

PUBLIC DISCLOSURE COPY

8822-B

(Rev. December 2019)

Department of the Treasury
Internal Revenue Service**Change of Address or Responsible Party - Business**

► Please type or print.

► See instructions. ► Do not attach this form to your return.

► Go to www.irs.gov/Form8822B for the latest information.

OMB No. 1545-1163

Before you begin: If you are also changing your home address, use Form 8822 to report that change.If you are a tax-exempt organization (see instructions), check here Check **all** boxes this change affects.1 Employment, excise, income, and other business returns (Forms 720, 940, 941, 990, 1041, 1065, 1120, etc.)2 Employee plan returns (Forms 5500, 5500-EZ, etc.)3 Business location**4a Business name****AUTISM SOCIETY OF AMERICA, INC.****4b Employer identification number****52-1020149****5 Old mailing address** (no., street, room or suite no., city or town, state, and ZIP code). If a P.O. box, see instructions. If foreign address, also complete spaces below, see instructions.

Foreign country name Foreign province/county Foreign postal code

6 New mailing address (no., street, room or suite no., city or town, state, and ZIP code). If a P.O. box, see instructions. If foreign address, also complete spaces below, see instructions.**6110 EXECUTIVE BLVD.****ROCKVILLE****20852**

Foreign country name Foreign province/county Foreign postal code

7 New business location (no., street, room or suite no., city or town, state, and ZIP code). If a foreign address, also complete spaces below, see instructions.

Foreign country name Foreign province/county Foreign postal code

8 New responsible party's name**JOSEPH JOYCE****9 New responsible party's SSN, ITIN, or EIN. (CAUTION: YOU MUST REFER TO THE INSTRUCTIONS FOR FORM SS-4 TO SEE WHO MAY USE AN EIN.)**
170-58-3844**10 Signature.** Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Daytime telephone number of person to contact (optional) ► _____

**Sign
Here**

 Signature of owner, officer, or representative

11-07-2025

Date


 President and CEO

Title

IRS E-file Signature Authorization
for a Tax Exempt EntityDepartment of the Treasury
Internal Revenue Service

For calendar year 2024, or fiscal year beginning _____, 2024, and ending _____, 20____

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

2024

Name of filer

AUTISM SOCIETY OF AMERICA, INC.

EIN or SSN

52-1020149

Name and title of officer or person subject to tax JOSEPH JOYCE
PRESIDENT/CEO**Part I Type of Return and Return Information**

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

1a	Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) _____	1b	5,787,388.
2a	Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) _____	2b	_____
3a	Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) _____	3b	_____
4a	Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5) _____	4b	_____
5a	Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c) _____	5b	_____
6a	Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4) _____	6b	_____
7a	Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1) _____	7b	_____
8a	Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D) _____	8b	_____
9a	Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19) _____	9b	_____
10a	Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22) _____	10b	_____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the

2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize ADEPTUS ADVISORS LLC to enter my PIN 20832
ERO firm name
Enter five numbers, but
do not enter all zeros

as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax Joseph Joyce

Date 11/07/2025

Part III Certification and Authentication

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

52132120814

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-File Providers for Business Returns**.

ERO's signature Joseph JoyceDate 11/07/25

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

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

Form 8879-TE (2024)

AUTISM SOCIETY OF AMERICA, INC.
6110 EXECUTIVE BLVD., 305
ROCKVILLE, MD 20852

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0027

|||||

FORM 990

Return of Organization Exempt From Income Tax

Form 990

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

OMB No. 1545-0047

2024

Open to Public
Inspection

A For the 2024 calendar year, or tax year beginning _____ and ending _____

B Check if applicable:	C Name of organization AUTISM SOCIETY OF AMERICA, INC.		D Employer identification number 52-1020149	
Address change	Doing business as		E Telephone number 301-657-0881	
Name change	Number and street (or P.O. box if mail is not delivered to street address) 6110 EXECUTIVE BLVD.		Room/suite 305	G Gross receipts \$ 6,763,397.
Initial return	City or town, state or province, country, and ZIP or foreign postal code ROCKVILLE, MD 20852		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No	
Final return/terminated	F Name and address of principal officer: JOSEPH JOYCE SAME AS C ABOVE		H(b) Are all subordinates included? Yes <input checked="" type="checkbox"/> No	
Amended return	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527		If "No," attach a list. See instructions	
Application pending	J Website: WWW.AUTISMSOCIETY.ORG		H(c) Group exemption number	
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other		L Year of formation: 1965		M State of legal domicile: DC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO IMPROVE THE LIVES OF ALL AFFECTED BY AUTISM.		
	2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a) 3		
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4		
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 5		
	6 Total number of volunteers (estimate if necessary) 6		
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b		
Revenue	8 Contributions and grants (Part VIII, line 1h) 5,542,555.	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g) 13,462.	5,591,057.	127,502.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 83,489.	67,803.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,364.	1,026.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 5,641,870.	5,787,388.	
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 690,508.	661,955.	
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0.	0.	
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,514,408.	4,280,297.	
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0.	0.	
	b Total fundraising expenses (Part IX, column (D), line 25) 722,099.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,992,106.	2,099,287.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 6,197,022.	7,041,539.	
	19 Revenue less expenses. Subtract line 18 from line 12 -555,152.	-1,254,151.	
	20 Total assets (Part X, line 16) 3,903,641.	Beginning of Current Year	End of Year
21 Total liabilities (Part X, line 26) 3,639,628.	2,426,112.	3,387,259.	
22 Net assets or fund balances. Subtract line 21 from line 20 264,013.	264,013.	-961,147.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <i>Joseph Joyce</i>	Date 11-7-25			
Paid Preparer Use Only	Preparer's name ANGIE SHA	Preparer's signature <i>ANGIE SHA</i>	Date 11/07/25	Check if self-employed	PTIN P01012787
	Firm's name ADEPTUS ADVISORS LLC		Firm's EIN 92-1472936		
	Firm's address 3311 OLNEY SANDY SPRING RD OLNEY, MD 20832-1411		Phone no. 301-929-9700		

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III X**1** Briefly describe the organization's mission:

THE AUTISM SOCIETY ENVISIONS INDIVIDUALS AND FAMILIES LIVING WITH AUTISM ARE ABLE TO MAXIMIZE THEIR QUALITY OF LIFE, ARE TREATED WITH THE HIGHEST LEVEL OF DIGNITY, AND LIVE IN A SOCIETY IN WHICH THEIR TALENTS AND SKILLS ARE APPRECIATED AND VALUED.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No

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 \$ 3,052,812. including grants of \$ 556,261.) (Revenue \$ 128,528.)**NATIONAL HELPLINE:**

THE AUTISM SOCIETY'S NATIONAL HELPLINE PROVIDES INFORMATION AND REFERRAL SERVICES TO CONNECT THE AUTISM COMMUNITY TO THE RESOURCES THEY NEED. FROM 9AM-9PM EST MONDAY-FRIDAY, DEDICATED INFORMATION AND REFERRAL SPECIALISTS CONNECT WITH COMMUNITY MEMBERS BY EMAIL, PHONE, OR WEB MESSAGE TO OFFER SUPPORT, PROVIDE REFERRALS, AND SHARE RESOURCES AND TOOLS. THROUGH ITS NATIONAL HELPLINE AND AUTISMSOURCE A NATIONAL RESOURCE DATABASE, THE AUTISM SOCIETY PROVIDES AN ESSENTIAL SERVICE TO THOSE IN THE AUTISM COMMUNITY ACROSS THE LIFESPAN, FROM INITIAL IDENTIFICATION THROUGHOUT ADULTHOOD. IN 2024, THE NATIONAL HELPLINE ACCOMPLISHED THE FOLLOWING:

PROVIDED INFORMATION & REFERRAL SERVICES TO OVER 10,898 CONSTITUENTS

4b (Code:) (Expenses \$ 1,338,147. including grants of \$ 800.) (Revenue \$)**EDUCATION AND ACCEPTANCE:**

IN 2024, THE AUTISM SOCIETY OF AMERICA CONTINUED THE ONGOING EFFORTS OF ENSURING THAT INDIVIDUALS AND FAMILIES AFFECTED BY AUTISM RECEIVED UP-TO-DATE INFORMATION ABOUT ISSUES TO HELP ADVANCE THEIR WELL-BEING.

OUR ENGAGEMENT CAMPAIGN INCLUDED:

PROVIDED DAILY FACEBOOK POSTS TO OVER 611,000 FACEBOOK FOLLOWERS.

PROVIDED DAILY TWITTER POSTS TO OVER 120,000 TWITTER FOLLOWERS.

200K+ PEOPLE ENGAGED WITH NATIONAL'S POSTS AND CONTENT ON SOCIAL MEDIA.

SOCIAL MEDIA ENGAGEMENTS GENERATED OVER \$225,000 IN FINANCIAL SUPPORT.

FACEBOOK AND TWITTER SAW OVER 5 MILLION IMPRESSIONS.

4c (Code:) (Expenses \$ 656,983. including grants of \$ 104,894.) (Revenue \$)**AFFILIATE SERVICES:**

THE AUTISM SOCIETY SERVICES THE AFFILIATES DAILY BY PROVIDING RESOURCES AND GUIDANCE, DELIVERING NETWORK-WIDE AND AFFILIATE SPECIFIC TRAINING, PROVIDING LUNCH AND LEARNS AND VARIOUS DEVELOPMENT AND NETWORKING OPPORTUNITIES, THROUGH DEVELOPMENT OF AN AFFILIATE ONBOARDING HANDBOOK TO QUICKLY AND EFFICIENTLY ONBOARD NEW AFFILIATE LEADERS, BY CONDUCTING REGULAR CHECK-INS TO SEE HOW BEST WE CAN SUPPORT OUR AFFILIATES, THROUGH FACILITATING AND OVERSEEING GRANT OPPORTUNITIES, BY COORDINATING, FUNDING AND DELIVERING AN ANNUAL AFFILIATE CONFERENCE, PROVIDING DISASTER RELIEF SUPPORT, COORDINATING SPECIAL EVENTS AND ACTIVITIES, AND MORE. AS A TESTAMENT TO THE EFFECTIVENESS OF THIS

4d Other program services (Describe on Schedule O.)(Expenses \$ 596,979. including grants of \$) (Revenue \$)**4e** Total program service expenses 5,644,921.

Form 990 (2024)

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 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3 X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5 X	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9 X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. <ul style="list-style-type: none"> a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c 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 d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11a X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a X	
12b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14a X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	14b X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	15 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	16 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	17 X	
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	18 X	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a X	
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	20b X	
	21 X	

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	X
24b	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
24c	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?	24c	
24d	d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
25b	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-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 II	26	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
28a	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	X
28b	b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	X
28c	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	28c	X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
35b	b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	1a	23	Yes	No
1b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
1c	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X		

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	41
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a	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 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).		
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	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit 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 were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).	7a	X
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?	7b	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
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?	9a	
9	Sponsoring organizations maintaining donor advised funds.	9b	
10	Section 501(c)(7) organizations. Enter:	10a	
a	Initiation fees and capital contributions included on Part VIII, line 12	10b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	11a	
11	Section 501(c)(12) organizations. Enter:	11b	
a	Gross income from members or shareholders	12a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	12b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	13a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	13b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13c	
a	Is the organization licensed to issue qualified health plans in more than one state?	14a	X
Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	14b	
c	Enter the amount of reserves on hand	15	X
14a	Did the organization receive any payments for indoor tanning services during the tax year?	16	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	17	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		
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?		
If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		
If "Yes," complete Form 6069.			

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 X

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	20	
	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.		
1b	Enter the number of voting members included on line 1a, above, who are independent	20	
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?		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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		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?		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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		X

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done		
13	Did the organization have a written whistleblower policy?		
14	Did the organization have a written document retention and destruction policy?		
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?		
a	The organization's CEO, Executive Director, or top management official		
b	Other officers or key employees of the organization		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16a		X	
16b			

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY

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) available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website 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, and financial 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
JOHN J. DABROWSKI - 301-657-0881

6110 EXECUTIVE BLVD. SUITE 305, ROCKVILLE, MD 20852

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."

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) CHRISTOPHER BANKS PRESIDENT & CEO	40.00	X					508,435.	0.	52,831.
	5.00								
(2) JOHN DABROWSKI CHIEF FINANCIAL & OPERATIN	40.00	X					245,835.	0.	34,061.
	5.00								
(3) KRISTYN ROTH CHIEF MARKETING OFFICER	40.00	X					204,926.	0.	28,208.
	0.00								
(4) KIM MUSHENO EXECUTIVE VP - PUBLIC POLI	40.00	X					185,987.	0.	36,449.
	0.00								
(5) PETER SCHWARZ VP - AFFILIATE RELATIONS	40.00	X					157,751.	0.	55,203.
	0.00								
(6) ALLIE TASCHE VP - NATIONAL PROGRAMS	40.00	X					152,111.	0.	36,368.
	0.00								
(7) JOSE VELASCO SENIOR VP STRATEGIC OPERATIONS	40.00	X					132,913.	0.	6,562.
	0.00								
(8) JESSICA SUSSEN DIRECTOR OF CORPORATE AND CAUSE PART	40.00	X					116,727.	0.	16,028.
	0.00								
(9) CARLEAN PONDER DIRECTOR OF THE AUTISM CENTER ON EMP	40.00	X					107,388.	0.	17,844.
	0.00								
(10) MARY GEDDIE DIRECTOR OF MARKETING	40.00	X					111,656.	0.	11,021.
	0.00								
(11) ELIZABETH BENEVIDES BOARD MEMBER	2.00	X					0.	0.	0.
	2.00								
(12) MICHAEL BROWN BOARD MEMBER	2.00	X					0.	0.	0.
	2.00								
(13) ASILA CALHOUN BOARD MEMBER	2.00	X					0.	0.	0.
	2.00								
(14) JENNIFER COOK BOARD MEMBER	2.00	X					0.	0.	0.
	2.00								
(15) STEPHEN DESTEFANI BOARD MEMBER	2.00	X					0.	0.	0.
	2.00								
(16) MARC ELLISON BOARD MEMBER	2.00	X					0.	0.	0.
	2.00								
(17) JOAN FALLON BOARD MEMBER	2.00	X					0.	0.	0.
	2.00								

Part VII

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee				
(18) LESLIE GOEDKEN BOARD MEMBER	2.00							0.	0.	0.
	2.00	X								
(19) TIM GOLDSTEIN BOARD MEMBER	2.00							0.	0.	0.
	2.00	X								
(20) VIPIN GOPAL BOARD MEMBER	2.00							0.	0.	0.
	2.00	X								
(21) BRITTANY HOFFMAN-EUBANKS BOARD MEMBER	2.00									
	2.00	X								
(22) BOB JOHNSTON BOARD MEMBER	2.00									
	2.00	X								
(23) JOE JOYCE BOARD MEMBER	2.00							0.	0.	0.
	2.00	X								
(24) EDWARD MAHON BOARD MEMBER	2.00							0.	0.	0.
	2.00	X								
(25) CARLY OTT BOARD MEMBER	2.00							0.	0.	0.
	2.00	X								
(26) KAIT RIES BOARD MEMBER	2.00							0.	0.	0.
	2.00	X								
1b Subtotal							1,923,729.	0.	294,575.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							1,923,729.	0.	294,575.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

10

3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3	X	
4	X	
5	X	

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
IPM ADVANCEMENT LLC, 16845 N. 29TH AVE, STE 1-550, PHOENIX, AZ 85053	FUNDRAISING	320,211.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

1

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2024)

Part VII

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

Total to Part VII, Section A, line 1c

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 26,836.			
	b Membership dues	1b 3,651.			
	c Fundraising events	1c 141,471.			
	d Related organizations	1d 673,351.			
	e Government grants (contributions)	1e 2,310,399.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 2,435,349.			
	g Noncash contributions included in lines 1a-1f	1g \$			
	h Total. Add lines 1a-1f		5,591,057.		
Program Service Revenue		Business Code			
	2 a WEBINAR - IMMUNIZE.ORG	900004	98,111.	98,111.	
	b AFFILIATE CONFERENCE	900004	29,391.	29,391.	
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f		127,502.		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		43,812.		43,812.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
		(i) Real	(ii) Personal		
	6 a Gross rents	6a			
	b Less: rental expenses	6b			
	c Rental income or (loss)	6c			
	d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other	
		7a	1,000,000.		
	b Less: cost or other basis and sales expenses	7b	976,009.		
	c Gain or (loss)	7c	23,991.		
	d Net gain or (loss)			23,991.	23,991.
	8 a Gross income from fundraising events (not including \$ <u>141,471.</u> of contributions reported on line 1c). See Part IV, line 18		8a	0.	
	b Less: direct expenses	8b	0.		
	c Net income or (loss) from fundraising events			0.	
	9 a Gross income from gaming activities. See Part IV, line 19		9a		
	b Less: direct expenses	9b			
	c Net income or (loss) from gaming activities				
	10 a Gross sales of inventory, less returns and allowances		10a		
	b Less: cost of goods sold	10b			
	c Net income or (loss) from sales of inventory				
Miscellaneous Revenue		Business Code			
	11 a OTHER INCOME	900099	1,026.	1,026.	
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d		1,026.		
	12 Total revenue. See instructions		5,787,388.	128,528.	0.
					67,803.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	661,955.	661,955.		
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	1,837,640.	1,489,708.	226,854.	121,078.
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	1,910,999.	1,549,177.	235,910.	125,912.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	76,776.	62,239.	9,478.	5,059.
9 Other employee benefits	189,260.	153,427.	23,364.	12,469.
10 Payroll taxes	265,622.	215,330.	32,791.	17,501.
11 Fees for services (nonemployees):				
a Management	13,705.	7,184.	676.	5,845.
b Legal	36,250.	19,002.	1,787.	15,461.
c Accounting				
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, column (A), amount, list line 11g expenses on Sch O.)	830,993.	463,872.	48,281.	318,840.
12 Advertising and promotion	357,281.	356,831.	36.	414.
13 Office expenses	12,110.	8,928.	2,146.	1,036.
14 Information technology	183,844.	136,034.	23,501.	24,309.
15 Royalties				
16 Occupancy	113,753.	80,263.	28,589.	4,901.
17 Travel	116,530.	98,433.	6,695.	11,402.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	175,801.	165,529.	5,951.	4,321.
20 Interest	53,696.	30,006.	10,830.	12,860.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	19,875.	13,968.	5,043.	864.
23 Insurance	15,773.	11,235.	3,845.	693.
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 O.)				
a DUES, FEES, AND MEMBERS	81,931.	55,571.	6,656.	19,704.
b POSTAGE	79,095.	61,396.	341.	17,358.
c BANK AND CREDIT CARD FE	8,650.	4,833.	1,745.	2,072.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	7,041,539.	5,644,921.	674,519.	722,099.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	510,901.	1	192,639.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	77,270.	3	61,723.
	4 Accounts receivable, net	584,374.	4	212,868.
	5 Loans and other receivables from 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		5	
	6 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		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	152,001.	9	280,000.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	267,848.		
	b Less: accumulated depreciation	10b 145,415.	10c 125,816.	122,433.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	1,257,499.	12	357,960.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,195,780.	15	1,198,489.
	16 Total assets. Add lines 1 through 15 (must equal line 33)	3,903,641.	16	2,426,112.
Liabilities	17 Accounts payable and accrued expenses	812,194.	17	773,610.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	1,924,205.	24	1,871,697.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	903,229.	25	741,952.
	26 Total liabilities. Add lines 17 through 25	3,639,628.	26	3,387,259.
Net Assets or Fund Balances	27 Net assets without donor restrictions	-689,134.	27	-2,331,704.
	28 Net assets with donor restrictions	953,147.	28	1,370,557.
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	264,013.	32	-961,147.
	33 Total liabilities and net assets/fund balances	3,903,641.	33	2,426,112.

Form 990 (2024)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI

1 Total revenue (must equal Part VIII, column (A), line 12)	1	5,787,388.
2 Total expenses (must equal Part IX, column (A), line 25)	2	7,041,539.
3 Revenue less expenses. Subtract line 2 from line 1	3	-1,254,151.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	264,013.
5 Net unrealized gains (losses) on investments	5	28,991.
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain on Schedule O)	9	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	-961,147.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?	2a	X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2b Were the organization's financial statements audited by an independent accountant?	2b	X
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	X
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	X

Form 990 (2024)

SCHEDULE A
(Form 990)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024Open to Public
Inspection

Name of the organization

AUTISM SOCIETY OF AMERICA, INC.

Employer identification number

52-1020149**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
4 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: _____
5 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)**.
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
9 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 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.
a **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.**
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.**
c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d **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.**
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		

Schedule A (Form 990) 2024

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1859411.	3322687.	2480751.	5542555.	5591057.	18796461.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	21,200.	3,325.	15,490.	13,462.	127,502.	180,979.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization'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	1880611.	3326012.	2496241.	5556017.	5718559.	18977440.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	225,748.	594,139.	560,727.	627,104.	955,641.	2963359.
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.
c Add lines 7a and 7b	225,748.	594,139.	560,727.	627,104.	955,641.	2963359.
8 Public support. (Subtract line 7c from line 6.)						16014081.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6	1880611.	3326012.	2496241.	5556017.	5718559.	18977440.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	567.	3,841.	6,454.	83,489.	67,803.	162,154.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	567.	3,841.	6,454.	83,489.	67,803.	162,154.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	88.	75,136.	126,652.	2,364.	1,026.	205,266.
13 Total support. (Add lines 9, 10c, 11, and 12.)	1881266.	3404989.	2629347.	5641870.	5787388.	19344860.
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	82.78	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	79.51	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	.84	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	.58	%

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

- a The organization satisfied the Activities Test. Complete line 2 below.
- b The organization is the parent of each of its supported organizations. Complete line 3 below.
- c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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		
Section 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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):			
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		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**Schedule B
(Form 990)**(Rev. December 2024)
Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

AUTISM SOCIETY OF AMERICA, INC.**Employer identification number****52-1020149****Organization type** (check one):**Filers of:**Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organizationForm 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.**Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

AUTISM SOCIETY OF AMERICA, INC.

Employer identification number

52-1020149

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

AUTISM SOCIETY OF AMERICA, INC.

Employer identification number

52-1020149

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 74,399.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 217,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

AUTISM SOCIETY OF AMERICA, INC.

Employer identification number

52-1020149

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 75,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ 11,140.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

AUTISM SOCIETY OF AMERICA, INC.

Employer identification number

52-1020149

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

AUTISM SOCIETY OF AMERICA, INC.

Employer identification number

52-1020149

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 2,310,399.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28		\$ 29,024.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

AUTISM SOCIETY OF AMERICA, INC.

Employer identification number

52-1020149

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32		\$ 5,791.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39		\$ 17,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42		\$ 74,418.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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Employer identification number

52-1020149

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$ 230,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44		\$ 14,960.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46		\$ 5,113.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47		\$ 43,828.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

AUTISM SOCIETY OF AMERICA, INC.

Employer identification number

52-1020149

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

AUTISM SOCIETY OF AMERICA, INC.

Employer identification number

52-1020149

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56		\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57		\$ 51,015.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

AUTISM SOCIETY OF AMERICA, INC.

Employer identification number

52-1020149

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63		\$ 160,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65		\$ 299,511.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

AUTISM SOCIETY OF AMERICA, INC.

52-1020149

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of organization

Employer identification number

AUTISM SOCIETY OF AMERICA, INC.

52-1020149

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		65,920.	
b Total lobbying expenditures to influence a legislative body (direct lobbying)		121,716.	
c Total lobbying expenditures (add lines 1a and 1b)		187,636.	
d Other exempt purpose expenditures		6,853,903.	
e Total exempt purpose expenditures (add lines 1c and 1d)		7,041,539.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		502,077.	
IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:		
not over \$500,000	20% of the amount on line 1e.		
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)		125,519.	
h Subtract line 1g from line 1a. If zero or less, enter -0		0.	
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.	
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount	290,403.	309,296.	459,851.	502,077.	1,561,627.
b Lobbying ceiling amount (150% of line 2a, column(e))					2,342,441.
c Total lobbying expenditures	84,408.	121,468.	141,746.	187,636.	535,258.
d Grassroots nontaxable amount	72,601.	77,324.	114,963.	125,519.	390,407.
e Grassroots ceiling amount (150% of line 2d, column (e))					585,611.
f Grassroots lobbying expenditures	7,942.	19,380.	29,992.	65,920.	123,234.

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No;" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments, and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid):		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5	Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D

(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

OMB No. 1545-0047

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.Open to Public
Inspection

Name of the organization

AUTISM SOCIETY OF AMERICA, INC.

Employer identification number

52-1020149

Part I**Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the

organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II**Conservation Easements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).	<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
	<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.		
a Total number of conservation easements	2a	Held at the End of the Tax Year
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included on line 2a	2c	
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year		
4 Number of states where property subject to conservation easement is located		
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year		
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year		
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.		

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	\$
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.	
(i) Revenue included on Form 990, Part VIII, line 1	\$
(ii) Assets included in Form 990, Part X	\$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1	\$
b Assets included in Form 990, Part X	\$

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

LHA 432051 01-02-25

Schedule D (Form 990) (Rev. 12-2024)

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a Public exhibition
 b Scholarly research
 c Preservation for future generations

d Loan or exchange program
 e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	50,000.	50,000.	50,000.	50,000.	50,000.
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	50,000.	50,000.	50,000.	50,000.	50,000.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment %
 b Permanent endowment 100 %
 c Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations?

(ii) Related organizations?

Yes	No
3a(i)	X
3a(ii)	X
3b	

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		211,345.	89,382.	121,963.
d Equipment		56,503.	56,033.	470.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				122,433.

Schedule D (Form 990) (Rev. 12-2024)

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) WELLS FARGO - BROKERAGE	357,960.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	357,960.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DEPOSITS	12,655.
(2) INTEREST IN CHARITABLE REMAINDER TRUSTS	664,197.
(3) OPERATING LEASE RIGHT-OF-USE ASSET, NET OF ACCUMULATED	
(4) AMORTIZATION	521,637.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	1,198,489.

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITIES	741,952.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	741,952.

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 ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1 Total revenue, gains, and other support per audited financial statements	1	6,306,858.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2a	28,991.
b Donated services and use of facilities	2b	490,479.
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d	2e	519,470.
3 Subtract line 2e from line 1	3	5,787,388.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b	4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,787,388.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1 Total expenses and losses per audited financial statements	1	7,532,018.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	490,479.
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d	2e	490,479.
3 Subtract line 2e from line 1	3	7,041,539.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b	4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	7,041,539.

Part XIII Supplemental Information

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

PART 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, 2024 AND 2023, THERE ARE NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE RECOGNITION OR DISCLOSURE. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

Part XIII Supplemental Information (continued)

SCHEDULE G
(Form 990)

(Rev. December 2024)

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.

OMB No. 1545-0047

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

Open to Public Inspection

Name of the organization

AUTISM SOCIETY OF AMERICA, INC.

Employer identification number
52-1020149

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of nongovernment grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Total 100

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1 3RD PARTY EVENTS (event type)	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		(event type)	(total number)		
Revenue	1 Gross receipts	141,471.			141,471.
	2 Less: Contributions	141,471.			141,471.
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
	11 Net income summary. Subtract line 10 from line 3, column (d)				

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? _____ Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____ Yes No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 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

13 Indicate the percentage of gaming activity conducted in:

- a** The organization's facility
- b** An outside facility

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b 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 the 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

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

b 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. \$

Yes No

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV Supplemental Information (continued)

SCHEDULE I
(Form 990)
(Rev. December 2024)

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.

Name of the organization
AUTISM SOCIETY OF AMERICA, INC.

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 criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II 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.

1 (a) Name and address of organization or government	1 (b) EIN	1 (c) IRC section (if applicable)	1 (d) Amount of cash grant	1 (e) Amount of noncash assistance	1 (f) Method of valuation (book, FMV, appraisal, other)	1 (g) Description of noncash assistance	1 (h) Purpose of grant or assistance
THE ARC OF THE UNITED STATES 1825 K STREET, NW, SUITE 1200 WASHINGTON, DC 20006	13-5642032	501(c)(3)	38,916.	0.	FMV-CASH		SUBAWARD ACTIVITIES K&A GRANT
AUTISM SOCIETY OF CENTRAL VIRGINIA 8730 STONY POINT PKWY, STE 150 RICHMOND, VA 23235	54-1698694	501(c)(3)	43,500.	0.	FMV-CASH		SUPPLEMENTAL AFFILIATE REIMBURSEMENT
AUTISM SOCIETY OF COLORADO P.O. BOX 848 BROOMFIELD, CO 80038	74-2432216	501(c)(3)	31,346.	0.	FMV-CASH		HUSSMAN GRANT AND AFFILIATE REIMBURSEMENT
AUTISM SOCIETY OF DAYTON 4801 SPRINGFIELD STREET DAYTON, OH 45431	47-5553257	501(c)(3)	19,500.	0.	FMV-CASH		HUSSMAN GRANT AND AFFILIATE REIMBURSEMENT
AUTISM SOCIETY OF GREATER AKRON 580 GRANT STREET AKRON, OH 44311	20-5769495	501(c)(3)	22,161.	0.	FMV-CASH		HUSSMAN GRANT AND AFFILIATE REIMBURSEMENT
AUTISM SOCIETY OF GREATER DETROIT P.O. BOX 3113 - CENTER LINE DETROIT, MI 48015	88-1145107	501(c)(3)	31,981.	0.	FMV-CASH		HUSSMAN GRANT AND AFFILIATE REIMBURSEMENT

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

..... 20.
..... 0.

Schedule I (Form 990) (Rev. 12-2024)

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

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

52-1020149 Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)						
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance
AUTISM SOCIETY OF GREATER NEW ORLEANS - P.O. BOX 7028 - METAIRIE, LA 70010	72-1041979	501(C)(3)	26,976.	0.	FMV-CASH	HUSSMAN GRANT AND AFFILIATE REIMBURSEMENT
AUTISM SOCIETY OF GREATER WISCONSIN - 1477 KENWOOD DRIVE - MENASHA, WI 54952	39-1353925	501(C)(3)	24,136.	0.	FMV-CASH	HUSSMAN GRANT AND AFFILIATE REIMBURSEMENT
AUTISM SOCIETY OF INDIANA 10255 COMMERCE DRIVE, SUITE 164 CARMEL, IN 46032	35-1924804	501(C)(3)	11,742.	0.	FMV-CASH	HUSSMAN GRANT AND AFFILIATE REIMBURSEMENT
AUTISM SOCIETY OF MARYLAND 9770 PATUXENT WOODS DRIVE, SUITE 30 COLUMBIA, MD 21046	52-1857721	501(C)(3)	26,077.	0.	FMV-CASH	HUSSMAN GRANT AND AFFILIATE REIMBURSEMENT
AUTISM SOCIETY OF MINNESOTA 2380 WYCLIFF ST. #102 ST. PAUL, MN 55114	41-1718029	501(C)(3)	33,794.	0.	FMV-CASH	HUSSMAN GRANT AND AFFILIATE REIMBURSEMENT
AUTISM SOCIETY OF OREGON 9320 SW BARBUR BVL, SUITE 240 PORTLAND, OR 97219	90-0771249	501(C)(3)	33,124.	0.	FMV-CASH	AFFILIATE REIMBURSEMENT
AUTISM SOCIETY OF SOUTH CAROLINA 806 12TH STREET WEST COLUMBIA, SC 29169	23-7350663	501(C)(3)	15,537.	0.	FMV-CASH	AFFILIATE REIMBURSEMENT
AUTISM SOCIETY OF SOUTH CENTRAL WISCONSIN - 437 S YELLOWSTONE DRIVE, SUITE 217A - MADISON, WI 53719	39-1785486	501(C)(3)	44,596.	0.	FMV-CASH	HUSSMAN GRANT AND AFFILIATE REIMBURSEMENT
AUTISM SOCIETY OF SOUTHEASTERN WISCONSIN - 3720 S 124TH STREET - WAUWATOSA, WI 53222	39-1708201	501(C)(3)	30,000.	0.	FMV-CASH	AFFILIATE REIMBURSEMENT

Schedule I (Form 990)

Schedule I (Form 990) **AUTISM SOCIETY OF AMERICA, INC.**52-1020149 **Part 1****Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUTISM SOCIETY OF TEXAS 300 E. HIGHLAND MALL BLVD., SUITE 20 AUSTIN, TX 78752	74-2353470	501(C)(3)	62,716.	0.	FMV-CASH		HUSSMAN GRANT AND AFFILIATE REIMBURSEMENT
AUTISM SOCIETY OF TIDEWATER FACT AUTISM RESOURCE CENTER, 3509 VIRGINIA BEACH BLVD - VIRGINIA BEACH, VA 2	54-1419781	501(C)(3)	32,525.	0.	FMV-CASH		AFFILIATE REIMBURSEMENT
AUTISM SOCIETY OF VENTURA COUNTY P.O. BOX 1558 CAMARILLO, CA 93011	93-1132987	501(C)(3)	21,926.	0.	FMV-CASH		HUSSMAN GRANT AND AFFILIATE REIMBURSEMENT
FOUNDATION FOR A HEALTHY NORTH DAKOTA - 220 E ROSSER AVE., UNIT 2762 - BISMARCK, ND 58501	88-2890969	501(C)(3)	12,090.	0.	FMV-CASH		AFFILIATE REIMBURSEMENT
INTERNATIONAL ASSOCIATION OF CHIEFS OF POLICE - 44 CANAL CENTER PLAZA SUITE 200 - ALEXANDRIA, VA 22314	53-0227813	501(C)(3)	13,815.	0.	FMV-CASH		SUBAWARD ACTIVITIES K&A GRANT

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

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

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Part IV supplemental information

PART I, LINE 2: THE GRANT HAS TO MEET STRATEGIC PLANNING. GRANT REVENUE AND EXPENSE ARE TRACKED BY ACCOUNTING SOFTWARE. GRANT BUDGET IS PREPARED AND APPROVED BY THE APPROPRIATE PARTY. DISBURSEMENTS ARE PROPERLY APPROVED, DOCUMENTED, AND IN LINE WITH GRANT BUDGET AND ADHERE TO OUR INTERNAL CONTROL POLICY. CONTINUOUS REVIEW TO ENSURE THE PROPER SPENDING. TIMELY REPORT TO THE SPANTOP

SCHEDULE J
(Form 990)(Rev. December 2024)
Department of the Treasury
Internal Revenue Service**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

AUTISM SOCIETY OF AMERICA, INC.Employer identification number
52-1020149**Part I Questions Regarding Compensation**

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.

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> 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

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?

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.

<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> 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:

a Receive a severance payment or change-of-control payment?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

c Participate in or receive payment from an equity-based compensation arrangement?

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:

a The organization?

b Any related organization?

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:

a The organization?

b Any related organization?

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 not described on lines 5 and 6? If "Yes," describe in Part III

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

For Paperwork Reduction Act Notice, see the Instructions for Form 990.**Schedule J (Form 990) (Rev. 12-2024)**

Schedule J (Form 990) (Rev. 12-2024) AUTISM SOCIETY OF AMERICA, INC.

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.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CHRISTOPHER BANKS PRESIDENT & CEO	(i) 508,435.	0.	0.	0.	37,033.	15,798.	561,266.
(2) JOHN DABROWSKI CHIEF FINANCIAL & OPERATIN	(i) 245,835.	0.	0.	0.	0.	0.	0.
(3) KRISTYN ROTH CHIEF MARKETING OFFICER	(i) 204,926.	0.	0.	0.	18,394.	15,667.	279,896.
(4) KIM MUSHENO EXECUTIVE VP - PUBLIC POLI	(i) 185,987.	0.	0.	0.	0.	0.	0.
(5) PETER SCHWARZ VP - AFFILIATE RELATIONS	(i) 157,751.	0.	0.	0.	12,578.	42,625.	212,954.
(6) ALLIE TASCHE VP - NATIONAL PROGRAMS	(i) 152,111.	0.	0.	0.	11,418.	24,950.	188,479.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(iii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(iii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(iii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(iii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(iii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(iii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(iii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(iii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(iii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(iii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(iii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(iii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(iii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(iii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(iii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(iii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(iii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(iii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(iii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(iii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(iii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(iii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(iii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(iii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(iii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(iii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(iii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(iii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(iii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
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Part III Supplemental Information

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

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

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 instructions and the latest information.Open to Public
Inspection

Name of the organization

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

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
BY PHONE AND EMAIL. THE ORGANIZATION'S WEBSITE PROVIDED INFORMATION AND SUPPORT TO 84,577 USERS DURING THE YEAR.
PROVIDED OVER 7,260 HOURS OF SERVICE TO THOSE IN NEED OF INFORMATION AND SUPPORT.
MAINTAINED THE AUTISMSOURCE DATABASE WITH OVER 30,000 NATIONAL AND LOCAL RESOURCE LISTINGS ON WWW.AUTISMSOURCE.ORG, PROVIDING SELF-DIRECTED RESOURCE NAVIGATION TO INDIVIDUALS BASED ON LOCATION AND AREA OF NEED.

THE MOST FREQUENTLY REQUESTED AREAS OF SUPPORT PERTAINED TO THE DIAGNOSTIC PROCESSES AND PROVIDERS ACROSS THE LIFESPAN, ACCESS TO APPROPRIATE INTERVENTIONS AND THERAPIES, NAVIGATION OF ADULT SERVICE SYSTEMS, FAMILY SUPPORT, AND EDUCATIONAL ADVOCACY.

43% OF PEOPLE WHO CONTACTED THE NATIONAL HELPLINE IDENTIFY AS A PARENT OR CAREGIVER TO SOMEONE WITH AUTISM.

23% OF PEOPLE WHO CONTACTED THE NATIONAL HELPLINE IDENTIFY AS AN ADULT ON THE AUTISM SPECTRUM.

16% OF PEOPLE WHO CONTACTED THE NATIONAL HELPLINE IDENTIFY AS PROFESSIONALS.

CUSTOMER SERVICE RESPONSES**2024 QA OPTIONS:**

81% OF RESPONDENTS RATED THEIR EXPERIENCE WITH THE I&R SPECIALIST AS EITHER EXCELLENT OR GOOD A STRONG ENDORSEMENT OF THE QUALITY AND CARE PROVIDED.

87% OF RESPONDENTS SAID THEY WOULD CONTACT THE AUTISM SOCIETY AGAIN A STRONG SIGN OF TRUST AND VALUE IN THE SUPPORT WE PROVIDE.

88% OF RESPONDENTS SAID THEY WOULD RECOMMEND THE AUTISM SOCIETY TO OTHERS A WONDERFUL REFLECTION OF THE IMPACT AND SUPPORT.

78% OF RESPONDENTS FOUND THE INFORMATION AND RESOURCES PROVIDED BY THE I&R SPECIALIST HELPFUL

2024 TESTIMONIALS:

I THOUGHT THAT I WOULD ONLY RECEIVE A LITTLE INFORMATION, AND SHE GAVE ME A DEEP DIVE INTO THE WORLD OF AUTISM. SHE WAS SO KIND AND HELPFUL! I APPRECIATED HER TAKING THE TIME AND LISTENING. THE EMAILED LIST OF RESOURCES HAS BEEN EXTREMELY HELPFUL IN OUR JOURNEY TO HELP MY BROTHER.

I CAME TO XXXX WITH A DIFFICULT LEGAL CASE. OUR TEAM HAS HAD A HARD TIME FINDING RESOURCES FOR OUR CLIENT. XXXX SPOKE WITH ME, GAVE ME THE LANGUAGE I NEEDED, AND SENT ME AN EMAIL WITH THE CRITICAL RESOURCES WE NEEDED! XXXX IS AMAZING.

SHE WAS VERY KNOWLEDGEABLE AND HELPFUL. SHE WAS DOWN TO EARTH AND GOT RIGHT TO THE POINT AND WAS HONEST ABOUT EVERYTHING SHE TOLD ME. I APPRECIATE HER HONESTY. XXXX RESPONDED TO MY REQUEST FOR INFORMATION SO QUICKLY AND WITH SO MANY HELPFUL LINKS! THE BEST HELP I'VE GOTTEN TO DATE LOOKING FOR INFO ON GETTING EVALUATED. THANK YOU!

NATIONAL PROGRAMS:

THROUGH ITS NATIONAL PROGRAMS, THE AUTISM SOCIETY OF AMERICA PROVIDES EDUCATION, TRAINING, RESOURCES, AND OPPORTUNITIES FOR COMMUNITY ENGAGEMENT TO ADDRESS KEY AREAS OF NEED WITHIN THE AUTISM COMMUNITY. IN

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization

AUTISM SOCIETY OF AMERICA, INC.

Employer identification number

52-1020149

2024, THE AUTISM SOCIETY EXPANDED ITS IMPACT THROUGH ITS SAFETY, EMPLOYMENT, AND HEALTH EQUITY INITIATIVES.

SAFETY ON THE SPECTRUM

THROUGH ITS SAFETY ON THE SPECTRUM: FIRST RESPONDER PROGRAM, THE AUTISM SOCIETY OF AMERICA IS LEADING A NATIONAL EFFORT TO PROMOTE SAFE AND EQUITABLE INTERACTIONS BETWEEN FIRST RESPONDERS AND THE AUTISM COMMUNITY. LEVERAGING A "TRAIN-THE-TRAINER" APPROACH, THE AUTISM SOCIETY CONTINUES TO IMPACT POSITIVE CHANGE AT A NATIONAL LEVEL THROUGH GRASSROOTS EFFORTS AND LOCAL LEADERSHIP. KEY ACCOMPLISHMENTS IN 2024 INCLUDE:

TRAINING DEVELOPMENT: THE SAFETY ON THE SPECTRUM LAW ENFORCEMENT TRAINING WAS DEVELOPED IN COLLABORATION WITH FIRST RESPONDERS, MEMBERS OF THE AUTISM COMMUNITY, PARENTS, SOCIAL WORKERS, AND LOCAL COMMUNITY LEADERS.

COMMUNITY ENGAGEMENT: THE AUTISM SOCIETY OF AMERICA SERVED ON A PANEL TO ADDRESS KEY ISSUES IN POLICING IN THE INTELLECTUAL AND DEVELOPMENTAL DISABILITIES COMMUNITY AT THE POLICE EXECUTIVE RESEARCH FORUM. TEAM MEMBERS HOSTED A 2-HOUR WORKSHOP AT THE 2024 PROJECT LIFESAVER CONFERENCE AND TWO TRAINING SESSIONS FOR THE VIRGINIA CRISIS INTERVENTION COALITION ON DE-ESCALATION STRATEGIES AND BEST PRACTICES WHEN INTERACTING WITH INDIVIDUALS WITH AUTISM.

THROUGH ITS SAFETY ON THE SPECTRUM: WATER AND WANDERING PROGRAM, THE AUTISM SOCIETY IS LEADING A NATIONAL EFFORT TO INCREASE WATER SAFETY EDUCATION AND TRAINING ACROSS THE AUTISM COMMUNITY. THE PROGRAM WORKS TO PREVENT WANDERING-RELATED TRAGEDIES AND INCREASE WATER SAFETY SKILLS AMONG AUTISTIC INDIVIDUALS AND THEIR FAMILIES. KEY ACCOMPLISHMENTS IN 2024 INCLUDE:

TRAINING DEVELOPMENT: SAFETY ON THE SPECTRUM: ACCESSIBLE AQUATICS LAUNCHED ITS OFFICIAL PILOT TRAINING AT MULTIPLE SITES. DATA WAS COLLECTED AND ANALYZED TO SUPPORT THE OFFICIAL PROGRAM LAUNCH.

COMMUNITY ENGAGEMENT: THE AUTISM SOCIETY HOSTED MANY VIRTUAL AND IN-PERSON COMMUNITY EDUCATION AND AWARENESS EVENTS, INCLUDING PARENT WANDERING SAFETY TRAINING IN DIFFERENT LANGUAGES TO ENSURE THE ACCESSIBILITY OF LIFESAVER INFORMATION FOR PARENTS AND CAREGIVERS, SAFETY PRESENTATIONS AT THE PROJECT LIFESAVER CONFERENCE, AND MANY NATIONAL WEBINARS TO SUPPORT WATER SAFETY AND WANDERING IN THE AUTISM AND DISABILITY COMMUNITY.

RESOURCE DEVELOPMENT: WANDERING RESOURCE GUIDE, SAFETY TOOLKIT, WANDERING 1-PAGER IN ENGLISH AND SPANISH, ADDITIONALLY, THE AUTISM SOCIETY OF AMERICA PROVIDES TRAINING AND TECHNICAL ASSISTANCE (TTA) TO LOCAL SITES ACROSS THE COUNTRY THROUGH THE FEDERAL KEVIN & AVONTE PROGRAM: REDUCING INJURY AND DEATH OF MISSING INDIVIDUALS WITH DEMENTIA AND DEVELOPMENTAL DISABILITIES. IN 2024, THE AUTISM SOCIETY AND ITS PARTNERS, THE ARC'S NCCJD AND IACP PROVIDED LEADERSHIP AND COMMUNITY EDUCATION AND AWARENESS WITH A FOCUS ON PREVENTATIVE PROGRAMMING AND LOCATIVE TECHNOLOGY. THIS INCLUDED SEVERAL WEBINARS AND INFORMATION SESSIONS GUIDING BEST PRACTICES TO GRANTEE SITES THROUGHOUT THE NATION.

EMPLOYMENT INITIATIVE:

THE AUTISM SOCIETY'S EMPLOYMENT INITIATIVE STRENGTHENS CONNECTIONS BETWEEN THE AUTISM COMMUNITY, EMPLOYERS AND OTHER STAKEHOLDERS THROUGH TRAINING AND RESOURCE DEVELOPMENT TO ENSURE THAT AUTISTIC INDIVIDUALS CAN ACHIEVE FULFILLMENT THROUGH EMPLOYMENT AND HAVE ACCESS TO MEANINGFUL WORK EXPERIENCES WHERE THEIR CONTRIBUTIONS ARE VALUED.

Name of the organization

AUTISM SOCIETY OF AMERICA, INC.

Employer identification number

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THROUGH THIS PROGRAM, THE AUTISM SOCIETY SEEKS TO BREAK DOWN BARRIERS, TRANSFORMING THE EMPLOYMENT LANDSCAPE, AND PROMOTE BEST PRACTICES TO FOSTER A FULFILLING APPROACH TO EMPLOYMENT AND CREATE INCLUSIVE WORK ENVIRONMENTS FOR AUTISTIC INDIVIDUALS NATIONWIDE. KEY ACCOMPLISHMENTS IN 2024 INCLUDE:

RESEARCH: THE AUTISM SOCIETY CONTINUED WORK WITH OUR EMPLOYMENT TASK FORCE TO BRING TOGETHER LEADERS AT THE INTERSECTION OF AUTISM AND EMPLOYMENT ACROSS INDUSTRIES AND EXPERIENCES. THE TEAM EXAMINES AND IDENTIFIES KEY THEMES AND TRENDS, PROMISING PRACTICES, AND GAPS IN CURRENT RESEARCH TO INFORM ONGOING PLANNING.

COMMUNITY ENGAGEMENT: THE AUTISM SOCIETY PRESENTED TO AND TRAINED VARIOUS ORGANIZATIONS THROUGHOUT THE YEAR TO ADVANCE INCLUSION AND AUTISM ACCEPTANCE IN THE WORKPLACE. THE EMPLOYMENT TEAM HOSTED A SERIES OF LISTENING SESSIONS TO AMPLIFY COMMUNITY EXPERIENCES, PROMOTE PROMISING PRACTICES AND MODELS, AND HIGHLIGHT A WIDE RANGE OF FIRSTHAND EXPERIENCES, CHALLENGES, AND ASPIRATIONS.

RESOURCE DEVELOPMENT: THE AUTISM SOCIETY DEVELOPED 7 NEW ONLINE TRAINING RESOURCES IN OUR TRAINING AND RESOURCE CENTER TO SUPPORT ORGANIZATIONS AND EMPLOYERS WITH TOOLS TO BUILD AND IMPROVE GENERAL AND WORKPLACE ACCOMMODATIONS AND INCLUSIVE SUPPORTS FOR PEOPLE ON THE AUTISM SPECTRUM.

HEALTH EQUITY: VACCINE EDUCATION INITIATIVE

THE VACCINE EDUCATION INITIATIVE (VEI) ADDRESSES SYSTEMIC BARRIERS AND PROMOTES VACCINE EDUCATION, CONFIDENCE, AND ACCESS. THROUGH THE VEI, THE AUTISM SOCIETY STRIVES TO IMPROVE HEALTH BY ENSURING CHILDREN, ADULTS, AND SENIORS WITH DISABILITIES ARE INCLUDED AND SUPPORTED WITHIN HEALTHCARE SETTINGS. OUR VACCINE CLINIC MODEL HAS PROVEN TO INCREASE ACCESSIBILITY, REDUCE STRESS, AND IMPROVE OUTCOMES. THE AUTISM SOCIETY IS REWRITING THE VACCINE EXPERIENCE TO INCREASE ACCESSIBILITY, REDUCE TRAUMA, AND BUILD CONNECTED, SUPPORTIVE, AND INCLUSIVE COMMUNITIES. THE AUTISM SOCIETY CONTINUED WORKING WITH THE AGING AND DISABILITY VACCINE COLLABORATIVE TO ADVANCE THE PROVISION OF ACCESSIBLE AND INCLUSIVE CARE TO PATIENTS WITH AUTISM/IDD. THIS WORK ALSO INCLUDES HOSTING COMMUNITY EVENTS AND VACCINE CLINICS NATIONWIDE, INCLUDING THE PROVISION OF UNIQUE ACCESSIBLE VACCINE KITS, COMMUNICATIONS BOARDS, FACT SHEETS, SOCIAL STORIES, VISUAL SCHEDULES AND OTHER SUPPORTS IN BOTH ENGLISH AND SPANISH.

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

DISTRIBUTED A MONTHLY NEWSLETTER TO OVER 100,000 PEOPLE.

OVER 100,000 PEOPLE WERE CONNECTED TO SUPPORTS AND SERVICES THROUGH OUR WEBSITE.

APPROXIMATELY 900,000 PEOPLE ACCESSED RESOURCES AND EDUCATION MATERIALS THROUGH OUR WEBSITES

THE AUTISM SOCIETY CREATED EDUCATIONAL CONTENT WITH SUPPORT FROM CORPORATE SPONSORS, SHARED DIGITALLY, THROUGH BROADCAST, AND RETAIL EXPERIENCES RESPECTIVELY.

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

INITIATIVE, AFFILIATE LEADERS SHOWED 90% AGREEMENT OF THE AUTISM SOCIETY'S COMMITMENT, ENGAGEMENT AND RESPONSIVENESS TO THE AFFILIATES.

SPECIFIC ACCOMPLISHMENTS IN 2024 INCLUDE:

8,000 HOURS OF DIRECT SUPPORT TO AFFILIATES.

ATTENDED 77 AFFILIATE EVENTS THROUGHOUT THE YEAR

SUPPORTED 12 AFFILIATES IN-PERSON TO ADDRESS STRATEGIC OBJECTIVES

Name of the organization

AUTISM SOCIETY OF AMERICA, INC.

Employer identification number

52-1020149

FACILITATED AND LED 25 MEETINGS FOR THE AFFILIATE NETWORK RELATED TO UPDATES AND SPECIAL-TOPIC TRAININGS.

PROVIDED A TWO-DAY INTENSIVE AFFILIATE CONFERENCE SUPPORTING NEURODIVERSITY, BELONGING, PROGRAMMING, ADVOCACY, SUCCESSION PLANNING, AND FUNDRAISING ATTENDED BY OVER 200 AFFILIATE REPRESENTATIVES FROM 53 AFFILIATES

PROVIDED INDIVIDUALIZED TRAININGS TO 10 AFFILIATES OVER 160 PERIODIC AFFILIATE CHECK-INS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
PUBLIC POLICY:

IN 2024, THE AUTISM SOCIETY OF AMERICA PRIORITIZED ADVANCING THE REAUTHORIZATION OF THE LANDMARK AUTISM-RELATED LEGISLATION, THE AUTISM CARES ACT. ADDITIONAL LEGISLATIVE PRIORITIES INCLUDED IMPROVING SPECIAL EDUCATION SERVICES, WATER AND WANDERING SAFETY, LAW ENFORCEMENT TRAINING, MENTAL HEALTH CRISIS RESPONSE, AND EMPLOYMENT OPPORTUNITIES. THROUGHOUT THE YEAR, THE POLICY TEAM MET WITH APPROXIMATELY 100 MEMBERS OF CONGRESS AND THEIR STAFF OVER THE COURSE OF 50 DAYS THROUGHOUT THE YEAR TO EDUCATE THEM ON THE AUTISM CARES ACT AND OTHER PRIORITY LEGISLATION. IN ADDITION, WE ENGAGED WITH ADMINISTRATION LEADERS ON KEY REGULATIONS AND GUIDANCE RELATED TO SAFETY, EDUCATION, AND HEALTH. THROUGH OUR BIWEEKLY NEWSLETTER AND REGULAR MEETINGS WITH OUR NETWORK OF 70+ AFFILIATES, THE POLICY TEAM KEPT CONSTITUENTS INFORMED ABOUT POLICY ISSUES AND RESOURCES. SOME OF OUR ADVOCATES ALSO ATTENDED THE DISABILITY POLICY SEMINAR IN APRIL. THIS EVENTCO-SPONSORED BY THE AUTISM SOCIETY AND SEVEN OTHER NATIONAL ORGANIZATIONS BROUGHT TOGETHER MORE THAN 1,000 DISABILITY ADVOCATES FROM ACROSS THE UNITED STATES. ATTENDEES PARTICIPATED IN SESSIONS COVERING A WIDE RANGE OF POLICY TOPICS AND USED THE KNOWLEDGE GAINED TO ENGAGE IN BOTH VIRTUAL AND IN-PERSON MEETINGS WITH LEGISLATORS ON CAPITOL HILL, EFFECTIVELY EDUCATING THEM ABOUT THE NEEDS OF INDIVIDUALS WITH AUTISM.

THE AUTISM SOCIETY ALSO HOSTED A BOOTH AT THE NATIONAL CONFERENCE OF STATE LEGISLATURES IN KENTUCKY, PROVIDING AN IMPORTANT OPPORTUNITY TO EDUCATE STATE LEGISLATORS ABOUT THE NEEDS OF THE AUTISM COMMUNITY. EXPENSES \$ 596,979. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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 EMPLOYEES AND ARE REVIEWED BY THE CEO AND CFO. ANY POTENTIAL OR ACTUAL CONFLICT OF INTERESTS ARE REFERRED TO THE EXECUTIVE COMMITTEE FOR CONSIDERATION AND DETERMINATION OF ANY ACTION REQUIRED.

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

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

THE CEO UTILIZES EXTERNAL DATA TO REVIEW AND MONITOR SALARY LEVELS FOR OTHER KEY EMPLOYEES. THESE SALARY LEVELS ARE SUBJECT TO REVIEW BY THE

Name of the organization

AUTISM SOCIETY OF AMERICA, INC.

Employer identification number

52-1020149

EXECUTIVE COMMITTEE.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NV, NH, NJ, NM, NY, NC, ND
OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

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

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

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER SERVICES FOR EMPLOYEES:

PROGRAM SERVICE EXPENSES	79,999.
MANAGEMENT AND GENERAL EXPENSES	12,181.
FUNDRAISING EXPENSES	6,503.
TOTAL EXPENSES	98,683.

OTHER FEES FOR SERVICES:

PROGRAM SERVICE EXPENSES	383,873.
MANAGEMENT AND GENERAL EXPENSES	36,100.
FUNDRAISING EXPENSES	312,337.
TOTAL EXPENSES	732,310.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	830,993.

FORM 990, PART XII, LINE 2C

THE ORGANIZATION DID NOT CHANGE PROCESS FROM PRIOR YEAR.

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

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

Part III

(a)	Name, address, and EIN of related organization	(b)	Primary activity	(c)	Legal domicile (state or foreign country)	(d)	Direct controlling entity	(e)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f)	Share of total income	(g)	Share of end-of-year assets	(h)	Disproportionate allocations?	(i)	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j)	General or managing partner?	(k)

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.

Part IV

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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?

		Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X	
b Gift, grant, or capital contribution to related organization(s)	1b	X	
c Gift, grant, or capital contribution from related organization(s)	1c	X	
d Loans or loan guarantees to or for related organization(s)	1d	X	
e Loans or loan guarantees by related organization(s)	1e	X	
f Dividends from related organization(s)	1f	X	
g Sale of assets to related organization(s)	1g	X	
h Purchase of assets from related organization(s)	1h	X	
i Exchange of assets with related organization(s)	1i	X	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o Sharing of paid employees with related organization(s)	1o	X	
p Reimbursement paid to related organization(s) for expenses	1p	X	
q Reimbursement paid by related organization(s) for expenses	1q	X	
r Other transfer of cash or property to related organization(s)	1r	X	
s Other transfer of cash or property from related organization(s)	1s	X	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AUTISM SOCIETY OF AMERICA FOUNDATION	C	673,351	CASH	
(2)				
(3)				
(4)				
(5)				
(6)				

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.

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Electronic Filing PDF Attachment

8822-B

(Rev. December 2019)

Department of the Treasury
Internal Revenue Service**Change of Address or Responsible Party - Business**

► Please type or print.

► See instructions. ► Do not attach this form to your return.

► Go to www.irs.gov/Form8822B for the latest information.

OMB No. 1545-1163

Before you begin: If you are also changing your home address, use Form 8822 to report that change.If you are a tax-exempt organization (see instructions), check here Check **all** boxes this change affects.

1 Employment, excise, income, and other business returns (Forms 720, 940, 941, 990, 1041, 1065, 1120, etc.)

2 Employee plan returns (Forms 5500, 5500-EZ, etc.)

3 Business location

4a Business name**AUTISM SOCIETY OF AMERICA, INC.****4b Employer identification number****52-1020149****5 Old mailing address** (no., street, room or suite no., city or town, state, and ZIP code). If a P.O. box, see instructions. If foreign address, also complete spaces below, see instructions.

Foreign country name	Foreign province/county	Foreign postal code
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6 New mailing address (no., street, room or suite no., city or town, state, and ZIP code). If a P.O. box, see instructions. If foreign address, also complete spaces below, see instructions.**6110 EXECUTIVE BLVD.****ROCKVILLE****20852**

Foreign country name	Foreign province/county	Foreign postal code
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7 New business location (no., street, room or suite no., city or town, state, and ZIP code). If a foreign address, also complete spaces below, see instructions.

Foreign country name	Foreign province/county	Foreign postal code
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8 New responsible party's name**JOSEPH JOYCE****9 New responsible party's SSN, ITIN, or EIN. (CAUTION: YOU MUST REFER TO THE INSTRUCTIONS FOR FORM SS-4 TO SEE WHO MAY USE AN EIN.)**
170-58-3844**10 Signature.** Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Daytime telephone number of person to contact (optional) ► _____

**Sign
Here**

► 
Signature of owner, officer, or representative

11-07-2025

Date

► President and CEO
Title