EXTENDED TO NOVEMBER 15, 2018

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

OMB No. 1545-0047 Open to Public Inspection

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

B Check if C Name of organization D Employer ide	ntification number
applicable:	
Address AUTISM SOCIETY OF AMERICA, INC.	
Bolling Business as	-1020149
Initial return Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone nu	mber
	1-657-0881
terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$	2,425,608.
Amended RETHESDA, MD 20814-4411 H(a) Is this a ground return H(b) Is this a ground return H(b) Is this a ground H(c) Is this a groun	up return
Application F Name and address of principal officer: SCOTT BADESCH for subording pending CAME ACC A POWE	nates? Yes X No
SAME AS C ABOVE H(D) Are all subording	ates included? Yes No
	ch a list. (see instructions)
	nption number > 2497 5 M State of legal domicile: DC
	J M State of legal dofficile. DC
TO IMPROVE THE LIVE	S OF ALL
1 Briefly describe the organization's mission or most significant activities: TO IMPROVE THE BIVE AFFECTED BY AUTISM. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its r. 3 Number of voting members of the governing body (Part VI, line 1a). 4 Number of independent voting members of the governing body (Part VI, line 1b). 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a). 6 Total number of volunteers (estimate if necessary). 7 a Total unrelated business revenue from Part VIII, column (C), line 12	01 1111
2 Check this box if the organization discontinued its operations or disposed of more than 25% of its r	et assets.
3 Number of voting members of the governing body (Part VI, line 1a)	3 21
4 Number of independent voting members of the governing body (Part VI, line 1b)	4 21
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5 24
6 Total number of volunteers (estimate if necessary)	6 075
7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a 39,975. 7b -16,950.
b Net unrelated business taxable income from Form 990-T, line 34	1.2
Prior Year 8 Contributions and grants (Part VIII line 1h) 1,815,88	Current Year 1,885,200.
8 Contributions and grants (Part VIII, line 1h) 1,815,88	
o l regiant service (en en e	5885.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 62, 98	
The Carter revenue (rear tim) column (ry, miles e, es, es, es, es, es, es, es, es, es	
102.00	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
1 308 60	1. 1,519,644.
o la calculation, carlot semperature, carport	0. 0.
b Total fundraising expenses (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25)	
1 1/ Other expenses (Part IX, Column (A), lines 11a-11d, 111-24e)	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,331,72	
19 Revenue less expenses. Subtract line 18 from line 12	363,234.
Beginning of Current	
Beginning of Current No. 20 Total assets (Part X, line 16) 20 Total liabilities (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 323,10	4. 978,063.
21 Total liabilities (Part X, line 26)	
	1. 469,187.
Part II Signature Block	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bes	of my knowledge and belief, it is
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	bulle
Signature of officer Date	127/18
Sign J. GGOOMB PADEGGIL DESCENDING/CEO	*
Here SCOTT BADESCH, PRESIDENT/CEO	
Print/Type preparer's name Preparer's signature Date Che	ek PTIN
Paid NEIL E. BERGER NEIL E. BERGER 08/31/18	
Preparer Firm's name ADEPTUS PARTNERS LLC Firm's Ell	00 400 5000
Use Only Firm's address 3311 OLNEY SANDY SPRING RD	
OLNEY, MD 20832-1411 Phone no	(301)929-9700
May the IRS discuss this return with the preparer shown above? (see instructions)	X Yes No

THE AUTISM SOCIETY ENVISIONS INDIVIDUALS AND FAMILIES LIVING WITH AUTISM ARE ABLE TO MAXIMIZE THEIR QUALITY OF LIFE, ARE TREATED WITH THE HIGHEST LEVEL OF DIGNITY, AND LIVE IN A SOCIETY IN WHICH THEIR THE HIGHEST LEVEL OF DIGNITY, AND LIVE IN A SOCIETY IN WHICH THEIR TALENTS AND SKILLS ARE AFPRECIATED AND VALUED. Did the organization undertake any significant program services during the year which were not listed on the prior form 30 or 980-627 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, as measured by expenses. Section 501(c)(6) and 501(c)(4) organizations are nequired to report the amount of grants and allocations to others, the total expenses, and revenue, if my, for each program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(6) and 501(c)(4) organizations are nequired to report the amount of grants and allocations to others, the total expenses, and revenue, if my, for each program service reports. 4a (cose) Cosecus 7 730, 275. 1in 2017, The AUTISM SOCIETY OF AMERICA'S NATIONAL CONTACT CENTER, WHICH OPERATES FROM 9 AM TO 9 PM EASTERN STANDARD TIME, MONDAY THROUGH FRIDAY AND AUTISMOURCESTM OUR NATIONAL RESOURCE DATABASE ACCOMPLISHED THE FOLLOWING: —SUPPORTED OVER 6300 CONSTITUENTS BY PHONE AND EMAIL. —MAINTAINED OVER 34,000 AUTISM RESOURCE LISTINGS ON WHICH WERE ACCESSED BY MORE THAN 103,000 USERS. 4b (cose) Cosecus 1	Pa	rt III Statement of Program Service Accomplishments
THE AUTISM SOCIETY ENVISIONS INDIVIDUALS AND FAMILIES LIVING WITH AUTISM ARE ABLE TO MAXIMIZE THEIR QUALITY OF LIFE, ARE TREATED WITH THE HIGHEST LEVEL OF DIGNITY, AND LIVE IN A SOCIETY IN WHICH THEIR TALENTS AND SKILLS ARE APPRECIATED AND VALUED. 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 980 of 890-827 If Yes, 'Garcine these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses. He yes, 'Garcine there changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 901(6), 3 and 501(6)(6) and 501(6) and		Check if Schedule O contains a response or note to any line in this Part III
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	4-	4 000 040
	40	Total program service expenses ► 1,913,711.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	77
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			.
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			 ₩
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		X
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			X
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		^
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	- 21	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		X
	complete Schedule G, Part III	19		_ 22

Form **990** (2017)

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b		24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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 in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V				Ш
		1 1 1 -		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 15			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	ib °			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re			v	
_	(gambling) winnings to prize winners?	I	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2 ₂ 24			
	filed for the calendar year ending with or within the year covered by this return			Х	
р	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	^	
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions		0-	Х	
3a	•		3a 3b	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		30		
48	At any time during the calendar year, did the organization have an interest in, or a signature or other a financial account in a foreign country (such as a bank account, securities account, or other financial account.)		4a		Х
h	If "Yes," enter the name of the foreign country:	account)?	4a		22
D	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	occupte (FRAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?		5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		30		
ou	any contributions that were not tax deductible as charitable contributions?		6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut				
-	were not tax deductible?	•	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			
	to file Form 8282?		7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
_			8		
9	Sponsoring organizations maintaining donor advised funds.				
a			9a 9b		
40 40	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		96		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a			
a		10b			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:	100			
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b		
			Form	990	(2017

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line da, db, of 10b below, describe the circumstances, processes, or changes in schedule 0. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		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		<u>X</u>
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		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		., l	
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		77	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	, , , , , , , , , , , , , , , , , , , ,	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	^	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	4-	х	
	The organization's CEO, Executive Director, or top management official	15a	X	
a	Other officers or key employees of the organization	15b	Λ	
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
ıoa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16-		Х
L	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		- 21
D				
	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		
<u>S</u>	exempt status with respect to such arrangements?	IOD		
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed ►AL, AK, AR, CA, CO, CT, FL, GA, HI	. TT.	.KS	. KY
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a			,
10	for public inspection. Indicate how you made these available. Check all that apply.	ivaliaD	ıc	
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
13	statements available to the public during the tax year.	miail	oidi	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
_0	THE ORGANIZATION - 301-657-0881			
	4340 EAST WEST HIGHWAY, NO. 350, BETHESDA, MD 20814-4411			
70000	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	aan	(2017)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			(((D)	(E)	(F)	
Name and Title	Average		not c		more	than		Reportable	Reportable	Estimated	
	hours per week					is bot or/trus		compensation from	compensation from related	amount of other	
	(list any	ector						the	organizations	compensation	
	hours for	Individual trustee or director	æ			ated		organization	(W-2/1099-MISC)	from the	
	related organizations	ustee	Institutional trustee		ee ee	Highest compensated employee		(W-2/1099-MISC)		organization and related	
	below	dualtr	ıtional	L	Key employee	st con	-			organizations	
	line)	Indivi	Institu	Officer	Key er	Highe emplo	Former				
(1) J. BASINGER	2.00										
BOARD MEMBER	2.00	Х						0.	0.	0	
(2) A. BAUMANN	3.00										
BOARD MEMBER	3.00	X						0.	0.	0	
(3) B. BECKER-COTRILL	2.00							_	_	_	
BOARD MEMBER	2.00	X						0.	0.	0	
(4) R. BOHNE	2.00	↓									
BOARD MEMBER	2.00	X						0.	0.	0	
(5) M. BROWN	2.00	١							0		
BOARD MEMBER	2.00	X						0.	0.	0	
(6) C. P. CHERRY	2.00	Į.,							_	_	
BOARD MEMBER	2.00	Α.						0.	0.	0	
(7) A. FILIPPI	2.00	₩.						0.	0.	0	
BOARD MEMBER (8) B. HODGIN	1.00	^						0.	0.	,	
BOARD MEMBER	1.00	\v						0.	0.	0	
(9) J. HUSSMAN	2.00	122						0.	0.		
BOARD MEMBER	2.00	\mathbf{x}						0.	0.	0	
(10) T. MURPHY	2.00	 						•	•		
BOARD MEMBER	2.00	X						0.	0.	0	
(11) K. PALMER	2.00										
BOARD MEMBER	2.00	X						0.	0.	0	
(12) W. PARKER	2.00										
BOARD MEMBER	2.00	X						0.	0.	0	
(13) A. PETERSON	1.00										
BOARD MEMBER	1.00	Х						0.	0.	0	
(14) K. ROTH	1.00										
BOARD MEMBER	1.00							0.	0.	0	
(15) P. SCHWARZ	2.00							_	_	_	
BOARD MEMBER	2.00							0.	0.	0	
(16) R. WOLF	2.00								_	_	
BOARD MEMBER	2.00							0.	0.	0	
(17) J. JOYCE	6.00			,,					_	,	
CHAIRPERSON	6.00	X		Х				0.	0.	0	

732007 11-28-17

Form **990** (2017)

(18) J. BALL IMMEDIATE PAST CHAIRPERSON (19) L. IRELAND VICE CHAIRPERSON (20) T. STALEY TREASURER (21) L. PERNER SECRETARY (22) M. MILLER VICE PRESIDENT, STRATEGIC ADVANCEMENT (23) S. BADESCH PRESIDENT AND CEO (24) J. DABROWSKI 4 CHIEF FINANCIAL OFFICER	(B) verage ours per week ist any ours for elated unizations oelow line) 2.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00	X Individual trustee or director	not cl , unles	X X X X X X X X X X	ition more rson i irecto	Highest compensated the potential of the	n an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC) 0. 0. 107,424.	0		Esti amcc or or organ and organ	0.
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(18) J. BALL IMMEDIATE PAST CHAIRPERSON (19) L. IRELAND VICE CHAIRPERSON (20) T. STALEY TREASURER (21) L. PERNER SECRETARY (22) M. MILLER VICE PRESIDENT, STRATEGIC ADVANCEMENT (23) S. BADESCH PRESIDENT AND CEO (24) J. DABROWSKI CHIEF FINANCIAL OFFICER (25) M. ASNER	5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00	x x	Institutional tr	x x x x	Key employee	Highest comp employee	Former	0.	0		organ	
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VICE PRESIDENT, STRATEGIC ADVANCEMENT (23) S. BADESCH PRESIDENT AND CEO (24) J. DABROWSKI CHIEF FINANCIAL OFFICER (25) M. ASNER 4	5.00 5.00			х				107,424.	C	١.	12	
PRESIDENT AND CEO (24) J. DABROWSKI CHIEF FINANCIAL OFFICER (25) M. ASNER 4	5.00											,080.
(24) J. DABROWSKI CHIEF FINANCIAL OFFICER (25) M. ASNER 4	0.00											
CHIEF FINANCIAL OFFICER (25) M. ASNER 4								206,769.	C	١.	42	,989.
(25) M. ASNER 4	0.00											
	.0.00		-	Х				144,337.	C	•	33	,554.
VP DEVELOPMENT									_			
	DEVELOPMENT X 173,113. 0.			Х		Ш		173,113.	0	•	24	,822.
<u> </u>												
						Щ		631,643.	0	. :	112	,445.
1b Sub-total						ا		031,043.			113	0.
	601 613											
d Total (add lines 1b and 1c)							10 rc	•		•		, 113.
compensation from the organization	intod to tri	1000	11010	o u	50 00	<i>,</i> ••••	.0 .0		,,ooo or reportable			4
											1	es No
3 Did the organization list any former officer, direct	ctor, or tru	ıste	e, ke	y en	nplo	yee,	or h	nighest compensated e	mployee on			
line 1a? If "Yes," complete Schedule J for such in	individual									. L	3	X
4 For any individual listed on line 1a, is the sum of	reportabl	le co	ompe	ensa	ation	anc	oth	ner compensation from	the organization			
and related organizations greater than \$150,000)? If "Yes,	" co	mple	ete S	Sche	edule	Jf	or such individual		. L	4	Х
5 Did any person listed on line 1a receive or accrue	ie comper	nsati	ion f	rom	any	unr	elate	ed organization or indivi	dual for services			
rendered to the organization? If "Yes," complete	Schedule	e J f	or su	ıch j	pers	on .					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest comper		-							· · · · · · · · · · · · · · · · · · ·	ensati	on fro	om
the organization. Report compensation for the ca	alendar y	ear e	endii	ng w	vith (or w	ithin		year.		(0)	
(A) Name and business addr	ress	NC	ONE	2				(B) Description of s	ervices	Con	(C)	sation
		110	7111				\dashv					
							\dashv					
							4					
							1					
2 Total number of independent contractors (includ	ding but =	O+ 11-	mita	d +^	tha	SO 11-	*+0~	abovo) who received ==	oro than			

Form **990** (2017)

Form	990	(2017) AUTIS	M SOCIET	Y OF AME	RICA, INC.		52-1020	149 Page 9
Pa	rt VII	II Statement of Reven	ue					
		Check if Schedule O conta	ains a response	or note to any lir	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributi All other contributions, gifts, grant similar amounts not included abov Noncash contributions included in lines Total. Add lines 1a-11	1b 1c 1d ons) 1e s, and e 1f 1, 1a-1f: \$	>	1,885,200.			
				Business Code		200 100	20 075	45 005
Program Service Revenue	2 a b c d			900004	293,120.	208,120.	39,975.	45,025.
Δ.	f	All other program service rever	nue					
	g	Total. Add lines 2a-2f		>	293,120.			
	3 4 5	Investment income (including other similar amounts)	exempt bond p	proceeds	76.			76.
	5	Royalties						
	b c d	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss) Gross amount from sales of	(i) Real (i) Securities	(ii) Personal				
	b	assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)		961. -961.	-961.	-961.		
er Revenue		Gross income from fundraising including \$ 317,7 contributions reported on line Part IV, line 18	g events (not 38 • of 1c). See	222,375.				
Other	b	Less: direct expenses	b	0.				
0		Net income or (loss) from fund Gross income from gaming ac Part IV, line 19	tivities. See		222,375.			222,375.
	С	Less: direct expenses Net income or (loss) from gam Gross sales of inventory, less in	bing activities					
	b	and allowances Less: cost of goods sold Net income or (loss) from sales	a					
		Miscellaneous Revenue		Business Code				
	11 a	OTHER INCOME		900099	24,837.	24,837.		
	b	·						
	С							
	d	All other revenue						
		Total. Add lines 11a-11d			24,837.			
	10	Total revenue See instructions		_	2 424 647.	231,996.	39 975	267 476

Total revenue. See instructions.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).										
Check if Schedule O contains a response or note to any line in this Part IX										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21	3,750.	3,750.							
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	631,643.	498,998.	31,582.	101,063.					
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	598,218.	522,251.	57,209.	18,758					
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)	39,586.	31,273.	1,979.	6,334.					
9	Other employee benefits	157,888.	124,732.	7,894.	25,262.					
10	Payroll taxes	92,309.	72,925.	4,615.	14,769.					
11	Fees for services (non-employees):									
а	Management									
b	Legal	4,205.	3,322.	210.	673					
	Accounting	26,412.	20,865.	1,321.	4,226.					
d	Lobbying									
	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g	Other. (If line 11g amount exceeds 10% of line 25,									
	column (A) amount, list line 11g expenses on Sch O.)	20,352.	16,078.	1,018.	3,256					
12	Advertising and promotion									
13	Office expenses	4,968.	4,149.	253.	566.					
14	Information technology	78,665.	55,152.	2,622.	20,891.					
15	Royalties									
16	Occupancy	183,667.	149,873.	12,489.	21,305					
17	Travel	98,448.	47,387.	1,477.	49,584.					
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	419,646.	373,776.	1,205.	44,665					
20	Interest									
21	Payments to affiliates		2 - 12							
22	Depreciation, depletion, and amortization	4,342.	3,543.	295.	504.					
23	Insurance	9,071.	7,402.	617.	1,052.					
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)									
а	PINIODATOTNO ACMINIMITEC D	38,901.			38,901.					
b	POSTAGE	25,079.	13,077.	238.	11,764					
c	BANK FEES	23,647.	7,907.	191.	15,549					
d	DUES, FEES, AND MEMBERS	18,935.	11,370.	248.	7,317					
	All other expenses	8,149.	5,887.	47.	2,215					
25	Total functional expenses. Add lines 1 through 24e	2,487,881.	1,973,717.	125,510.	388,654					
26	Joint costs. Complete this line only if the organization	_,,	=,=:=,:=,:=,:	==3,3=31	220,002					
_0	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here if following SOP 98-2 (ASC 958-720)									
	- L 11 101104/111g 301 30-2 (A30 308-720)				- 000					

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			6,816.	1	343,784.
	2	Savings and temporary cash investments			306,968.	2	0.
	3	Pledges and grants receivable, net			173,788.	3	97,679.
	4	Accounts receivable, net	295.	4	98,425.		
	5	Loans and other receivables from current and for	ormer o	fficers, directors,			
		trustees, key employees, and highest compens	ated en	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqual		,			
		section 4958(f)(1)), persons described in section	า 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 50	(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr)	. Comp	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges	24,908.	9	12,695.		
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	93,401.			
	b	Less: accumulated depreciation		89,024.	8,357.	10c	4,377.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			224 222	14	101 100
	15	Other assets. See Part IV, line 11		·····	334,392.	15	421,103.
	16	Total assets. Add lines 1 through 15 (must equ	855,524.	16	978,063.		
	17	Accounts payable and accrued expenses			170,358.	17	146,824.
	18	Grants payable	450	18	05.000		
	19	Deferred revenue	450.	19	25,000.		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to current and forme					
Ħ		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa	•				
		parties, and other liabilities not included on lines	s 17-24)	. Complete Part X of	150 005		227 052
		Schedule D			152,295.	25	337,052.
	26	Total liabilities. Add lines 17 through 25			323,103.	26	508,876.
		Organizations that follow SFAS 117 (ASC 958		k here ▶ 🔼 and			
ces		complete lines 27 through 29, and lines 33 ar			EE 240		66 012
Fund Balances	27	Unrestricted net assets			-55,348.	27	-66,813.
Ba	28	Temporarily restricted net assets	537,769.	28	486,000. 50,000.		
nd	29				50,000.	29	50,000.
臣		Organizations that do not follow SFAS 117 (A	SC 958	3), check here			
Š		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or	32	Retained earnings, endowment, accumulated in			E20 401	32	160 107
_	33	Total net assets or fund balances			532,421.	33	469,187.
	34	Total liabilities and net assets/fund balances			855,524.	34	978,063.

Form **990** (2017)

1 0111	1000 (2011)			, u	90 . –
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,42		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,48		
3	Revenue less expenses. Subtract line 2 from line 1	3			34.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	53	2,4	21.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	46	9,1	87.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	e O.			
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 reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both:				
	Separate basis X 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	ne audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audit			
	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	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

25700-01

Employer identification number Name of the organization AUTISM SOCIETY OF AMERICA, 52-1020149 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

Schedule A (Form 990 or 990-EZ) 2017 AUTISM SOCIETY OF AMERICA, INC. 52-10202 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization'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 the organization without charge to the organization 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) 6 Public support. Subtract line 5 from line 4. Section B. Total Support	Section A. Public Support						
membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization'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 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) 6 Public support. Johrsat line 5 tron line 4. 8 Gross income from Interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from Interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or lifth tax year as a section 501(c)(3) organization, check this box and stop here. 8 Section C. Computation of Public Support Percentage 8 Section C. Computation of Public Support Percentage 8 Section C. Computation of Public Support Percentage 16 A 373% support percentage from 2016 Schedule A, Part II, line 14 16 A 31 173% support percentage from 2016 Schedule A, Part II, line 14 16 B 3 173% support repressible and a supplicity supported organization and stop here. The organization qualifies as a publicly supported organization and stop here. The organization qualifies as a publicly supported organization and stop here. The organization qualifies as a publicly supported organization.	Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
include any "unusual grants.") 2 Tax revenues levied for the organization is 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 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) 6 Public support. Subtract line 5 from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on profit of the force or complete the support. Add lines? Through 10 11 Total support. Add lines? Through 10 12 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 8 Section C. Computation of Public Support Percentage 8 Computation of Public Support Percentage 14 Public support percentage from 2016 Schedule A, Part II, line 14 15 Public support percentage from 2016 Schedule A, Part II, line 14 16 A 33 1/3% support test - 2015. If the organization did not check a box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,	1 Gifts, grants, contributions, and						
2 Tax revenues levied for the organization'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 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) 6 Public support. Subrectine 5 tom line 4. 8 Gross income from line 4. 8 Gross income from interest, dividends, payments received on securities loans, rents, reyalties, and income from similar sources. 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 First fley ears. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)). 15 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)). 16 3 31/3% support test - 2016. If the organization did not check a box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% - facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,	membership fees received. (Do not						
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 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) 6. Public support. Subtract line 5 from line 4. Section B. Total Support 7. Amounts from line 4 8. Gross income from innerest, dividends, payments received on securities loans, rents, royalties, and income from smillar sources activities, whether or not the business is regularly carried on 10. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11. Total support. Add lines 7 through 10. 12. Gross receipts from related activities, whether or not the business is regularly carried on 10. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11. Total support. Add lines 7 through 10. 22. Gross receipts from related activities, etc. (see instructions) 13. First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14. Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 15. By First five years. If the Form 1016 Schedule A, Part II, line 14 16. By 33 1/3% support test - 2017. If the organization did not check a box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a. 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,	include any "unusual grants.")						
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 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) 6 Public support. Subteat line 5 from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support, Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 8 Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f) 15 Public support percentage from 2016 Schedule A, Part II, line 14 15 Public support percentage from 2016 Schedule A, Part II, line 14 15 Public support percentage from 2016 Schedule A, Part II, line 14 15 Public support percentage from 2016 Schedule A, Part II, line 14 16 3 31/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, fia, or 16b, and line 14 is 10% or more,	2 Tax revenues levied for the organ-						
The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 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, coolumn (f) 6 Public support. Submact line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Support (a) 2015 (d) 2016 (e) 2017 (f) Total Support (a) 2015 (d) 2016 (e) 2017 (f) Total Support (a) 2015 (d) 2016 (e) 2017 (f) Total Support (a) 2015 (d) 2016 (e) 2017 (f) Total Support (a) 2015 (d) 2016 (e) 2017 (f) Total Support (a) 2015 (d) 2016 (e) 2017 (f) Total Support (a) 2015 (d) 2016 (e) 2017 (f) Total Support (a) 2015 (d) 2016 (e) 2017 (f) Total Support (a) 2015 (d) 2016 (e) 2017 (f) Total Support (a) 2015 (e) 2017 (f) Total Support (a) 2015 (e) 2017 (f) 2016 (e) 2017 (f) 2	ization's benefit and either paid to						
furnished by a governmental unit to the organization without charge	or expended on its behalf						
the organization without charge 4 Total. Add lines 1 through 3	3 The value of services or facilities						
4 Total. Add lines 1 through 3 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) 6 Public support. Subtract line 5 from line 4. 8 Cross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from interest dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from interest dividends, payments received on sescurities loans, rents, royalties, and income from interest activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 Trest five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 16 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17 a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,	furnished by a governmental unit to						
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Schedule A (Form 990 or 990-E		dia not oncon a	257 611 1110 10, 10	, 100, 11 4, 01 11			

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

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

Se	ction A. Public Support	ciow, picase comp	noto i uit ii.j				-
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,001,841.	2,082,272.	2,456,195.	1,815,881.	2,107,575.	10,463,764.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	303,202.	324,691.	298,801.	319,963.	293,120.	1,539,777.
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	2,305,043.	2,406,963.	2,754,996.	2,135,844.	2,400,695.	12,003,541.
78	A Amounts included on lines 1, 2, and						
	3 received from disqualified persons		309,086.	891,632.	317,827.	260,323.	1,778,868.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0.
	amount on line 13 for the year		309,086.	801 632	317,827.	260,323.	1,778,868.
	Add lines 7a and 7b		303,000.	051,052.	317,027.	200,323.	10,224,673.
	Public support. (Subtract line 7c from line 6.)						10,224,075.
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6	2,305,043.	2,406,963.	2,754,996.	2,135,844.	2,400,695.	12,003,541.
	Gross income from interest,	2,000,010.	2,200,500.	2,702,550.	2,200,022.	2,200,000.	
	dividends, payments received on securities loans, rents, royalties, and income from similar sources	24,176.	556.	222.	76.	76.	25,106.
k	unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
(Add lines 10a and 10b	24,176.	556.	222.	76.	76.	25,106.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	73,619.	88,912.	77,107.	62,985.	24,837.	327,460.
13	Total support. (Add lines 9, 10c, 11, and 12.)	2,402,838.	2,496,431.	2,832,325.	2,198,905.	2,425,608.	12,356,107.
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organiz	ation,
_	check this box and stop here						▶∟
	ction C. Computation of Publ						00 85
	Public support percentage for 2017 (I			olumn (f))		15	82.75 %
	Public support percentage from 2016					16	85.24 %
	ction D. Computation of Inves						20
17						17	.20 %
	Investment income percentage from 2					18	.30 %
198	a 33 1/3% support tests - 2017. If the						77
k	more than 33 1/3%, check this box at 33 1/3% support tests - 2016. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che			•		ŭ	
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	us box and see ins	structions	▶Ш

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

1		Yes	No
	1		
	•		
	2		
	3a		
	3b		
	_		
	3с		
	40		
	4a		
	4b		
	4c		
	_		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	404		
m O	10b 90 or 99	10-E7	2017
	しい ひに ざき	/U LL	

Par	t IV	Supporting Organizations _(continued)			
				Yes	No
11	Has the	e organization accepted a gift or contribution from any of the following persons?			
а	A perso	on who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below,	the governing body of a supported organization?	11a		
b	A family	y member of a person described in (a) above?	11b		
С	A 35%	controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B	. Type I Supporting Organizations			
		ŗ		Yes	No
1		directors, trustees, or membership of one or more supported organizations have the power to			
	-	y appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	-	r? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
		led the organization's activities. If the organization had more than one supported organization,			
		e how the powers to appoint and/or remove directors or trustees were allocated among the supported			
		ations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		organization operate for the benefit of any supported organization other than the supported			
	U	ation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
800		sed, or controlled the supporting organization.	2		
Sec	lion C	. Type II Supporting Organizations		Vaa	Na
	Mora	majority of the avantization's divestors by twistons during the tay year also a majority of the divestors		Yes	No
1		majority of the organization's directors or trustees during the tax year also a majority of the directors			
		ees of each of the organization's supported organization(s)? If "No," describe in Part VI how control agement of the supporting organization was vested in the same persons that controlled or managed			
		ported organization(s).	1		
Sec		. All Type III Supporting Organizations	•		
		The time of the control of the contr		Yes	No
1	Did the	organization provide to each of its supported organizations, by the last day of the fifth month of the			
		ation'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			
	organiz	ation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were a	ny of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organiz	ation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the org	anization maintained a close and continuous working relationship with the supported organization(s).	2		
3	-	son of the relationship described in (2), did the organization's supported organizations have a			
	-	ant voice in the organization's investment policies and in directing the use of the organization's			
		or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
C		ted organizations played in this regard.	3		
		Type III Functionally Integrated Supporting Organizations			
1 a		the box next to the method that the organization used to satisfy the Integral Part Test during the yea (see instructions) . The organization satisfied the Activities Test. Complete line 2 below.	1		
b		the organization is the parent of each of its supported organizations. Complete line 3 below.			
c		he organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	:)	
2		es Test. Answer (a) and (b) below.		Yes	No
а		ostantially all of the organization's activities during the tax year directly further the exempt purposes of			
		oported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those s	supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the	e organization was responsive to those supported organizations, and how the organization determined			
	that the	ese activities constituted substantially all of its activities.	2a		
b	Did the	activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the c	organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		s for the organization's position that its supported organization(s) would have engaged in these			
	activitie	s but for the organization's involvement.	2b		
3		of Supported Organizations. Answer (a) and (b) below.			
а		organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		s of each of the supported organizations? Provide details in Part VI.	3a		
b		organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its su	upported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust o	n Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete S	Sections A through E.	
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 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integra	ated Type III supporting org	ganization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions).

Par	rt V Type III Non-Functionally Integrated 5	09(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	ooses of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	th the organization is responsive)	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greate	er		
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047 **2017**

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

rax, (occ ocparate mon actiono,, the	"			
 Section 501(c)(4), (5), or (6) organi 	zations: Complete Part III.			
Name of organization			Emp	loyer identification number
	SOCIETY OF AMERI			52-1020149
Part I-A Complete if the o	rganization is exempt und	der section 501(c	or is a section 527 o	organization.
 Provide a description of the orga Political campaign activity expen Volunteer hours for political camp 	ditures		> \$	3
Part I-B Complete if the o	rganization is exempt und	der section 501(c)(3).	
1 Enter the amount of any excise to				
2 Enter the amount of any excise to	ax incurred by organization manag	ers under section 495	5 > \$	
3 If the organization incurred a sec	tion 4955 tax did it file Form 4720	for this year?	~ · •	Yes No
4a Was a correction made?				
b If "Yes," describe in Part IV.				
Part I-C Complete if the o	rganization is exempt und	der section 501(c	, except section 501	(c)(3).
1 Enter the amount directly expend	led by the filing organization for se	ection 527 exempt fund	ction activities	}
2 Enter the amount of the filing org				·
		· ·		
3 Total exempt function expenditu				·
· · · · · · · · · · · · · · · · · · ·				
4 Did the filing organization file For				
5 Enter the names, addresses and				
	zation listed, enter the amount pai	•		
. ,	promptly and directly delivered to			•
	If additional space is needed, prov			are eeg, egarea rana er a
1 ,	· · · · · · · · · · · · · · · · · · ·	1		(a) Amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2017

LHA

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P	art II-A	Complete if the organization	on is exempt under section 501(c)(3) and fil	ed Form 5768 (el	ection under
		section 501(h)).			
Α	Check -	if the filing organization belong	gs to an affiliated group (and list in Part IV each affiliated	group member's name	e, address, EIN,
		expenses, and share of exces			
В	Check 🕨	if the filing organization check	ed box A and "limited control" provisions apply.		
			oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1	a Total lol	obying expenditures to influence pub	lic opinion (grass roots lobbying)	5,873.	
	b Total lol	obying expenditures to influence a leg	gislative body (direct lobbying)	47,112.	
	c Total lol	obying expenditures (add lines 1a and	d 1b)	52,985.	
	d Other e	xempt purpose expenditures		2,456,476.	
	e Total ex	empt purpose expenditures (add line	s 1c and 1d)	2,509,461.	
	f Lobbyin	g nontaxable amount. Enter the amo	unt from the following table in both columns.	275,473.	
	If the am	ount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not ove	r \$500,000	20% of the amount on line 1e.		
	Over \$5	00,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1	,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1	,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$1	7,000,000	\$1,000,000.		
	g Grassro	ots nontaxable amount (enter 25% o	f line 1f)	68,868.	
	h Subtrac	t line 1g from line 1a. If zero or less, e	enter -0-	0.	
		t line 1f from line 1c. If zero or less, e		0.	
	j If there	is an amount other than zero on eithe	r line 1h or line 1i, did the organization file Form 4720	_	
	reportin	g section 4911 tax for this year?		L	Yes No
			4-Year Averaging Period Under section 501(h)		

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total			
2a Lobbying nontaxable amount			266,586.	275,473.	542,059.			
b Lobbying ceiling amount (150% of line 2a, column(e))					813,089.			
c Total lobbying expenditures			40,174.	52,985.	93,159.			
d Grassroots nontaxable amount			66,647.	68,868.	135,515.			
e Grassroots ceiling amount (150% of line 2d, column (e))					203,273.			
f Grassroots lobbying expenditures			5,880.	5,873.	11,753.			

Schedule C (Form 990 or 990-EZ) 2017

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

the lo	h "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description		a) 			o)
	obbying activity.	Yes	N-	0	Amo	ount
D	ouring the year, did the filing organization attempt to influence foreign, national, state or					
lo	ocal legislation, including any attempt to influence public opinion on a legislative matter					
01	r referendum, through the use of:					
a V	olunteers?					
b Pa	aid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
	Media advertisements?					
	failings to members, legislators, or the public?					
	Publications, or published or broadcast statements?					
	Grants to other organizations for lobbying purposes?					
	birect contact with legislators, their staffs, government officials, or a legislative body?					
	tallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
	ottel Add lines 1 a through 1					
	otal. Add lines 1c through 1i id the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	"Yes," enter the amount of any tax incurred under section 4912					
	"Yes," enter the amount of any tax incurred by organization managers under section 4912					
	the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)	(5). c	or se	ction	
art I	501(c)(6).	(-,	(-/,			
art I	30 1(0)(0).					NI.
art I	331(3)(3).				Yes	IN.
	Vere substantially all (90% or more) dues received nondeductible by members?		[1	Yes	IN
ı w				1 2	Yes	IN.
I W 2 D 3 D	Were substantially all (90% or more) dues received nondeductible by members? bid the organization make only in-house lobbying expenditures of \$2,000 or less? bid the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	e prior yea	 i? (5), c	2 3 or se	ction	ne 3,
I W 2 D 3 D art I	Were substantially all (90% or more) dues received nondeductible by members? bid the organization make only in-house lobbying expenditures of \$2,000 or less? bid the organization agree to carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	e prior yea on 501(c) "No," Ol	r? (5), c	2 3 or se	ction	
I W 2 D 3 D art I	Were substantially all (90% or more) dues received nondeductible by members? bid the organization make only in-house lobbying expenditures of \$2,000 or less? bid the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	e prior yea on 501(c) "No," OI	r? (5), c	2 3 or se Par	ction	
We Do Dart I	Vere substantially all (90% or more) dues received nondeductible by members? oid the organization make only in-house lobbying expenditures of \$2,000 or less? oid the organization agree to carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." oues, assessments and similar amounts from members	e prior yea on 501(c) "No," OI	r? (5), c	2 3 or se Par	ction	
We Do	Vere substantially all (90% or more) dues received nondeductible by members? Joid the organization make only in-house lobbying expenditures of \$2,000 or less? Joid the organization agree to carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." July 1, 1, 2, 3, 4, 5, 5, 6, 7, 7, 8, 7, 9, 9, 9, 9, 9, 9, 9, 9, 9, 9, 9, 9, 9,	e prior yea on 501(c) "No," OI	r? (5), c R (b)	2 3 or se Par	ction	
We Discourse Dis	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Diection 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Diection 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	e prior yea on 501(c) "No," OI	r? (5), c R (b)	2 3 or se Par	ction	
We Do	Vere substantially all (90% or more) dues received nondeductible by members? Joid the organization make only in-house lobbying expenditures of \$2,000 or less? Joid the organization agree to carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." July 1, 1, 2, 3, 4, 5, 5, 6, 7, 7, 8, 7, 9, 9, 9, 9, 9, 9, 9, 9, 9, 9, 9, 9, 9,	e prior yea on 501(c) "No," OI	(5), c	2 3 or se Par 1	ction	
1 W 2 D 3 D art I 1 D 2 S ex a C b C c T 6	Vere substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Dues, assessments and similar amounts from members Description 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Description 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	e prior yea on 501(c) "No," OI	i(5), c R (b)	2 3 Or see Par 1	ction	
I W 2 D 3 D art I I D 2 S ex a C b C T 3 A	Vere substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year sarryover from last year social	e prior yea on 501(c) "No," OI	i(5), c R (b)	2 3 or se Par 1 2a 2b 2c	ction	
1 W 2 D 3 D art I 1 D 2 S 6 C 6 C C T 6 C 1 I I	Vere substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Detection 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Detection 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Detection 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Detection 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Detection 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	e prior yea on 501(c) "No," OI	i(5), c R (b)	2 3 or se Par 1 2a 2b 2c	ction	
I Www.person.com	Vere substantially all (90% or more) dues received nondeductible by members? Id the organization make only in-house lobbying expenditures of \$2,000 or less? Id the organization agree to carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Idues, assessments and similar amounts from members section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Surrent year carryover from last year otal aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues are notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exception of the exception in the content of the exception of the exception in the content of the exception of the exception in the content of the exception of the exception in the content of the exception of the exception in the content of the exception of t	e prior yea on 501(c) "No," OI	i(5), c R (b)	2 3 or se Par 1 2a 2b 2c	ction	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

AUTISM SOCIETY OF AMERICA, INC.

Employer identification number 52-1020149

Schedule D (Form 990) 2017

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
Pai			
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re		
	year▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements in		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stater	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	blic 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		
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
h	Assets included in Form 990. Part X		> \$

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

	t III Organizations Maintaining C	ollections of Ar			or Othe		ar Asse			ge ∠
3	Using the organization's acquisition, accession									
3	(check all that apply):	on, and other records	s, check any or the	i lollowing the	ii ai e a si	grillicarit	use or its	COIIECTIO	i items	•
_	Public exhibition		Loop or ove	banga progr						
a		d		change progra	ams					
b	Scholarly research	е	U Other							
C	Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
4							ose in Par	t XIII.		
5	During the year, did the organization solicit or		•	•				7 v		NI -
Dai	to be sold to raise funds rather than to be ma							Yes		No
rai	reported an amount on Form 990, Par		te ir the organizatio	on answered	res on	Form 990	o, Part IV,	line 9, or		
4.	-					ام ماد دما ما				
та	Is the organization an agent, trustee, custodi							Yes		No
	on Form 990, Part X?							」 res		NO
D	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:					A		
	5							Amount		
	Beginning balance									
	Additions during the year									
_	Distributions during the year									
f	Ending balance					. <u> 1f </u>		T.,		
	Did the organization include an amount on Fo					•		Yes		No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete if									
ı uı	Endownient i diids. Complete ii	(a) Current year	(b) Prior year	(c) Two yea			ears back	(a) Four	veare h	ack
4.	Deginning of year helenes	50,000.	50,000.	, , , .	0,000.		50,000.	(e) i oui	50,0	
	Beginning of year balance	30,000.	30,000.	·	0,000.		30,000.		30,0	
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses	50,000.	50,000.	5	0,000.		50,000.		50,0	200
g	End of year balance		-	•	0,000.		30,000.		30,0	
2	Provide the estimated percentage of the curr	ent year end balance		a)) rielu as.						
	Board designated or quasi-endowment ► Permanent endowment ► 100.00	%	_%							
	Temporarily restricted endowment									
C	The percentages on lines 2a, 2b, and 2c sho	%								
20		· ·	tion that are hold a	and administs	rad for th	o organi	ration			
Ja	Are there endowment funds not in the posse by:	SSION OF THE ORGANIZA	mon mar are nelu a	and autilitiiste	acu ioi lii	ie organiz	Lation	Г	Yes	No
	-							3a(i)	163	X
	(m)							3a(ii)		<u>x</u>
h	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir						3b	-+	
4	Describe in Part XIII the intended uses of the							30		
	t VI Land, Buildings, and Equipm		windit iuilus.							
	Complete if the organization answered		Part IV line 11a 9	See Form 990) Part X	line 10				
	Description of property	(a) Cost or ot		t or other		cumulate	² d	(d) Bool	c value	
	besomption of property	basis (investm	` '	(other)		reciation	~	(u) D001	value	
12	Land	'	-, 23010	,/	236					
	Buildings									
	Leasehold improvements									
			<u> </u>	3,401.		89,0	24.		4,37	77.
u	Equipment		- 	-,		32,0			-, -,	· •

Schedule D (Form 990) 2017

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

	Part VII	Investments -	Other	Securities.
ı			••.	

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.

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

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) ESCROWS	50,392.
(2) DEPOSITS	12,576.
(3) INTEREST IN CHARITABLE REMAINDER TRUSTS	358,135.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	421,103.

Other Liabilities. Part X

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

1.	(a) Description of liability	(b) Book value	
(1)	Federal income taxes		
(2)	RENT ABATEMENT	47,464.	
(3)	DUE TO AFFILIATE	289,588.	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	337,052.	

^{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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2017

Pa	rt XI Reconciliation of Revenue per Audited Financial St	atements With	Revenue per R	eturn).
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,446,227.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	21,580.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	21,580.
3	Subtract line 2e from line 1			3	2,424,647.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			5	2,424,647.
Pa	rt XII Reconciliation of Expenses per Audited Financial S	tatements With	Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.			
1	Total expenses and losses per audited financial statements			1	2,509,461.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	21,580.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	21,580.
3	Subtract line 2e from line 1			3	2,487,881.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
	Other (Describe in Fact Ain.)	4b			_
С	Add lines 4a and 4b			4c	0. 2,487,881.

Part XIII Supplemental Information.

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

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

PART X, LINE 2:

THE ORGANIZATION'S MANAGEMENT EVALUATES TAX POSITIONS AND RECOGNIZES A TAX LIABILITY (OR ASSET) IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE. THE ORGANIZATION'S MANAGEMENT HAS ANALYZED ITS TAX POSITIONS, AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2017, THERE ARE NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE RECOGNITION OR DISCLOSURE. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. MANAGEMENT BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATION FOR YEARS PRIOR TO 2014.

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017	AUTISM	SOCIETY	OF AME	RICA,	INC.	52-1020149	Page 5
Schedule D (Form 990) 2017 Part XIII Supplemental Information	mation (cont	inued)					
	(
-							

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

AUTISM SOCIETY OF AMERICA, INC.

Employer identification number

	BOCIEII OF AMERICA				32 1020	
Fundraising Activities required to complete this par	 Complete if the organization answe t. 	red "Y	es" or	n Form 990, Part IV,	line 17. Form 990-EZ	I filers are not
1 Indicate whether the organization rais	sed funds through any of the followir	na acti	vities.	Check all that apply		
a Mail solicitations		-		overnment grants	•	
b Internet and email solicitations			-	nment grants		
c Phone solicitations	g ∟ Special	fundra	ising (events		
d In-person solicitations						
2 a Did the organization have a written of	or oral agreement with any individual	(inclu	dina o	fficare directore true	etage or	
key employees listed in Form 990, P				-		
b If "Yes," list the 10 highest paid indi-	viduals or entities (fundraisers) pursu	ant to	agree	ements under which	the fundraiser is to b	oe .
compensated at least \$5,000 by the	organization.					
	T	_		ı		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr fundr have c or cor contrib	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total		<u></u>				
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration
or noonomy.						

732081 09-13-17

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Schedule G (Form 990 or 990 EZ) 2017 AUTISM SOCIETY OF AMERICA, INC. 52-1020149 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events 3RD PARTY NONE (add col. (a) through EVENTS col. (c)) (event type) (total number) (event type) 1 Gross receipts 540,113. 540,113. 317,738 317,738. 2 Less: Contributions 222,375 222,375. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses **10** Direct expense summary. Add lines 4 through 9 in column (d) 222,375. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs **5** Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain:

Schedule G (Form 990 or 990-EZ) 2017

b If "Yes," explain: _

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____ Yes ____

Sch	edule G (Form 990 or 990-EZ) 2017 AUTISM SOCIETY OF AMERICA, INC. 52-1	.0201	49 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Y	es No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	☐ Ye	es 🔲 No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		-
	Name		
	Address >		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. — Ye	es No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \$\bigs\\$		
	: If "Yes," enter name and address of the third party:		
	Name		
	Address ►		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
	Director/officer Employee Independent contractor		
47	Mandatan, diatributiona		
	Mandatory distributions:		
ā	solution is the organization required under state law to make charitable distributions from the gaming proceeds to	v.	es No
	retain the state gaming license?	. — 16	es LINO
r	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Da	organization's own exempt activities during the tax year > \$		101 151
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, li	nes 9, 91	b, 10b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	i (Form 990 or 990-EZ)	AUTISM	SOCIETY	OF	AMERICA,	INC.	52-1020149	Page 4
Part IV	i (Form 990 or 990-EZ) Supplemental Infor	mation (cont	inued)					
	• • • • • • • • • • • • • • • • • • • •	,	,					

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

AUTISM SOCIETY OF AMERICA, INC. **Employer identification number** 52-1020149

			Yes	No	
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,				
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or charter travel Housing allowance or residence for personal use				
	Travel for companions Payments for business use of personal residence				
	Tax indemnification and gross-up payments Health or social club dues or initiation fees				
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)				
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's				
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to				
	establish compensation of the CEO/Executive Director, but explain in Part III.				
	Compensation committee Written employment contract				
	Independent compensation consultant X Compensation survey or study				
	Form 990 of other organizations X Approval by the board or compensation committee				
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a related organization:				
а	Receive a severance payment or change-of-control payment?	4a		X	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the revenues of:			37	
a	The organization?	5a		X	
b	Any related organization?	5b		Λ	
_	If "Yes" on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the net earnings of:			v	
а	The organization?	6a		X	
b	Any related organization?	6b			
_	If "Yes" on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	_		Х	
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		Δ_	
8					
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in				
	Regulations section 53.4958-6(c)?	9		L	

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

Schedule J (Form 990) 2017

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred benefits	(E) Total of columns	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	i) Other compensation portable		(B)(i)-(D)	reported as deferred on prior Form 990
(1) S. BADESCH	(i)	206,769.	0.	0.	12,535.	30,454.	249,758.	0.
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.		0.
(2) J. DABROWSKI	(i)	144,337.	0.	0.	8,794.	24,760.		0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.		0.
(3) M. ASNER	(i)	173,113.	0.	0.	0.	24,822.		0.
VP DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

SCHEDULE O

Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

AUTISM SOCIETY OF AMERICA, INC. **Employer identification number** 52-1020149

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: ELDER ROBISON, AS WELL AS KEYNOTE PANELS MODERATED BY DR. BARRY PRIZANT, DR. STEPHEN SHORE AND JUDY ENDOW, LCSW. THE EVALUATIONS FROM THOSE ATTENDING THE CONFERENCE ONCE AGAIN SHOWED THAT THIS CONFERENCE, THE OLDEST AND LONGEST RUNNING NATIONAL CONFERENCE, IS HIGHLY VALUED IN TERMS OF NETWORKING, INFORMATION GATHERING AND LEARNING.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: 4.PROVIDE RELIEF TO FAMILY CAREGIVERS BY SUPPORTING LEGISLATION TO CREATE PUBLIC AND PRIVATE PARTNERSHIPS TO EVALUATE NATIONAL STRATEGY AND EASE FINANCIAL BURDENS THROUGH IMPLEMENTATION OF TAX CREDITS FOR CAREGIVING EXPENSES.

- ADVOCATE FOR COMPREHENSIVE LONG TERM SERVICES AND SUPPORTS LEGISLATION THAT ADDRESSES THE NEEDS OF INDIVIDUALS WITH DISABILITIES, INCLUDING, MEDICAID, SOCIAL SECURITY, AND SOCIAL SECURITY DISABILITY CREATE AN INFRASTRUCTURE FOR LONG TERM SUPPORT SERVICES INSURANCE. THAT IS DRIVEN BY SELF-DIRECTION, PERSONAL CHOICE, AND FAMILIES AND INDIVIDUALS WITH DISABILITIES.
- 6.ADVOCATE FOR FULL FUNDING FOR FEDERAL SPECIAL EDUCATION LAWS TO ENSURE THAT EVERY CHILD WITH A DISABILITY OBTAINS A FREE APPROPRIATE PUBLIC EDUCATION.
- 7.BUILD INFRASTRUCTURE AND CREATE INCENTIVES FOR EMPLOYERS, AS WELL AS OTHER SOLUTIONS THAT WILL EXPAND WORK OPPORTUNITIES FOR INDIVIDUALS WITH AUTISM.

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

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

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization AUTISM SOCIETY OF AMERICA, INC. Employer identification number 52-1020149

CFO PROVIDES A DRAFT TO THE FINANCE COMMITTEE FOR REVIEW AND APPROVAL. THE FINANCE COMMITTEE FORWARDS THE 990 TO THE BOARD FOR THEIR REVIEW AND APPROVAL PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST QUESTIONNAIRES ARE REQUIRED TO BE FILED ANNUALLY BY

ALL BOARD MEMBERS AND EMPLOYEES AND ARE REVIEWED BY THE CEO AND CFO. ANY

POTENTIAL OR ACTUAL CONFLICT OF INTERESTS ARE REFERRED TO THE EXECUTIVE

COMMITTEE FOR CONSIDERATION AND DETERMINATION OF ANY ACTION REQUIRED.

FORM 990, PART VI, SECTION B, LINE 15:

CEO'S COMPENSATION IS DETERMINED BY THE EXECUTIVE COMMITTEE COMPOSED OF THE 4 INDEPENDENT DIRECTORS COMPRISING OF THE OFFICERS OF THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE USES DATA THEY OBTAIN INDEPENDENTLY FOR COMPARABILITY ANALYSIS.

THE CEO UTILIZES EXTERNAL DATA TO REVIEW AND MONITOR SALARY LEVELS FOR

OTHER KEY EMPLOYEES. THESE SALARY LEVELS ARE SUBJECT TO REVIEW BY THE

EXECUTIVE COMMITTEE.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL,AK,AR,CA,CO,CT,FL,GA,HI,IL,KS,KY,ME,MD,MA,MI,MN,MS,NV,NH,NJ,NM,NY,NC,ND

OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

(c)

Legal domicile (state or

foreign country)

(d)

Total income

(e)

End-of-year assets

2017

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

(a)

Name, address, and EIN (if applicable)

of disregarded entity

Department of the Treasury Internal Revenue Service

AUTISM SOCIETY OF AMERICA, INC.

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(b)

Primary activity

Employer identification number 52-1020149

(f)

Direct controlling

entity

	-						
	_						
	4						
	<u> </u>						
	-						
-	-						
	_						
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34,	because it had one	e or more related tax-ex	empt	
(a)	(b)	(c)	(d)	(e)	(f)	(g) Section 512(b)(13)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling		rolled
of related organization		foreign country)	section	status (if section	entity		ity?
				501(c)(3))		Yes	No
AUTISM SOCIETY OF AMERICA FOUNDATION -	4						
52-2007155, 4340 EAST-WEST HWY, SUITE 350,			E01/G1/21				x
BETHESDA, MD 20814	RESEARCH AND EDUCATION	DISTRICT OF COLUMBIA	501(C)(3)	LINE 11	N/A		
	-						
	1						
						+	
	1						
	1						
						1	
	1						

Page 2

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

(b)	(c)	(d)	(e)	(f)	(a)	(1	h)	(i)	(i)	(k)
Primary activity	Legal domicile (state or foreign				Share of end-of-year assets	Disprop alloca	ortionate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		
	country)		00000110 0 12 0 1 1)			res	NO	101 (FOITH 1005)	resin	
										<u> </u>
										
	(b) Primary activity	Primary activity Legal domicile (state or			Primary activity Legal domicile (state or foreign foreign Direct controlling entity Predominant income (related, unrelated, excluded from tax under income)			Co Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income Share of end-of-year assets Primary assets Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Primary ac	(b) Primary activity Col. Legal domicile (state or foreign country) (c) Legal moderation and processing country) (c) Legal domicile (state or foreign country) (c) Predominant income (related, unrelated, unrelated, under sections 512-514) (d) Predominant income (related, unrelated, unrelated, under sections 512-514) (ex) Predominant income (related, unrelated, unrelat	

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)			(e)	(f)	(g)	(h)	(i Sect	i) tion
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	contr	
		country)		S. 1.254		400010		Yes	No
	<u>. </u>	<u> </u>	•		<u> </u>				

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)				. 1b		X			
c Gift, grant, or capital contribution from related organization(s)					Х				
d Loans or loan guarantees to or for related organization(s)						X			
e Loans or loan guarantees by related organization(s)						Х			
f Dividends from related organization(s)				. 1f		X			
g Sale of assets to related organization(s)				. 1g		X			
h Purchase of assets from related organization(s)				. 1h		X			
i Exchange of assets with related organization(s)				. <u>1i</u>		X			
j Lease of facilities, equipment, or other assets to related organization(s)				. <u>1j</u>		Х			
k Lease of facilities, equipment, or other assets from related organization(s)						<u>X</u>			
I Performance of services or membership or fundraising solicitations for related org						X			
m Performance of services or membership or fundraising solicitations by related org						Х			
n Sharing of facilities, equipment, mailing lists, or other assets with related organiza					Х				
Sharing of paid employees with related organization(s)				. 10	Х				
						X			
p Reimbursement paid to related organization(s) for expenses									
q Reimbursement paid by related organization(s) for expenses				. 1q		Х			
						X			
r Other transfer of cash or property to related organization(s)									
s Other transfer of cash or property from related organization(s)				. 1s		X			
2 If the answer to any of the above is "Yes," see the instructions for information on	who must complete the	nis line, including covered re	elationships and transaction thresholds.						
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount i	nvolved					
(1) AUTISM SOCIETY OF AMERICA FOUNDATION	С	41,734.C	ASH						
(2)									
(3)									
(4)									
(5)									
(6)									
32163 09-11-17	55		Schedul	R (Forr	n 990)	2017			

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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e) Are al partners 501(c)(orgs.		(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners	Sec.	Share of	Share of	Disp	ropor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	l or Percenta
of entity		(state or foreign	excluded from tax under	orgs.	(3) ?	total	end-of-year	alloca	ations?	of Schedule K-1	partn	ownersh
		country)	sections 512-514)	Yes N		income	assets	Yes	No	(Form 1065)	Yes I	10
					_							
				\vdash	\dashv			+	+		\vdash	-
									1			
					T							
					\dashv							
				\vdash	\dashv			-	\vdash		\vdash	
									1			
									1			
				$\sqcup \!\!\! \perp$	_				$oxed{oxed}$		$\sqcup \bot$	
		I	1							i	1 1	