
ı uı	reported an amount on Form 990, Pa		ete ii tiie	e organizatio	ii aliswered	res on		J, Pail IV, I	irie 9, or		
1a	Is the organization an agent, trustee, custodi	ian or other intermed	liary for	contributions	s or other ass	sets not i	ncluded		_		_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:							
									Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						. <u>1e</u>				
f	Ending balance						1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for (escrow or cu	ıstodial acco	unt liabili	ty?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete	if the organization ar	swered	"Yes" on Fo	rm 990, Part						
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back	(d) Three	ears back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1	g, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	<u></u> %									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiza	ation tha	t are held ar	nd administer	ed for the	e organiz	ation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	ed on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment f	unds.							
Par	t VI Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	d "Yes" on Form 990), Part I\	/, line 11a. S	ee Form 990	, Part X, I	line 10.				
	Description of property	(a) Cost or o basis (investr		. ,	or other (other)		ccumulate preciation		(d) Boo	k valu	е
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment				40,980.		5,	925.		35,	055.
				1							

Schedule D (Form 990) 2021

35,055.

e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D	(Form 990) 2021 ACEING AUTISM, I	NC.	26	5-2688140 Pa	ge :
Part VII	Investments - Other Securities.		441 0 5 000 5 111 11		
(a) Deserie	Complete if the organization answered "Yes"		T	of year market yelve	
	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	ı-oı-year market value	
,	al derivatives				
	held equity interests				
(3) Other					
(A)					
(B)					
(C) (D)					_
(E)					
(F)					
(G)					
(H)					
	b) must equal Form 990, Part X, col. (B) line 12.)				
	Investments - Program Related.	ı			
	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	d-of-year market value	
(1)				•	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
otal. (Col. (I	b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.				
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.		
	(a)	Description		(b) Book value	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	mn (b) must equal Form 990, Part X, col. (B) lin	e 15.)			
Part X	Other Liabilities.	5 000 B + 11/11	44 44 0 E 000 B 1 V II 0 E		
	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	
	eral income taxes				
(2)					
(3)					_
(4)					
(5)					_
(6)					

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

(7) (8) (9)

Complete if the organization answered "Yes" on Form 990, Part IV, lir 1 Total revenue, gains, and other support per audited financial statements			1	1,401,276
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2a			
b Donated services and use of facilities		34,089.		
c Recoveries of prior year grants		,		
d Other (Describe in Part XIII.)	•			
e Add lines 2a through 2d			2e	34,089
3 Subtract line 2e from line 1			3	1,367,187
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)				
c Add lines 4a and 4b			4c	0
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		5	1,367,187
Part XII Reconciliation of Expenses per Audited Financial Sta	atements With E	xpenses per F	Return.	
Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.			
Total expenses and losses per audited financial statements			1	1,321,724
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	2a	33,740.		
b Prior year adjustments				
c Other losses				
d Other (Describe in Part XIII.)				
e Add lines 2a through 2d			2e	33,740
3 Subtract line 2e from line 1			3	1,287,984
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)	4b			
c Add lines 4a and 4b			4c	0
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Part XIII Supplemental Information.	8.)		5	1,287,984
nes 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	ny additional informa	uon.		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

2021
Open to Public Inspection

Name of the organization	. TNG						Employer identification number 26-2688140
Part I General Information on Grants	•						20-2000140
Does the organization maintain records criteria used to award the grants or ass Describe in Part IV the organization's present the prese	to substantiate the istance?				-	stance, and the selecti	
Part II Grants and Other Assistance to recipient that received more than	Domestic Organiz	zations and Domestic	Governments. C	complete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
UT DALLAS							
800 W. CAMPBELL ROAD							
RICHARDSON, TX 75080			9,000.	0.			DONATION FOR COURT FEES
 Enter total number of section 501(c)(3) a Enter total number of other organization 	-	-					>

Schedule I (Form 990) 2021 ACEING AUTISM, INC. 26-2688140 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						
Part IV	Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.							
				,,,								

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ACEING AUTISM, INC.

Employer identification number 26-2688140

1
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND FITNESS, HAND-EYE COORDINATION, MOTOR DEVELOPMENT AND SOCIAL SKILLS
FOR CHILDREN WITH AUTISM. MAKE SURE KIDS HAVE FUN IN THE PROCESS.
FORM 990, PART VI, SECTION B, LINE 11B:
THE RETURN WAS CIRCULATED TO ALL MEMBERS OF THE BOARD OF DIRECTORS FOR
REVIEW AND APPROVAL PRIOR TO SUBMISSION TO THE TAXING AUTHORITIES.
EODM 000 DADW UT GEGETON D. LINE 10G
FORM 990, PART VI, SECTION B, LINE 12C:
PERIODIC REVIEWS ARE CONDUCTED TO ENSURE COMPLIANCE WITH THE CONFLICT OF
INTEREST POLICY.
FORM 990, PART VI, SECTION B, LINE 15A:
THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS DETERMINED BY A COMPENSATION
COMMITTEE OF THE BOARD OF DIRECTORS. THEY UTILIZE COMPARABLE DATA TO
DETERMINE SALARY WITHIN THE PARAMETERS OF THE ORGANIZATION'S BUDGET. THE
ORGANIZATION HAS NO OTHER INSIDERS WHO RECEIVE COMPENSATION.
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
CA,MA,AK,AL,AR,CO,CT,FL,GA,HI,IL,KS,KY,MD,ME,MI,MN,MS,NC,ND,NH,NJ,NM,NV,NY
OH,OK,OR,PA,RI,SC,TN,UT,VA,WA
FORM 990, PART VI, SECTION C, LINE 19:
ALL GOVERNING DOCUMENTS OF THE ORGANIZATION ARE AVAILABLE UPON REQUEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:

Schedule O (Form 990) 2021 Page **2**

Name of the organization ACEING AUTISM, INC.		Employer identification number 26-2688140
OUTSIDE CONTRACTORS:		
PROGRAM SERVICE EXPENSES	44,825.	
MANAGEMENT AND GENERAL EXPENSES	68,498.	
FUNDRAISING EXPENSES	49,942.	
TOTAL EXPENSES	163,265.	
PAYROLL SERVICE FEES:		
PROGRAM SERVICE EXPENSES	3,931.	
MANAGEMENT AND GENERAL EXPENSES	804.	
FUNDRAISING EXPENSES	314.	
TOTAL EXPENSES	5,049.	
BACKGROUND CHECK SERVICES:		
PROGRAM SERVICE EXPENSES	15,832.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	15,832.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	184,146.	
FORM 990, PART XII, LINE 2C:		
THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT PROCESS OR SELE	CTION	
PROCESS DURING THE TAX YEAR.		
PART VI, LINE 13:		
THIS RETURN WAS AMENDED TO INCLUDE THAT THE ORGANIZATION HAS		

132212 11-11-21 Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2 Name of the organization **Employer identification number** 26-2688140 ACEING AUTISM, INC. PART VI, LINE 14: THIS RETURN WAS AMENDED TO INCLUDE THAT THE ORGANIZATION HAS IMPLEMENTED A DOCUMENT RETENTION POLICY. PART XII, LINE 2B: THIS RETURN WAS AMENDED TO INCLUDE THAT THE ORGANIZATION'S FINANCIAL STATEMENTS WERE AUDITED BY AN INDEPENDENT ACCOUNTANT. PART VIII, LINE 2A: THIS RETURN WAS AMENDED TO ADJUST THE PROGRAM SERVICE REVENUE BY \$112. PART IX, LINE 24: THIS RETURN WAS AMENDED TO ADJUST THE BANK FEES IN OTHER EXPENSES BY \$112. PART XII, LINE 2C: THIS RETURN WAS AMENDED TO INCLUDE THAT THE ORGANIZATION HAS A FINANCE & HR COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIDE OF THE AUDIT, REVIEW, OR COMPILATION OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT.

Form 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

or fiscal year beginning	JUL	1	. 2021, and ending	JUN 30	2022

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of filer

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

Go to www.irs.gov/Form8879TE for the latest information.

EIN or SSN

26-2688140

Name and title of officer or person subject to tax

ACEING AUTISM, INC.

RICHARD SPURLING EXECUTIVE DIRECTOR

Part I Type of Return and Return Information

For calendar year 2021

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _	1,367,187.				
2a	Form 990-EZ check here >	b	Total revenue, if any (Form 990-EZ, line 9)	2b _					
3a	Form 1120-POL check here	b	Total tax (Form 1120-POL, line 22)	3b					
4a	Form 990-PF check here >	b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b _					
5a	Form 8868 check here	b	Balance due (Form 8868, line 3c)	5b _					
6a	Form 990-T check here >	b	Total tax (Form 990-T, Part III, line 4)	6b _					
7a	Form 4720 check here	b	Total tax (Form 4720, Part III, line 1)	7b	,				
8a	Form 5227 check here	b	FMV of assets at end of tax year (Form 5227, Item D)	8b					
9a	Form 5330 check here	b	Tax due (Form 5330, Part II, line 19)	9b					
	Form 8038-CP check here	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b					
Part II Declaration and Signature Authorization of Officer or Person Subject to Tax									
Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name									

of entity) , (EIN) and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PI	N	ŀ	C	hec	k	on	e	bo	X	on	ly	

X I authorize	BAKER TILLY US, LLP		to enter my PIN	92647
		ERO firm name		Enter five numbers, b

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

ature of officer or person subject to tax Certification and Authentication Part III

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

81349423001 Do not enter all zeros

certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for **Business Returns**

ERO's signature BRIAN YACKER

Date > 04/17/23

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2021)