EXTENDED TO NOVEMBER 15, 2022

Form **990**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public Inspection

Α_	רטו נוו	e 202 i calendar year, or tax year beginning and e	enaing	-	
В	Check if applicab	C Name of organization		D Employer identific	cation number
	Addre				
L	Name chang	Doing business as		52-20071	55
	Initial return	,	Room/suite	E Telephone number	
	Final return	6110 EXECUTIVE BLVD.	305	301-657-	
	termii ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	249,756.
Σ	Amer return			H(a) Is this a group re	
	Applition			for subordinates	? Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: X 501(c)(3) 501(c) () \checkmark (insert no.) 4947(a)(1) o	or 527	If "No," attach a	list. See instructions
		te: ► WWW.AUTISM-SOCIETY.ORG		H(c) Group exemption	
K	Form o	forganization: X Corporation Trust Association Other	L Year	of formation: 1996 N	State of legal domicile: DC
P	art I	Summary			
Ф	1	Briefly describe the organization's mission or most significant activities: ${\color{red}{\rm TO}}$ PF	ROMOTE	PRACTICAL 1	RESEARCH
S S		AND EDUCATION RELATING TO THE CAUSES AND	TREAT	MENT OF AUT	ISM, TO
rus	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net as	
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)		3	15
ত	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	15
es 6	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		5	0
ξ	6	Total number of volunteers (estimate if necessary)		6	0
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
Φ				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		235,918.	188,212.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		9,312.	17,680.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-47,443.	-54,651.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		197,787.	151,241.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		61,308.	83,829.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 2, 26		0.	0.
ğ	b	Total fundraising expenses (Part IX, column (D), line 25) 2, 26	58.		
Ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		23,041.	22,236.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		84,349.	106,065.
	19	Revenue less expenses. Subtract line 18 from line 12		113,438.	45,176.
Net Assets or Find Balances				ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		941,935.	1,002,876.
t As	21	Total liabilities (Part X, line 26)		323,492.	265,027.
2	22	Net assets or fund balances. Subtract line 21 from line 20		618,443.	737,849.
	art II	Signature Block			
Und	der pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my	/ knowledge and belief, it is
true	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
		Clustyle S. Bowks		12/6/22	
Sig	jn	Signature of officer		Date	
He	re	CHRISTOPHER BANKS, PRESIDENT/CEO			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	NEIL E. BERGER NEIL E. BERGER	1	2/06/22 if self-employe	_d P00102223
	parer	Firm's name ► ADEPTUS PARTNERS LLC		Firm's EIN ▶	20-1835208
Use	Only	Firm's address 3311 OLNEY SANDY SPRING RD			
		OLNEY, MD 20832-1411		Phone no. (01)929-9700
Ма	y the I	RS discuss this return with the preparer shown above? See instructions		.	X Yes No

Pai	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	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?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 92,853 • including grants of \$ 83,829 •) (Revenue \$)
	AUTISM CORE SERVICES:
	PROVIDED FINANCIAL SUPPORT TO THE AUTISM SOCIETY'S NATIONAL CALL CENTER
	AND TO LOCAL AFFILIATES AUTISM CORE SERVICE OUTREACH AND SUPPORT
	PROGRAMS.
4b	(Code:) (Expenses \$ 5 , 927 • including grants of \$) (Revenue \$)
	EDUCATION AND AWARENESS:
	PROVIDED FINANCIAL SUPPORT TO THE AUTISM SOCIETY'S EDUCATION, AWARENESS
	AND TRAINING PROGRAMS TO IMPROVE THE LIVES OF THOSE AFFECTED BY AUTISM.
	PROVIDED FUNDS TO LOCAL AFFILIATES FOR EDUCATION AND TRAINING PROGRAMS.
4c	(Code:) (Expenses \$ 3,886 • including grants of \$) (Revenue \$)
	ADVOCACY:
	PROVIDED FINANCIAL SUPPORT TO THE AUTISM SOCIETY'S ADVOCACY PROGRAMS TO
	REPRESENT THE NEEDS OF THOSE IMPACTED BY AUTISM.
44	Other program services (Describe on Schedule O.)
-t u	
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 102,666.
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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	<u> </u>
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			3,7
	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,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			_V
•	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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Δ.
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,	44.		x
	Part VI	11a		
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	441	Х	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	- 25	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
٨	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

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Die the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part X, Column (A), line 20 if Yes, "complete Schedule I, Parts I and II		1 990 (2021) AUTISM SOCIETY OF AMERICA FOUNDATION 52-200	7155	P	age 4
22 IX 23 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part X, count A, line 2 if Yes, "complete Schedule, Parts I and III III III III III III III III III I	Pai	rt IV Checklist of Required Schedules (continued)			
Part IX. column (A), line 2? If "Yes," complete Schedule I, Parts I and III. 22				Yes	No
23 Dd the organization answer "Ves" to Part VII, Section A, line 6.4, 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. 24a Dd 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 240 through 24d and complete Schedule K. If "No." yo to line 25a. 24b Dd the organization marks any proceeds of tax-exempt bonds beyond a temporary period exception? 24c Dd the organization marks any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Dd the organization marks and an exception of the second and temporary period exception? 24d Dd the organization and the second of the second of the second of the organization and the second of th	22				١
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 X 24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to fine 25a b Did the organization invest any proceeded of tax exempt bonds beyond a temporary period exception? 24b C b Did the organization invest any proceeded of tax exempt bonds beyond a temporary period exception? 24c C b Did the organization invest any proceeded of tax exempt bonds beyond a temporary period exception? 24d C 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I 25a D is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I 25b Let be organization exported 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 tamily member of any of these persons? If "Yes," complete Schedule L, Part II 25b Let D D D D D D D D D D D D D D D D D D D			22		X
Schedule J. 24 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," got to line 25e. Schedule K. If "No," got to line 25e. 24b Did the organization maintain an escrew account other than a refunding secrow at any time during the year 70 defease any tax-exempt bonds? d Did the organization and at as an 'on behalf off issuer for bonds outstanding at any time during the year 70 defease any tax-exempt bonds? d Did the organization act as an 'on behalf off issuer for bonds outstanding at any time during the year 70 defease any tax-exempt bonds? d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year 70 "Yes," complete Schedule L. Part II 25a Section 501(28), 501(24), and 501(2(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a dengualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L. Part II 25b Did the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule I. Part III 26b 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 10 a 39% controlled entity of rounder, substantial contributor or 10 a 39% controlled entity of rounder, substantial contributors or 10 a 39% controlled entity of rounder, substantial contributors or 10 a 39% controlled entity or rounder substantial contributors or 10 and	23				
24a X Schedule New Year Schedule Part II				3,7	
sack day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I, If "Yes," to make 25a any taxe-exempt bonds beyond a temporary period exception? 24b		Schedule J	23		
Schedule K. If *No.** go to line 25a	24a	The state of the s			
b Did the organization invest any proceeds of taxexempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any taxe-weept bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25S Section 501(28), 501(24), and 501(24),					_v
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25S Section 501(e)(3), 501(e)(4), and 501(e)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior forms 900 or 990-E2?! If "es," complete Schedule L, Part I! 25b X 27c 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, creatro or founder, substantial contributor, or 39% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV and the payarization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creatro or founder, or substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity of note previous or of the organization assistance to any of these persons If "Yes," complete Schedule L, Part IV 28d X		Scredule K. If "No," go to line 25a		1	
any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person of an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b			240		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(6)(3), 501(6)(4), and 501(6)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25b	C		240		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25b Is the organization has not been reported on any of the organization 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-E27 If "Yes," complete Schedule L, Part I 25b X 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV, instructions for applicable fling thresholds, conditions, and exceptions: a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I 31 X 30 Did the organization sell, exchange, dispose of, or transfer more than 28% of its net assets? If "Yes," complete Schedule N, Part I 31 X 31 Did the organization own 100% of an entity disregarded as separate from the organization with a controlled entity within the meaning of section 512(h)(13)? "Sa5 A X 3	٨	Did the erganization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization report any spot or prome \$90 \text{.} \$27 \text{.} \$1 \text{.} \$256 \text{.} \$X\$ Schedule L, Part I 256 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 \$5% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26			24u		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part II 25b X 2 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? if "Yes," complete Schedule L, Part III 26 X 2 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 2 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IVI instructions for applicable fling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IVI 28b X 2 b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IVI 28b X 2 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 3 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M, Part I 31 X 3 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule M, Part I 31 X 3 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulation sections 301.7701-391 If "Yes," complete Schedule R, Part I II	2 5a		252		x
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b X 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current of former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a X X A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X X X X X X X X X	h		200		
Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X 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 Was the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28b X c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28b X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X Did the organization individual celevity of the substantial contributions? If "Yes," complete Schedule M 30 X Did the organization individual celevity of the substantial reasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part II 31 X Did the organization individual celevity of the substantial reasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part II 32 X Did the organization individual celevity of the substantial reasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part II III 32 X Did the organization on 100% of an entity disregarded as se					
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 of rainly member of any of these persons? If *Yes; *Complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof or family member of any of these persons? If *Yes; *Complete Schedule L, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part III 18 A family member of any individual described in line 28a? If *Yes, *Complete Schedule L, Part IV 28a X 28 A family member of any individual described in line 28a? If *Yes, *Complete Schedule L, Part IV 28a 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 more than \$25,000 in non-cash contributions? If *Yes, *complete Schedule N, Part I 31 X 31 Did the organization individual entire than \$25,000 in non-cash contributions? If *Yes, *complete Schedule N, Part I 31 X 32 Did the organization loughate, terminate, or dissolve and cease operations? If *Yes, *complete Schedule N, Part I 31 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301-7701-2 and 301-7701-37 If *Yes, *complete Schedule R, Part I 31 X 34 Was the organization real to any tax-exempt or taxable entity? If *Yes, *complete Schedule R, Part II, III, or IV, and Part V, Iine 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If *Yes, *complete Schedule R, Part V, Iine 2 35b Did the organization receive any payment from or engage		Orbert In J. Part I	25h		x
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b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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 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 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 Note: All Form 990 filers are required to complete Schedule O Check if Schedule O contains a response or note to any line in this Part V Test Note Ia Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1a 0 1b 0				A	- v
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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 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 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	26		JOD		
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 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	30		26		x
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 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 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 37	27		30		
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 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 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	31		27		x
Note: All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	38		31		
Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	30		38	x	
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Yes No1aEnter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a0bEnter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0					
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0		, == =::= == == y === : == : == : ==			No
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable)		
			<u>ז</u>		

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Form **990** (2021)

(gambling) winnings to prize winners?

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return 2a					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.					
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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 O	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			١		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X		
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		-		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_		l 🕶		
	any contributions that were not tax deductible as charitable contributions?	6a		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	01				
_	were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).			Х		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		x		
d	If "Yes," indicate the number of Forms 8282 filed during the year	70				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
_	sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					
11	· · · · · · · · · · · · · · · · · · ·					
а	Gross income from members or shareholders					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40				
а	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	Note: See the instructions for additional information the organization must report on Schedule O.					
D	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 Enter the amount of reserves on hand 13b 13c					
		14a		X		
	16 N 4 N 1 N 1 N 1 N 1 N 1 N 1 N 1 N 1 N 1	14a 14b		 ^		
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	עדו				
10	excess parachute payment(s) during the year?	15		x		
If "Yes," see the instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х		
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any					
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17				
	If "Yes." complete Form 6069.					

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

	Check if Schedule O contains a response or note to any line in this Part VI							
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15							
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent 1b 15							
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2		X				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, trustees, or key employees to a management company or other person?	3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
6	Did the organization have members or stockholders?	6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	X					
b	Each committee with authority to act on behalf of the governing body?	8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
_	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
	Did the organization have local chapters, branches, or affiliates?	10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	77					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		37					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37					
	on Schedule O how this was done	12c	X					
13	Did the organization have a written whistleblower policy?	13	X					
14	Did the organization have a written document retention and destruction policy?	14	Λ					
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		Х				
	The organization's CEO, Executive Director, or top management official	15a		X				
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b		22				
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
iva		16a		Х				
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	IUa		- 11				
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
		16b						
Sec	exempt status with respect to such arrangements?	100						
17	List the states with which a copy of this Form 990 is required to be filed ►MD							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only) avail	able				
	for public inspection. Indicate how you made these available. Check all that apply.	_ or my	, availe					
	X Own website Another's website X Upon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	ncial					
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records							
-	THE ORGANIZATION - 301-657-0881							
	6110 EXECUTIVE BLVD., 305, ROCKVILLE, MD 20852							

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

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

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

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

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

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

Name and title Average hours per week (list any hours for related organizations below line) 1) C. BANKS PRESIDENT AND CEO Average hours per week (1) C. BANKS PRESIDENT AND CEO Average hours per week (1) C. BANKS PRESIDENT AND CEO Average hours per week (1) C. BANKS PRESIDENT AND CEO Average hours per week (1) C. BANKS PRESIDENT AND CEO Average hours per box, unless person is both an officer and a director/trustee) (1) C. BANKS PRESIDENT AND CEO Average hours per box, unless person is both an officer and a director/trustee) (1) C. BANKS PRESIDENT AND CEO Average hours per box, unless person is both an officer and a director/trustee) (I) Dabrowski	nated unt of her nsation the zation elated zations
Nours per Week (list any hours for related organizations below line) Early	ner nsation I the zation elated
Companization Companizatio	nsation the zation elated
C. Banks	the zation elated
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PRESIDENT AND CEO	
C1	969.
CHIEF FINANCIAL OFFICER 40.00 X 0. 178,590. 28 (3) N. BEGGAN 2.00 X 0. 0. (4) E. BENEVIDES 2.00 X 0. 0. (5) J. FALLON 2.00 X 0. 0. BOARD MEMBER 2.00 X 0. 0. (6) C. FULGHAM 2.00 X 0. 0. (7) R. LOCKARD 2.00 X 0. 0. BOARD MEMBER 2.00 X 0. 0. (8) D. ROTH 2.00 X 0. 0. (8) D. ROTH 2.00 X 0. 0. (9) J. SCOTT 2.00 X 0. 0. BOARD MEMBER 2.00 X 0. 0. (10) C. WARNER BOARD MEMBER 2.00 X 0. 0. (10) C. WARNER 2.00 X 0. 0.	909.
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BOARD MEMBER 2.00 X 0. 0.	0.
	_
(11) M. BROWN $ 2.00 $	0.
 	•
BOARD MEMBER 2.00 X 0.	0.
(12) L. IRELAND 6.00	0
CHAIRPERSON 6.00 X X 0.	0.
(13) J. JOYCE 5.00 W	^
IMMEDIATE PAST CHAIRPERSON 5.00 X X 0.	0.
(14) T. STALEY INCOMING CHAIRPERSON 5.00 X X 0.	^
	0.
(15) B. ROTH VICE CHAIRPERSON 5.00 X X 0.	0.
(16) H. MILLER 5.00 0.	
TREASURER 5.00 X X 0.	0.
(17) L. PERNER 5.00	
SECRETARY 5.00 X X 0.	

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		OCIETY ()F	Αl	MEI	RIC	CA	F	OUNDATION	52-200)7155	Pa	ge 8
Par	t VII Section A. Officers, Directors, Tru		ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)			
	(A)	(B)			_ (0				(D)	(E)		(F)	
	Name and title	Average	(do		Pos heck		than	one	Reportable	Reportable	E:	stimate	d
		hours per	box	, unle	ss pe	rsoni	is bot	h an	compensation	compensation	ar	mount c	of
		week	-	Cer ai	lu a u	I ecic	Ji/ ii us	lee)	from	from related		other	
		(list any hours for	irecto						the	organizations	1	npensat	
		related	or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC 1099-NEC)		rom the ganization	
		organizations	ruste	ll trus		ee	mpen		1099-NEC)	10331120)	,	nd relate	
		below	Individual trustee or director	Institutional trustee	_) oldu	st co	ъ	133511257			anizatio	
		line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former					
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			T										
			1										
			1										
1b	Subtotal							▶	0.	433,964	1. 6	8,89	93.
С	Total from continuation sheets to Part V								0.).		0.
d	Total (add lines 1b and 1c)								0.	433,964	1. 6	8,89	93.
2	Total number of individuals (including but	not limited to th	nose	liste	ed al	bove	e) wł	no r	eceived more than \$100	0,000 of reportable			
	compensation from the organization												0
												Yes	No
3	Did the organization list any former office	r, director, trust	ee, ł	кеу е	emp	loye	e, or	hig	ghest compensated emp	oloyee on			
	line 1a? If "Yes," complete Schedule J for	such individual									3		X
4	For any individual listed on line 1a, is the												
	and related organizations greater than \$1	50,000? If "Yes,	," co	mple	ete S	Sche	edule	e J t	for such individual		4	X	
5	Did any person listed on line 1a receive or	accrue compe	nsat	ion 1	from	any	unr/	elat	ted organization or indiv	idual for services			
	rendered to the organization? If "Yes," con	mplete Schedul	e J f	or s	uch ,	pers	son .				5		Х
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest of	ompensated in	depe	ende	ent c	ontr	racto	ors t	that received more than	\$100,000 of comp	ensation	from	
	the organization. Report compensation fo	r the calendar y	ear (endi	ng v	vith	or w	ithir	n the organization's tax	year.			
	(A)								(B)			C)	
	Name and busines	s address	NO	INC	3				Description of s	services	Compe	ensation	1
								_					
								_					
								_					
								_					
	Takal manakan asi da a da a da a da a	Contraction 12							d -l				
2	Total number of independent contractors	(including but r	iot lii	mıte	a to	tno	se lis	stec	a above) wno received n	nore tnan			

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\$100,000 of compensation from the organization

J. C.		Check if Schedule O contains a response or not	e to any line	e in this Part VIII			
		Check if Schedule O contains a response or note	e to arry line	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts			,984.				30000013 012 014
			, 504.				
اع ق		Membership dues1b	400				
Ţ,ţ		•	,480.				
Ē.	C	Related organizations 1d					
ıs,	е	Government grants (contributions) 1e					
후	f	All other contributions, gifts, grants, and					
		similar amounts not included above 1f 1	748.				
함	g	Noncash contributions included in lines 1a-1f					
a S	h	Total. Add lines 1a-1f		188,212.			
		Busin	ness Code				
e l	2 a						
اھ کے	b	-					
Se	c						
a e	d	. —					
Program Service Revenue	-						
Pr	f	All other program service revenue					
		Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest, and					
		other similar amounts)	▶	14,927.			14,927.
	4	Income from investment of tax-exempt bond proceed					
	5	Royalties					
			Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Not vental in come or (loca)					
		` '	Other				
	1 0	assets other than inventory 7a 46,617.	7 0 11101				
		Less: cost or other basis	-				
<u>o</u>	L.						
nu		and sales expenses 7b 43,864. Gain or (loss) 7c 2,753.	-				
e ve		<u> </u>		2,753.	2,753.		
her Revenue		Net gain or (loss)	🕨	4,755.	4,755.		
Oth	8 a	Gross income from fundraising events (not including \$ 138,480 • of					
١							
		contributions reported on line 1c). See					
	_	Part IV, line 18 8a	0.				
			.	F 4 C F 1			E4 CE1
			🕨	-54,651.			-54,651.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
		Less: direct expenses 9b					
	c	Net income or (loss) from gaming activities	🕨				
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold10b					
\rightarrow	C	Net income or (loss) from sales of inventory					
sn			ness Code				
Miscellaneous Revenue	11 a						
Ven	b						
Re	C C						
Σ		All other revenue Total. Add lines 11a-11d					
	12	Total revenue. See instructions		151,241.	2,753.	0	-39,724.
	14	I VIGI I VEII UE. OEE III SU UUUUII S		TOT 1 0 TT 0	4,155		33,1440

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respons	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	83,829.	83,829.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal	5,920.	5,015.	301.	604
	Accounting	5,920.	3,013.	301.	004
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
40	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses				
14 45	Information technology				
15 16	Royalties				
16 17	Occupancy				
17 10	Payments of travel or entertainment expenses				
18	•				
19	for any federal, state, or local public officials Conferences, conventions, and meetings				
19 20					
20 21	Payments to affiliates				
21 22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	DUES, FEES AND MEMBERSH	12,256.	10,383.	623.	1,250
b	INTEREST EXPENSE AND BA	4,060.	3,439.	207.	414
c		-	,		
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	106,065.	102,666.	1,131.	2,268
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash - non-interest-bearing 1 312,293 379,309. 2 Savings and temporary cash investments 153,578. 80,448. Pledges and grants receivable, net 3 3 Accounts receivable, net 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net Inventories for sale or use 8 375. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 476,064. 542,744. Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets Other assets. See Part IV, line 11 15 15 941,935. 1,002,876. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 35,395. 33,145. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, _iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 147,700. 145,131. 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 86,751. 140,397 323,492. 265,027. 26 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ▶ X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 662,401. 501,922. Net assets without donor restrictions 27 27 116,521. 75,448. Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here 🕨 and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 618,443. 737,849. Total net assets or fund balances 32 32 941,935. 1,002,876. 33 Total liabilities and net assets/fund balances ...

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)		15	1,2	41.			
2	Total expenses (must equal Part IX, column (A), line 25)							
3								
4								
5								
6	Donated services and use of facilities	6		8,9 5,3				
7	Investment expenses	7			—			
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	73	7,8	49.			
Pa	rt XII Financial Statements and Reporting	'						
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?							
	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?		2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	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,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.						
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit						
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					

Form **990** (2021)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization AUTISM SOCIETY OF AMERICA FOUNDATION 52-2007155 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support, Subtract line 5 from line 4.						
_	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	(,	(-7 =	(-,	(-,	(=,===	(-)
	Gross income from interest,						
_	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)		•	12	
13	First 5 years. If the Form 990 is for the	e organization's fi				501(c)(3)	
	organization, check this box and stop						>
Sec	ction C. Computation of Publi	c Support Pe	rcentage				
	Public support percentage for 2021 (li					14	%
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2021. If the o						
	stop here. The organization qualifies a						
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test	- 2021. If the org	anization 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 facts	s-and-circumstand	es test, check this	s box and stop he	ere. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	-		*	-		
b	10% -facts-and-circumstances test	- 2020. If the org	anization 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 th	e facts-and-circur	nstances test, che	eck this box and s	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circu			•			
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	<u>s</u>

Schedule A (Form 990) 2021

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.)

<u> </u>	qualify under the tests listed b	elow, please comp	noto i ait ii.j							
	tion A. Public Support	,								
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	123,178.	166,177.	176,635.	235,918.	188,212.	890,120.			
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			203,426.			203,426.			
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	123,178.	166,177.	380,061.	235,918.	188,212.	1,093,546.			
7a	Amounts included on lines 1, 2, and									
	3 received from disqualified persons						0.			
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						0.			
	Public support. (Subtract line 7c from line 6.)						1,093,546.			
Sec	tion B. Total Support									
Sec	etion B. Total Support ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
Sec Cale	etion B. Total Support ndar year (or fiscal year beginning in)	(a) 2017 123, 178.	(b) 2018 166,177.	(c) 2019 380, 061.	(d) 2020 235, 918.	(e) 2021 188, 212.	(f) Total			
Cale 9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	(a) 2017 123,178. 505.	(b) 2018 166,177. 1,600.	(c) 2019 380,061. 2,417.	(d) 2020 235, 918. 9,312.	(e) 2021 188,212.				
Cale 9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses	123,178.	166,177.	380,061.	235,918.	188,212.	1,093,546.			
Cale 9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	123,178.	1,600.	2,417.	9,312.	188,212.	28,761.			
Gale 9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	505.	166,177.	380,061.	235,918.	188,212.	1,093,546.			
Cale 9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	505. 505.	1,600. 1,600.	2,417. 2,417. 496.	9,312.	14,927.	28,761. 28,761. 28,761.			
Sec Cale 9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	123,178. 505. 505. 1,073. 124,756.	1,600. 1,600. 1,220. 168,997.	2,417. 2,417. 2,417. 496. 382,974.	9,312.	14,927. 14,927. 203,139.	28,761. 28,761. 28,761. 2,789. 1,125,096.			
Sec Cale 9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the	123,178. 505. 505. 1,073. 124,756.	1,600. 1,600. 1,220. 168,997.	2,417. 2,417. 2,417. 496. 382,974.	9,312.	14,927. 14,927. 203,139.	28,761. 28,761. 28,761. 2,789. 1,125,096.			
Cale 9 10 a b c 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here	123,178. 505. 505. 1,073. 124,756. ne organization's fire	1,600. 1,600. 1,600. 1,220. 168,997. st, second, third,	2,417. 2,417. 2,417. 496. 382,974.	9,312.	14,927. 14,927. 203,139.	28,761. 28,761. 28,761. 2,789. 1,125,096.			
Cale 9 10 a b c 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here	123,178. 505. 505. 1,073. 124,756. ne organization's finitic Support Pe	1,600. 1,600. 1,220. 168,997. rst, second, third,	380,061. 2,417. 2,417. 496. 382,974. fourth, or fifth tax	9,312.	14,927. 14,927. 203,139. i01(c)(3) organization	28,761. 28,761. 2,789. 1,125,096. on,			
Cale 9 10a b c 11 12 13 14 Sec 15	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here	123,178. 505. 505. 1,073. 124,756. se organization's firits Support Perine 8, column (f), d	1,600. 1,600. 1,600. 1,220. 168,997. rst, second, third,	380,061. 2,417. 2,417. 496. 382,974. fourth, or fifth tax	9,312.	14,927. 14,927. 14,927. 203,139. 301(c)(3) organization	28,761. 28,761. 28,761. 2,789. 1,125,096. on, p7.20 %			
Cale 9 10a b c 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here Etion C. Computation of Publ Public support percentage from 2020	123,178. 505. 505. 1,073. 124,756. se organization's file Support Perine 8, column (f), co	1,600. 1,600. 1,600. 1,220. 168,997. rst, second, third, rcentage livided by line 13, and lill, line 15	380,061. 2,417. 2,417. 496. 382,974. fourth, or fifth tax	9,312. 9,312. 245,230. year as a section 5	14,927. 14,927. 203,139. i01(c)(3) organization	28,761. 28,761. 28,761. 2,789. 1,125,096. on,			
Cale 9 10a b c 11 12 13 14 Sec 15 16 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here Etion C. Computation of Public support percentage for 2021 (In Public support percentage from 2020)	123,178. 505. 505. 1,073. 124,756. ae organization's fine Support Perine 8, column (f), do a schedule A, Part street Income	1,600. 1,600. 1,600. 1,220. 168,997. st, second, third, reentage ivided by line 13, Ill, line 15 e Percentage	380,061. 2,417. 2,417. 496. 382,974. fourth, or fifth tax years.	9,312. 9,312. 245,230. year as a section 5	14,927. 14,927. 203,139. 301(c)(3) organizations	28,761. 28,761. 28,761. 2,789. 1,125,096. on, 97.20 % 96.96 %			
Cale 9 10a b c 11 12 13 14 Sec 15 16 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here Etion C. Computation of Publ Public support percentage from 2020	123,178. 505. 505. 1,073. 124,756. ae organization's fine Support Perine 8, column (f), do a schedule A, Part street Income	1,600. 1,600. 1,600. 1,220. 168,997. st, second, third, reentage ivided by line 13, Ill, line 15 e Percentage	380,061. 2,417. 2,417. 496. 382,974. fourth, or fifth tax years.	9,312. 9,312. 245,230. year as a section 5	14,927. 14,927. 14,927. 203,139. 301(c)(3) organization	28,761. 28,761. 28,761. 2,789. 1,125,096. on, 97.20 % 96.96 % 2.56 %			
Cale 9 10a b c 11 12 13 14 Sec 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here extion C. Computation of Publ Public support percentage from 2020 investment income percentage from 2020 inv	1,073. 1,073. 1,073. 124,756. The organization's finite section (f), do Schedule A, Part street Income (21 (line 10c, colun (2020 Schedule A, Line (2020 Sch	1,600. 1,600. 1,600. 1,600. 1,600. 1,600. 168,997. rst, second, third, rcentage livided by line 13, 48 re Percentage on (f), divided by line 17	380,061. 2,417. 2,417. 496. 382,974. fourth, or fifth tax y	9,312. 9,312. 245,230. year as a section 5	14,927. 14,927. 14,927. 203,139. iol(c)(3) organizations 15 16 17 18	28,761. 28,761. 28,761. 2,789. 1,125,096. on, 97.20 % 96.96 % 2.56 % 1.17 %			
Cale 9 10a b c 11 12 13 14 Sec 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here etion C. Computation of Publ Public support percentage for 2020 (Investment income percentage for 2000) Investment income percentage for 2000.	1,073. 1,073. 1,073. 124,756. The organization's finite section (f), do Schedule A, Part street Income (21 (line 10c, colun (2020 Schedule A, Line (2020 Sch	1,600. 1,600. 1,600. 1,600. 1,600. 1,600. 168,997. rst, second, third, rcentage livided by line 13, 48 re Percentage on (f), divided by line 17	380,061. 2,417. 2,417. 496. 382,974. fourth, or fifth tax y	9,312. 9,312. 245,230. year as a section 5	14,927. 14,927. 14,927. 203,139. iol(c)(3) organizations 15 16 17 18	28,761. 28,761. 28,761. 2,789. 1,125,096. on, 97.20 % 96.96 % 2.56 % 1.17 % 7 is not			
Cale 9 10a b c 11 12 13 14 Sec 17 18 19a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here extion C. Computation of Publ Public support percentage from 2020 investment income percentage from 2020 inv	1,073. 1,073. 1,073. 124,756. Be organization's file Support Perione 8, column (f), do Schedule A, Part stment Income 121 (line 10c, column 2020 Schedule A, lorganization did nond stop here. The organization did nond stop here.	1,600. 1,600.	2,417. 2,417. 2,417. 496. 382,974. fourth, or fifth tax you column (f)) ne 13, column (f)) on line 14, and line ries as a publicly so line 14 or line 19a	9,312. 9,312. 245,230. year as a section 5 upported organiza , and line 16 is mo	14,927. 14,927. 14,927. 203,139. 301(c)(3) organization 15 16 17 18 3 1/3%, and line 1 tion 17 18 17 18 18 17 18 18 17 18 17 18 18 17 18 18 17 18 18 17 18 18 18 18 18 18 18 18 18 18 18 18 18	28,761. 28,761. 28,761. 2,789. 1,125,096. on, 97.20 % 96.96 % 2.56 % 1.17 % 7 is not Mand			

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	•		
	2		
	3a		
	Sa		
	3b		
	0-		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b 5c		
	30		
	6		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
	10b		
dule	A (Forr	n 990	2021

Par	irt IV Supporting Organizations (continued)			
			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		
	A family member of a person described on line 11a above?	11b		
	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		
	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			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated an			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	10/19 tine		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
	ction C. Type II Supporting Organizations			<u> </u>
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
	ction D. All Type III Supporting Organizations	<u>'</u>		<u> </u>
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		1.00	110
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior t	ax		
	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		
	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		
	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		
Sect	ction E. Type III Functionally Integrated Supporting Organizations			<u> </u>
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea (see i	 netructions)		
' a		isa acaonsj.		
b				
C		entity (see instruction	ne)	
	Activities Test. Answer lines 2a and 2b below.	critity (See matruotio	Yes	No
			103	140
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
		2.0		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
	Did the organization evergice a substantial degree of direction over the policies programs and activities of each	Ja		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

3chedule A (Form 990) 2021

Sche	dule A (Form 990) 2021 AUTISM SOCIETY OF AMER	ICA F	OUNDATION	52-2007155 Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orga	anizations	-
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust o	n Nov. 20, 1970 (e <i>xplai</i> i	n in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st comple	te Sections A through E	Ξ. ΄
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		

emergency temporary reduction (see instructions).

6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

5

4 Enter greater of line 2 or line 3.

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990) 2021

c Excess from 2019d Excess from 2020e Excess from 2021

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

AUTISM SOCIETY OF AMERICA FOUNDATION

Employer identification number 52-2007155

Par			r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) zenor adviced ianiae	(2)
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		funds
3	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
Ü	for charitable purposes and not for the benefit of the donor		
Par		ganization answered "Yes" on Form 990. Part	
1	Purpose(s) of conservation easements held by the organizat	-	,
·	Preservation of land for public use (for example, recreations)		istorically important land area
	Protection of natural habitat		ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form of a	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic st		
	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re		
	year ►		
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe	eriodic 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 conserv	vation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservatior	n easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense sta	atement and
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statement	s that describes the
	organization's accounting for conservation easements.		
Par			er Similar Assets.
	Complete if the organization answered "Yes" on Forn		
1a	If the organization elected, as permitted under FASB ASC 99		
	of art, historical treasures, or other similar assets held for pu		erance of public
	service, provide in Part XIII the text of the footnote to its fina		
b	If the organization elected, as permitted under FASB ASC 99		
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furthera	ance 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 tre	- · · · · · · · · · · · · · · · · · · ·	ain, provide
	the following amounts required to be reported under FASB A		
	Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	is for Form 990.	Schedule D (Form 990) 2021

132051 10-28-21

	t III Organizations Maintaining C	ollections of A					er Simil	ar Asse	ets(contin		age Z
3	Using the organization's acquisition, accession								•	/	
_	collection items (check all that apply):	,	,	······································			9				
а	Public exhibition	c	ı 🗆	Loan or exc	change progr	am					
b											
c	Preservation for future generations										
4											
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets										
J	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arrang										<u></u>
	reported an amount on Form 990, Par		ctc ii tiic	organizatio	on anowered	103 01	11 01111 330	, i ait iv,	iii ic 5, 6i		
	Is the organization an agent, trustee, custodia		diany for	contribution	ns or other a	ssets not	t included				
ıu	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII a								_ 103	L	J 140
D	Tres, explain the arrangement in rate xing	and complete the re	mowning	table.					Amoun		
•	Reginning halance						1c				
	Additions during the year										
	Additions during the year										
f	Distributions during the year										
	Ending balance Did the organization include an amount on Fo								Yes	\top	No
	If "Yes," explain the arrangement in Part XIII.						•				ן אוני
	t V Endowment Funds. Complete if										
. u	Endownient i dide: Complete ii	(a) Current year		Prior year	(c) Two year			ears hack	(e) Four	vears	hack
10	Paginning of year balance	(a) current year	(5):	Tior your	(6) 1110 300	iro buon	(4) 111100)	TOUTO DUON	(0) 1 041	youro	Buon
	Beginning of year balance								+		
	Contributions										
	Net investment earnings, gains, and losses								1		
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs								+		
	Administrative expenses								-		
_	End of year balance		<u> </u>		<u> </u>						
2	Provide the estimated percentage of the curr	ent year end baland	ce (line 1	g, column (a)) held as:						
	Board designated or quasi-endowment		%								
	Permanent endowment >	%									
С		%									
	The percentages on lines 2a, 2b, and 2c shou										
3a	Are there endowment funds not in the posses	ssion of the organiz	ation tha	at are held a	and administe	ered for t	the organiz	zation	г		
	by:									Yes	No
	(i) Unrelated organizations										
	(ii) Related organizations								. 3a(ii)		<u> </u>
b	If "Yes" on line 3a(ii), are the related organizate				?				. 3b		
4	Describe in Part XIII the intended uses of the		owment	funds.							
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answered					0, Part X	, line 10.				
	Description of property	(a) Cost or o			t or other		ccumulate		(d) Boo	< valu⁴	е
		basis (investr	ment)	basis	(other)	de	preciation				
	Land										
	Buildings										
С	Leasehold improvements										
d	Equipment										
	Other										
Total	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	X, colur	nn (B), line	10c.)						0.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 AUTISM SOCI. Part VIII Investments - Other Securities.	ETY OF AMERIC.		2-2007155 Page
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11b. See Form 990. Part X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1) Financial derivatives			·
(2) Closely held equity interests			
(3) Other			
(A) MUTUAL FUNDS	542,744.	END-OF-YEAR MARKET	' VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	542,744.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(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)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	2 15)	>	1

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DUE TO AFFILIATE	86,751.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	86,751.

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

Schedule D (Form 990) 2021

Sche	edule D	(Form 990) 2021	AUTISM	SOCIETY	OF	AMERICA	FOUNDATION	52-	2007155	Page 4
Pa	rt XI	Reconciliation of	f Revenue	oer Audited	Fina	ncial Statem	ents With Revenu			
		Complete if the organ	nization answere	ed "Yes" on For	m 990	, Part IV, line 12	a.			
1	Total	revenue, gains, and oth	ner support per	audited financi	al state	ements		1		
2	Amou	ınts included on line 1 l	but not on Form	n 990, Part VIII,	ine 12	:				
а	Net u	nrealized gains (losses)	on investment	s			2a			
b		ted services and use of								
С		veries of prior year grar								
d		(Describe in Part XIII.)								
е								2e		
3	Subtr									
4		ınts included on Form 9								
а	Inves	tment expenses not inc	cluded on Form	990, Part VIII, I	ne 7b		4a			
b	Other	(Describe in Part XIII.)					4b			
С	Add li	ines 4a and 4b						4c		
Pa	rt XII	Reconciliation o	of Expenses	per Audited	l Fina	ancial Stater	nents With Expen	ses per Retu	ırn.	
		Complete if the organ	nization answere	ed "Yes" on For	m 990	, Part IV, line 12	a.			
1	Total	expenses and losses p	er audited finar	ncial statements	·			1		
2	Amou	ınts included on line 1 l	but not on Form	n 990, Part IX, lii	ne 25:					
а	Donat	ted services and use of	f facilities				2a			
b	Prior	year adjustments					2b			
С		losses								
d	Other	(Describe in Part XIII.)					2d			
е	Add li	ines 2a through 2d						2e		
3	Subtr	act line 2e from line 1						3		
4	Amou	ınts included on Form 9	990, Part IX, line	e 25, but not on	line 1:					
а	Inves	tment expenses not inc	cluded on Form	990, Part VIII, I	ne 7b		4a			

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

b Other (Describe in Part XIII.) c Add lines 4a and 4b

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, 2021, THERE ARE NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE RECOGNITION OR DISCLOSURE. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. HOWEVER,

Schedule D (Form 990) 2021

Schedule D	(Form 990) 2021	AUTISM	SOCIETY	OF	AMERICA	FOUNDATION	52-2007155	Page 5
Part XIII	(Form 990) 2021 Supplemental Info	rmation (cont	inued)					
		,	,					
•								

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

AUTTSM SOCIETY OF AMERICA FOUNDATION

Employer identification number

AUTISM	SOCIETY OF AMERICA	, FO	ממט	ATTON	52-2007	155
Part I Fundraising Activities required to complete this par	Complete if the organization answe	ered "Y	es" oı	n Form 990, Part IV,	line 17. Form 990-EZ	Z filers are not
 Indicate whether the organization rais a	e Solicitat f Solicitat g Special or oral agreement with any individual tart VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includerofess	non-g gover lising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees, orYes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
otal		•	•			
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration

132081 10-21-21

Schedule G (Form 990) 2021

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

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

		of fundraising event contributions and gr	oss income on Form 990	0-EZ, lines 1 and 6b. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1 3RD PARTY EVENTS	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
Ф			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	138,480.			138,480.
	2	Less: Contributions	138,480.			138,480.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
	8	Entertainment	F.4. CE1			F.4. CE1
	9 10	Other direct expenses	54,651.			54,651. 54,651.
		Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li				-54,651.
Pa	rt I					
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
а	Ent	ter the state(s) in which the organization conducted the organization licensed to conduct gaming a No," explain:	ucts gaming activities:			Yes No
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No

132082 10-21-21 Schedule G (Form 990) 2021

Sch	nedule G (Form 990) 2021 AUTISM SOCIETY OF AMERICA FOUNDATION 52-	200/155	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
12	Indicate the percentage of gaming activity conducted in:		
		ا مدا	0.4
	a The organization's facility		<u>%</u>
	o An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address >		
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
ı	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
(c If "Yes," enter name and address of the third party:		
	Name ►		
	Address >		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
4-			
	Mandatory distributions:		
6	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	└── No
ı	number 2 Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year ▶ \$		
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P.	art III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
	, , , , , , , , , , , , , , , , , , , ,		

Schedule G	G (Form 990)	AUTISM	SOCIETY	OF	AMERICA	FOUNDATION	52-2007155 _{Pa}	ige 4
Part IV	G (Form 990) Supplemental Info	ormation (cont	inued)					
		· · · · · · · · · · · · · · · · · · ·	,					

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 52-2007155 AUTISM SOCIETY OF AMERICA FOUNDATION Part I **General Information on Grants and 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 X Yes criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (c) IRC section (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, noncash assistance or government (if applicable) cash grant noncash or assistance FMV, appraisal, assistance other) AUTISM SOCIETY OF AMERICA, INC. TO PROMOTE PRACTICAL 4340 EAST WEST HIGHWAY, SUITE 350 RESEARCH EDUCATION AND BETHESDA, MD 20814 AWARENESS ABOUT AUTISM. 52-1020149 501(C)(3) 83,829 0 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

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

Schedule I (Form 990) 2021

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information	required in Part I, line	e 2; Part III, colum	n (b); and any other a	dditional information.	
PART I, LINE 2:					
THE GRANT HAS TO MEET STRATEGIC	PLANNING. (GRANT REVI	ENUE AND EX	PENSES ARE	
TRACKED BY ACCOUNTING SOFTWARE.	GRANT BUDG	ET IS PREI	PARED AND A	PPROVED BY	
THE APPROPRIATE PARTY. DISBURSEM	ENTS ARE PI	ROPERLY AI	PPROVED, DO	CUMENTED AND	
IN LINE WITH GRANT BUDGET AND AD	HERE TO IN	TERNAL CO	NTROL POLIC	Y. THERE IS A	
CONTINUOUS REVIEW TO ENSURE THE	PROPER SPEI	NDING. TI	MELY REPORT	TO THE	
GRANTOR IS REQUIRED.					

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

AUTISM SOCIETY OF AMERICA FOUNDATION

Employer identification number 52-2007155

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		v
a	The organization?	5a		X
b	Any related organization?	5b		
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:	0-		Х
a	The organization?	6a		X
D	Any related organization?	6b		
7	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	7		Х
0	not described on lines 5 and 6? If "Yes," describe in Part III	7		21
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	0		-22
3	Regulations section 53.4958-6(c)?	9		
	negulations section 30.4300.0(c)?	ן פ		

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

Schedule J (Form 990) 2021

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-MIS 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)	0.	0.	0.	0.	0.		0.
PRESIDENT AND CEO	(ii)	255,374.	0.	0.	24,698.	15,271.		
(2) J. DABROWSKI	(i)	0.	0.	0.	0.	0.		0.
CHIEF FINANCIAL OFFICER	(ii)	178,590.	0.	0.	11,596.	17,328.	207,514.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
FORM 990, SCHEDULE J, PART II
THE FOUNDATION DOES NOT COMPENSATE ANY OF ITS OFFICERS, DIRECTORS OR
KEY EMPLOYEES. THE COMPENSATION REPORTED IN PART VII AND ON SCHEDULE J
IS PAID BY THE AUTISM SOCIETY OF AMERICA, INC., A RELATED ORGANIZATION.
THE FOUNDATION RELIES ON THE SOCIETY'S METHODOLOGY OF DETERMINING
COMPENSATION. THIS METHODOLOGY IS AS FOLLOWS: COMPENSATION FOR THE CEO
IS DETERMINED AND REVIEWED BY A COMMITTEE OF THE ORGANIZATION'S BOARD.
THE ORGANIZATION'S COO MONITORS ANNUAL REVIEWS AND COMPENSATION
INCREASES, BASED ON POSITION, MARKET ANALYSIS AND BUDGET.

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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.

2021
Open to Public Inspection

Name of the organization

AUTISM SOCIETY OF AMERICA FOUNDATION

Employer identification number 52-2007155

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ADVOCATE FOR THOSE AFFECTED BY AUTISM AND TO PROMOTE PUBLIC AWARENESS

OF ISSUES RELATED TO AUTISM.

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

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

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

CONFLICT OF INTEREST QUESTIONNAIRES ARE REQUIRED TO BE FILED ANNUALLY BY

ALL BOARD MEMBERS AND 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 C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE

MADE AVAILABLE UPON REQUEST. THE ORGANIZATION'S FINANCIAL STATEMENTS ARE

AVAILABLE ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART XII, 2C

THE ORGANIZATION DID NOT CHANGE PROCESS FROM PRIOR YEAR.

PART VII, SECTION A, LINE 1A.

THE AUTISM SOCIETY OF AMERICA FOUNDATION AMENDS ITS 2021 FORM 990 TO

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page 2
Name of the organization AUTISM SOCIETY OF AMERICA FOUNDATION	Employer identification number 52-2007155
ADD M. BROWN AS A BOARD MEMBER TO PART VII, SECTION A, LI	NE 1A. HE WAS
INADVERTENTLY OMITTED FROM THE ORIGINAL FILING.	
	_
	_

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2021

OMB No. 1545-0047

Open to Public Inspection

Name of the organization AUTISM SOCIETY	OF AMERICA FOUNDA	TION			E	Employer identific 52-20071	cation n	umber
Part I Identification of Disregarded Entities. Complete	te if the organization answered "Yes"	on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	(e) End-of-year		ts Direct control entity		g
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization a	answered "Yes" on Form 990	0, Part IV, line 34,	because it had one	e or mo	ore related tax-exe	mpt	
(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 501(c)(3))		(f) rect controlling entity	cont	g) 512(b)(13) trolled tity?
AUTISM SOCIETY OF AMERICA, INC 52-1020149 4340 EAST WEST HIGHWAY, SUITE 350 BETHESDA, MD 20814	IMPROVING THE LIVES OF ALL	DISTRICT OF COLUMBIA	501(C)(3)	LINE 11	N/A		res	No X
	-				1,722			

Identification of Related Orgonizations treated as a part		ership. Complete if	the organization answe	ered "Yes" on Forr	m 990, Part IV, line	34, becaus	e it had one or mo	re related	t

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(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	Disproportiona allocations?		amount in box		or Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	lo
	1										

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	(i Sec 512(k contr ent	Section 512(b)(13) controlled entity?	
		country)		or tracty		400010		Yes	No	
								\vdash		
									—	

Page 3

Yes No

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

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

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

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	у			1a		X	
	Gift, grant, or capital contribution to related organization(s)							
С	Gift, grant, or capital contribution from related organization(s)							
d	Loans or loan guarantees to or for related organization(s)							
е	Loans or loan guarantees by related organization(s)				1e		X	
	, , , , , , , , , , , , , , , , , , , ,							
f Dividends from related organization(s)								
g	Sale of assets to related organization(s)				1g		X	
	h Purchase of assets from related organization(s)							
i	i Exchange of assets with related organization(s)							
j	j Lease of facilities, equipment, or other assets to related organization(s)							
k Lease of facilities, equipment, or other assets from related organization(s)								
ı	l Performance of services or membership or fundraising solicitations for related organization(s)							
	m Performance of services or membership or fundraising solicitations by related organization(s)							
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n	Х		
	Sharing of paid employees with related organization(s)				10	Х		
•								
n	Reimbursement paid to related organization(s) for expenses				1p		Х	
	Reimbursement paid by related organization(s) for expenses				1a		X	
٩	Troinibarbothorit paid by Tolatod organization(b) for expenses				19			
r	Other transfer of cash or property to related organization(s)				1r		X	
	Other transfer of cash or property from related organization(s)				1s		X	
	If the answer to any of the above is "Yes," see the instructions for information on w				1 13			
_								
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount in	volved			
	······································	type (a-s)	7 anount involved		,0,,00			
1) .	AUTISM SOCIETY OF AMERICA, INC.	В	83,829.	CASH				
•,	,		,					
2)								
<u>-,</u>								
3)								
-,								
4)								
٠,								
5)								
-,								
6)								
	3 11-17-21	40		Schedule	R (For	m 990)	2021	
				•	•	-,	-	

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) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	(f)	(g)	(r	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related_unrelated	partners s	Share of	Share of	Dispro	opor- ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag	Percentag
of entity		(state or foreign country)	excluded from tax under	orgs.?	total income	end-of-year assets	allocat	ions?	of Schedule K-1	partne	ownersnip
		Country)	Sections 5 (2-5 (4)	Yes N	o income	assets	Yes	No	(F01111 1065)	Yes N	10
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