EXTENDED TO NOVEMBER 16, 2020
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning and ending

B Check if applicable:

C Name of organization
AUTISM SOCIETY OF AMERICA, INC.
Doing business as
6110 EXECUTIVE BLVD.
BETHESDA, MD 20852
Number and street (or P.O. box if mail is not delivered to street address)
Room/suite
City or town, state or province, country, and ZIP or foreign postal code

D Employer identification number
52-1020149

E Telephone number
301-657-0881

G Gross receipts $
3,197,170.

H(a) Is this a group return
Yes [X] No

H(b) Are all subordinates included?
Yes [X] No

J Website: [WWW.AUTISM-SOCIETY.ORG]

K Form of organization: [x] Corporation [ ] Trust [ ] Association [ ] Other

L Year of formation: 1965
M State of legal domicile: DC

Part I Summary

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 20

4 Number of independent voting members of the governing body (Part VI, line 1b)
4 20

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)
5 25

6 Total number of volunteers (estimate if necessary)
6 0

7a Total unrelated business revenue from Form 990-T, column (C), line 12
7a 9,150.

7b Net unrelated business taxable income from Form 990-T, line 39
7b -13,513.

Part II Summary

Revenue

8 Contributions and grants (Part VIII, line 1h) 2,376,735.
9 Program service revenue (Part VIII, line 2g) 225,502.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)
10 168.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
11 383,697.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)
12 2,986,102.

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)
13 224,515.
14 Benefits paid to or for members (Part IX, column (A), line 4)
14 0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)
15 0.
16a Professional fundraising fees (Part IX, column (A), line 11e)
16a 0.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)
17 928,057.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)
18 2,820,429.
19 Revenue less expenses. Subtract line 18 from line 12
19 1,165,673.

Net Assets or Fund Balances

20 Total assets (Part X, line 16)
20 833,569.
21 Total liabilities (Part X, line 26)
21 198,709.
22 Net assets or fund balances. Subtract line 21 from line 20
22 634,860.

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

CHRISTOPHER BANKS, PRESIDENT/CEO
Type or print name and title

Paid

Preparer's name
NEIL E. BERGER
Preparer's signature
NEIL E. BERGER
Date
10/15/20
Check [ ] I am an individual [ ] PTIN
00102223

Firm's name
ADEPTUS PARTNERS LLC
Firm's EIN
20-1835208

Firm's address
3311 OLEYN S SPRING RD
OLNEY, MD 20832-1411
Phone no. (301) 929-9700

May the IRS discuss this return with the preparer shown above? (see instructions)
[X] Yes [ ] No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2019)
**Part III: Statement of Program Service Accomplishments**

Check 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? [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? [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.

<table>
<thead>
<tr>
<th>Code</th>
<th>Expenses</th>
<th>Including Grants</th>
<th>Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>4a</td>
<td>1,264,389.</td>
<td>120,500.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4b</td>
<td>664,340.</td>
<td>76,860.</td>
</tr>
<tr>
<td></td>
<td>4c</td>
<td>214,304.</td>
<td></td>
</tr>
</tbody>
</table>

- **4a**: IN 2019, THE AUTISM SOCIETY OF AMERICA'S NATIONAL CONTACT CENTER, WHICH OPERATES FROM 9 AM TO 9 PM EASTERN STANDARD TIME, MONDAY THROUGH FRIDAY, AND AUTISMSOURCE OUR NATIONAL RESOURCE DATABASE ACCOMPLISHED THE FOLLOWING:

  1. SUPPORTED NEARLY 4,200 CONSTITUENTS BY PHONE AND EMAIL
  2. MAINTAINED OVER 34,000 AUTISM RESOURCE LISTINGS ON WWW.AUTISMSOURCE.ORG, WHICH WERE ACCESSED BY MORE THAN 55,000 USERS.

- **4b**: CUSTOMER SERVICE RESPONSES:

  1. 8/10 INDIVIDUALS WHO REACHED OUT TO THE NATIONAL HELPLINE WOULD CONTACT AGAIN, AND RECOMMEND THE AUTISM SOCIETY TO OTHERS.

- **4c**: IN 2019, THE AUTISM SOCIETY OF AMERICA CONTINUED THE ONGOING EFFORTS OF MAKING SURE THAT INDIVIDUALS AND FAMILIES AFFECTED BY AUTISM RECEIVED UP-TO-DATE INFORMATION ABOUT ISSUES TO HELP ADVANCE THEIR WELL-BEING. OUR ENGAGEMENT CAMPAIGN INCLUDED:

  1. PROVIDING DAILY FACEBOOK INFORMATION POSTS TO OVER 652,000 FACEBOOK FRIENDS.
  2. PROVIDING DAILY TWITTER POSTS TO OVER 113,000 TWITTER FOLLOWERS.
  3. DISTRIBUTING A MONTHLY NEWSLETTER WITH AUTISM INFORMATION AND UPDATES TO OVER 100,000 PEOPLE.
  4. FACEBOOK & TWITTER SAW OVER 10 MILLION IMPRESSIONS AND MORE THAN 420,000 ENGAGEMENTS.

- **4d**: IN 2019, THE AUTISM SOCIETY OF AMERICA WAS A MAJOR PLAYER IN HELPING TO PASS LEGISLATION TO REAUTHORIZE TWOIMPORTANT LAWS: THE AUTISM CARES ACT AND THE LIFESPAN RESPITE CARE ACT.

  1. THE AUTISM CARES ACT WAS SIGNED INTO LAW ON SEPTEMBER 30 AS PL 116-60. AUTISM SOCIETY AFFILIATES AND OTHER GRASSROOTS SUPPORTERS WERE INSTRUMENTAL IN HELPING TO MOVE THIS BILL TO THE FINISH LINE. DURING OUR DAY ON THE HILL EVENT, APPROXIMATELY 200 HUNDRED PEOPLE VISITED THEIR MEMBERS OF CONGRESS TO DISCUSS AUTISM CARES AND OTHER ISSUES; IN ADDITION, OVER 3,000 PEOPLE SENT LETTERS TO THEIR MEMBERS THROUGH OUR ONLINE ACTION CENTER.

**Total program service expenses**: 2,143,033.
### Part IV Checklist of Required Schedules

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>1</td>
<td>X</td>
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<td>2</td>
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<td>X</td>
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<tr>
<td>b</td>
<td></td>
<td>X</td>
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<tr>
<td>21</td>
<td>X</td>
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</tr>
</tbody>
</table>
Part V Statements Regarding Other IRS Filings and Tax Compliance

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

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if applicable. [ ] 1a 17

b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. [ ] 1b 0

1c Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. [ ] 1c X

22 Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? [ ] 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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? [ ] 24b

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

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

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 Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): a Current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV [ ] 28a X

b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV [ ] 28b X

c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV [ ] 28c X

29 Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M [ ] 29 X

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M [ ] 30 X

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I [ ] 31 X

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II [ ] 32 X

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I [ ] 33 X

34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 [ ] 34 X

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? [ ] 35a X

b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 [ ] 35b X

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 in Schedule O for Part VI, lines 11b and 19? [ ] 38 X

Note: All Form 990 filers are required to complete Schedule O
## Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
<td></td>
<td>26</td>
</tr>
<tr>
<td>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?</td>
<td>2b</td>
<td>X</td>
</tr>
<tr>
<td><strong>Note:</strong> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a Did the organization have unrelated business gross income of $1,000 or more during the year?</td>
<td>3a</td>
<td>X</td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; has it filed a Form 990-T for this year? If &quot;No&quot; to line 3b, provide an explanation on Schedule O</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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)?</td>
<td>4a</td>
<td>X</td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; enter the name of the foreign country</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</td>
<td>5a</td>
<td>X</td>
</tr>
<tr>
<td>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</td>
<td>5b</td>
<td>X</td>
</tr>
<tr>
<td>c If &quot;Yes&quot; to line 5a or 5b, did the organization file Form 8886-T?</td>
<td>5c</td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>6a</td>
<td>X</td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</td>
<td>6b</td>
<td></td>
</tr>
<tr>
<td>7 Organizations that may receive deductible contributions under section 170(c).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>7a</td>
<td>X</td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; did the organization notify the donor of the value of the goods or services provided?</td>
<td>7b</td>
<td></td>
</tr>
<tr>
<td>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</td>
<td>7c</td>
<td>X</td>
</tr>
<tr>
<td>d If &quot;Yes,&quot; indicate the number of Forms 8282 filed during the year</td>
<td>7d</td>
<td></td>
</tr>
<tr>
<td>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</td>
<td>7e</td>
<td>X</td>
</tr>
<tr>
<td>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</td>
<td>7f</td>
<td>X</td>
</tr>
<tr>
<td>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</td>
<td>7g</td>
<td></td>
</tr>
<tr>
<td>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</td>
<td>7h</td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>8</td>
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<tr>
<td>9 Sponsoring organizations maintaining donor advised funds.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Did the sponsoring organization make any taxable distributions under section 4966?</td>
<td>9a</td>
<td></td>
</tr>
<tr>
<td>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</td>
<td>9b</td>
<td></td>
</tr>
<tr>
<td>10 Section 501(c)(7) organizations. Enter:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Initiation fees and capital contributions included on Part VIII, line 12</td>
<td>10a</td>
<td></td>
</tr>
<tr>
<td>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</td>
<td>10b</td>
<td></td>
</tr>
<tr>
<td>11 Section 501(c)(12) organizations. Enter:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Gross income from members or shareholders</td>
<td>11a</td>
<td></td>
</tr>
<tr>
<td>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)</td>
<td>11b</td>
<td></td>
</tr>
<tr>
<td>12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</td>
<td>12a</td>
<td></td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; enter the amount of tax-exempt interest received or accrued during the year</td>
<td>12b</td>
<td></td>
</tr>
<tr>
<td>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Is the organization licensed to issue qualified health plans in more than one state?</td>
<td>13a</td>
<td></td>
</tr>
<tr>
<td><strong>Note:</strong> See the instructions for additional information the organization must report on Schedule O.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>13b</td>
<td></td>
</tr>
<tr>
<td>c Enter the amount of reserves on hand</td>
<td>13c</td>
<td></td>
</tr>
<tr>
<td>14a Did the organization receive any payments for indoor tanning services during the tax year?</td>
<td>14a</td>
<td>X</td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; has it filed a Form 720 to report these payments? If &quot;No,&quot; provide an explanation on Schedule O</td>
<td>14b</td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>15</td>
<td>X</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; see instructions and file Form 4720, Schedule N.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?</td>
<td>16</td>
<td>X</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Form 4720, Schedule O.</td>
<td></td>
<td></td>
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</tbody>
</table>
Part VI Governance, Management, and Disclosure

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year .................................. 1a 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 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? 2 X

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 X

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X

5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X

6 Did the organization have members or stockholders? 6 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? 7a X

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b X

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

   a The governing body? 8a X
   b Each committee with authority to act on behalf of the governing body? 8b X

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization’s mailing address? If “Yes,” provide the names and addresses on Schedule O 9 X

Section B. Policies

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

10a Did the organization have local chapters, branches, or affiliates? 10a X

   b If “Yes,” did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization’s exempt purposes? 10b X

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a X

   b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 11b X

12a Did the organization have a written conflict of interest policy? If “No,” go to line 13 12a X

   b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X

   c Did the organization regularly and consistently monitor and enforce compliance with the policy? If “Yes,” describe in Schedule O how this was done 12c X

13 Did the organization have a written whistleblower policy? 13 X

14 Did the organization have a written document retention and destruction policy? 14 X

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 15a X

   b Other officers or key employees of the organization 15b X

   If “Yes” to line 15a or 15b, describe the process in Schedule O (see instructions). 15c X

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? 16a X

   b If “Yes,” did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b X

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.

   X 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

   JOHNN J. DABROWSKI - 301-657-0881
   6110 EXECUTIVE BLVD. SUITE 305, ROCKVILLE, MD 20852

SEE SCHEDULE O FOR FULL LIST OF STATES

Form 990 (2019)
## Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a. Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization’s tax year.

- List all of the organization’s current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0 in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization’s current key employees, if any. See instructions for definition of “key employee.”
- List all of the organization’s five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization’s former officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization’s former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

### (A) Name and title

<table>
<thead>
<tr>
<th>(B) Average hours per week (list any hours for related organizations below line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) J. BASINGER</td>
<td>2.00 BOARD MEMBER</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(2) B. BECKER-COTRILL</td>
<td>2.00 BOARD MEMBER</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(3) N. BEGGAN</td>
<td>2.00 BOARD MEMBER</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(4) M. BROWN</td>
<td>2.00 BOARD MEMBER</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(5) C. P. CHERRY</td>
<td>2.00 BOARD MEMBER</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(6) C. FULGHAM</td>
<td>2.00 BOARD MEMBER</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(7) J. HUSSMAN</td>
<td>2.00 BOARD MEMBER</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(8) R. LOCKARD</td>
<td>2.00 BOARD MEMBER</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(9) H. MILLER</td>
<td>2.00 BOARD MEMBER</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(10) W. PARKER</td>
<td>2.00 BOARD MEMBER</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(11) B. ROTH</td>
<td>2.00 BOARD MEMBER</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(12) K. ROTH</td>
<td>2.00 BOARD MEMBER</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(13) P. SCHWARZ</td>
<td>2.00 BOARD MEMBER</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(14) J. SCOTT</td>
<td>2.00 BOARD MEMBER</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(15) C. WARNER</td>
<td>2.00 BOARD MEMBER</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(16) R. WOLF</td>
<td>2.00 BOARD MEMBER</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(17) J. JOYCE</td>
<td>6.00 CHAIRPERSON</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>
### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

<table>
<thead>
<tr>
<th>Name and title</th>
<th>Average hours per week</th>
<th>Position</th>
<th>Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>L. Ireland, Vice Chairperson</td>
<td>5.00</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>T. Staley, Treasurer</td>
<td>5.00</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>L. Perner, Secretary</td>
<td>5.00</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>M. Miller, Vice President, Strategic A</td>
<td>40.00</td>
<td></td>
<td>130,451.</td>
<td>0.</td>
<td>15,533.</td>
</tr>
<tr>
<td>S. Baesch, President and CEO</td>
<td>40.00</td>
<td></td>
<td>219,818.</td>
<td>0.</td>
<td>46,529.</td>
</tr>
<tr>
<td>J. Dabrowski, Chief Financial Officer</td>
<td>40.00</td>
<td></td>
<td>167,428.</td>
<td>0.</td>
<td>28,739.</td>
</tr>
<tr>
<td>K. Musheno, VP, Public Policy</td>
<td>40.00</td>
<td></td>
<td>121,731.</td>
<td>0.</td>
<td>23,018.</td>
</tr>
</tbody>
</table>

**1b Subtotal**

| 639,428. | 0. | 113,819. |

**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**

| 4 |

**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**

| X |

**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**

| X |

**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**

| 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.**

<table>
<thead>
<tr>
<th>Name and business address</th>
<th>Description of services</th>
<th>Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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**

| 0 |
**Part VIII Statement of Revenue**

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

<table>
<thead>
<tr>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512 - 514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Federated campaigns</td>
<td>1a 55,915.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Membership dues</td>
<td>1b 35,425.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Fundraising events</td>
<td>1c 146,070.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Related organizations</td>
<td>1d 39,203.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1e Government grants (contributions)</td>
<td>1e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1f All other contributions, gifts, grants, and similar amounts not included above</td>
<td>1f 2,492,209.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1g Noncash contributions included in lines 1a-1f</td>
<td>1g</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>h Total. Add lines 1a-1f</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2a NATIONAL CONFERENCE</td>
<td>2a BUSINESS CODE 900004</td>
<td>83,259.</td>
<td>74,109.</td>
</tr>
<tr>
<td>2b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2e</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2f All other program service revenue</td>
<td>2f</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>g Total. Add lines 2a-2f</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Investment income (including dividends, interest, and other similar amounts)</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Income from investment of tax-exempt bond proceeds</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Royalties</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6a Gross rents</td>
<td>6a</td>
<td>(i) Real</td>
<td>(ii) Personal</td>
</tr>
<tr>
<td>6b Less: rental expenses</td>
<td>6b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6c Rental income or (loss)</td>
<td>6c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6d Net rental income or (loss)</td>
<td>6d</td>
<td>(i) Securities</td>
<td>(ii) Other</td>
</tr>
<tr>
<td>7a Gross amount from sales of assets other than inventory</td>
<td>7a</td>
<td>(i) Securities</td>
<td>(ii) Other</td>
</tr>
<tr>
<td>7b Less: cost or other basis and sales expenses</td>
<td>7b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7c Gain or (loss)</td>
<td>7c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7d Net gain or (loss)</td>
<td>7d</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8a Gross income from fundraising events (not including $146,070. of contributions reported on line 1c). See Part IV, line 18</td>
<td>8a 338,900.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8b Less: direct expenses</td>
<td>8b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8c Net income or (loss) from fundraising events</td>
<td>8c 338,900.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9a Gross income from gaming activities. See Part IV, line 19</td>
<td>9a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9b Less: direct expenses</td>
<td>9b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9c Net income or (loss) from gaming activities</td>
<td>9c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross sales of inventory, less returns and allowances</td>
<td>10a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b Less: cost of goods sold</td>
<td>10b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10c Net income or (loss) from sales of inventory</td>
<td>10c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11a OTHER INCOME</td>
<td>11a BUSINESS CODE 900099</td>
<td>2,751.</td>
<td>2,751.</td>
</tr>
<tr>
<td>11b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11c</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11d</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11e All other revenue</td>
<td>11e</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>12 Total revenue. See instructions</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total revenue.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Form 990 (2019) AUTISM SOCIETY OF AMERICA, INC. 52-1020149 Page 9

<p>| 08261015 795695 25700-001 | 2019.0430 AUTISM SOCIETY OF AMERICA, 25700-01 |</p>
<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Column (A)</th>
<th>Column (B)</th>
<th>Column (C)</th>
<th>Column (D)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</td>
<td>120,500</td>
<td>120,500</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Grants and other assistance to domestic individuals. See Part IV, line 22</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Compensation of current officers, directors, trustees, and key employees</td>
<td>639,428</td>
<td>549,908</td>
<td>51,154</td>
<td>38,366</td>
</tr>
<tr>
<td>6</td>
<td>Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Other salaries and wages</td>
<td>620,211</td>
<td>547,677</td>
<td>56,346</td>
<td>16,188</td>
</tr>
<tr>
<td>8</td>
<td>Pension plan accrals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td>53,551</td>
<td>46,054</td>
<td>4,284</td>
<td>3,213</td>
</tr>
<tr>
<td>9</td>
<td>Other employee benefits</td>
<td>139,011</td>
<td>119,549</td>
<td>11,121</td>
<td>8,341</td>
</tr>
<tr>
<td>10</td>
<td>Payroll taxes</td>
<td>98,861</td>
<td>85,021</td>
<td>7,909</td>
<td>5,931</td>
</tr>
<tr>
<td>11</td>
<td>Fees for services (nonemployees):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b Legal</td>
<td>11,319</td>
<td>8,337</td>
<td>440</td>
<td>2,542</td>
</tr>
<tr>
<td></td>
<td>c Accounting</td>
<td>31,500</td>
<td>26,145</td>
<td>2,205</td>
<td>3,150</td>
</tr>
<tr>
<td></td>
<td>d Lobbying</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>e Professional fundraising services, See Part IV, line 17</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>f Investment management fees</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>g Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)</td>
<td>108,126</td>
<td>89,745</td>
<td>7,569</td>
<td>10,812</td>
</tr>
<tr>
<td>12</td>
<td>Advertising and promotion</td>
<td>37,946</td>
<td>33,018</td>
<td>874</td>
<td>4,054</td>
</tr>
<tr>
<td>13</td>
<td>Office expenses</td>
<td>10,578</td>
<td>8,853</td>
<td>751</td>
<td>974</td>
</tr>
<tr>
<td>14</td>
<td>Information technology</td>
<td>116,121</td>
<td>91,976</td>
<td>3,861</td>
<td>20,284</td>
</tr>
<tr>
<td>15</td>
<td>Royalties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Occupancy</td>
<td>185,981</td>
<td>160,103</td>
<td>15,126</td>
<td>10,752</td>
</tr>
<tr>
<td>17</td>
<td>Travel</td>
<td>91,914</td>
<td>65,018</td>
<td>1,692</td>
<td>25,204</td>
</tr>
<tr>
<td>18</td>
<td>Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Conferences, conventions, and meetings</td>
<td>149,015</td>
<td>145,176</td>
<td>2,244</td>
<td>1,595</td>
</tr>
<tr>
<td>20</td>
<td>Interest</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Depreciation, depletion, and amortization</td>
<td>1,993</td>
<td>1,716</td>
<td>162</td>
<td>115</td>
</tr>
<tr>
<td>23</td>
<td>Insurance</td>
<td>9,742</td>
<td>8,428</td>
<td>768</td>
<td>546</td>
</tr>
<tr>
<td>24</td>
<td>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.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a FUNDRAISING ACTIVITIES</td>
<td>78,279</td>
<td></td>
<td></td>
<td>78,279</td>
</tr>
<tr>
<td></td>
<td>b DUES, FEES, AND MEMBERS</td>
<td>39,836</td>
<td>23,486</td>
<td>1,077</td>
<td>15,273</td>
</tr>
<tr>
<td></td>
<td>c BANK AND CREDIT CARD FE</td>
<td>20,689</td>
<td>2,747</td>
<td>130</td>
<td>18,084</td>
</tr>
<tr>
<td></td>
<td>d POSTAGE</td>
<td>19,836</td>
<td>9,848</td>
<td>92</td>
<td>9,896</td>
</tr>
<tr>
<td></td>
<td>e All other expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Total functional expenses. Add lines 1 through 24e</td>
<td>2,584,437</td>
<td>2,143,033</td>
<td>167,805</td>
<td>273,599</td>
</tr>
<tr>
<td>26</td>
<td>Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Balance Sheet

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

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash - non-interest-bearing</td>
<td>317,082.</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>2.</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>100,936.</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>25,712.</td>
</tr>
<tr>
<td>5</td>
<td>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</td>
<td>5.</td>
</tr>
<tr>
<td>6</td>
<td>Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)</td>
<td>6.</td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td>7.</td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td>8.</td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td>8,969.</td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>101,643.</td>
</tr>
<tr>
<td>b</td>
<td>Less: accumulated depreciation</td>
<td>95,182.</td>
</tr>
<tr>
<td>11</td>
<td>Investments - publicly traded securities</td>
<td>242,379.</td>
</tr>
<tr>
<td>12</td>
<td>Investments - other securities. See Part IV, line 11</td>
<td>166,781.</td>
</tr>
<tr>
<td>13</td>
<td>Investments - program-related. See Part IV, line 11</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
<td>501,857.</td>
</tr>
<tr>
<td>16</td>
<td>Total assets. Add lines 1 through 15 (must equal line 33)</td>
<td>833,569.</td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td>131,899.</td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td>18.</td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td>19.</td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td>20.</td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td>21.</td>
</tr>
<tr>
<td>22</td>
<td>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</td>
<td>22.</td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td>23.</td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td>24.</td>
</tr>
<tr>
<td>25</td>
<td>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</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities. Add lines 17 through 25</td>
<td>198,709.</td>
</tr>
<tr>
<td>27</td>
<td>Net assets without donor restrictions</td>
<td>77,544.</td>
</tr>
<tr>
<td>28</td>
<td>Net assets with donor restrictions</td>
<td>557,316.</td>
</tr>
<tr>
<td>29</td>
<td>Capital stock or trust principal, or current funds</td>
<td>29.</td>
</tr>
<tr>
<td>30</td>
<td>Paid-in or capital surplus, or land, building, or equipment fund</td>
<td>30.</td>
</tr>
<tr>
<td>31</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td>31.</td>
</tr>
<tr>
<td>32</td>
<td>Total net assets or fund balances</td>
<td>634,860.</td>
</tr>
<tr>
<td>33</td>
<td>Total liabilities and net assets/fund balances</td>
<td>833,569.</td>
</tr>
</tbody>
</table>

Form 990 (2019)
### Part XI Reconciliation of Net Assets

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
<td>3,197,170.</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td>2,584,437.</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
<td>612,733.</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))</td>
<td>634,860.</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
<td>982.</td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain on Schedule O)</td>
<td>0.</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))</td>
<td>1,248,575.</td>
</tr>
</tbody>
</table>

### Part XII Financial Statements and Reporting

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990:</td>
<td>Accrual</td>
</tr>
<tr>
<td></td>
<td>If the organization changed its method of accounting from a prior year or checked &quot;Other,&quot; explain in Schedule O.</td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization's financial statements compiled or reviewed by an independent accountant?</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; 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:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Separate basis</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Consolidated basis</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Both consolidated and separate basis</td>
</tr>
<tr>
<td>2b</td>
<td>Were the organization's financial statements audited by an independent accountant?</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Separate basis</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Consolidated basis</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Both consolidated and separate basis</td>
</tr>
<tr>
<td>2c</td>
<td>If &quot;Yes&quot; 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?</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.</td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; 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</td>
<td></td>
</tr>
</tbody>
</table>
**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.)
  - [ ] A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
  - [ ] A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)).
  - [ ] A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
  - [X] 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.)
  - [ ] A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
  - [ ] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vii). (Complete Part II.)
  - [ ] A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
  - [ ] An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university.
  - [X] An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)

- **An organization organized and operated exclusively to test for public safety.** See section 509(a)(4).

- **An organization organized and operated exclusively for the benefit of:** (For lines 1 through 12, check only one box.)
  - [ ] 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.

- **Enter the number of supported organizations:** 

- **Provide the following information about the supported organization(s).**

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-10 above (see instructions))</th>
<th>(iv) Is the organization listed in your supporting documents?</th>
<th>(v) Amount of monetary support (see instructions)</th>
<th>(vi) Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total**

---

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

**SCHEDULE A**

**Department of the Treasury**

**Internal Revenue Service**

**2019**

**Open to Public Inspection**

** Name of the organization:** AUTISM SOCIETY OF AMERICA, INC.  

**Employer identification number:** 52-1020149
### Section A. Public Support

**Calendar year (or fiscal year beginning in)**

<table>
<thead>
<tr>
<th></th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td><strong>Total. Add lines 1 through 3</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Public support. Subtract line 5 from line 4.**

### Section B. Total Support

**Calendar year (or fiscal year beginning in)**

<table>
<thead>
<tr>
<th></th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Amounts from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td><strong>Total support. Add lines 7 through 10</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**First five years.** If the Form 990 is for the organization’s first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.**

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Public support percentage from 2018 Schedule A, Part II, line 14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**16a.** 33 1/3% support test - 2019. 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 - 2018. 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 - 2019. 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 - 2018. 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.
### Part II 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)**

<table>
<thead>
<tr>
<th></th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2,456,195.</td>
<td>1,815,881.</td>
<td>2,107,575.</td>
<td>2,634,485.</td>
<td>2,313,125.</td>
<td>11,327,261.</td>
</tr>
</tbody>
</table>

**Total. Add lines 1 through 5**


**7a Amounts included on lines 1, 2, and 3 received from disqualified persons**


**Section B. Total Support**

**Calendar year (or fiscal year beginning in)**

<table>
<thead>
<tr>
<th></th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>10a</td>
<td>222.</td>
<td>76.</td>
<td>76.</td>
<td>351.</td>
<td>3,438.</td>
<td>4,163.</td>
</tr>
</tbody>
</table>

**Section C. Computation of Public Support Percentage**

<table>
<thead>
<tr>
<th></th>
<th>72.78 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>72.78 %</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>76.93 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>16</td>
<td>76.93 %</td>
</tr>
</tbody>
</table>

**Section D. Computation of Investment Income Percentage**

<table>
<thead>
<tr>
<th></th>
<th>0.03 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>0.03 %</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>0.01 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>0.01 %</td>
</tr>
</tbody>
</table>

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

|   | 15 | 15 | 15 |

|   | 15 | 15 | 15 | 15 | 15 | 15 |

**Schedule A (Form 990 or 990-EZ) 2019 AUTISM SOCIETY OF AMERICA, INC. 52-1020149 Page 3**

08261015 795695 25700-001 2019.04030 AUTISM SOCIETY OF AMERICA, 25700-01
Section A. All Supporting Organizations

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Are all of the organization’s supported organizations listed by name in the organization’s governing documents? If “No,” describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2  Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If “Yes,” explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If “Yes,” answer (b) and (c) below.</td>
<td>3a</td>
<td></td>
</tr>
<tr>
<td>b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 508(a)(2)? If “Yes,” describe in Part VI when and how the organization made the determination.</td>
<td>3b</td>
<td></td>
</tr>
<tr>
<td>c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If “Yes,” explain in Part VI what controls the organization put in place to ensure such use.</td>
<td>3c</td>
<td></td>
</tr>
<tr>
<td>4a Was any supported organization not organized in the United States (“foreign supported organization”)? If “Yes,” and if you checked 12a or 12b in Part I, answer (b) and (c) below.</td>
<td>4a</td>
<td></td>
</tr>
<tr>
<td>b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If “Yes,” describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</td>
<td>4b</td>
<td></td>
</tr>
<tr>
<td>c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If “Yes,” explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</td>
<td>4c</td>
<td></td>
</tr>
<tr>
<td>5a Did the organization add, substitute, or remove any supported organizations during the tax year? If “Yes,” answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization’s organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</td>
<td>5a</td>
<td></td>
</tr>
<tr>
<td>b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization’s organizing document?</td>
<td>5b</td>
<td></td>
</tr>
<tr>
<td>c Substitutions only. Was the substitution the result of an event beyond the organization’s control?</td>
<td>5c</td>
<td></td>
</tr>
<tr>
<td>6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization’s supported organizations? If “Yes,” provide detail in Part VI.</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If “Yes,” complete Part I of Schedule L (Form 990 or 990-EZ).</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If “Yes,” complete Part I of Schedule L (Form 990 or 990-EZ).</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If “Yes,” provide detail in Part VI.</td>
<td>9a</td>
<td></td>
</tr>
<tr>
<td>b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If “Yes,” provide detail in Part VI.</td>
<td>9b</td>
<td></td>
</tr>
<tr>
<td>c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If “Yes,” provide detail in Part VI.</td>
<td>9c</td>
<td></td>
</tr>
<tr>
<td>10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If “Yes,” answer 10b below.</td>
<td>10a</td>
<td></td>
</tr>
<tr>
<td>b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</td>
<td>10b</td>
<td></td>
</tr>
</tbody>
</table>
### Part IV  Supporting Organizations (continued)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the organization accepted a gift or contribution from any of the following persons?</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?</td>
</tr>
<tr>
<td>b</td>
<td>A family member of a person described in (a) above?</td>
</tr>
<tr>
<td>c</td>
<td>A 35% controlled entity of a person described in (a) or (b) above? If “Yes” to a, b, or c, provide detail in Part VI.</td>
</tr>
</tbody>
</table>

### Section B. Type I Supporting Organizations

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization’s 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>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.</td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Type II Supporting Organizations

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>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).</td>
<td></td>
</tr>
</tbody>
</table>

### Section D. All Type III Supporting Organizations

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>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?</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>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).</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>By reason of the relationship described in (2), 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.</td>
<td></td>
</tr>
</tbody>
</table>

### Section E. Type III Functionally Integrated Supporting Organizations

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>The organization satisfied the Activities Test. Complete line 2 below.</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>The organization is the parent of each of its supported organizations. Complete line 3 below.</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Activities Test. Answer (a) and (b) below.</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Did the activities described in (a) 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.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Parent of Supported Organizations. Answer (a) and (b) below.</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>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? Provide details in Part VI.</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>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.</td>
<td></td>
</tr>
</tbody>
</table>
### Section A - Adjusted Net Income

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Net short-term capital gain</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Recoveries of prior-year distributions</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Other gross income (see instructions)</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Add lines 1 through 3.</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Depreciation and depletion</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>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)</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Other expenses (see instructions)</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td><strong>Adjusted Net Income</strong> (subtract lines 5, 6, and 7 from line 4)</td>
<td>8</td>
</tr>
</tbody>
</table>

### Section B - Minimum Asset Amount

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Average monthly value of securities</td>
<td>1a</td>
</tr>
<tr>
<td></td>
<td>b Average monthly cash balances</td>
<td>1b</td>
</tr>
<tr>
<td></td>
<td>c Fair market value of other non-exempt-use assets</td>
<td>1c</td>
</tr>
<tr>
<td></td>
<td>d Total (add lines 1a, 1b, and 1c)</td>
<td>1d</td>
</tr>
<tr>
<td></td>
<td>e Discount claimed for blockage or other factors (explain in detail in <strong>Part VI</strong>):</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Acquisition indebtedness applicable to non-exempt-use assets</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2 from line 1d.</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Multiply line 5 by .035.</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Recoveries of prior-year distributions</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td><strong>Minimum Asset Amount</strong> (add line 7 to line 6)</td>
<td>8</td>
</tr>
</tbody>
</table>

### Section C - Distributable Amount

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>Adjusted net income for prior year (from Section A, line 8, Column A)</strong></td>
</tr>
<tr>
<td>2</td>
<td>Enter 85% of line 1.</td>
</tr>
<tr>
<td>3</td>
<td>Minimum asset amount for prior year (from Section B, line 8, Column A)</td>
</tr>
<tr>
<td>4</td>
<td>Enter greater of line 2 or line 3.</td>
</tr>
<tr>
<td>5</td>
<td>Income tax imposed in prior year</td>
</tr>
<tr>
<td>6</td>
<td><strong>Distributable Amount.</strong> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).</td>
</tr>
</tbody>
</table>

7. [ ] Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).
### Part VI

#### Excess Distributions

(i) Underdistributions

(ii) Distributions

(iii) Distributable Amount

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Excess distributions carryover, if any, to 2019</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Distributions for 2019 from Section D, line 7:</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Excess distributions carryover to 2020. Add lines 3j and 4c.</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Breakdown of line 7:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Excess from 2015</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Excess from 2016</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Excess from 2017</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Excess from 2018</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Excess from 2019</td>
<td></td>
</tr>
</tbody>
</table>
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 1; 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.)
Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered “Yes,” on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

Employer identification number

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1. Provide a description of the organization’s direct and indirect political campaign activities in Part IV.
2. Political campaign activity expenditures
3. Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

1. Enter the amount of any excise tax incurred by the organization under section 4955
2. Enter the amount of any excise tax incurred by organization managers under section 4955
3. If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
4a. Was a correction made?
   a. If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1. Enter the amount directly expended by the filing organization for section 527 exempt function activities
2. Enter the amount of the filing organization’s funds contributed to other organizations for section 527 exempt function activities
3. Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b
4. Did the filing organization file Form 1120-POL for this year?
5. Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization’s funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

   (a) Name
   (b) Address
   (c) EIN
   (d) Amount paid from filing organization’s funds. If none, enter 0.
   (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter 0.
### Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

<table>
<thead>
<tr>
<th>Column</th>
<th>Description</th>
<th>Filing Organization's Totals</th>
<th>Affiliated Group Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Total lobbying expenditures to influence public opinion (grassroots lobbying)</td>
<td>5,512</td>
<td></td>
</tr>
<tr>
<td>1b</td>
<td>Total lobbying expenditures to influence a legislative body (direct lobbying)</td>
<td>58,537</td>
<td></td>
</tr>
<tr>
<td>1c</td>
<td>Total lobbying expenditures (add lines 1a and 1b)</td>
<td>64,049</td>
<td></td>
</tr>
<tr>
<td>1d</td>
<td>Other exempt purpose expenditures</td>
<td>2,520,388</td>
<td></td>
</tr>
<tr>
<td>1e</td>
<td>Total exempt purpose expenditures (add lines 1c and 1d)</td>
<td>2,584,437</td>
<td></td>
</tr>
<tr>
<td>1f</td>
<td>Lobbying nontaxable amount. Enter the amount from the following table in both columns.</td>
<td>279,222</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Column</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Not over $500,000</td>
<td>20% of the amount on line 1e.</td>
</tr>
<tr>
<td>1b</td>
<td>Over $500,000 but not over $1,000,000</td>
<td>$100,000 plus 15% of the excess over $500,000.</td>
</tr>
<tr>
<td>1c</td>
<td>Over $1,000,000 but not over $1,500,000</td>
<td>$175,000 plus 10% of the excess over $1,000,000.</td>
</tr>
<tr>
<td>1d</td>
<td>Over $1,500,000 but not over $17,000,000</td>
<td>$225,000 plus 5% of the excess over $1,500,000.</td>
</tr>
<tr>
<td>1e</td>
<td>Over $17,000,000</td>
<td>$1,000,000.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Column</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1f</td>
<td>Grassroots nontaxable amount (enter 25% of line 1f)</td>
<td>69,806.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Column</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1h</td>
<td>Subtract line 1g from line 1a. If zero or less, enter -0-</td>
<td>0.</td>
</tr>
<tr>
<td>1i</td>
<td>Subtract line 1f from line 1c. If zero or less, enter -0-</td>
<td>0.</td>
</tr>
<tr>
<td>1j</td>
<td>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?</td>
<td>Yes ☐ No ☐</td>
</tr>
</tbody>
</table>

### 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

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2016</th>
<th>(b) 2017</th>
<th>(c) 2018</th>
<th>(d) 2019</th>
<th>(e) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td>Lobbying nontaxable amount</td>
<td>266,586</td>
<td>275,473</td>
<td>291,021</td>
<td>279,222</td>
</tr>
<tr>
<td>2b</td>
<td>Lobbying ceiling amount (150% of line 2a, column(e))</td>
<td></td>
<td></td>
<td></td>
<td>1,668,453</td>
</tr>
<tr>
<td>2c</td>
<td>Total lobbying expenditures</td>
<td>40,174</td>
<td>52,985</td>
<td>49,419</td>
<td>64,049</td>
</tr>
<tr>
<td>2d</td>
<td>Grassroots nontaxable amount</td>
<td>66,647</td>
<td>68,868</td>
<td>72,755</td>
<td>69,806</td>
</tr>
<tr>
<td>2e</td>
<td>Grassroots ceiling amount (150% of line 2d, column (e))</td>
<td></td>
<td></td>
<td></td>
<td>417,114</td>
</tr>
<tr>
<td>2f</td>
<td>Grassroots lobbying expenditures</td>
<td>5,880</td>
<td>5,873</td>
<td>5,149</td>
<td>5,512</td>
</tr>
<tr>
<td></td>
<td>(a)</td>
<td>(b)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>-----</td>
<td>-----</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>No</td>
<td>Amount</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>3</td>
</tr>
</tbody>
</table>

**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."

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2a</th>
<th>2b</th>
<th>2c</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Dues, assessments and similar amounts from members</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Section 162(e) non deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Current year</td>
<td>2a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Carryover from last year</td>
<td>2b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Total</td>
<td>2c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>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 expenditure next year?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Taxable amount of lobbying and political expenditures (see instructions)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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.
### 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.

<table>
<thead>
<tr>
<th></th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Aggregate value of contributions to (during year)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate value of grants from (during year)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>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?</td>
<td>Yes</td>
</tr>
<tr>
<td>6</td>
<td>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?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### 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):
   - Preservation of land for public use (for example, recreation or education)
   - Preservation of a historically important land area
   - Preservation of natural habitat
   - 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.

<table>
<thead>
<tr>
<th>Held at the End of the Tax Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>a Total number of conservation easements</td>
</tr>
<tr>
<td>b Total acreage restricted by conservation easements</td>
</tr>
<tr>
<td>c Number of conservation easements on a certified historic structure included in (a)</td>
</tr>
<tr>
<td>d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register</td>
</tr>
</tbody>
</table>

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? | Yes | 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 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? | Yes | No |

9. In Part XIII, describe how the organization reports conservation easements in its revenue and expense 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.

a. 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

---

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

- [ ] Public exhibition  
- [ ] Scholarly research  
- [ ] Preservation for future generations  
- [ ] Loan or exchange program  
- [ ] 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:

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
</tr>
<tr>
<td>1d</td>
</tr>
<tr>
<td>1e</td>
</tr>
<tr>
<td>1f</td>
</tr>
</tbody>
</table>

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 on Part XIII.

### Part V Endowment Funds

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

1a Beginning of year balance

<table>
<thead>
<tr>
<th>(a) Current year</th>
<th>(b) Prior year</th>
<th>(c) Two years back</th>
<th>(d) Three years back</th>
<th>(e) Four years back</th>
</tr>
</thead>
<tbody>
<tr>
<td>50,000.</td>
<td>50,000.</td>
<td>50,000.</td>
<td>50,000.</td>
<td>50,000.</td>
</tr>
</tbody>
</table>

1b Contributions

1c Net investment earnings, gains, and losses

1d Grants or scholarships

1e Other expenditures for facilities and programs

1f Administrative expenses

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:

- [ ] Board designated or quasi-endowment
- [ ] Permanent endowment  
- [ ] 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:

- [ ] Unrelated organizations
- [ ] Related organizations

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

- [ ] Yes  
- [ ] No

### 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.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Buildings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Leasehold improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Equipment</td>
<td></td>
<td></td>
<td>101,643.</td>
<td>6,461.</td>
</tr>
<tr>
<td>1e Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<p>| 6,461. |</p>
<table>
<thead>
<tr>
<th>Part VII</th>
<th>Investments - Other Securities.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Description of security or category (including name of security)</td>
<td>(b) Book value</td>
</tr>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
</tr>
<tr>
<td>(2) Closely held equity interests</td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
</tr>
<tr>
<td>(A)</td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
</tr>
<tr>
<td>(C)</td>
<td></td>
</tr>
<tr>
<td>(D)</td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
</tr>
<tr>
<td>(F)</td>
<td></td>
</tr>
<tr>
<td>(G)</td>
<td></td>
</tr>
<tr>
<td>(H)</td>
<td></td>
</tr>
<tr>
<td>Total: (Col. (b) must equal Form 990, Part X, col. (B) line 12.)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part VIII</th>
<th>Investments - Program Related.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Description of investment</td>
<td>(b) Book value</td>
</tr>
<tr>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td>Total: (Col. (b) must equal Form 990, Part X, col. (B) line 13.)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part IX</th>
<th>Other Assets.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Description</td>
<td>(b) Book value</td>
</tr>
<tr>
<td>(1) INVESTMENTS IN PERPETUITY</td>
<td>51,139.</td>
</tr>
<tr>
<td>(2) DEPOSITS</td>
<td>25,232.</td>
</tr>
<tr>
<td>(3) INTEREST IN CHARITABLE REMAINDER TRUSTS</td>
<td>425,486.</td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td>Total, (Column (b) must equal Form 990, Part X, col. (B) line 15.)</td>
<td>501,857.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part X</th>
<th>Other Liabilities.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. (a) Description of liability</td>
<td>(b) Book value</td>
</tr>
<tr>
<td>(1) Federal income taxes</td>
<td>2,542.</td>
</tr>
<tr>
<td>(2) RENT ABATEMENT</td>
<td>261,419.</td>
</tr>
<tr>
<td>(3) DUE TO AFFILIATE</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td>Total, (Column (b) must equal Form 990, Part X, col. (B) line 25.)</td>
<td>263,961.</td>
</tr>
</tbody>
</table>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. [X]
### Schedule D (Form 990) 2019

**AUTISM SOCIETY OF AMERICA, INC.**

**52-1020149**

**Page 4**

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td>
</tr>
<tr>
<td></td>
<td>a Net unrealized gains (losses) on investments</td>
</tr>
<tr>
<td></td>
<td>b Donated services and use of facilities</td>
</tr>
<tr>
<td></td>
<td>c Recoveries of prior year grants</td>
</tr>
<tr>
<td></td>
<td>d Other (Describe in Part XIII.)</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1:</td>
</tr>
<tr>
<td></td>
<td>a Investment expenses not included on Form 990, Part VIII, line 7b</td>
</tr>
<tr>
<td></td>
<td>b Other (Describe in Part XIII.)</td>
</tr>
<tr>
<td>5</td>
<td>Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)</td>
</tr>
</tbody>
</table>

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25:</td>
</tr>
<tr>
<td></td>
<td>a Donated services and use of facilities</td>
</tr>
<tr>
<td></td>
<td>b Prior year adjustments</td>
</tr>
<tr>
<td></td>
<td>c Other losses</td>
</tr>
<tr>
<td></td>
<td>d Other (Describe in Part XIII.)</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
</tr>
<tr>
<td></td>
<td>a Investment expenses not included on Form 990, Part VIII, line 7b</td>
</tr>
<tr>
<td></td>
<td>b Other (Describe in Part XIII.)</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)</td>
</tr>
</tbody>
</table>

#### 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 (OR ASSET) IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE. THE ORGANIZATION’S MANAGEMENT HAS ANALYZED ITS TAX POSITIONS, AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2019, 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 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.

<table>
<thead>
<tr>
<th>(i) Name and address of individual or entity (fundraiser)</th>
<th>(ii) Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(iii) Did fundraiser have custody or control of contributions?</td>
</tr>
<tr>
<td></td>
<td>(iv) Gross receipts from activity</td>
</tr>
<tr>
<td></td>
<td>(v) Amount paid to (or retained by) fundraiser listed in col. (i)</td>
</tr>
<tr>
<td></td>
<td>(vi) Amount paid to (or retained by) organization</td>
</tr>
</tbody>
</table>

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

- Mail solicitations
- Internet and email solicitations
- Phone solicitations
- In-person solicitations
- Solicitation of non-government grants
- Solicitation of government grants
- Special fundraising events

2. 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?

   - Yes
   - No

   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.

<table>
<thead>
<tr>
<th>Name and address of individual or entity (fundraiser)</th>
<th>Activity</th>
<th>Did fundraiser have custody or control of contributions?</th>
<th>Gross receipts from activity</th>
<th>Amount paid to (or retained by) fundraiser listed in col. (i)</th>
<th>Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes No</td>
<td></td>
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</tbody>
</table>

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.

   - State 1
   - State 2
   - State 3
   - State 4
   - State 5

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

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Event #1 (event type)</th>
<th>(b) Event #2 (event type)</th>
<th>(c) Other events (total number)</th>
<th>(d) Total events (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gross receipts 484,970.</td>
<td>484,970.</td>
<td>484,970.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Less: Contributions 146,070.</td>
<td>146,070.</td>
<td>146,070.</td>
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</tr>
</tbody>
</table>

**Direct Expenses**

<table>
<thead>
<tr>
<th>Direct Expenses</th>
<th>(event type)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash prizes</td>
<td></td>
</tr>
<tr>
<td>Noncash prizes</td>
<td></td>
</tr>
<tr>
<td>Rent/facility costs</td>
<td></td>
</tr>
<tr>
<td>Food and beverages</td>
<td></td>
</tr>
<tr>
<td>Entertainment</td>
<td></td>
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<tr>
<td>Other direct expenses</td>
<td></td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Bingo</th>
<th>(b) Pull tabs/instant bingo/progressive bingo</th>
<th>(c) Other gaming</th>
<th>(d) Total gaming (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gross revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Cash prizes</td>
<td></td>
<td></td>
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<tr>
<td>3 Noncash prizes</td>
<td></td>
<td></td>
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<tr>
<td>4 Rent/facility costs</td>
<td></td>
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<tr>
<td>5 Other direct expenses</td>
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</table>

**Volunteer labor**

<table>
<thead>
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<th>Yes %</th>
<th>Yes %</th>
<th>Yes</th>
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<tr>
<td>No</td>
<td>No</td>
<td>No</td>
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<tr>
<th>Direct expense summary. Add lines 2 through 5 in column (d)</th>
<th>▶</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net gaming income summary. Subtract line 7 from line 1, column (d)</td>
<td>▶</td>
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</table>

**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:

__________________________

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

b If "Yes," explain:

__________________________

Schedule G (Form 990 or 990-EZ) 2019
Does the organization conduct gaming activities with nonmembers?  
☐ Yes  ☐ No

Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  
☐ Yes  ☐ No

Indicate the percentage of gaming activity conducted in:

a The organization's facility

b An outside facility

<table>
<thead>
<tr>
<th>a</th>
<th>%</th>
<th>b</th>
<th>%</th>
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</thead>
</table>

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

Name ▶

Address ▶

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

If "Yes," enter the amount of gaming revenue received by the organization $ and the amount of gaming revenue retained by the third party $.

Name ▶

Address ▶

Gaming manager information:

Name ▶

Gaming manager compensation $ ▶

Description of services provided ▶

☐ Director/officer  ☐ Employee  ☐ Independent contractor

Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  
☐ Yes  ☐ No

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 $.

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 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 [X]  
   - 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

### Grant to Support Summer Camp for Autistic Children

- **Name and address of organization or government:** St. Nina Monastery  
  9002 Clemsonville Road  
  Union Bridge, MD 21791
- **EIN:** 46-1244336  
  **IRC section (if applicable):** 501(c)(3)
- **Amount of cash grant:** $20,000  
  **Amount of non-cash assistance:** $0
- **Purpose of grant or assistance:** Grant to support summer camp for autistic children.

### Additional Information

2. **Enter total number of section 501(c)(3) and government organizations listed in the line 1 table:** 1
3. **Enter total number of other organizations listed in the line 1 table:** 0

---

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

---

**Schedule I (Form 990) (2019)**

---

**Autism Society of America, Inc.**

---

**Employer identification number:** 52-1020149
### Part III Grants and Other Assistance to Domestic Individuals

Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of non-cash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of noncash assistance</th>
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</table>

### Part IV Supplemental Information

Provide the information required in Part I, line 2; Part III, column (b); and any other additional 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 GRANTOR.
### Part I: Questions Regarding Compensation

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>First-class or charter travel</td>
<td></td>
<td></td>
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<tr>
<td>Travel for companions</td>
<td></td>
<td></td>
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<tr>
<td>Tax indemnification and gross-up payments</td>
<td></td>
<td></td>
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<tr>
<td>Discretionary spending account</td>
<td></td>
<td></td>
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<tr>
<td>Housing allowance or residence for personal use</td>
<td></td>
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<tr>
<td>Payments for business use of personal residence</td>
<td></td>
<td></td>
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<tr>
<td>Health or social club dues or initiation fees</td>
<td></td>
<td></td>
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<tr>
<td>Personal services (such as maid, chauffeur, chef)</td>
<td></td>
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</tbody>
</table>

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.

- Compensation committee
- Independent compensation consultant
- Form 990 of other organizations
- Written employment contract
- Compensation survey or study
- 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)?

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

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation in column (B) reported as deferred on prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) S. BADESCH</td>
<td>(i) 219,818.</td>
<td>13,301.</td>
<td>33,228.</td>
<td>266,347.</td>
<td>0.</td>
</tr>
<tr>
<td>PRESIDENT AND CEO</td>
<td>(ii) 0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(2) J. DABROWSKI</td>
<td>(i) 167,428.</td>
<td>10,071.</td>
<td>18,668.</td>
<td>196,167.</td>
<td>0.</td>
</tr>
<tr>
<td>CHIEF FINANCIAL OFFICER</td>
<td>(ii) 0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>
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.

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

2. 8/10 INDIVIDUALS WHO CONTACT OUR NATIONAL HELPLINE EXPECT TO IMPROVE THEIR QUALITY OF LIFE.

3. 91% OF INDIVIDUALS WHO CONTACT THE NATIONAL HELPLINE FOUND THE RESOURCES TO BE HELPFUL.

OUR AFFILIATE SERVICES TEAM PROVIDED THE FOLLOWING SUPPORTS FOR AFFILIATES:

1. 4,500 HOURS OF DIRECT SUPPORT TO AFFILIATES.

2. THE BOARD CHAIR, VICE CHAIR & CEO ATTENDED 17 AFFILIATE EVENTS DURING NATIONAL AUTISM AWARENESS MONTH.

3. 50+ AFFILIATE VISITS THROUGHOUT THE YEAR; THIS REFLECTS TRAININGS, EVENTS, AND CRISIS MANAGEMENT.

4. $100,000 OF GRANTS WERE DISTRIBUTED TO AFFILIATES TO ASSIST IN PROGRAM DEVELOPMENT.

5. HOSTED 25 WEBINARS AND IN-PERSON TRAININGS TO DISSEMINATE INFORMATION & BEST PRACTICES.

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

IN 2019, THE AUTISM SOCIETY OF AMERICA HELD ITS 51TH ANNUAL CONFERENCE IN BETHESDA, MD. THIS THREE DAY CONFERENCE PROVIDED INDIVIDUALS, FAMILIES AND PROFESSIONALS AN OPPORTUNITY TO HEAR FROM SELF-ADVOCATES, EDUCATORS, AND PUBLIC POLICY EXPERTS ON CRITICAL CURRENT ISSUES IMPACTING THE AUTISM COMMUNITY. ATTENDEES ALSO HAD THE OPPORTUNITY TO VISIT AND MEET WITH CONGRESSIONAL REPRESENTATIVES AND STAFF AT THE U.S.
CAPITOL TO EDUCATE THEM ON IMPORTANT LEGISLATIVE OBJECTIVES. THE EVALUATIONS FROM THOSE ATTENDING THE CONFERENCE ONCE AGAIN SHOWED THAT THIS CONFERENCE, THE OLDEST AND LONGEST RUNNING NATIONAL AUTISM CONFERENCE, IS HIGHLY VALUED IN TERMS OF NETWORKING, INFORMATION GATHERING AND LEARNING.

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

2. THE LIFESPAN RESPITE CARE REAUTHORIZATION ACT OF 2019 (S.995/HR 2035) WAS PASSED UNANIMOUSLY BY VOICE VOTE IN BOTH THE SENATE AND HOUSE. BECAUSE THE BILLS ARE SLIGHTLY DIFFERENT, THE BILLS MUST NOW BE RECONCILED BEFORE BEING SIGNED INTO LAW. THE AUTISM SOCIETY IS CURRENTLY ADVOCATING FOR AN INCREASE OF FUNDING FOR THE LAW TO $10 MILLION PER YEAR FROM THE CURRENT $4 MILLION.

3. THE AUTISM SOCIETY HELPED TO PLAN AND CO-SPONSORED SEVERAL BRIEFINGS ON THE HILL ON TOPICS SUCH AS SPECIAL EDUCATION, TRANSITION SERVICES AND EMPLOYMENT FOR PEOPLE WITH AUTISM AND OTHER DISABILITIES. THESE BRIEFINGS WERE WELL ATTENDED BY A VARIETY OF STAFFERS FROM OFFICES AROUND THE HILL.

IN ADDITION:

AUTISM SOCIETY PUBLIC POLICY TEAM HAD 100+ MEETINGS WITH LEGISLATORS ABOUT POLICY RELATED TO THE AUTISM COMMUNITY.

8,000 LETTERS WERE SENT TO MEMBERS OF CONGRESS IN 2019 TO ADVOCATE FOR RELEVANT LEGISLATION, WHICH MORE THAN DOUBLES THE AMOUNT OF LETTERS SENT IN 2018.
3,227 LETTERS SENT TO REAUTHORIZE THE AUTISM CARES ACT

200+ ADVOCATES HELD MEETINGS WITH STATE LEGISLATORS AT OUR ANNUAL DAY ON THE HILL EVENT.

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 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
Name of the organization

AUTISM SOCIETY OF AMERICA, INC.

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

FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C
THE ORGANIZATION DID NOT CHANGE PROCESS FROM PRIOR YEAR.
## Part I  Identification of Disregarded Entities

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN (if applicable) of disregarded entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Total income</th>
<th>(e) End-of-year assets</th>
<th>(f) Direct controlling entity</th>
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## Part II  Identification of Related Tax-Exempt Organizations

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<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Exempt Code section</th>
<th>(e) Public charity status (if section 501(c)(3))</th>
<th>(f) Direct controlling entity</th>
<th>(g) Section 512(b)(13) controlled entity?</th>
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<td>RESEARCH AND EDUCATION</td>
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<td>501(C)(3)</td>
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.
### Part III
**Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

<table>
<thead>
<tr>
<th>(a)</th>
<th>Name, address, and EIN of related organization</th>
<th>(b)</th>
<th>Primary activity</th>
<th>(c)</th>
<th>Legal domicile (state or foreign country)</th>
<th>(d)</th>
<th>Direct controlling entity</th>
<th>(e)</th>
<th>Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(f)</th>
<th>Share of total income</th>
<th>(g)</th>
<th>Share of end-of-year assets</th>
<th>(h)</th>
<th>Disproportionate allocations?</th>
<th>(i)</th>
<th>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j)</th>
<th>General or managing partner?</th>
<th>(k)</th>
<th>Percentage ownership</th>
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### Part IV
**Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

<table>
<thead>
<tr>
<th>(a)</th>
<th>Name, address, and EIN of related organization</th>
<th>(b)</th>
<th>Primary activity</th>
<th>(c)</th>
<th>Legal domicile (state or foreign country)</th>
<th>(d)</th>
<th>Direct controlling entity</th>
<th>(e)</th>
<th>Type of entity (C corp, S corp, or trust)</th>
<th>(f)</th>
<th>Share of total income</th>
<th>(g)</th>
<th>Share of end-of-year assets</th>
<th>(h)</th>
<th>Percentage ownership</th>
<th>(i)</th>
<th>Section 512(b)(13) controlled entity?</th>
<th>(j)</th>
<th>General or managing partner?</th>
<th>(k)</th>
<th>Percentage ownership</th>
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</table>
**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?
- a. Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b. Gift, grant, or capital contribution to related organization(s)
- c. Gift, grant, or capital contribution from related organization(s)
- d. Loans or loan guarantees to or for related organization(s)
- e. Loans or loan guarantees by related organization(s)
- f. Dividends from related organization(s)
- g. Sale of assets to related organization(s)
- h. Purchase of assets from related organization(s)
- i. Exchange of assets with related organization(s)
- j. Lease of facilities, equipment, or other assets to related organization(s)
- k. Lease of facilities, equipment, or other assets from related organization(s)
- l. Performance of services or membership or fundraising solicitations for related organization(s)
- m. Performance of services or membership or fundraising solicitations by related organization(s)
- n. Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o. Sharing of paid employees with related organization(s)
- p. Reimbursement paid to related organization(s) for expenses
- q. Reimbursement paid by related organization(s) for expenses
- r. Other transfer of cash or property to related organization(s)
- s. Other transfer of cash or property from related organization(s)

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.

<table>
<thead>
<tr>
<th>(a) Name of related organization</th>
<th>(b) Transaction type (a-s)</th>
<th>(c) Amount involved</th>
<th>(d) Method of determining amount involved</th>
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<tbody>
<tr>
<td>1) <strong>AUTISM SOCIETY OF AMERICA FOUNDATION</strong></td>
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(2)

(3)

(4)

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(6)
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.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of entity</th>
<th>(b) Primary activity</th>
<th>(c) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(d) Are all partners sec. 501(c)(3) orgs.?</th>
<th>(e) Share of total income</th>
<th>(f) Share of end-of-year assets</th>
<th>(g) Disproportionate allocations?</th>
<th>(h) General or managing partner?</th>
<th>(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) Percentage ownership</th>
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Schedule R (Form 990) 2019  AUTISM SOCIETY OF AMERICA, INC.  52-1020149 Page 4
Part VII Supplemental Information

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

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