| | ** | PUBLIC | DISC | LOSURE | COPY * | * | _ |
|--------|----|---------|-------|--------|---------|--------|-----|
| Return | of | Organiz | ation | Exemp | ot From | Income | Tax |

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

Form 990

Department of the Treasury

OMB No. 1545-0047 22 71 Open to Public Inspection

| | | 2022 calendar year, or tax year beginning | and | lending | | |
|--------------|---------------------|--|--------------------------------------|------------------------------|-----------------------------|-------------------------------|
| | | | | | D Employer identific | ation number |
| B Ci | neck if plicable | C Name of organization | | | | |
| | Addres | AUTISM SOCIETY OF AMERI | CA, INC. | | | |
| | Name | Doing business as | | | 52-102014 | 19 |
| | Initial | Number and street (or P.O. box if mail is not del | ivered to street address) | Room/suite | E Telephone number | |
| | Final return/ | 6110 EXECUTIVE BLVD. | | 305 | 301-657-0 | |
| | termin- ated | City or town, state or province, country, and | ZIP or foreign postal code | | G Gross receipts \$ | 2,508,867. |
| [| Amend return | | | | H(a) Is this a group re | tum |
| | Applica tion | | ISTOPHER BANKS | | for subordinates | ? Yes 🚺 No |
| L | pendin | SAME AS C ABOVE | | H(b) Are all subordinates in | cluded? Yes No | |
| <u>і т</u> | ay-eye | mpt status: X 501(c)(3) 501(c) () | or 527 | If "No," attach a | list. See instructions | |
| | /ebsite | A A A A A A A A A A A A A A A A A A A | (insert no.) 4947(a)(1) | | H(c) Group exemption | |
| | | | sociation Other | L Year | of formation: 1965 N | State of legal domicile: DC |
| | rt I | Summary | | | | |
| - | 1 | Briefly describe the organization's mission or most | significant activities: TO I | MPROVE | THE LIVES C |)F ALL |
| e | | AFFECTED BY AUTISM. | | | | |
| Governance | 1 7 | Check this box if the organization disco | ntinued its operations or dispo | sed of more | than 25% of its net ass | ets. |
| /eri | _ | Number of voting members of the governing body | | | 3 | 19 |
| g | 4 | Number of independent voting members of the gov | erning body (Part VI, line 1b) | | [·] | 19 |
| 8 | | Fotal number of individuals employed in calendar y | | | | 22 |
| ties | | Fotal number of volunteers (estimate if necessary) | | | | 5 |
| Activities & | | Total unrelated business revenue from Part VIII, co | | | | 0. |
| Ac | | Net unrelated business taxable income from Form | | | | 0. |
| | | Ver unrelated business taxable income many entry | | | Prior Year | Current Year |
| ß | 8 | Contributions and grants (Part VIII, line 1h) | | | 3,322,687. | 2,480,751. |
| en | | | | | 3,325. | 15,490. |
| Revenue | | nvestment income (Part VIII, column (A), lines 3, 4, | | 3,841. | 7,954. | |
| Re | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c | | | 75,136. | 4,672. |
| | | Total revenue - add lines 8 through 11 (must equal | | | 3,404,989. | 2,508,867. |
| - | | Grants and similar amounts paid (Part IX, column (| | | 98,300. | 95,000. |
| | | Benefits paid to or for members (Part IX, column (A | | | 0. | 0. |
| | | Salaries, other compensation, employee benefits (| | | 1,839,993. | 2,142,501. |
| ses | | Professional fundraising fees (Part IX, column (A), I | | | 0. | 0. |
| Expenses | | Total fundraising expenses (Part IX, column (0), lin | | 42. | | |
| <u>8</u> | | Other expenses (Part IX, column (A), lines 11a-11d | | | 869,758. | 1,070,389. |
| | 17 | Total expenses. Add lines 13-17 (must equal Part I | X column (A) line 25) | | 2,808,051. | 3,307,890. |
| | | Revenue less expenses. Subtract line 18 from line | | | 596,938. | -799,023. |
| or | | Revenue less expenses. Subtract line to normano | 14 | B | eginning of Current Year | End of Year |
| ts o | 00 | Total assets (Part X, line 16) | | | 2,243,787. | 4,175,711. |
| SSe | 20 | Total liabilities (Part X, line 10) | | | 769,649. | 3,392,111. |
| Net Assets | 21 | Net assets or fund balances. Subtract line 21 from | line 20 | | 1,474,138. | 783,600. |
| | 22 art II | Signature Block | | | | |
| Lind | or papa | Ities of perjury, I declare that I have examined this return | including accompanying schedul | es and statem | ents, and to the best of my | / knowledge and belief, it is |
| truo | | t, and complete. Declaration of preparer (other than offic | er) is based on all information of v | which prepare | has any knowledge. | 1 |
| uue | , conec | | | | 10/20 | 123 |
| 0: | | Signature of officer | | | Date | |
| Sig | | CHRISTOPHER BANKS, PRESID | ENT/CEO | | | |
| Her | e | Type or print name and title | | | | |
| | | | Preparer's signature | | Date Check | PTIN |
| Date | . | Print/Type preparer's name NEIL E. BERGER | NEIL E. BERGER | - | L0/20/23 if self-emplo | yed P00102223 |
| Pai | | | | | Firm's EIN 2 | 0-1835208 |
| | oarer Only | VICTOR D VICTOR D A A A A A A A A A A A A A A A A A A | | | | |
| USG | only | Firm's address 3311 OLNEY SANDY OLNEY, MD 20832-1 | | | Phone no. (3 | 01)929-9700 |
| 14- | Ale - I | CHINEL, MD 20052 | | | | X Yes No |

May the IRS discuss this return with the preparer shown above? See instructions LHA For Paperwork Reduction Act Notice, see the separate instructions. 232001 12-13-22

| Form | AUTISM SOCIETY OF AMERICA, INC. 52-1020149 Page 2 |
|--------|---|
| Par | |
| | Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Briefly describe the organization's mission: 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 990 or 990-EZ?Yes X No |
| - | f "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? |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. |
| • | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
| | evenue, if any, for each program service reported. |
| 4a | Code:) (Expenses \$ 1,637,323. including grants of \$ 95,000. Nevenue \$ 15,518. |
| | AUTISM CORE SERVICES: |
| | IN 2022, THE AUTISM SOCIETY OF AMERICA'S NATIONAL HELPLINE WHICH OPERATES FROM 9 AM TO 9 PM EASTERN STANDARD TIME, MONDAY THROUGH |
| | FRIDAY, AND AUTISMSOURCE OUR NATIONAL RESOURCE DATABASE ACCOMPLISHED |
| | THE FOLLOWING: |
| | |
| | - SUPPORTED OVER 8,892 CONSTITUENTS BY PHONE AND EMAIL WITH A 137% |
| | INCREASE IN TOTAL CONTACTS FROM 2021-2022. |
| | - PROVIDED OVER 4,700 HOURS OF SERVICE TO THOSE IN NEED OF INFORMATION AND SUPPORTS |
| | - MAINTAINED OVER 30,000 AUTISM RESOURCE LISTINGS ON |
| | WWW.AUTISMSOURCE.ORG, WHICH WERE ACCESSED BY MORE THAN 50,000 USERS. |
| 4b | Code:) (Expenses \$ 660,210. including grants of \$) (Revenue \$) |
| | EDUCATION AND AWARENESS: |
| | IN 2022, THE AUTISM SOCIETY OF AMERICA CONTINUED THE ONGOING EFFORTS OF |
| | ENSURING THAT INDIVIDUALS AND FAMILIES AFFECTED BY AUTISM RECEIVED JP-TO-DATE INFORMATION ABOUT ISSUES TO HELP ADVANCE THEIR WELL-BEING. |
| | DF-IO-DATE INFORMATION ADOUT ISSUES TO HELF ADVANCE THEIR WELL-BEING. |
| | OUR ENGAGEMENT CAMPAIGN INCLUDED: |
| | |
| | - PROVIDED DAILY FACEBOOK POSTS TO OVER 644,500 FACEBOOK FOLLOWERS. |
| | PROVIDED DAILY TWITTER POSTS TO OVER 122,000 TWITTER FOLLOWERS. 158K+ PEOPLE ENGAGED WITH NATIONAL'S POSTS AND CONTENT ON SOCIAL |
| | MEDIA |
| | - FACEBOOK FUNDRAISING RAISED OVER \$340,000 THROUGH DONATIONS AND |
| 4c | Code:) (Expenses \$ 343,310 . including grants of \$) (Revenue \$) |
| | PUBLIC POLICY: |
| | IN 2022, THE AUTISM SOCIETY OF AMERICA CONTINUED TO MEET WITH MEMBERS |
| | OF CONGRESS TO EDUCATE THEM ABOUT LEGISLATIVE PRIORITIES FOR THE AUTISM COMMUNITY. OUR EFFORTS LED TO ADDITIONAL FUNDING FOR PROGRAMS SUCH AS |
| | IDEA, EARLY INTERVENTION, RESPITE CARE, AND DD ACT PROGRAMS. THIS |
| | ENHANCED FUNDING WILL BETTER SUPPORT INDIVIDUALS WITH AUTISM, |
| | EMPOWERING THEM TO REACH THEIR FULL POTENTIAL. IN ADDITION, LEGISLATIVE |
| | VICTORIES INCLUDED PASSAGE OF THE ABLE AGE ADJUSTMENT ACT AND AN |
| | EXTENSION OF MONEY FOLLOWS THE PERSON PROGRAM. BILLS TO REAUTHORIZE |
| | KEVIN AND AVONTE'S LAW AND THE ASSISTIVE TECHNOLOGY ACT ALSO PASSED IN THE FINAL DAYS OF CONGRESS. THESE ARE ALL BILLS THAT WERE IN OUR |
| | LEGISLATIVE GOALS FOR THE 117TH CONGRESS, FINALLY, CONGRESS INCLUDED |
| 4d | Dther program services (Describe on Schedule O.) |
| | Expenses \$ including grants of \$) (Revenue \$) |
| 4e | Total program service expenses 2,640,843. |
| | Form 990 (2022 |
| 232002 | 12-13-22 SEE SCHEDULE O FOR CONTINUATION(S) 3 |
| 010 | |

^{2022.04030} AUTISM SOCIETY OF AMERICA 25700.01

| Form | 990 | (2022) |
|------|-----|--------|

| | | | 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 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | X | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? 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 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | 37 | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | X | |
| 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, | | v | |
| | Part VI | 11a | X | |
| D | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | 446 | | x |
| _ | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | |
| C | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | 11c | | x |
| А | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | | | - 23 |
| u | 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 | 11d | х | |
| • | Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> | 11e | X | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | - 23 | |
| • | 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 | <u> </u> | | |
| 120 | Schedule D, Parts XI and XII | 12a | | x |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | 120 | | |
| - | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | х | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | x |
| .e 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 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | x |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | x |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Х | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | X |
| 20a | | 20a | | X |
| 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 |
| 232003 | 12-13-22 | Form | 990 | (2022) |

232003 12-13-22

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| Form | 990 | (2022) |
|-------|-----|--------|
| FUIII | 330 | 120221 |

| | | | Yes | No |
|--------|---|------|-----|----------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | <u> </u> |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | Х | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| _ | Schedule K. If "No," go to line 25a | 24a | | X |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 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 | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | 05. | | x |
| | transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | 25a | | |
| a | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | 054 | | x |
| 06 | Schedule L, Part I | 25b | | |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L. Part II</i> | 26 | | x |
| 07 | | 20 | | |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | x |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, | 21 | | |
| 20 | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> | | | |
| u | "Yes," complete Schedule L, Part IV | 28a | | x |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i> | 200 | | |
| Ũ | "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 |
| | 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 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | | |
| | Note: All Form 990 filers are required to complete Schedule O | 38 | Х | |
| Pa | t 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 | | | |
| | | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 9 | | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | X | |
| 232004 | ¥ 12-13-22 | Form | 990 | (2022) |

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2022.04030 AUTISM SOCIETY OF AMERICA 25700.01

| | 990 (2022) AUTISM SOCIETY OF AMERICA, INC. | 52-102 | 20149 | P | _{age} 5 |
|--------|---|----------------------------|-----------------|-----|------------------|
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | res | NO |
| Zu | filed for the calendar year ending with or within the year covered by this return | 2a 2 | 22 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax return | | | х | |
| 3a | | | | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule | | | | |
| | 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 a | ccount)? | . 4 a | | X |
| b | If "Yes," enter the name of the foreign country | | _ | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac | counts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact | | | | X |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | . <u>5c</u> | | <u> </u> |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | e organization solicit | | | 37 |
| | any contributions that were not tax deductible as charitable contributions? | | . <u>6a</u> | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribution | ons or gifts | | | |
| _ | were not tax deductible? | | 6b | | <u> </u> |
| 7 | Organizations that may receive deductible contributions under section 170(c). | Anna ann Adada an dha anna | | | v |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser | | | | X |
| | | | <mark>7b</mark> | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | is required | 7. | | x |
| لم | to file Form 8282? | 7d | 7c | | |
| | If "Yes," indicate the number of Forms 8282 filed during the year | | 70 | | х |
| e f | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra | | | | X |
| f | If the organization received a contribution of qualified intellectual property, did the organization file Fo | | | | |
| g h | If the organization received a contribution of qualified intellectual property, did the organization me ro | | | | <u> </u> |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | | | | |
| Ŭ | sponsoring organization have excess business holdings at any time during the year? | by the | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | |
| a | | | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | |
| а | Gross income from members or shareholders | 11a | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | | |
| | amounts due or received from them.) | 11b | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | 1041? | 12a | | L |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | ļ |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | . 13a | | <u> </u> |
| | 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 | _ | | |
| | Enter the amount of reserves on hand | 13c | | | v |
| 14a | | | | | X |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul | | <u>14b</u> | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner | | 40 | | x |
| | excess parachute payment(s) during the year? | | . 15 | | |
| 16 | If "Yes," see the instructions and file Form 4720, Schedule N. | incomo? | 16 | | x |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O. | | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act | tivities | | | |
| ., | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | | 17 | | |
| | If "Yes," complete Form 6069. | | | | |
| 232005 | 12-13-22 | | Form | 990 | (2022) |
| | | | | | 、/ |

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09191020 140897 25700.001

2022.04030 AUTISM SOCIETY OF AMERICA 25700.01

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

52-1020149 Page **6**

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X

| | | і I | | | | Yes | No |
|---|---|------------|-------------|------------|--------|---------|-------|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1 a | | 19 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. | | | 1.0 | | | |
| | Enter the number of voting members included on line 1a, above, who are independent | 1 b | | 19 | | | |
| 2 | | | | | 2 | | x |
| 3 | | | | | | | |
| | | | • | | 3 | | x |
| 4 | | | | | 4 | | X |
| 5 | | | | | 5 | | X |
| 6 | | | | | 6 | | X |
| 7a | | | | | | | |
| | | | | | 7a | | x |
| b | | | | | | | |
| | persons other than the governing body? | | | | 7b | | x |
| 8 | | | | | | | |
| а | The governing body? | | - | | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | | | | 8b | Х | |
| | | | | | | | |
| | organization's mailing address? If "Yes." provide the names and addresses on Schedule O | | | | 9 | | X |
| ec | | | | | | | |
| | | | , | | | Yes | N |
| 0a | Did the organization have local chapters, branches, or affiliates? | | | | 10a | Х | |
| | | | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | | | | 10b | Х | |
| 1a | | | | | 11a | Х | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | | | | |
| 2a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | | 12a | Х | |
| b | | | | | 12b | Х | |
| с | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y | /es," de | scribe | | | | |
| | on Schedule O how this was done | | | | 12c | Х | |
| 3 | Did the organization have a written whistleblower policy? | | | | 13 | Х | |
| 4 | Did the organization have a written document retention and destruction policy? | | | | 14 | Х | |
| 5 | Did the process for determining compensation of the following persons include a review and approva | l by ind | ependent | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | |
| а | The organization's CEO, Executive Director, or top management official | | | | 15a | Х | |
| | Other officers or key employees of the organization | | | | 15b | Х | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | | | | |
| 6a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen | nent wi | th a | | | | |
| | | | | | 16a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate | te its pa | rticipation | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ | nization' | s | | | | |
| 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 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members, stockholders? 6 7a Did the organization sequencing body? 7 b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 7b Did the organization champoraneously document the meetings held or written actions undertaken during the year by the following: 8 7b Did the organization champoraneously document the meetings held or written actions undertaken during the year by the following: 8 a bid the organization is address? 6 9 9 b bit refers, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization is malling address? // # 'Yes,' provide the names and addresses on Schedule O 9 9 Ib the organization nave written policies and procedures governing the activities of such chapters, | | 16b | | | | | |
| | | | | | | | |
| 7 | List the states with which a copy of this Form 990 is required to be filedAL, AK, AR, CA, C | 0,C1 | ,FL,C | A,HI | ,IL, | KS, | , K : |
| 8 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and | nd 990- | T (section | 501(c)(3)s | only) | availat | ole |
| | | | | | | | |
| | | | | | | | |
| 9 | | onflict of | interest p | olicy, and | finano | cial | |
| | | | | | | | |
| 20 | | oks and | records | | | | |
| | | 52 | | | | | |
| | | | | | | | |

| Form | 990 | (2022) |
|------|-----|--------|
|------|-----|--------|

| Part VII | Со | mpensation of Officers, | Directors, T | rustees, | Key Employees, | Highest | Compensate | ed |
|----------|----|-------------------------|--------------|----------|----------------|---------|------------|----|
| | Em | ployees, and Independe | ent Contract | ors | | | | |

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid. • List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

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

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

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

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

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

| | | Igui | mzu | | | ipen | Juic | i | , | |
|----------------------------|----------------|--------------------------------|---|---------|--------------|---------------------------------|-----------|-----------------|-----------------|------------------------|
| (A) | (B) | | | _ (0 | C) | | | (D) | (E) | (F) |
| Name and title | Average | (do | Position (do not check more than one | | Reportable | Reportable | Estimated | | | |
| | hours per | box, | , unles | ss per | son is | s both | n an | compensation | compensation | amount of |
| | week | I | cer an | dad | recto | r/trus | tee) | from | from related | other |
| | (list any | ector | | | | | | the | organizations | compensation |
| | hours for | or dir | a | | | ted | | organization | (W-2/1099-MISC/ | from the |
| | related | stee (| ruste | | | ensa | | (W-2/1099-MISC/ | 1099-NEC) | organization |
| | organizations | altra | nal t | | loyee | e com | | 1099-NEC) | | and related |
| | below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| (1) C. BANKS | 40.00 | _ | | 0 | × | <u> </u> | ш | | | |
| PRESIDENT & CEO | 5.00 | | | х | | | | 360,661. | 0. | 49,088. |
| (2) J. DABROWSKI | 40.00 | | | | | | | | | · · · |
| CHIEF FINANCIAL & OPERATIN | 5.00 | | | х | | | | 183,750. | 0. | 34,839. |
| (3) K. ROTH | 40.00 | | | | | | | | | |
| CHIEF MARKETING OFFICER | | | | Х | | | | 154,428. | 0. | 33,965. |
| (4) K. MUSHENO | 40.00 | | | | | | | | | |
| VP, PUBLIC POLICY | | | | Х | | | | 132,163. | 0. | 29,798. |
| (5) P. SCHWARZ | 40.00 | | | | | | | | | |
| VP, AFFILIATE RELATIONS & | | | | Х | | | | 123,873. | 0. | 45,635. |
| (6) N. BEGGAN | 2.00 | | | | | | | | | |
| BOARD MEMBER | 2.00 | Х | | | | | | 0. | 0. | 0. |
| (7) E. BENEVIDES | 2.00 | | | | | | | | | |
| BOARD MEMBER | 2.00 | Х | | | | | | 0. | 0. | 0. |
| (8) M. BROWN | 2.00 | | | | | | | | | |
| BOARD MEMBER | 2.00 | Х | | | | | | 0. | 0. | 0. |
| (9) A. CALHOUN | 2.00 | | | | | | | | | |
| BOARD MEMBER | 2.00 | Х | | | | | | 0. | 0. | 0. |
| (10) S. DESTEFANI | 2.00 | | | | | | | | | |
| BOARD MEMBER | 2.00 | Х | | | | | | 0. | 0. | 0. |
| (11) J. FALLON | 2.00 | | | | | | | | | |
| BOARD MEMBER | 2.00 | Х | | | | | | 0. | 0. | 0. |
| (12) C. FULGHAM | 2.00 | | | | | | | | | |
| BOARD MEMBER | 2.00 | Х | | | | | | 0. | 0. | 0. |
| (13) T. GOLDSTEIN | 2.00 | | | | | | | | | |
| BOARD MEMBER | 2.00 | Х | | | | | | 0. | 0. | 0. |
| (14) J. IRELAND | 2.00 | | | | | | | | | |
| BOARD MEMBER | 2.00 | Х | | | | | | 0. | 0. | 0. |
| (15) R. JOHNSTON | 2.00 | | | | | | | | | |
| BOARD MEMBER | 2.00 | Х | | | | | | 0. | 0. | 0. |
| (16) J. JOYCE | 5.00 | | | | | | | | | |
| IMMEDIATE PAST CHAIR OF TH | 5.00 | Х | | | | | | 0. | 0. | 0. |
| (17) B. ROTH | 5.00 | | | | | | | | | |
| INCOMING CHAIRPERSON | 5.00 | Х | | | | | | 0. | 0. | 0. |
| 232007 12-13-22 | | | | _ | _ | | | | | Form 990 (2022) |

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09191020 140897 25700.001

| | 990 (2022) AUTISM S | OCIETY C |)F | AM | ER | IC | ĿΑ, | I | INC. | 52-1020 | 149 | Pa | age 8 |
|------|--|-------------------|--------------------------------|----------------------------|---------|---------------|---------------------------------|--------|---------------------------|-------------------------------|---------------------|-----------------------------|--------------|
| Par | t VII Section A. Officers, Directors, Tru | | ploy | ees, | | | ghes | st C | ompensated Employee | s (continued) | | | |
| | (A) | (B) | | | | C) | | | (D) | (E) | | (F) | |
| | Name and title | Average | (do | | | itior more | 1 than c | one | Reportable | Reportable | | timate | |
| | | hours per week | | | | | is both pr/trus | | compensation | compensation | | ount o | of |
| | | (list any | | | | | | | - from the | from related organizations | | other pensa [:] | tion |
| | | hours for | direct | | | | _ | | organization | (W-2/1099-MISC/ | · · | om the | |
| | | related | ee or | stee | | | nsate | | (W-2/1099-MISC/ | 1099-NEC) | | anizati | |
| | | organizations | trust | al tru | | oyee | ompe | | 1099-NEC) | , | and | d relate | ed |
| | | below | Individual trustee or director | Institutional trustee | cer | Key employee | Highest compensated employee | Former | | | orga | inizatio | ons |
| | | line) | Indi | Inst | Officer | Key | Higle | For | | | | | |
| | D. ROTH D MEMBER | 2.00 | x | | | | | | 0. | 0. | | | 0. |
| | J. SCOTT | 2.00 | ^ | | | | - | | 0. | 0. | | | 0. |
| | D MEMBER | 2.00 | х | | | | | | 0. | 0. | | | 0. |
| (20) | J. VELASCO | 2.00 | | | | | | | | | | | |
| BOAR | D MEMBER | 2.00 | х | | | | | | 0. | 0. | | | Ο. |
| (21) | C. WARNER | 2.00 | | | | | | | | | | | |
| BOAR | D MEMBER | 2.00 | Х | | | | | | 0. | 0. | | | 0. |
| | T. STALEY | 6.00 | | | | | | | | | | | - |
| | RPERSON | 6.00 | Х | | Х | | - | | 0. | 0. | | | 0. |
| | H. MILLER SURER | 5.00 | x | | x | | | | 0. | 0. | | | 0. |
| | L. PERNER | 5.00 | - 23 | | | | | | | | | | <u> </u> |
| SECR | ETARY | 5.00 | x | | х | | | | 0. | 0. | | | 0. |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 1h | Subtotal | | | | | | | | 954,875. | 0. | 197 | 3,32 | 25. |
| | Total from continuation sheets to Part V | | | | | | | | 0. | 0. | | // 51 | 0. |
| | Total (add lines 1b and 1c) | | | | | | | | 954,875. | 0. | 193 | 3,32 | |
| 2 | Total number of individuals (including but | | | | | | | | eceived more than \$100, | 000 of reportable | | | |
| | compensation from the organization | | | | | | | | | | r | | 5 |
| | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former office | | | | | | , | 0 | , , , | 2 | | | |
| | line 1a? If "Yes," complete Schedule J for | | | | | | | | | | 3 | _ | X |
| 4 | For any individual listed on line 1a, is the s | | | | | | | | | | | x | |
| 5 | and related organizations greater than \$15 Did any person listed on line 1a receive or | | | | | | | | | | 4 | | |
| 5 | rendered to the organization? If "Yes." col | | | | | , | | | 0 | | 5 | | х |
| Sec | tion B. Independent Contractors | TIPlete Schedule | - 0 1 | <u>or sc</u> | | 0015 | 011 . | | | | | ł | |
| 1 | Complete this table for your five highest co | ompensated inc | lepe | nder | nt co | ontra | actor | rs th | nat received more than \$ | 100,000 of compensa | tion fro | m | |
| | the organization. Report compensation for | the calendar ye | ear e | endir | ng w | vith o | or wi | thin | the organization's tax y | ear. | | | |
| | (A) Name and busines | e addrose | 37/ | - - - - - - - - - - | | | | | (B) Description of s | | (C Comper | | 0 |
| | Name and Dusines | 5 auuress | NC | ONE | 5 | | | _ | Description of s | | Joinper | 1541101 | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | _ | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 2 | Total number of independent contractors | e e | ot lir | nitec | to | | | ted | above) who received me | ore than | | | |
| | \$100,000 of compensation from the organ | lization | | | | (| , | | | | | | |

Form **990** (2022)

232008 12-13-22

| Pa | rt VIII | Statement of Revenue | | | | | |
|--|-----------------------------|---|---|-----------------------------|--|--|---------------------------------|
| | | Check if Schedule O contains a response | or note to any lin | | (5) | (2) | |
| | | | | (A) Total revenue | (B) Related or exempt function revenue | Unrelated | Revenue excluded from tax under |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a b c d f g | Federated campaigns1aMembership dues1bFundraising events1cRelated organizations1dGovernment grants (contributions)1eAll other contributions, gifts, grants, and similar amounts not included above1f2, Noncash contributions included in lines 1a-1f1g \$ | 56,099. 2,769. 77,428. 109,818. 21,344. 213,293. | | | | 3661013 312 - 314 |
| <u>a C</u> | h | Total. Add lines 1a-1f | | 2,480,751. | | | |
| | | | Business Code | 10.000 | 10 000 | | |
| Program Service Revenue | 2a b c | WEBINAR - IMMUNIZE.ORG AFFILIATE CONFERENCE | 900004 900004 | 10,000. 5,490. | 10,000. 5,490. | | |
| jran Rev | d | | | | | | |
| roç | e | | | | | | |
| | | All other program service revenue Total. Add lines 2a-2f | | 15,490. | | | |
| | 3 | Investment income (including dividends, intere other similar amounts) | est, and | 7,954. | | | 7,954. |
| | 4 | Income from investment of tax-exempt bond p | | | | nue business revenue from tax under sections 512 - 514 00. | |
| | 5 | Royalties | | | | | |
| | 6 a | Gross rents 6a | (ii) Personal | | | | |
| | | Less: rental expenses 6b | | - | | | |
| | с с | Rental income or (loss) 6c Net rental income or (loss) | | | | | |
| | | Gross amount from sales of (i) Securities | (ii) Other | | | | |
| | | assets other than inventory 7a | |] | | | |
| Ð | b | Less: cost or other basis | | | | | |
| nue | _ | and sales expenses 7b Gain or (loss) | | | | | |
| | | Net gain or (loss) | | | | | |
| Other F | | Gross income from fundraising events (not including \$ 77,428. of contributions reported on line 1c). See Part IV, line 18 | | | | | |
| | b | Less: direct expenses 8b | - | | | | |
| Other Revenue | | Net income or (loss) from fundraising events | | 0. | | | |
| | | Gross income from gaming activities. See Part IV, line 19 9a | | | | | |
| | | Less: direct expenses 9b | | | | | |
| | | Net income or (loss) from gaming activities Gross sales of inventory, less returns | | | | | |
| | | and allowances 10a | 3 | | | | |
| | | Less: cost of goods sold 10t | | | | | |
| | c | Net income or (loss) from sales of inventory | | | | | |
| Miscellaneous Revenue | 11 a | OTHER INCOME | Business Code 900099 | 4,672. | 28. | | 4,644. |
| ven | b | | | | | | |
| Sce | c h | All other revenue | | | | | |
| Σ | e u | Total. Add lines 11a-11d | | 4,672. | | | |
| | 12 | Total revenue. See instructions | | 2,508,867. | 15,518. | 0. | 12,598. |
| 23200 | 9 12-13- | | | - | - | | |

Form 990 (2022)

Page **9**

AUTISM SOCIETY OF AMERICA, Part IX Statement of Functional Expenses

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

INC.

| 6 Compensation not included above to disqualified persons (as defined under section 4956(1(1)) and persons described in section 4956(1(3)(8)) 7 7 Other salaries and wages 785,228. 711,168. 74,060. 8 Pension plan acruals and contributions (include section 40(1)) and 40(3) (bit (3) and 40(3)) (bit (4) a | <u>Section 501(c)(3) and 501(c)(4) organizations must</u> Check if Schedule O contains a re | | | | |
|---|--|---------------|---|-----------------|----------------------|
| and domestic governments. See Part IV, Ine 21 95,000. 95,000. 2 Grants and other assistance to domestic individuals. See Part IV, Ine 22 95,000. 95,000. 3 Grants and other assistance to foreign individuals. See Part IV, Ine 25 and 16 954,875. 807,199. 105,036. 42,64 6 Compensation of current officers, trustees, and key employees 954,875. 807,199. 105,036. 42,64 7 Other salaries and vages 785,228. 711,168. 74,060. 74,060. 8 Pension plane acrubis and contributions (include sector 401(k) and 403(b) employer contributions 90,497. 76,017. 9,955. 4,55 10 Favoit Taxes 126,565. 156,715. 20,522. 9,31 10 Favoit Taxes 125,336. 99,016. 11,280. 15,00 11 Fees for services (nonemployees): 150. 119. 13. 12 a Management 95,226. 2,954. 3,92 124,9,511. 197,114. 22,456. 29,9,9 12 Advettsing and promotion 33,157. 28,056. 3,477. 5,202. 7,34. 7,8 16 Cocupares: | Do not include amounts reported on lines 6b, | | (B) Program service | Management and | Fundraising |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 Image: Compension of current officers, directors, trustees, and key employees 954, 875. 807, 199. 105, 036. 42, 64 4 Benefits paid to of or members 954, 875. 807, 199. 105, 036. 42, 64 6 Compensation of current officers, directors, trustees, and key employees 954, 875. 807, 199. 105, 036. 42, 64 9 Other stalland under stockind v680(1) 90, 497. 76, 017. 9, 955. 4, 55 9 Other employee benefits 1126, 565. 115, 20, 152. 9, 31 150. 11 Fees for services (nonemployees): 150. 119. 13. 150. a Management 9 249, 511. 197, 114. 22, 456. 29, 94 2 Accounting, anount stills of the pagness on stool of the resting and promotion 32, 818. 25, 202. 734. 7, 520. 13 Other expenses 77, 330. 6, 266. 4977. 55 14 | 1 Grants and other assistance to domestic organizat | ions | | | |
| a Grants and other assistance to freeign organizations, foreign organizations, foreign organization, foreign organizating foreign organization, foreign organization, foreign organizat | and domestic governments. See Part IV, line 21 | | 95,000. | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part W, lines 15 and 16 | 2 Grants and other assistance to domestic | | | | |
| organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | individuals. See Part IV, line 22 | | | | |
| Individuals. See Part N, lines 15 and 16 Image: See Part N, lines 15 and 16 4 Benefits paid to or for members 954,875. 807,199. 105,036. 42,64 6 Compensation of current officers, directory, trustees, and key employees 954,875. 807,199. 105,036. 42,64 6 Compensation of current officers, directory, see | 3 Grants and other assistance to foreign | | | | |
| 4 Benefits paid to or for members 954,875. 807,199. 105,036. 42,64 5 Compensation not included above to disqualified persons (as defined under section 4958(r)(3)(B) 785,228. 711,168. 74,060. 7 Other sataries and wages 785,228. 711,168. 74,060. 8 Penson plan accruats and contributions (include section 4958(r)(3)(B) 90,497. 76,017. 9,955. 4,55. 9 Other employee benefits 125,336. 99,016. 11,280. 15,0. 9 Payrolit taxes 150. 119. 13. 32,818. 25,926. 2,954. 3,95. 9 Other employee benefits 150. 119. 13. 32,2818. 22,456. 29,9.9. 10 Lobbying 32,818. 25,926. 2,9.9.4. 3,9.5. 10 Detessional fundrating services. See Pat IV, line 17 197,114. 22,456. 29,9.9.9. 11 Incessional fundrating and promotion 89,526. 84,261. 2,720. 2,55. 13 Other expenses 0103,267. 7,520. 17,6 14 Information technolo | organizations, foreign governments, and fore | əign | | | |
| 5 Compensation of current officers, directors, trustees, and key employees 954,875. 807,199. 105,036. 42,64 6 Compensation of included above to disqualified persons das defined under section 4958(c)(3)(B) 7 | individuals. See Part IV, lines 15 and 16 \ldots | | | | |
| trustes, and key employees 954,875. 807,199. 105,036. 42,64 6 Compensation not included above to disquilified persons (ascribed in section 4958((r)(3)(8)) 7 9 9 5 20 5 22 9 32 9 9 11 7 8 5 23 32 9 9 11 7 8 5 22 9 12 5 33 9 11 13 15 12 12 33 12 13 12 13 12 13 12 13 12 13 12 13 12 13 12 13 12 13 12 13 12 14 11 13 | 4 Benefits paid to or for members | | | | |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(r)(1)) and persons described in section 4958(r)(1)) and persons described in section 4958(r)(3)(8) 785,228. 711,168. 74,060. 7 Other salaries and wages 785,228. 711,168. 74,060. 8 Pension plan accruals and contributions (include section 401(k) and 403(k) employee contributions) 90,497. 76,017. 9,955. 4,55 9 Other employee benefits 186,555. 155,715. 20,522. 9,33 10 Payrolit taxes 125,336. 99,016. 11,280. 150. 11 Fees for services (nonemployees): 32,818. 25,926. 2,954. 3,93 1 Legal 150. 119. 13. 128 1 revestment management fees 9 9 0ther. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on School, Column (A), amount, list line 11g expenses on School, Column (A), amount, list line 11g expenses on School, Column (A), amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on School, Column (A), amount, list line 11g expenses on School, Column (A), amount exceeds 10% of line 24, column (A), amount exceeds 10% of line 24, column (A), amount exceeds 10% of line 24, column (A), amount excee | - | | | | |
| persons (as defined under section 4958(r)(1)) and persons described in 495 | | 954,875. | 807,199. | 105,036. | 42,640. |
| persons described in section 4958(c)(3)(B) 785,228. 711,168. 74,060. 7 Other salaries and wages 785,228. 711,168. 74,060. 8 Pension plan accruals and contributions; 90,497. 76,017. 9,955. 4,55 9 Other employee benefits 90,497. 76,017. 9,955. 4,55 186,565. 156,715. 20,522. 9,33 10 Payroll taxes 125,336. 99,016. 11,280. 150.0 11 Fees for services (nonemployees): a Management 50 125,336. 99,016. 11,280. 150.0 11 Fees for services (nonemployees): a Management 32,818. 25,926. 2,954. 3,95 1 dobbying 132,818. 25,926. 2,954. 3,95 2 dovertising and promotion 89,526. 84,261. 2,720. 2,55 3 Office expenses 7,330. 6,268. 497. 56 16 Occupancy 113,834. 95,473. 12,514. 5,84 17 Tavel 63,774. 55,202. 734. 7,86 | | | | | |
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| e All other expenses | d BANK AND CREDIT CARD F | E 38,608. | 22,638. | 2,966. | 13,004. |
| | e All other expenses | | | | |
| 26 Joint costs. Complete this line only if the organization | 25 Total functional expenses. Add lines 1 through 2 | 4e 3,307,890. | 2,640,843. | 282,505. | 384,542. |
| | | | | | |
| reported in column (B) joint costs from a combined | reported in column (B) joint costs from a combine | ;d | | | |
| educational campaign and fundraising solicitation. | educational campaign and fundraising solicitation. | . | | | |
| Check here if following SOP 98-2 (ASC 958-720) | Check here if following SOP 98-2 (ASC 958-720) | | | | |
| 32010 12-13-22 Form 990 (| 32010 12-13-22 | | | | Form 990 (202 |

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2022.04030 AUTISM SOCIETY OF AMERICA 25700.01

| AUTISM SOCIETY OF AMERICA, I | NC |
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| | | Check if Schedule O contains a response or not | e to any lii | ne in this Part X | | | |
|--|-----|--|--------------|----------------------|---------------------------------|---------------------|---------------------------|
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 902,641. | 1 | 2,373,506. |
| | 2 | Savings and temporary cash investments | | | | 2 | |
| | 3 | Pledges and grants receivable, net | | 61,549. | 3 | 69,510. 304,311. | |
| | 4 | Accounts receivable, net | | | 374,348. | 4 | 304,311. |
| | 5 | Loans and other receivables from any current or | | | | | |
| | | trustee, key employee, creator or founder, subst | antial con | tributor, or 35% | | | |
| | | controlled entity or family member of any of the | e persons | ; | | 5 | |
| | 6 | Loans and other receivables from other disqualit | fied persor | ns (as defined | | | |
| | | under section 4958(f)(1)), and persons described | l in sectior | n 4958(c)(3)(B) | | 6 | |
| ŝ | 7 | Notes and loans receivable, net | | | | 7 | |
| sets | 8 | Inventories for sale or use | | 8 | | | |
| As | 9 | Description of the second state for most state of the second | | | 68,297. | 9 | 86,278. |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 281,656. 106,613. | | | |
| | b | Less: accumulated depreciation | 10b | 106,613. | 161,816. | 10c | 175,043. |
| | 11 | Investments - publicly traded securities | | | | 11 | |
| Net Assets or Fund Balances Liabilities Assets or Fund Balances Assets 0 </td <td>12</td> <td>Investments - other securities. See Part IV, line 1</td> <td></td> <td>12</td> <td></td> | 12 | Investments - other securities. See Part IV, line 1 | | 12 | | | |
| | 13 | Investments - program-related. See Part IV, line | | 13 | | | |
| | 14 | Intangible assets | | 14 | | | |
| | 15 | Other assets. See Part IV, line 11 | 675,136. | 15 | 1,167,063. | | |
| | 16 | Total assets. Add lines 1 through 15 (must equa | | 2,243,787. | 16 | 4,175,711. | |
| | 17 | Accounts payable and accrued expenses | | 335,255. | 17 | 488,888. | |
| | 18 | Grants payable | | 18 | | | |
| | 19 | Deferred revenue | | 19 | | | |
| | 20 | | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete I | Part IV of S | Schedule D | | 21 | |
| ŝ | 22 | Loans and other payables to any current or form | er officer, | director, | | | |
| litie | | trustee, key employee, creator or founder, subst | antial con | tributor, or 35% | | | |
| abil | | controlled entity or family member of any of thes | e persons | ;L | | 22 | |
| Ξ | 23 | Secured mortgages and notes payable to unrela | ted third p | parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated | d third par | ties | 147,233. | 24 | 1,973,835. |
| | 25 | Other liabilities (including federal income tax, pa | yables to i | related third | | | |
| Net Assets or Fund Balances Liabilities Liabilities Assets Assets Assets B C <thc< th=""> C C <thc< th=""></thc<></thc<> | | parties, and other liabilities not included on lines | 17-24). C | omplete Part X | | | |
| | | of Schedule D | | | 287,161. | 25 | 929,388. |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 769,649. | 26 | 3,392,111. |
| | | Organizations that follow FASB ASC 958, che | ck here | X | | | |
| ces | | and complete lines 27, 28, 32, and 33. | | | | | |
| an | 27 | Net assets without donor restrictions | | | 311,358. | 27 | -386,794. |
| Ba | 28 | Net assets with donor restrictions | 1,162,780. | 28 | 1,170,394. | | |
| pur | | Organizations that do not follow FASB ASC 9 | | | | | |
| ц | | and complete lines 29 through 33. | | | | | |
| Ō | 29 | Capital stock or trust principal, or current funds | | | | 29 | |
| set | 30 | Paid-in or capital surplus, or land, building, or ec | luipment f | und | | 30 | |
| t As | 31 | Retained earnings, endowment, accumulated in | | ····· | | 31 | |
| Net | 32 | Total net assets or fund balances | | | 1,474,138. | 32 | 783,600. |
| | 33 | Total liabilities and net assets/fund balances | | | 2,243,787. | 33 | 4,175,711. |

Form 990 (2022)

Form 990 (2022)
Part X Balance Sheet

| | AUTISM SOCIETY OF AMERICA, INC. | 52-102 | 20149 | Paç | _{ge} 12 |
|----|--|----------|--------------|------|------------------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | X |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 2,508 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 3,307 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -799 | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 1,474 | | |
| 5 | Net unrealized gains (losses) on investments | 5 | -13 | 3,49 | 95. |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | 1.0.4 | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 121 | .,98 | 80. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | • • |
| | column (B)) | 10 | 785 | 3,60 | <u> </u> |
| 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 on Schedule | 0. | | | 77 |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | . 2 a | _ | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | . 2 b | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | e 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 | e audit, | | | 1 |
| | review, or compilation of its financial statements and selection of an independent accountant? | | . 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | edule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | . 3a | | Х |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | | | | 1 |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | <u></u> | | 000 | (0000) |
| | | | | | |

Form **990** (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

| | OMB No. 1545-0047 |
|----------|------------------------------|
| | 2022 |
| | Open to Public Inspection |
| Employer | identification number |

Name of the organization

| | | | | OF AMERICA, | | | | | 2-1020149 | |
|----------|-------|---|-------------------------|---|-------------------------------------|-----------------|-------------------|-------------|----------------------------|--|
| Pa | rt I | Reason for Public (| Charity Status. | All organizations must c | omplete th | nis part.) S | ee instructions. | | | |
| The | organ | ization is not a private found | ation because it is: (F | or lines 1 through 12, c | heck only | one box.) | | | | |
| 1 | | A church, convention of ch | urches, or associatio | n of churches described | in sectio | n 170(b)(1 | I)(A)(i). | | | |
| 2 | | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) | | | | | | | | |
| 3 | | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). | | | | | | | | |
| 4 | | A medical research organization | ation operated in cor | njunction with a hospital | described | in sectio | n 170(b)(1)(A)(i | ii). Enter | the hospital's name, | |
| | | city, and state: | | | | | | | | |
| 5 | | An organization operated for | or the benefit of a col | lege or university owned | l or operate | ed by a go | overnmental uni | t describe | ed 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). | | | | | | | | |
| 7 | | 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). (C | omplete Part II.) | | | | | | | |
| 8 | | A community trust describe | ed in section 170(b)(| 1)(A)(vi). (Complete Par | t II.) | | | | | |
| 9 | | An agricultural research org | anization described | in section 170(b)(1)(A)(| ix) operate | ed in conju | inction with a la | Ind-grant | college | |
| | | or university or a non-land-g | rant college of agric | ulture (see instructions). | Enter the I | name, city | , and state of th | ne college | e or | |
| | | university: | | | | | | | | |
| 10 | X | An organization that norma | Ily receives (1) more | than 33 1/3% of its supp | ort from c | ontributior | ns, membership | fees, and | d gross receipts from | |
| | | activities related to its exem | npt functions, subjec | t to certain exceptions; a | and (2) no | more than | 33 1/3% of its | support f | rom gross investment | |
| | | income and unrelated busir | ness taxable income | (less section 511 tax) fro | m busines | ses acqui | red by the orga | nization a | after June 30, 1975. | |
| | | See section 509(a)(2). (Cor | mplete Part III.) | | | | | | | |
| 11 | | An organization organized a | and operated exclusi | vely to test for public sa | fety. See | section 50 | 09(a)(4). | | | |
| 12 | | An organization organized a | and operated exclusi | vely for the benefit of, to | perform t | ne functio | ns of, or to carr | y out the | purposes of one or | |
| | | more publicly supported or | ganizations describe | d in section 509(a)(1) o | r section | 509(a)(2). | See section 50 | 9(a)(3). | Check the box on | |
| | | lines 12a through 12d that | describes the type of | f supporting organizatior | n and com | olete lines | 12e, 12f, and 1 | 2g. | | |
| а | | Type I. A supporting orga | - | - | • | - | | | | |
| | | the supported organization | | | majority o | f the direc | tors or trustees | of the su | upporting | |
| | | organization. You must c | | | | | | | | |
| b | | Type II. A supporting org | - | | | | | | • | |
| | | control or management o | | | ame perso | ns that co | ntrol or manage | the supp | ported | |
| | _ | organization(s). You mus | - | | | | | | | |
| С | | ☐ Type III functionally inte | | | | | | integrate | ed with, | |
| | | its supported organization | .,. | • | | - | - | | | |
| d | | J Type III non-functionally | | | | | | - | | |
| | | that is not functionally int | • | o , | • | | | in attentiv | /eness | |
| _ | | requirement (see instructi | | • | | | | T | | |
| е | | Check this box if the orga | | | | | туре ї, туре її, | туре ш | | |
| | Ent | functionally integrated, or er the number of supported o | | | | ation. | | | | |
| f | | vide the following information | • | d organization(s) | | | | | | |
| <u> </u> | | i) Name of supported | (ii) EIN | (iii) Type of organization | (iv) Is the orga in your governi | nization listed | (v) Amount of n | nonetary | (vi) Amount of other | |
| | | organization | | (described on lines 1-10 above (see instructions)) | Yes | No | support (see inst | tructions) | support (see instructions) | |
| | | | | above (see instructions)) | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| Tota | al | | | | | | | | | |

| Schedule | A (Form 990) 2022 | AUTISM | SOCIETY | OF | AME |
|----------|-------------------|--------------|--------------|------|-------|
| Part II | Support Schedule | for Organiza | ations Descr | ibed | in Se |

52-1020149 Page 2

| | (Form 990) 2022 | | | | AMERICA, | | 52-1020149 _F | ۶a |
|---|----------------------------|----------------|---------------------|--------|-----------------------|-----------------|--|----|
| | Support Schedule f | or Organiza | tions Descr | ibed | in Sections 1 | 70(b)(1)(A) | (iv) and 170(b)(1)(A)(vi) | |
| - | (Complete only if you chee | cked the box o | n line 5, 7, or 8 d | of Par | t I or if the organiz | ation failed to | o qualify under Part III. If the organizatio | n |

fails to qualify under the tests listed below, please complete Part III.)

| Se | ction A. Public Support | | | | | | |
|----------|--|---------------------|----------------------|-----------------------|---------------------------|---------------------|-----------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 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) | | | | | | <u> </u> |
| | Public support. Subtract line 5 from line 4. ction B. Total Support | | | | | | |
| | | (-) 0010 | (1-) 0010 | (-) 0000 | (-1) 0001 | (-) 0000 | (0) Takal |
| | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| | Amounts 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 | | | | | | |
| 10 | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| 44 | assets (Explain in Part VI.) Total support. Add lines 7 through 10 | | | | | | |
| 11 12 | Gross receipts from related activities, | | | | | 12 | |
| 13 | First 5 years. If the Form 990 is for th | - | | fourth or fifth tax | | | |
| 10 | organization, check this box and stop | | | | - | | |
| Se | ction C. Computation of Publi | | | | | | |
| | Public support percentage for 2022 (I | | - | column (f)) | | 14 | % |
| | Public support percentage from 2021 | | | | | 15 | % |
| | 33 1/3% support test - 2022. If the o | | | | | nore, check this bo | |
| | stop here. The organization qualifies | - | | | | , | |
| k | 33 1/3% support test - 2021. If the | organization did no | ot check a box on | line 13 or 16a, and | d line 15 is 33 1/3% | 6 or more, check th | is box |
| | and stop here. The organization qual | | | | | | |
| 17a | 10% -facts-and-circumstances test | - 2022. If the org | ganization did not | check a box on lin | e 13, 16a, or 16b, | and line 14 is 10% | or more, |
| | and if the organization meets the fact | | | | | | |
| | meets the facts-and-circumstances te | st. The organizatio | on qualifies as a pu | ublicly supported o | organization | - | |
| k | 0 10% -facts-and-circumstances test | 2021. If the orc | ganization did not | check a box on lin | e 13, 16a, 16b, or | 17a, and line 15 is | 10% or |
| | more, and if the organization meets the | ne facts-and-circun | nstances test, che | ck this box and s | stop here. Explain | in Part VI how the | |
| | organization meets the facts-and-circl | umstances test. Th | ne organization qu | alifies as a publicly | y supported organi | zation | |
| 18 | Private foundation. If the organization | on did not check a | box on line 13, 16 | a, 16b, 17a, or 17 | b, check this box a | | |
| | | | | | | Schedule A | (Form 990) 2022 |

AUTISM SOCIETY OF AMERICA INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|-------|--|-----------------------------|--------------------------|-----------------------|---------------------|----------------------|-----------------|
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | 2624405 | 0010105 | 1050411 | 222220 | 2400751 | 10610450 |
| | include any "unusual grants.") | 2634485. | 2313125. | 1859411. | 3322687. | <u>⊿480/5⊥.</u> | 12610459. |
| 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 | 225,502. | 83,259. | 21,200. | 3,325. | 15,490. | 348,776. |
| 3 | Gross receipts from activities that | | | | | | |
| | are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | 2859987. | 2396384. | 1880611. | 3326012. | 2496241. | 12959235. |
| | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | 825,675. | 325,456. | 225,748. | 594,139. | 560,727. | 2531745. |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | 0. |
| с | Add lines 7a and 7b | 825,675. | 325,456. | 225,748. | 594,139. | 560,727. | 2531745. |
| | Public support. (Subtract line 7c from line 6.) | , | | , | , | | 10427490. |
| Sec | tion B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| | Amounts from line 6 | 2859987. | 2396384. | 1880611. | 3326012. | | 12959235. |
| | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 351. | 3,438. | 567. | 3,841. | 6,454. | 14,651. |
| b | Unrelated business taxable income | | | | | | · · · |
| - | (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| ~ | Add lines 10a and 10b | 351. | 3,438. | 567. | 3,841. | 6,454. | 14,651. |
| | Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | 3,430. | | 5,011. | 0,1010 | 11,001. |
| 12 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital assets (Explain in Part VI.) | 125,947. | 797,348. | 88. | 75,136. | 126,652. | 1125171. |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | 2986285. | 3197170. | 1881266. | 3404989. | 2629347. | 14099057. |
| 14 | First 5 years. If the Form 990 is for th | ne organization's fir | st, second, third, f | ourth, or fifth tax y | vear as a section 5 | 01(c)(3) organizatio | on, |
| | check this box and stop here | | | | | | |
| Sec | tion C. Computation of Publi | c Support Per | centage | | | | |
| 15 | Public support percentage for 2022 (I | ine 8, column (f), d | ivided by line 13, c | olumn (f)) | | 15 | 73.96 % |
| | Public support percentage from 2021 | | | | | 16 | 76.52 % |
| Sec | ction D. Computation of Inves | tment Income | Percentage | | | | |
| 17 | Investment income percentage for 20 |)22 (line 10c, colun | nn (f), divided by lii | ne 13, column (f)) | | 17 | .10 % |
| | Investment income percentage from a | | | | | 18 | .06 % |
| 19a | 33 1/3% support tests - 2022. If the | organization did n | ot check the box o | on line 14, and line | 15 is more than 3 | 3 1/3%, and line 17 | |
| | more than 33 1/3%, check this box ar | nd stop here. The | organization quali | ies as a publicly su | upported organizat | tion | X |
| b | 33 1/3% support tests - 2021. 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 | nd |
| | line 18 is not more than 33 1/3%, che | ck this box and st | op here. The orga | nization qualifies a | s a publicly suppo | rted organization | |
| 20 | Private foundation. If the organization | n did not check a l | box on line 14, 19a | a, or 19b, check th | is box and see inst | | |
| 23202 | 3 12-09-22 | | | | | Schedule A | (Form 990) 2022 |

16 2022.04030 AUTISM SOCIETY OF AMERICA 25700.01

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

17

232024 12-09-22

10a 10b Schedule A (Form 990) 2022

A (Form 990) 2022 AUTISM SOCIETY OF AMERICA, INC.

1

2

| | | | Yes | No |
|-----|--|-----|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| с | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | |
| Sec | ction B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated supervised or controlled the organization's activities. If the organization had more than one supported | | | |

| | chectively operated, supervised, or controlled the organization s activities. If the organization had more than one supporte |
|---|--|
| | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated. |

Part vi how providing such benefit carried out the purposes of the supported organization(s) that operated supervised or controlled the supporting organization

| | | | | | | yanizalion. | |
|--------|------|--------|--------|----------|--------|-------------|--|
| Sectio | n C. | Type I | I Supp | orting (| Organi | zations | |

 Yes
 No

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed
 Image: Control organization was vested in the same persons that controlled or managed
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| Section D. All Type III Supporting Organizations | |
|--|--|
|--|--|

| | | | Yes | No |
|---|--|---|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |

Section E. Type III Functionally Integrated Supporting Organizations

| 1 | Check the box next to the method | that the organization used | to satisfy the Integral Part | Test during the year | (see instructions) |
|---|----------------------------------|------------------------------|------------------------------|----------------------|--------------------|
| • | | linal line organization used | to satisfy the integral Fart | rest during the year | 1300 1130 000 |

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

| с | | The organization supported a governmental entity. | Describe in Part VI how | you supported a governmental er | tity (see instruction <u>s).</u> |
|---|--|---|-------------------------|---------------------------------|----------------------------------|
|---|--|---|-------------------------|---------------------------------|----------------------------------|

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

Yes No

Schedule A (Form 990) 2022 AUTISM SOC Part IV Supporting Organizations (continued)

18 2022.04030 AUTISM SOCIETY OF AMERICA 25700.01

| 1 | Check here if the organization satisfied the Integral Part Test as a qualify | ying trust on | Nov. 20, 1970 (<i>explain in</i> | Part VI). See instructions. |
|------|--|-----------------|-----------------------------------|--------------------------------|
| | All other Type III non-functionally integrated supporting organizations me | ust complete | Sections A through E. | 1 |
| 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 | | |
| | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-function | nally integrate | ed Type III supporting orga | nization (see |

 Schedule A (Form 990) 2022
 AUTISM SOCIETY OF AMERICA, INC.

 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

instructions).

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

52-1020149 Page 6

232026 12-09-22

Schedule A (Form 990) 2022

AUTISM SOCIETY OF AMERICA, INC.

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

Schedule A (Form 990) 2022

| nrt VI | Quantamantal | Information | | | MERICA, | | 52-1020149 Pa |
|--------|---|---|-------------------------------------|-------------------------------------|-------------------------------------|--|---|
| | line 1; Part IV, Section A, | lines 1, 2, 3b, 3c, 4 ion D, lines 2 and 3 | 4b, 4c, 5a, 6, 9 3; Part IV, Sec | 9a, 9b, 9c, 11a tion E, lines 10 | i, 11b, and 11c c, 2a, 2b, 3a, a | ; Part IV, Section .nd 3b; Part V, line | ne 17a or 17b; Part III, line 12; B, lines 1 and 2; Part IV, Section C, e 1; Part V, Section B, line 1e; Part V |
| | Section D, lines 5, (See instructions.) | 6, and 8; and Part | V, Section E, I | ines 2, 5, and | 6. Also comple | ete this part for ar | ny additional information. |
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** PUBLIC DISCLOSURE COPY

Schedule of Contributors

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

2022

Employer identification number

| | AUTISM SOCIETY OF AMERICA, INC. | 52-1020149 |
|-------------------------|--|------------|
| Organization type (cheo | ck one): | |
| Filers of: | Section: | |
| Form 990 or 990-EZ | \fbox 501(c)(3) (enter number) organization | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | |
| | 527 political organization | |
| Form 990-PF | 501(c)(3) exempt private foundation | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | |
| | 501(c)(3) taxable private foundation | |

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2022)

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

AUTISM SOCIETY OF AMERICA, INC.

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. | | | | |
|------------|---|----------------------------|--|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 1 | | \$35,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 2 | | \$ <u>10,000.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 3 | | \$ <u>50,000.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 4 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 5 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 6 | | \$37,250. | Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022) | | |

| Part I | Contributors (see instructions). Use duplicate copies of Part I if addition | al space is needed. | |
|------------|--|----------------------------|--|
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 7 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 8 | | \$250,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 9 | | \$ <u>7,950.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 10 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 11 | | \$ <u>20,500.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 12 | | \$ <u>75,000.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

Schedule B (Form 990) (2022)

52-1020149

223452 11-15-22

09191020 140897 25700.001

Employer identification number

Part I

(a)

AUTISM SOCIETY OF AMERICA, INC.

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 13 X Person Payroll 187,567. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 14 X Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 15 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 16 X Person Payroll Noncash 29,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 17 X Person Payroll 97,500. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 18 X Person Payroll 40,000. Noncash \$ (Complete Part II for noncash contributions.) 223452 11-15-22 Schedule B (Form 990) (2022) 25 09191020 140897 25700.001

Page 2 Employer identification number

(d)

52-1020149

(c)

AUTISM SOCIETY OF AMERICA, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---------------------|-----------------------------------|----------------------------|--|
| <u> 19</u> - - | | \$16,100. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>20</u> - | | \$ <u>25,000.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$13,759. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>22</u> - | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$15,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 223452 11-15-22 | | \$206,113. | Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022) |

Employer identification number

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) | (b) | (c) | (d) |
|-----|----------------------------|---------------------|---|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 25 | | \$ <u>5,000.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 26 | | \$ <u>7,000.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 27_ | | \$7,226. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 28_ | | \$ <u>7,015.</u> | Person X Payroll |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 29_ | | \$7,750. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 30 | | \$ <u>5,000.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022) |

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Page 2 Employer identification number

_

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. | | | | |
|------------|---|----------------------------|--|--|--|
| (a) | (b) | (c) | (d) | | |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution | | |
| | | \$10,200. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 32 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 33 | | \$ <u>100,000.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 34_ | | \$5,300. | Person X Payroll | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 35 | | \$ <u>10,000.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 36 | | \$ <u>125,000.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |

Schedule B (Form 990) (2022)

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Employer identification number

AUTISM SOCIETY OF AMERICA, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) | (b) | (c) | (d) |
|------------|-----------------------------------|----------------------------|--|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 37 | | \$ <u>20,000.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 38 | | \$ <u>5,000.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 39 | | \$ <u>10,225.</u> | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>40</u> | | \$5,181. | Person X Payroll |
| (a) | (b) | (c) | (d) |
| <u> </u> | Name, address, and ZIP + 4 | Total contributions | Type of contribution Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 42 | | \$ <u>6,000.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022) |

Employer identification number

AUTISM SOCIETY OF AMERICA, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| | | • |
|-------------------|-----------------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution |
| <u>43</u> | | \$ 50,000. \$ 50,000. Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution |
| <u>44</u> | | \$5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution |
| <u>45</u> | | \$5,000. \$\$C,000. (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution |
| <u>46</u> | | \$25,000. Person X Payroll D Noncash C (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution |
| <u>47</u> | | \$11,209. Person X \$[Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution |
| <u>48</u> | | \$100,000. Person X Payroll (Complete Part II for noncash contributions.) Schedule B (Form 990) (20) |

Employer identification number

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 49 Person Payroll 109,818. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** \$ (a)

(d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d)

Total contributions Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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09191020 140897 25700.001

No.

(a)

No.

Page 2 Employer identification number

(d)

(d)

(d)

X

| AUTISM | A SOCIETY OF AMERICA, INC. | 52-1020149 | | |
|------------------------------|--|---|----------------------|--|
| Part II | Noncash Property (see instructions). Use duplicate copies of Par | t II if additional space is needed. | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | |
| | | \$ | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | |
| | | \$ | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | |
| | | \$ | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | |
| | | \$ | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | |
| | | \$ | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | |
| | | \$ | | |

Schedule B (Form 990) (2022)

32 2022.04030 AUTISM SOCIETY OF AMERICA 25700.01

Name of organization

Employer identification number

Page 3

| | B (Form 990) (2022) | | | Page 4 | |
|---------------------------|--|--|----------------------|--------------------------------|--|
| Name of or | rganization | | | Employer identification number | |
| AUTIS | M SOCIETY OF AMERICA, IN | | | 52-1020149 | |
| Part III | Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional s | through (e) and the following line entri- haritable, etc., contributions of \$1,000 or le | v. For organizations | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Des | cription of how gift is held | |
| | | | | | |
| - | | (e) Transfer of gift | | | |
| - | Transferee's name, address, a | nd ZIP + 4 | Relationship of tra | ansferor to transferee | |
| (a) No. | | | | | |
| from Part I | (b) Purpose of gift | (c) Use of gift | (d) Des | cription of how gift is held | |
| | | | | | |
| | (e) Transfer of gift | | | | |
| | Transferee's name, address, a | nd ZIP + 4 | Relationship of tra | ansferor to transferee | |
| (a) No. | | [| | | |
| from Part I | (b) Purpose of gift | (c) Use of gift | (d) Des | cription of how gift is held | |
| | | | | | |
| - | | (e) Transfer of gift | | | |
| - | Transferee's name, address, a | nd ZIP + 4 | Relationship of tra | ansferor to transferee | |
| (a) Na | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Des | cription of how gift is held | |
| | | | | | |
| - | (e) Transfer of gift | | | | |
| - | Transferee's name, address, a | nd ZIP + 4 | Relationship of tra | ansferor to transferee | |
| | | | | | |
| 223454 11-15 | 5-22 | · · · · | | Schedule B (Form 990) (2022) | |

33 2022.04030 AUTISM SOCIETY OF AMERICA 25700.01

| SCHEDULE C | Political Campaign and Lobbying Activities For Organizations Exempt From Income Tax Under section 501(c) and section 527 | | | | | OMB No. 1545-0047 |
|--|---|---|-------------------------|------------------------------|----------|--|
| (Form 990) | | | | | | 2022 |
| | - | if the organization is described t | | ., | | Open to Public |
| Department of the Treasury Internal Revenue Service | Department of the Treasury | | | | | |
| If the organization answ | wered "Yes," on | Form 990, Part IV, line 3, or For | m 990-EZ, Part V, lir | ne 46 (Political Camp | baign Ac | ctivities), then |
| .,., | • | plete Parts I-A and B. Do not com | • | | | |
| | | 1(c)(3)) organizations: Complete P | arts I-A and C below. | Do not complete Par | t I-B. | |
| Section 527 organization | • | , | 000 F7 D 11/1 II | <i>(</i> - <i>/</i>) | 、 | |
| | | Form 990, Part IV, line 4, or For | | | | |
| | • | nave filed Form 5768 (election und nave NOT filed Form 5768 (election | | • | | |
| | 5 | Form 990, Part IV, line 5 (Proxy | - | | | |
| Tax) (See separate inst | | | | | | _,, .,, |
| • Section 501(c)(4), (5) |), or (6) organizat | ions: Complete Part III. | | | | |
| Name of organization | | | | | Employ | yer identification number |
| | | SOCIETY OF AMERIC | | | <u> </u> | 52-1020149 |
| Part I-A Comple | ete if the org | anization is exempt under | r section 501(c) o | or is a section 5 | 27 orga | anization. |
| | | | | | | |
| | | ation's direct and indirect political | campaign activities in | n Part IV. | | |
| 2 Political campaign | , , | | | | | |
| 3 Volunteer hours for | political campai | gn activities | | | | |
| Part I-B Comple | ete if the org | anization is exempt under | r section 501(c)(3 | 3). | | |
| | | incurred by the organization unde | | , | \$ | |
| | | incurred by organization manager | | | | |
| | • | n 4955 tax, did it file Form 4720 fo | | | | |
| 4a Was a correction m | | · | | | | |
| b If "Yes," describe ir | n Part IV. | | | | | |
| Part I-C Comple | ete if the org | anization is exempt under | r section 501(c), | except section & | 501(c)(| 3). |
| 1 Enter the amount d | lirectly expended | by the filing organization for sect | ion 527 exempt funct | ion activities | \$ _ | |
| 2 Enter the amount o | f the filing organi | ization's funds contributed to othe | er organizations for se | ection 527 | | |
| exempt function ac | | | | | \$_ | |
| - | - | . Add lines 1 and 2. Enter here and | | | | |
| | | | | | | |
| 00 | | | of all agation 507 pal | | | |
| | | ployer identification number (EIN) ion listed, enter the amount paid t | - | - | | |
| | | omptly and directly delivered to a s | | | | |
| | | additional space is needed, provid | | | | 5 5 |
| (a) Name | e | (b) Address | (c) EIN | (d) Amount paid | from | (e) Amount of political |
| | | | | filing organization | on's 🛛 | contributions received and |
| | | | | funds. If none, ent | :er -0 | promptly and directly delivered to a separate |
| | | | | | | political organization. |
| | | | | | | If none, enter -0 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | -+ | |
| | | | | | | |
| | | | | | + | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| For Paperwork Reduct | ion Act Notice | see the Instructions for Form 99 | 0 or 990-E7 | • | | hedule C (Form 990) 2022 |

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

Schedule C (Form 990) 2022

232041 11-08-22

| Schedule C (Form 990) 2022 Part II-A Complete if the org | AUTISM SOC anization is exe | IETY OF AMER | ICA, INC. 501(c)(3) and file | | 020149 Page 2 ction under |
|---|--------------------------------|------------------------------|---------------------------------|------------------------------|--------------------------------|
| section 501(h)). | | • | | | |
| A Check if the filing organization | tion belongs to an a | ffiliated group (and list in | Part IV each affiliated | group member's name | e, address, EIN, |
| expenses, and shar | , , | | | | |
| B Check if the filing organiza | tion checked box A | and "limited control" pro | ovisions apply. | | |
| Limit | ts on Lobbying Exp | enditures | | (a) Filing organization's | (b) Affiliated group totals |
| (The term "expend | litures" means amo | ounts paid or incurred.) | | totals | totalo |
| 1a Total lobbying expenditures to influ | ence public opinion | (grassroots lobbying) | | 19,380. | |
| b Total lobbying expenditures to influ | ience a legislative bo | ody (direct lobbying) | | 102,088. | |
| c Total lobbying expenditures (add lin | nes 1a and 1b) | | | 121,468. | |
| d Other exempt purpose expenditure | s | | | 3,064,442. | |
| e Total exempt purpose expenditure | s (add lines 1c and 1 | d) | | 3,185,910. | |
| f Lobbying nontaxable amount. Ente | r the amount from t | he following table in bot | n columns. | 309,296. | |
| If the amount on line 1e, column (a) o | r (b) is: The lo | bbying nontaxable am | ount is: | | |
| Not over \$500,000 | 20% c | of the amount on line 1e. | | | |
| Over \$500,000 but not over \$1,000 | 0,000 \$100,0 | 000 plus 15% of the exc | ess over \$500,000. | | |
| Over \$1,000,000 but not over \$1,5 | 00,000 \$175,0 | 000 plus 10% of the exc | ess over \$1,000,000. | | |
| Over \$1,500,000 but not over \$17, | 000,000 \$225,0 | 000 plus 5% of the exce | ss over \$1,500,000. | | |
| Over \$17,000,000 | \$1,00 | 0,000. | | | |
| | | | | | |
| g Grassroots nontaxable amount (en | , | | | 77,324. | |
| h Subtract line 1g from line 1a. If zero | | | | 0. | |
| i Subtract line 1f from line 1c. If zero | | | | 0. | |
| j If there is an amount other than zer | | r line 1i, did the organiza | ation file Form 4720 | F | |
| reporting section 4911 tax for this | | | | | Yes No |
| (Come exercise tions th | | veraging Period Under | | f the five columns he | low |
| (Some organizations the | | arate instructions for lin | | of the five columns be | low. |
| | | enditures During 4-Yea | | | |
| | Loppying Exp | | | | |
| Calendar year | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) Total |
| (or fiscal year beginning in) | (u) <u>-</u> 0 · 0 | () | | (4) | (0) ! ! ! !! |
| | | | | | |
| 2a Lobbying nontaxable amount | 279,222 | . 262,677. | 290,403. | 309,296. | 1,141,598. |
| b Lobbying ceiling amount | | | | | |
| (150% of line 2a, column(e)) | | | | | 1,712,397. |
| | | | | | |
| c Total lobbying expenditures | 64,049 | . 65,555. | 84,408. | 121,468. | 335,480. |
| | | | | | |
| d Grassroots nontaxable amount | 69,806 | . 65,669. | 72,601. | 77,324. | 285,400. |
| e Grassroots ceiling amount | | | | | |
| (150% of line 2d, column (e)) | | | | | 428,100. |
| | /- | | | 10.000 | 20 - 22 |
| f Grassroots lobbying expenditures | 5,512 | . 5,695. | 7,942. | 19,380. | 38,529. |

Schedule C (Form 990) 2022

232042 11-08-22

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)).

| For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. | | (a) | | (b) | |
|--|--|------------|-----------|-----------|-------|
| | | Yes | No | No Amount | |
| local legislation, including any attempt to ir or referendum, through the use of: | attempt to influence foreign, national, state, or Ifluence public opinion on a legislative matter | | | | |
| b Paid staff or management (include comper | sation in expenses reported on lines 1c through 1i)? | | | | |
| d Mailings to members, legislators, or the pu e Publications, or published or broadcast sta | blic? .tements? | | | | |
| | purposes? government officials, or a legislative body? | | | | |
| h Rallies, demonstrations, seminars, convent | ions, speeches, lectures, or any similar means? | | | | |
| j Total. Add lines 1c through 1i | zation to be not described in section 501(c)(3)? | | | | |
| b If "Yes," enter the amount of any tax incurr | ed under section 4912 ed by organization managers under section 4912 | | | | |
| d If the filing organization incurred a section | | n 501(c)(5 |). or sec | tion | |
| 501(c)(6). | | X-//- | ,, | | |
| 1 Were substantially all (90% or more) dues r | eceived nondeductible by members? | | 1 | Yes | Νο |
| 2 Did the organization make only in-house lo | obying expenditures of \$2,000 or less? | | 2 | | |
| Part III-B Complete if the organizat | ion is exempt under section 501(c)(4), section 30TH Part III-A, lines 1 and 2, are answered ' | n 501(c)(5 |), or sec | | 3, is |
| 1 Dues, assessments and similar amounts from | om members | | 1 | | |
| 2 Section 162(e) nondeductible lobbying and expenses for which the section 527(f) ta: | political expenditures (do not include amounts of politic (was paid). | al | | | |
| | | | | | |
| b Carryover from last year | | | | | |
| c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | | | | | |
| Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess | | | | | |
| | the reasonable estimate of nondeductible lobbying and po | | | | |
| expenditures next year? | | | . 4 | | |
| 5 Taxable amount of lobbying and political expenditures. See instructions | | | 5 | | |
| Part IV Supplemental Information | 1 2 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group | | l'a a d | | |

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2022

232043 11-08-22

| SCHEDULE D |
|------------|
|------------|

| (Form | 990) |
|-------|------|
|-------|------|

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 Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

| | AUTISM SOCIETY OF AMERICA, INC. | 52-1020149 | |
|-----|--|---------------------------------|--|
| Par | | counts. Complete if the | |
| | organization answered "Yes" on Form 990, Part IV, line 6. | | |
| | (a) Donor advised funds (b | (b) Funds and other accounts | |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds | 3 | |
| | are the organization's property, subject to the organization's exclusive legal control? | Yes No | |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used on | | |
| | for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferrin | | |
| | impermissible private benefit? | | |
| Pa | t II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, I | ine 7. | |
| 1 | Purpose(s) of conservation easements held by the organization (check all that apply). | | |
| | Preservation of land for public use (for example, recreation or education) | ically important land area | |
| | Protection of natural habitat Preservation of a certific | ed historic structure | |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation conservation contribution in the form of a conservation contribution in the form of a conservation conservation contribution in the form of a conservation conservation contribution in the form of a conservation co | servation 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 | Total acreage restricted by conservation easements | 2b | |
| с | Number of conservation easements on a certified historic structure included in (a) | 2c | |
| d | Number of conservation easements included in (c) acquired after July 25,2006, and not on a | | |
| | historic structure listed in the National Register | 2d | |
| 3 | Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization | ation during the tax | |
| | year | - | |
| 4 | Number of states where property subject to conservation easement is located | | |
| 5 | Does the organization have a written policy regarding the periodic monitoring, inspection, handling of | | |
| | violations, and enforcement of the conservation easements it holds? | Yes No | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation | | |
| | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ease | ements during the year | |
| | | | |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) |) | |
| | and section 170(h)(4)(B)(ii)? | Yes 📃 No | |
| 9 | In Part XIII, describe how the organization reports conservation easements in its revenue and expense stateme | | |
| | balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that | describes the | |
| | organization's accounting for conservation easements. | | |
| Par | | milar Assets. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 8. | | |
| 1a | If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balar | nce sheet works | |
| | of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherand | e of public | |
| | service, provide in Part XIII the text of the footnote to its financial statements that describes these items. | | |
| b | If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance s | | |
| | art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of | of public service, | |
| | provide the following amounts relating to these items: | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | \$ | |
| | (ii) Assets included in Form 990, Part X | | |
| 2 | If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pr | rovide | |
| | the following amounts required to be reported under FASB ASC 958 relating to these items: | | |
| а | Revenue included on Form 990, Part VIII, line 1 | \$ | |
| b | Assets included in Form 990, Part X | \$ | |

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

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Schedule D (Form 990) 2022

09191020 140897 25700.001

| Sche | | SOCIETY OF | | | | | 52-10 | | | age 2 |
|---|---|----------------------------------|-------------------------|--------------------------|-----------|---|------------|-----------------|-------------------|--------------|
| Par | t III Organizations Maintaining C | ollections of Art | , Historical Tr | easures, or | Othe | r Similar | Assets | contii | nued) | |
| 3 | Using the organization's acquisition, accession | on, and other records | s, check any of the | following that | make si | ignificant ι | ise of its | | | |
| | collection items (check all that apply): | | | | | | | | | |
| а | Public exhibition | d | Loan or exe | change progra | m | | | | | |
| b | Scholarly research | е | Other | | | | | | | |
| С | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's co | | - | - | | | se in Part | XIII. | | |
| 5 | During the year, did the organization solicit o | | | - | r similar | assets | | - | | - |
| Dee | to be sold to raise funds rather than to be ma | | <u>u</u> | | | | | Yes | | No |
| Par | t IV Escrow and Custodial Arrang | | ete if the organization | on answered " | Yes" on | Form 990 | , Part IV, | line 9, or | | |
| | reported an amount on Form 990, Par | | | | | | | | | |
| 1 a | Is the organization an agent, trustee, custodi | | | | | | _ | | | ٦ |
| on Form 990, Part X? Yes b If "Yes," explain the arrangement in Part XIII and complete the following table: | | | | | | | | | | No |
| d | If "Yes," explain the arrangement in Part XIII | and complete the foll | lowing table: | | | | | Amoun | + | |
| | Designing belonge | | | | | 10 | | Amoun | | |
| | Beginning balance | | | | | | | | | |
| | Additions during the year | | | | | | | | | |
| f | | | | | | | | | | |
| | Did the organization include an amount on Fo | | | | | | | Yes | | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | • | | _ | |] |
| Par | | | | | | | | | | |
| | | (a) Current year | (b) Prior year | (c) Two years | | (d) Three y | ears back | (e) Fou | r years | back |
| 1a | Beginning of year balance | 50,000. | 50,000 | . 50 | ,000. | | 50,000. | | 50, | 000. |
| b | Contributions | | | | | | | | | |
| с | Net investment earnings, gains, and losses | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | |
| | and programs | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | |
| g | End of year balance | 50,000. | 50,000 | . 50 | ,000. | | 50,000. | | 50, | 000. |
| 2 | Provide the estimated percentage of the curr | ent year end balance | e (line 1g, column (a | a)) held as: | | | | | | |
| а | Board designated or quasi-endowment | | _% | | | | | | | |
| b | Permanent endowment100 | % | | | | | | | | |
| с | | % | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c show | uld equal 100%. | | | | | | | | |
| 3a | Are there endowment funds not in the posse | ssion of the organiza | tion that are held a | ind administere | ed for th | e | | 1 | | |
| | organization by: | | | | | | | | Yes | No |
| | (i) Unrelated organizations | | | | | | | 3a(i) | | X |
| | (ii) Related organizations | | | | | | | 3a(ii) | | X |
| b | If "Yes" on line 3a(ii), are the related organiza | | | | | | | 3b | | |
| 4 Dar | Describe in Part XIII the intended uses of thet VILand, Buildings, and Equipm | | wment funds. | | | | | | | |
| 1 41 | Complete if the organization answered | | Part IV line 11a 9 | See Form 990 | Part X | line 10 | | | | |
| | | | | | | | d | | le volui | |
| | Description of property | (a) Cost or ot basis (investm | • • • | st or other s (other) | • • | ccumulate preciation | | (d) Boo | k value | 3 |
| 10 | Land | | | 30,300. | uc | p. colation | | 3 | 0,30 | 00. |
| | Land | | <u> </u> | | | | | | 5,5 | |
| | Buildings Leasehold improvements | | 1 (| 94,853. | | 52,40 | 51. | 14 | 2,3 | 92. |
| | Equipment | | | 56,503. | | 54,15 | | | $\frac{2}{2}, 3!$ | |
| | Other | | | | | / | | | ., | |
| | . Add lines 1a through 1e. (Column (d) must e | | X column (R) line ' | 10c) | | | | 17 | 5,04 | 43. |
| | | quair onn 330, i dil / | | | | | | _ / | | |

Schedule D (Form 990) 2022

| | | 11b. See Form 990, Part X, line 12. | |
|--|--|--|-------------------------|
| (a) Description of security or category (including name of secur | ity) (b) Book value | (c) Method of valuation: Cost or er | nd-of-year market value |
| 1) Financial derivatives | | | |
| 2) Closely held equity interests | | | |
| 3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) (G) | | | |
| (H) | | | |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII Investments - Program Related | | | |
| Complete if the organization answered "Y | | 11c. See Form 990, Part X, line 13. | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or er | nd-of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Part IX Other Assets. Complete if the organization answered "Y | 'es" on Form 990, Part IV, line (a) Description | 11d. See Form 990, Part X, line 15. | (b) Book value |
| (1) DEPOSITS | | | 12,655 |
| (1) DITEREST IN CHARITABLE | REMAINDER TRUSTS | | 463,029 |
| (3) DUE FROM AFFILIATE | | - | 30,006 |
| (4) OPERATING LEASE RIGHT-O | F-USE ASSET, NET | GOF ACCUMULATED | |
| (5) AMORTIZATION | | | 661,373 |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B Part X Other Liabilities. | | | 1,167,063 |
| Complete if the organization answered "Y | es" on Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 2 | |
| | | | |
| (a) Description of liability | | | (b) Book value |
| (a) Description of liability (1) Federal income taxes | TEG | | |
| (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILI' | TIES | | |
| (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILI' (3) | TIES | | |
| (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILI (3) (4) | FIES | | |
| (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILIT (3) (4) (5) | TIES | | |
| I. (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILI (3) (4) (5) (6) | TIES | | |
| I. (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILI (3) (4) (5) (6) (7) | TIES | | 929,388 |
| (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILIT (3) (4) (5) (6) (7) (8) | TIES | | |
| (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILIT (3) (4) (5) (6) (7) | | | |

AUTISM SOCIETY OF AMERICA, INC.

Schedule D (Form 990) 2022

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232053 09-01-22

Schedule D (Form 990) 2022

| Sche | edule D (Form 990) 2022 AUTISM SOCIETY OF AMERICA, INC. | 52 | 2-1020149 | Page 4 |
|------|--|--------------------|-----------|--------------|
| Pa | rt XI Reconciliation of Revenue per Audited Financial Statements With | | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 2,678 | ,095. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| а | Net unrealized gains (losses) on investments 2a | -13,495. | | |
| b | Donated services and use of facilities 2b | 60,743. | | |
| с | | | | |
| d | | 121,980. | | |
| е | Add lines 2a through 2d | | | <u>,228.</u> |
| 3 | Subtract line 2e from line 1 | | 2,508 | <u>,867.</u> |
| 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 | | | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | <u>,867.</u> |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Statements With | h Expenses per Ret | urn. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | |
| 1 | Total expenses and losses per audited financial statements | | 3,368 | <u>,633.</u> |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| а | Donated services and use of facilities 2a | 60,743. | | |
| b | Prior year adjustments 2b | | | |
| С | Other losses 2c | | | |
| d | Other (Describe in Part XIII.) | | | |
| е | Add lines 2a through 2d | | | <u>,743.</u> |
| 3 | Subtract line 2e from line 1 | | 3,307 | <u>,890.</u> |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | | |
| b | Other (Describe in Part XIII.) 4b | | | |
| с | Add lines 4a and 4b | | | 0. |
| | Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.) | | 3,307 | 800 |
| 5 | rt XIII Supplemental Information. | | , 3,301 | ,090. |

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 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, 2022, THERE ARE NO | | | | | |
| UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE RECOGNITION OR DISCLOSURE. THE | | | | | |
| ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; | | | | | |
| HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. | | | | | |
| | | | | | |

40

PART XI, LINE 2D - OTHER ADJUSTMENTS:

REFUND OF EMPLOYEE RETENTION TAX CREDITS

121,980.

232054 09-01-22

Schedule D (Form 990) 2022

| | (Form 990) 2022 |
|------------|-----------------|
| D . J VIII | |

| Part XIII | Supplemental Information | (continued) | |
|----------------|--------------------------|-------------|----------------------------|
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| 232055 09-01-2 | 22 | | Schedule D (Form 990) 2022 |

09191020 140897 25700.001

| SCHEDULE G | Suppleme | ntal Information Regarding | Fund | Iraisi | ng or Gaming A | ctivities | | DMB No. 1545-0047 | |
|---|--|--|----------------|---------------------|--------------------------------------|--------------------------|----------|----------------------------------|--|
| (Form 990) | | e organization answered "Yes" on organization entered more than \$15 | | | | r 19, or if th | e | 2022 | |
| Department of the Treasury | | Attach to Form 990 c | | | | | | Open to Public | |
| Internal Revenue Service Name of the organization | | o www.irs.gov/Form990 for instruc | tions | and th | ne latest information | | | Inspection ntification number | |
| Name of the organization | | SOCIETY OF AMERICA | , II | NC. | | - | 1020 | | |
| | ing Activities. | Complete if the organization answe | | | n Form 990, Part IV, li | | | | |
| | complete this part e organization rais | ed funds through any of the followin | g activ | vities. (| Check all that apply. | | | | |
| a 📃 Mail solicitat | ions | e Solicitat | tion of | non-g | overnment grants | | | | |
| b lnternet and | email solicitations | f Solicitat | tion of | gover | nment grants | | | | |
| c Phone solici | tations | g Special | fundra | aising | events | | | | |
| i | | | | | | | | | |
| • | 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or | | | | | | | | |
| | - | art VII) or entity in connection with p viduals or entities (fundraisers) pursu | | | • | L fundraiso | Yes | | |
| compensated at le | • | · · · · | antio | agreei | | | 15 10 06 | - | |
| | | | (iii) fundr | Did | | (v) Amoun | | (vi) Amount paid | |
| (i) Name and addres or entity (fund | | (ii) Activity | have c | ustody | (iv) Gross receipts from activity | to (or retain fundrai | | to (or retained by) | |
| or orning (rune | | | | ntrol of utions? | non douvry | listed in c | | organization | |
| | | | Yes | No | | | | | |
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| List all states in whit or licensing. | ch the organizatio | n is registered or licensed to solicit c | ontrib | utions | or has been notified | it is exempt | from re | gistration | |
| | | | | | | | | | |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) 2022

232081 10-27-22

AUTISM SOCIETY OF AMERICA, INC.

52-1020149 Page 2

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

| | | of fundraising event contributions and gro | | | - | |
|--------------------|--|--|---|--|-------------------|---|
| | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
| | | | 3RD PARTY | | NONE | (add col. (a) through |
| | | | EVENTS | | | col. (c)) |
| e | | | (event type) | (event type) | (total number) | |
| Revenue | 1 | Gross receipts | 77,426. | | | 77,426. |
| | 2 | Less: Contributions | 77,426. | | | 77,426. |
| | 3 | Gross income (line 1 minus line 2) | | | | |
| | 4 | Cash prizes | | | | |
| S | 5 | Noncash prizes | | | | |
| Direct Expenses | 6 | Rent/facility costs | | | | |
| lirect E | 7 | Food and beverages | | | | |
| | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | | | | |
| | 10 | | 9 in column (d) | | | |
| | | Net income summary. Subtract line 10 from li | ne 3, column (d) | | | |
| Pa | art | Gaming. Complete if the organization a | answered "Yes" on Form | 990, Part IV, line 19, or r | eported more than | |
| | | \$15,000 on Form 990-EZ, line 6a. | 1 | | | |
| Revenue | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
| Reve | | | | | | |
| | 1 | Gross revenue | | | | |
| ses | 2 | Cash prizes | | | | |
| Direct Expenses | 3 | Noncash prizes | | | | |
| Direct | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | | | Yes % | Yes % | Yes % | |
| | 6 | Volunteer labor | No | No | No | |
| | 7 | Direct expense summary. Add lines 2 through | n 5 in column (d) | | | |
| | | | | | | |
| | 8 | Net gaming income summary. Subtract line 7 | from line 1, column (d) | | | |
| | 8 | Net gaming income summary. Subtract line 7 | from line 1, column (d) | | | <u> </u> |
| | En | ter the state(s) in which the organization condu | icts gaming activities: | | | |
| | En | | icts gaming activities: | | | Yes No |
| a | En Is | ter the state(s) in which the organization condu | icts gaming activities: | states? | | Yes No |
| a | En Is | ter the state(s) in which the organization condu the organization licensed to conduct gaming ac | icts gaming activities: | states? | | Yes No |
| a b | En Is If ' | ter the state(s) in which the organization condu the organization licensed to conduct gaming ac 'No," explain: | icts gaming activities: ctivities in each of these s | states? | | |
| a b 10a | En Is If ' | ter the state(s) in which the organization conduct the organization licensed to conduct gaming ac 'No," explain: ere any of the organization's gaming licenses re | octs gaming activities: ctivities in each of these s | rminated during the tax y | | |
| a b 10a | En Is If ' | ter the state(s) in which the organization condu the organization licensed to conduct gaming ac 'No," explain: | octs gaming activities: ctivities in each of these s | rminated during the tax y | | |
| a b 10a | En Is If ' | ter the state(s) in which the organization conduct the organization licensed to conduct gaming ac 'No," explain: ere any of the organization's gaming licenses re | octs gaming activities: ctivities in each of these s | rminated during the tax y | | |
| a b 10a b | En I Is D If ' U Wo D If ' | ter the state(s) in which the organization conduct the organization licensed to conduct gaming ac 'No," explain: ere any of the organization's gaming licenses re | octs gaming activities: ctivities in each of these s | rminated during the tax y | ear? | |

| Schedule G (Form 990) 2022 | AUTISM SOCIETY | OF AMERICA, | INC. 52 | 2-1020149 Page 3 |
|---|-------------------------------------|---------------------------|---------------------------------------|-------------------------------|
| 11 Does the organization conduct | | | | |
| 12 Is the organization a grantor, be | eneficiary or trustee of a trust, o | r a member of a partners | | |
| 13 Indicate the percentage of gami | | | | |
| a The organization's facility | | | | 13a % |
| | | | | |
| b An outside facility | | | | 130 70 |
| 14 Enter the name and address of | the person who prepares the or | ganization's gaming/spe | cial events books and records: | |
| Name | | | | |
| Address | | | | |
| 15a Does the organization have a co | ontract with a third party from w | hom the organization rec | ceives gaming revenue? | Yes No |
| | | · ·· • | | |
| b If "Yes," enter the amount of ga | | | and the amoun | t |
| of gaming revenue retained by t | | | | |
| c If "Yes," enter name and addres | ss of the third party: | | | |
| | | | | |
| Name | | | | |
| | | | | |
| Address | | | | |
| | | | | |
| 16 Gaming manager information: | | | | |
| | | | | |
| Name | | | | |
| | | | | |
| Gaming manager compensatior | n \$ | | | |
| | | | | |
| Description of services provided | d | | | |
| | | | | |
| | | | | |
| | | | | |
| Director/officer | Employee | Independent contra | actor | |
| | | | | |
| 17 Mandatory distributions: | | | | |
| a Is the organization required und | ler state law to make charitable | distributions from the ga | aming proceeds to | |
| retain the state gaming license? | | | | Yes No |
| b Enter the amount of distribution | | | mpt organizations or aport in the | |
| organization's own exempt activ | • | | empt organizations of spent in the | 5 |
| | | ations required by Part I | , line 2b, columns (iii) and (v); and | Part III lines 0 0h 10h |
| | | | | i Fait III, IIIes 9, 90, 100, |
| 15b, 15c, 16, and 17b, | as applicable. Also provide any | additional mormation. S | see instructions. | |
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| 232083 10-27-22 | | | Sc | hedule G (Form 990) 2022 |
| | | 44 | | |

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44 2022.04030 AUTISM SOCIETY OF AMERICA 25700.01

| Schedule G | i (Form | 990 |
|------------|---------|-----|
| | | |

| Part IV | Supplemental Information (continued) | |
|---------------|--------------------------------------|-----------------------|
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| 232084 04-01- | 01-22 | Schedule G (Form 990) |

| SCHEDULE I | | G | irants and Oth | er Assistan | ce to Organ | izations. | | OMB | No. 1545-0047 |
|--|------------------------------------|---------------|--|--------------------------|--|---|---------------------------------------|---------------------------|---------------|
| (Form 990) | | Go | vernments, an ete if the organization | d Individual | ls in the Ŭni | ted States | | 2 | 022 |
| Department of the Treasury | | Compl | ete il the organization | Attach to Forn | | 11 IV, III e 2 I 01 22. | | Oper | n to Public |
| Internal Revenue Service | | | Go to www.irs | | the latest inform | ation. | | | spection |
| Name of the organizat | ion | | | - | | | | Employer identific | ation number |
| - | | | AMERICA, IN | с. | | | | 52-1 | 020149 |
| Part I General I | nformation on Grants a | nd Assistance | | | | | | | |
| 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection | | | | | | | | | |
| | award the grants or assis | | | | | | | X Yes | s 🔄 No |
| | IV the organization's pro | | | | | opization annuared "M | | t IV line O1 for any | |
| | hat received more than \$ | - | | | | anization answered i | es on Form 990, Pan | t IV, lifte 21, for any | |
| | ddress of organization vernment | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose or assista | |
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2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

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

Schedule I (Form 990) 2022

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Schedule I (Form 990) 2022 AUTISM SOCIETY OF AMERICA, INC.

Part III can be duplicated if additional space is needed.

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

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

PART I, LINE 2:

Part III

THE GRANT HAS TO MEET STRATEGIC PLANNING. GRANT REVENUE AND EXPENSE ARE

TRACKED BY ACCOUNTING SOFTWARE. GRANT BUDGET IS PREPARED AND APPROVED BY

THE APPROPRIATE PARTY. DISBURSEMENTS ARE PROPERLY APPROVED, DOCUMENTED AND

IN LINE WITH GRANT BUDGET AND ADHERE TO OUR INTERNAL CONTROL POLICY.

CONTINUOUS REVIEW TO ENSURE THE PROPER SPENDING. TIMELY REPORT TO THE

GRANTOR. NO 2022 GRANTS WERE \$5,000 OR MORE.

Page 2

| SC | HEDULE J | I | OMB No. 1545 | | | | |
|--------|------------------------|---|--------------|---------------|----------------|----------|--|
| (Fo | rm 990) | Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest | - | 20 | 7 7 |) | |
| | | Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. | | 20 | 22 | • | |
| Depa | tment of the Treasury | Attach to Form 990. | | Open to | | ic | |
| Intern | al Revenue Service | Go to www.irs.gov/Form990 for instructions and the latest information. | | Inspe | | | |
| Nam | e of the organizatio | | | identificatio | | nber | |
| De | | AUTISM SOCIETY OF AMERICA, INC. | 52-1 | 1020149 | 9 | | |
| Pa | rt I Question | s Regarding Compensation | | | | | |
| 4 | | | 000 | | Yes | No | |
| а | | ate box(es) if the organization provided any of the following to or for a person listed on Form | 990, | | | | |
| | First-class or o | line 1a. Complete Part III to provide any relevant information regarding these items. | | | | | |
| | Travel for com | | | | | | |
| | | cation and gross-up payments Health or social club dues or initiation fee | | | | | |
| | | spending account | | | | | |
| | | | | | | | |
| b | If any of the boxes | on line 1a are checked, did the organization follow a written policy regarding payment or | | | | | |
| - | • | in the second | | 1b | | | |
| 2 | Did the organizatio | | | | | | |
| | • | rs, including the CEO/Executive Director, regarding the items checked on line 1a? | | 2 | | | |
| | , | | | | | | |
| 3 | Indicate which, if a | ny, of the following the organization used to establish the compensation of the organization's | 5 | | | | |
| | CEO/Executive Dire | ector. Check all that apply. Do not check any boxes for methods used by a related organization | on to | | | | |
| | establish compens | ation of the CEO/Executive Director, but explain in Part III. | | | | | |
| | X Compensation | n committee Written employment contract | | | | | |
| | Independent of | compensation consultant X Compensation survey or study | | | | | |
| | Form 990 of o | ther organizations X Approval by the board or compensation of | ommittee | | | | |
| | | | | | | | |
| 4 | | any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | | | |
| | organization or a re | - | | | | v | |
| a | | e payment or change-of-control payment? | | | | X X | |
| b | | eive payment from a supplemental nonqualified retirement plan? | | | | X | |
| С | | eive payment from an equity-based compensation arrangement? | | 4c | | | |
| | If "Yes" to any of III | nes 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | | | |
| | Only section 501/ | :)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | | | |
| 5 | | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | n | | | | |
| - | contingent on the r | | | | | | |
| а | • | | | 5a | | x | |
| | | ation? | | | | X | |
| | | or 5b, describe in Part III. | | | | | |
| 6 | | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio | n | | | | |
| | contingent on the r | net earnings of: | | | | | |
| а | The organization? | - | | 6a | | X | |
| | | ation? | | | | X | |
| | | or 6b, describe in Part III. | | | | | |
| 7 | | on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | | | | | |
| | | nes 5 and 6? If "Yes," describe in Part III | | 7 | | X | |
| 8 | | reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | ıe | | | | |
| | | | | 8 | | X | |
| 9 | | id the organization also follow the rebuttable presumption procedure described in | | | | | |
| | Regulations section | | | | | <u> </u> | |
| LHA | For Paperwork R | eduction Act Notice, see the Instructions for Form 990. | Scheo | dule J (Forn | n 990) | 2022 | |

232111 10-18-22

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-MIS0 compensation | C and/or 1099-NEC | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | in column (B) |
|----------------------------|------|--------------------------|---|---|-----------------------------------|-------------------------|------------------------------------|---|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 |
| (1) C. BANKS | (i) | 306,106. | 47,959. | 6,596. | 33,227. | 15,861. | 409,749. | 0. |
| PRESIDENT & CEO | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) J. DABROWSKI | (i) | 183,750. | 0. | 0. | 16,810. | 18,029. | 218,589. | 0. |
| CHIEF FINANCIAL & OPERATIN | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) K. ROTH | (i) | 154,428. | 0. | 0. | 14,341. | 19,624. | 188,393. | 0. |
| CHIEF MARKETING OFFICER | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) K. MUSHENO | (i) | 132,163. | 0. | 0. | 9,277. | 20,521. | 161,961. | 0. |
| VP, PUBLIC POLICY | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) P. SCHWARZ | (i) | 123,873. | 0. | 0. | 11,340. | 34,295. | 169,508. | 0. |
| VP, AFFILIATE RELATIONS & | (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) | | | | | | | |

Schedule J (Form 990) 2022

| Schedule J (Form 990) 2022 |
|----------------------------|
|----------------------------|

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 J (Form 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



AUTISM SOCIETY OF AMERICA, INC.

Employer identification number 52 - 1020149

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

- TOP AREAS OF SUPPORT ISSUED INCLUDE: NAVIGATING SERVICES, ADULT

SERVICES, AND DIAGNOSIS/EVALUATION

CUSTOMER SERVICE RESPONSES:

- 49% OF PEOPLE WHO CONTACTED THE NATIONAL HELPLINE IDENTIFY AS A

PARENT OR CAREGIVER TO SOMEONE WITH AUTISM

- 18% OF PEOPLE WHO CONTACTED THE NATIONAL HELPLINE IDENTIFY AS AN

ADULT ON THE AUTISM SPECTRUM

- 86% OF INDIVIDUALS SURVEYED SHARED THAT THEY WOULD CONTACT US AGAIN

AND RECOMMEND THE NATIONAL HELPLINE TO FAMILY/FRIENDS

ANONYMOUS CUSTOMER TESTIMONIALS:

- THE INFORMATION WAS VERY THOROUGH, COMPLETE WITH LINKS AND HOW TO

UNDERSTAND IT.

- I AM TRULY THANKFUL FOR YOUR HELP THIS IS NEW TO US, IT'S LIKE A NEW

WORLD, I AM TRULY BLESSED FOR THE RESOURCES AND FOR ACTUALLY ANSWERING

US BACK WE HAVE HAD NO LUCK SO THANKS AGAIN.

- I THINK I'M UNBIASED WHEN I SAY THAT I WAS GIVEN EXTRAORDINARY CARE

AND PERSONAL ATTENTION WHEN COMPARING HER SERVICE TO THE REST OF THE

ONLINE AND IN PERSON WORLD. NOT COMPARING IT TO THE REST OF THE WORLD

IT WAS OF THE HIGHEST QUALITY.

NATIONAL PROGRAMS: IN 2022, NATIONAL PROGRAMS GREW TO DEVELOP NATIONAL

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PROGRAMS THAT MEET KEY NEEDS WITHIN THE AUTISM COMMUNITY:

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

Schedule O (Form 990) 2022

| Schedule O (Form 990) 202 | 22 | | | | | Page 2 |
|---------------------------|--------|---------|----|----------|------|--------------------------------|
| Name of the organization | | | | | | Employer identification number |
| | AUTISM | SOCIETY | OF | AMERICA, | INC. | 52-1020149 |
| | | | | | | |

FIRST RESPONDER PROGRAM: THIS PROGRAM OFFERS TRAINING TO FIRST

RESPONDERS, COMMUNITY EDUCATION, AND ENGAGEMENT OPPORTUNITIES TO

IMPROVE INTERACTIONS BETWEEN LAW ENFORCEMENT AND THOSE WITH AUTISM.

IN 2022, WE CELEBRATED THE LAUNCH OF OUR SAFETY TASK FORCE

WHICH BRINGS TOGETHER DIVERSE MEMBERS OF THE AUTISM COMMUNITY WITH

FIRST RESPONDERS AND SUBJECT MATTER EXPERTS DEDICATED TO IMPROVING

SAFETY FOR ALL.

WATER AND WANDERING PROGRAM: THIS PROGRAM OFFERS WANDERING AND DROWNING

PREVENTION TRAINING, WATER SAFETY EDUCATION, AND TRAINING FOR SWIM

INSTRUCTORS TO INCREASE ACCESS TO EFFECTIVE LEARN-TO-SWIM FOR

INDIVIDUALS WITH AUTISM.

IN 2022, WE CELEBRATED THE REAUTHORIZATION OF KEVIN & AVONTE'S LAW AND ASSUMED A LEADERSHIP ROLE TO PROVIDE TRAINING AND TECHNICAL ASSISTANCE TO ALL GRANTEES OF THE FEDERAL KEVIN & AVONTE PROGRAM: REDUCING INJURY AND DEATH OF MISSING INDIVIDUALS WITH DEMENTIA AND DEVELOPMENTAL DISABILITIES.

EMPLOYMENT PROGRAM: THIS PROGRAM CONNECTS LEADERS AT THE INTERSECTION OF AUTISM AND EMPLOYMENT TO DEVELOP BEST PRACTICES, TRAINING, AND COMMUNITY ENGAGEMENT TO IMPROVE EMPLOYMENT OPPORTUNITIES AND OUTCOMES IN THE AUTISM COMMUNITY.

IN 2022, WE CELEBRATED THE LAUNCH OF OUR EMPLOYMENT TASK FORCE AND EMPLOYMENT LISTENING SESSIONS.

VACCINE EDUCATION INITIATIVE (VEI): THIS PROGRAM ADDRESSES THE NEED FOR

ACCESSIBLE HEALTHCARE THROUGH VACCINE EDUCATION, CONFIDENCE, AND

ACCESSIBILITY. THE VEI IS THE FIRST OF OUR NATIONAL PROGRAMS TO LAUNCH.

Schedule O (Form 990) 2022

09191020 140897 25700.001

232212 10-28-22

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2022.04030 AUTISM SOCIETY OF AMERICA 25700.01

Name of the organization

AUTISM SOCIETY OF AMERICA, INC.

IN 2022, WE PILOTED THE VEI AND CELEBRATED:

- OVER 13,421 INDIVIDUALS SERVED THROUGH EDUCATION & COMMUNITY

ENGAGEMENT

- 8600 INDIVIDUALS SERVED THROUGH COMMUNITY HEALTH EDUCATION &

ENGAGEMENT

- OVER 1,252 HEALTHCARE PROFESSIONALS TRAINED

- 140 VEI COMMUNITY PROGRAMS HELD

- 32 ACCESSIBLE VACCINE CLINICS HOSTED THROUGHOUT OUR AFFILIATE PILOT

- 572 ACCESSIBLE VACCINATIONS ADMINISTERED

- 2335 VACCINE KITS DISTRIBUTED

- 5270 VIEWERS OF OUR CONNECT TO PROTECT FACEBOOK LIVE SERIES

- 500 COVID-19 TESTING KITS DISTRIBUTED

OUR AFFILIATE RELATIONS AND OTHER ASA TEAM MEMBERS PROVIDED THE

FOLLOWING SUPPORTS FOR AFFILIATES:

- 6,500 HOURS OF DIRECT SUPPORT TO AFFILIATES.

- OVER 30 AFFILIATE IN-PERSON VISITS THROUGHOUT THE YEAR

- OVER 150 AFFILIATE CHECK-INS, VIRTUAL TRAININGS, CRISIS MANAGEMENT

SUPPORT CALLS, AND OTHER SUPPORT

- OVER 20 TOOLKITS, INCLUDING MARKETING, VACCINE EDUCATION, EMPLOYMENT,

PUBLIC POLICY, AND OPERATIONAL SUPPORT.

- NATIONAL HOSTED OVER 40 WEBINARS FOCUSING ON MONTHLY MEETINGS,

TOPICAL TRAININGS, VACCINE SUPPORT, AUTISM ACCEPTANCE MONTH, AND

AFFILIATE REQUESTED LEARNING SESSIONS.

- HOSTED A THREE-DAY INTENSIVE AFFILIATE CONFERENCE SUPPORTING PROGRAM

DEVELOPMENT, FUNDRAISING AND ORGANIZATIONAL GOVERNANCE AND

ADMINISTRATION ATTENDED BY OVER 70 AFFILIATE REPRESENTATIVES.

232212 10-28-22

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2022.04030 AUTISM SOCIETY OF AMERICA 25700.01

Name of the organization

AUTISM SOCIETY OF AMERICA, INC.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

PEER-TO-PEER IMPACT.

- FACEBOOK & TWITTER SAW OVER 8.2 MILLION IMPRESSIONS.

- DISTRIBUTED A MONTHLY NEWSLETTER TO OVER 100,000 PEOPLE.

- OVER 440K NEW VISITORS VIEWED THE AUTISM SOCIETY WEBSITE.

- 46,700 PEOPLE VISITED OUR "WHAT IS AUTISM?" RESOURCE PAGES.

- APPROXIMATELY 1 MILLION PEOPLE ACCESSED RESOURCES AND EDUCATION

MATERIALS THROUGH OUR WEBSITE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

LANGUAGE TO AUTHORIZE THE FOOD AND DRUG ADMINISTRATION (FDA) TO TAKE

ACTION TO BAN ELECTRIC SHOCK DEVICES. USING THE AUTISM SOCIETY'S ACTION

CENTER, OVER 600 LETTERS WERE SENT TO CONGRESS TO EDUCATE MEMBERS ON

THIS IMPORTANT ISSUE. IN TOTAL, 2,200 LETTERS WERE EMAILED TO MEMBERS

OF CONGRESS ON OUR LEGISLATIVE GOALS. OUR ADVOCATES ALSO ATTENDED THE

DISABILITY POLICY SEMINAR IN MARCH OF 2022. THIS EVENT DREW OVER 900

DISABILITY ADVOCATES FROM ACROSS THE UNITED STATES WHERE ADVOCATES

ATTENDED SESSIONS ON A VARIETY OF POLICIES AND THEN UTILIZED THE

KNOWLEDGE GAINED TO ENGAGE IN VIRTUAL AND IN-PERSON MEETINGS WITH

LEGISLATORS ON CAPITOL HILL, EFFECTIVELY EDUCATING THEM ABOUT THE NEEDS

OF INDIVIDUALS WITH AUTISM.

AT THE STATE ADVOCACY LEVEL, THE AUTISM SOCIETY HELPED STATE ADVOCATES

PASS LEGISLATION TO INCLUDE AUTISM WITHIN THE EXISTING MISSING ADULT

ALERT SYSTEMS. A BILL WAS SIGNED INTO LAW IN OHIO.

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

232212 10-28-22

Schedule O (Form 990) 2022

| Schedule O (Form 990) 2022 | Page 2 |
|--|---|
| Name of the organization AUTISM SOCIETY OF AMERICA, INC. | Employer identification number 52-1020149 |
| CFO PROVIDES A DRAFT TO THE FINANCE COMMITTEE FOR REVIEW A | ND 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

55

FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST.

| FORM 99 | 0, PART | XI, | LINE | 9, | CHANGES | IN | \mathbf{NET} | ASSETS: | |
|---------|---------|-----|------|----|---------|----|----------------|---------|--|
|---------|---------|-----|------|----|---------|----|----------------|---------|--|

232212 10-28-22

Schedule O (Form 990) 2022

| 232212 10-28-22 09191020 140897 25700.001 | 56 2022.04030 AUTISM SOCIETY | Schedule O (Form 990) 2022 OF AMERICA 25700.01 |
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FORM 990, PART XII, LINE 2C

THE ORGANIZATION DID NOT CHANGE PROCESS FROM PRIOR YEAR.

REVENUE NOT INCLUDED ON FORM 990: REFUND OF EMPLOYEE

RETENTION TAX CREDITS

Schedule O (Form 990) 2022

Name of the organization

AUTISM SOCIETY OF AMERICA, INC.

Page 2

121,980.

SCHEDULE R

(Form 990)

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.

OMB No. 1545-0047

2022 Open to Public Inspection

Employer identification number 52 - 1020149

Department of the Treasury Internal Revenue Service

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

Name of the organization

AUTISM SOCIETY OF AMERICA, INC.

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|--------------------------------|--|----------------------------|----------------------------------|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section | (f) Direct controlling entity | cont | g) 512(b)(13) rolled tity? |
|--|--------------------------------|--|-------------------------------|--|--|------|--|
| | | | | 501(c)(3)) | | Yes | No |
| AUTISM SOCIETY OF AMERICA FOUNDATION - | | | | | | | |
| 52-2007155, 4340 EAST-WEST HWY, SUITE 350, | | | | | | | |
| BETHESDA, MD 20814 | RESEARCH AND EDUCATION | DISTRICT OF COLUMBIA | 501(C)(3) | LINE 10 | N/A | | х |
| | | | | | | | |
| | - | | | | | | |
| | - | | | | | | |

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

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 AUTISM SOCIETY OF AMERICA, INC.

52-1020149 Page 2

Part III 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.

| | | , | | 1 | | | | | | | |
|--|------------------|---|------------------------------|--|-----------------------|-----------------------------------|-----|----------------------|---|---------------------------|----------------------------|
| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (I | h) | (i) | (j) | (k) |
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign | Direct controlling entity | Predominant income (related, unrelated, excluded from tax under sections 512-514) | Share of total income | Share of end-of-year assets | | ortionate itions? | Code V-UBI amount in box 20 of Schedule | Genera manag partne | or Percentage ownership |
| | | country) | | sections 512-514) | | | Yes | No | K-1 (Form 1065) | Yes | 0 |
| | | | | | | | | | | | |
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Part IV 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) Name, address, and EIN of related organization | (b) Primary activity | (C) Legal domicile (state or foreign | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | contr | i) b)(13) rolled tity? |
|--|--------------------------------|---|--|--|--|---|---------------------------------------|-------|--|
| | | country) | | | | 400010 | | Yes | No |
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Schedule R (Form 990) 2022 AUTISM SOCIETY OF AMERICA, INC.

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

| Not | te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | Yes | No |
|-----|--|----|-----|----|
| 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? | | | |
| а | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | | Х |
| | Gift, grant, or capital contribution to related organization(s) | 1b | | Х |
| | Gift, grant, or capital contribution from related organization(s) | 1c | X | |
| | Loans or loan guarantees to or for related organization(s) | 1d | | Х |
| | Loans or loan guarantees by related organization(s) | 1e | | Х |
| | | | | |
| f | Dividends from related organization(s) | 1f | | Х |
| g | Sale of assets to related organization(s) | 1g | | Х |
| h | Purchase of assets from related organization(s) | 1h | | Х |
| i | Exchange of assets with related organization(s) | 1i | | Х |
| j | Lease of facilities, equipment, or other assets to related organization(s) | 1j | | Х |
| | | | | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | 1k | | X |
| I. | Performance of services or membership or fundraising solicitations for related organization(s) | 11 | | X |
| m | Performance of services or membership or fundraising solicitations by related organization(s) | 1m | | Х |
| n | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | X | |
| | Sharing of paid employees with related organization(s) | 10 | X | |
| | | | | |
| р | Reimbursement paid to related organization(s) for expenses | 1p | | Х |
| q | Reimbursement paid by related organization(s) for expenses | 1q | | Х |
| | | | | |
| r | Other transfer of cash or property to related organization(s) | 1r | | X |
| S | Other transfer of cash or property from related organization(s) | 1s | | Х |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. | | | |

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|--|---|-------------------------------|--|
| (1) AUTISM SOCIETY OF AMERICA FOUNDATION | С | 109,818. | CASH |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| <u>(6)</u> | | | |

Schedule R (Form 990) 2022 AUTISM SOCIETY OF AMERICA, INC.

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) e all | (f) | (g) | () | ı) | (i) | (j) | (k) |
|------------------------|------------------|----------------------------|--|------------------------------|--------------------|--------|--------|-------------------------|-------|--|-----------|-----------------|
| Name, address, and EIN | Primary activity | Legal domicile | Predominant income | Are partne 501(org | e all rs sec. | | | Dispr tior alloca | opor- | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | Genera | l or Percentage |
| of entity | | (state or foreign country) | Predominant income (related, unrelated, excluded from tax under sections 512-514) | 0100 010 | | | | | ions? | of Schedule K-1 | partne | ownership |
| | | country) | sections 512-514) | Yes | No | income | assets | Yes | No | (Form 1065) | Yes I | 10 |
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Schedule R (Form 990) 2022

| Part VII Supplemental Informatio | n |
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Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2022

232165 09-14-22