EXTENDED TO NOVEMBER 15, 2017

Use Only

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No. 1545-0047 7h Open to Public

Department of the Treasury Internal Revenue Service Information about Form 990 and its instructions is at www.irs.gov/form990. A For the 2016 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change AUTISM SOCIETY OF AMERICA, INC. Name change **-***0149 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 4340 EAST WEST HIGHWAY 350 301-657-0881 termin-ated City or town, state or province, country, and ZIP or foreign postal code 2,200,638. G Gross receipts \$ Amended return BETHESDA, MD 20814-4411 H(a) Is this a group return Applica-F Name and address of principal officer: SCOTT BADESCH for subordinates? Yes X No pending SAME AS C ABOVE H(b) Are all subordinates included? Yes Tax-exempt status: X = 501(c)(3) = 501(c)) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.AUTISM-SOCIETY.ORG H(c) Group exemption number ► 2497 K Form of organization: X Corporation Trust Other > L Year of formation: 1965 M State of legal domicile: DC Part I Summary Briefly describe the organization's mission or most significant activities: TO IMPROVE THE LIVES OF ALL Governance AFFECTED BY AUTISM. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 18 Number of independent voting members of the governing body (Part VI, line 1b) 18 ∞ಶ 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 27 6 Total number of volunteers (estimate if necessary) 15 ,700. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 -1,476.b Net unrelated business taxable income from Form 990-T, line 34 ... Prior Year **Current Year** 2,456,195. 1,815,881. Contributions and grants (Part VIII, line 1h) Revenue Program service revenue (Part VIII, line 2g) 298,801. 319,963. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -158.35. 77.107. 62,985. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,831,945. 2,198,864. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 377,326. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 102,000. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 1,335,047. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,308,601. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 337,814. 1,211,802. 921,126. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,924,175 2,331,727. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -92,230. -132,863. Revenue less expenses. Subtract line 18 from line 12 OC **Beginning of Current Year** End of Year 917,375. 855,524. 20 Total assets (Part X. line 16) 252,091. 323,103. 21 Total liabilities (Part X, line 26) let und 665,284. 532,421. 22 Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Sign SCOTT BADESCH. PRESIDENT/CEO Here Type or print name and title Print/Type preparer's name Preparer's signature 08/22/17| "self-employed P00102223 Paid NEIL E. BERGER NEIL E. BERGER Firm's name ADEPTUS PARTNERS LLC Preparer Firm's EIN Firm's address 3311 OLNEY SANDY SPRING RD

Phone no. (301)929-9700

May the IRS discuss this return with the preparer shown above? (see instructions)

OLNEY, MD 20832-1411

Pai	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE AUTISM SOCIETY ENVISIONS INDIVIDUALS AND FAMILIES LIVING WITH
	AUTISM ARE ABLE TO MAXIMIZE THEIR QUALITY OF LIFE, ARE TREATED WITH
	THE HIGHEST LEVEL OF DIGNITY, AND LIVE IN A SOCIETY IN WHICH THEIR
	TALENTS AND SKILLS ARE APPRECIATED AND VALUED.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 650 , 660 •including grants of \$ 102 , 000 •) (Revenue \$)
	IN 2016, THE AUTISM SOCIETY OF AMERICA'S NATIONAL CONTACT CENTER, WHICH
	OPERATES FROM 9 AM TO 9 PM EASTERN STANDARD TIME, MONDAY THROUGH FRIDAY
	AND AUTISMSOURCETM OUR NATIONAL RESOURCE DATABASE ACCOMPLISHED THE
	FOLLOWING:
	ANSWERED CALLS LIVE 78% OF THE TIME.
	MAINTAINED A LESS THAN 1-DAY RESPONSE TIME FOR CALLS AND E-MAILS.
	SUPPORTED OVER 77,000 CONSTITUENTS BY PHONE AND EMAIL THROUGHOUT OUR
	NETWORK.
	80 AFFILIATES NATIONWIDE SET UP ON OUR INQUIRY AND RESOURCE DATABASE TO
	SERVE THEIR LOCAL COMMUNITIES.
	74% OF CALLERS SURVEYED ANTICIPATE THEIR QUALITY OF LIFE IMPROVING
	BASED ON THEIR CALLS TO OUR CONTACT CENTER.
4b	(Code:) (Expenses \$ 743,611 • including grants of \$) (Revenue \$ 302,232 •)
	IN 2016, THE AUTISM SOCIETY OF AMERICA CONTINUED THE ONGOING EFFORTS OF
	MAKING SURE THAT INDIVIDUALS AND FAMILIES IMPACTED BY AUTISM WERE
	INFORMED ABOUT ISSUES IMPACTING THEIR WELL-BEING.
	1.PROVIDED DAILY FACEBOOK INFORMATION POSTS TO 590,000 FACEBOOK
	FOLLOWERS.
	2.PROVIDED DAILY TWITTER POSTS TO OVER 90,000 TWITTER FRIENDS.
	3.MAINTAINED AN OVER 34,000 LISTING OF RESOURCES ON
	WWW.AUTISM-SOCIETY.ORG
	4.SENT OUT INFORMATION UPDATES EACH MONTH TO OVER 100,000 PEOPLE.
	THE COLOR WITH ALITHOUGH CONTINUE OF AMERICA, MICH. THE ATHER ADDRESS. COMPERTMENT
	IN 2016, THE AUTISM SOCIETY OF AMERICA HELD ITS 47TH ANNUAL CONFERENCE IN NEW ORLEANS, LOUISIANA. WITH OVER 1,000 PEOPLE IN ATTENDANCE, THIS
_	ACA 757
4C	(Code:) (Expenses \$464,757. including grants of \$) (Revenue \$) THE AUTISM SOCIETY OF AMERICA CONTINUED TO ADVOCATE AND REPRESENT THE
	NEEDS OF ALL IMPACTED BY AUTISM. TO THIS END, IN 2016, THE PRIORITY
	ADVOCACY EFFORTS OF THE ORGANIZATION WERE:
	ADVOCACT BITOKID OF THE OKOMYDATION WERE:
	1.PROMOTE PASSAGE OF KEVIN AND AVONTE'S LAW OF 2016 TO PROVIDE FUNDING
	FOR LAW ENFORCEMENT AND COMMUNITY TRAINING TO REDUCE WANDERING
	INCIDENTS INVOLVING PEOPLE WITH AUTISM AND OTHER DISABILITIES.
	2.PROVIDE RELIEF TO FAMILY CAREGIVERS BY SUPPORTING LEGISLATION TO
	CREATE PUBLIC AND PRIVATE PARTNERSHIPS TO EVALUATE NATIONAL STRATEGY
	AND EASE FINANCIAL BURDENS THROUGH IMPLEMENTATION OF TAX CREDITS FOR
	CAREGIVING EXPENSES.
	3.ADVOCATE FOR COMPREHENSIVE LONG TERM CARE LEGISLATION THAT ADDRESSES
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 1,859,028.
	Form 990 (2016

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			Α,
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			٠,,
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			37
	complete Schedule G, Part III	19		X

Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	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		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
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	25		
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31		24		х
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
JZ		32		х
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
J -1		34	х	
252	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
36		26		x
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37		37		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	31		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Х	
	Note. All Form 990 filers are required to complete Schedule O	38	22	

Form 990 (2016) AUTISM SOCIETY OF AMERICA, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

Enter the number reported in Box 3 of Form 1086. Enter -0 if not applicable 1a 9 1b 0 0 0 0 0 0 0 0 0		Check if Schedule O contains a response of note to any line in this Part v					
b Enter the number of Forms W2G included in line 1a. Enter 9-6 if not applicable. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gambling) winnings to prize winners? 2a. Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, [2a. 27] biff at least one is reported on line 2a, idit the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to effects employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to effects employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to effects employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to effects employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to effects employment tax returns? 3b If the organization have unrelated business gross income of \$1,000 or more during the year? 3a It 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 accounts (FBAF). See instructions for filing requirements for FinCEH Form 114, Report of Foreign Bank and Financial Accounts (FBAF). See instructions for thing requirements for FinCEH Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5c If the 3b Was 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 forms 886e77. 5c If the second that the second property of the property						Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, fled for the calendar year ending with or within the year covered by this return. 2 If the sum of lines 1 and 2 als ig required in the year covered by this return. 3 If all cales on the seperate on line 24, did the organization flee all required federal employment tax returns? 3 Note. If the sum of lines 1a and 2 als igreater than 250, you may be required to e-fle (see instructions) 3 If the organization have unreated business gross income of \$10,000 or more during the year? 3 If Yes, "has it filed a Form 990-T for this year? // "\%, " to file in 8.0, provide an explanation in Schedule O 4 A lary time during the calendar year, it defines 30, provide an explanation in Schedule O 5 If Yes," and it file a form 990-T for this year? // "\%, " to file 8.0, provide an explanation in Schedule O 5 If Yes," and it may be a party bridly the organization have an interest in, or a signature or other authority over, a financial account in a floring country (such as a bank account, securities account, or other financial accountry). 5 If Yes," either the name of the foreign country (such as a bank account, securities account, or other financial accountry). 5 If Yes, " did the organization a party to a prohibited tax shelter transaction at any time during the tax year. 5 If Yes, " did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5 If Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 If Yes," indicate the number of Forms 8282? ited during the year. 7 If Join the organization section apparent in excess of 375 made party sa contribution and party to prohibite organization received a contribution of ca							
(gambling) winnings to prize winners? Filed for the calendar year ending with or within the year covered by this return Filed for the calendar year ending with or within the year covered by this return Filed for the calendar year ending with or within the year covered by this return Filed for the calendar year ending with or within the year covered by this return Filed for the calendar year ending with or within the year covered by this return Filed for the calendar year ending with or within the year covered by this return Filed for the calendar year ending with or within the year covered by this return Filed for the calendar year, did the organization file all required for ended endproment as returns? Filed for the calendar year, did the organization file and the year of the end with organization the sank account, or other dinarial account; Filed for 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; Filed for 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 accounts (FBAR). Filed for the calendar year, did the organization the file organization and the variety of probled tax shelter transaction? Filed for the calendar year, did the organization the file organization and the variety of probled tax shelter transaction? Filed for the calendar year, did the organization in the organization that it was or is a party to a probleted tax shelter transaction? Filed for the calendar year, and the organization that it was or is a party to a probleted tax shelter transaction? Filed for the calendar year, and the organization shelt was a contribution organization shelt and year year. Filed for the calendar year, and year year year year year. Filed for the calendar year, and year year year							
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fleet for the calendary year ending with or within the year covered by this return. 2a 27			 I	 I	1c	<u> </u>	
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b Did the organization and are unrelated business gross income of \$1,000 or more during the year? 3a X b if "Yes," has it filed a Form 990 Tior this year? If "No," to line 3b, provide an explanation in Schedule O 3a At any time during the calendary year, did the organization have an interset 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)? 5b If "Yes," enter the name of the foreign country. Fee See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5ce in the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-17 6c Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible on the property of the organization state may receive deductible contributions under section 170(c). 6c Did the organizations that may receive deductible contributions under section 170(c). 6d If "Yes," indicate the number of Forms 8282 filed during the year 6d If "Yes," indicate the number of Forms 8282 filed during the year 6d If "Yes," indicate the number of Forms 8282 filed during the year 7d If If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization during the year pay premiums, directly or indirec	2a			27			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 30 Did the organization have unrelated business gross income of \$1,000 or more during the year? 30 Did the organization have unrelated business gross income of \$1,000 or more during the year? 41 As 1 any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly over, a financial account in a foreign country to country such as a bank account, securities account, or other financial accountly over, a financial account in a foreign country. ▶ 50 If yes, "the organization aparty to a prohibited tax shelter transaction or any time during the tax year? 51 Vas the organization aparty to a prohibited tax shelter transaction? 52 If Yes, "to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 53 University of 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? 53 University of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 54 Organizations that may receive deductible contributions under section 170(c). 55 University of the organization notify the donor of the value of the goods or services provided? 56 Organizations that may receive deductible contributions under section 170(c). 56 University of the organization notify the donor of the value of the goods or services provided? 57 Organizations that may receive apparent in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 58 Organization that may receive apparent in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 58 Organization receive a contribution of cut walue of the goods or services provided. 59 University of the organization receive and notify the						v	
3a X b ff "Yes," has it filed a Form 990-T for this year? Yo," to line 3b, provide an explanation in Schedule O 3b X 3b M Tyes," has it filed a Form 990-T for this year? Yo," to line 3b, provide an explanation in Schedule O 3b X 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 accounts (FBAR). 5b 11"Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c Vers, to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? Sb C ff "Yes," to line 5a or 5b, did the organization file form 8886-T? Sc Does the organization are annual gross receipts that are normally greater than \$100,000, and did the organization sill any contributions that were not tax deductible as charitable contributions? Sc M Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organization shat may receive deductible contributions under section 170(c). Sc Did the organization receive a payment in excess of \$5f made party as a contribution and party for goods and services provided to the payor? 7a Tb Uffects, and the organization receive appropriate in excess of \$5f made party as a contribution and party for goods and services provided to the payor? 7b Uffects, and the organization receive appropriate in excess of \$5f made party as a contribution and party for goods and services provided to the payor? 7b Uffects, and the organization network and party as a contribution of payment and party for goods and services provided to the form 8282? Tc Uffects, and the organization network and party as a payment and party as a payment and party as a payment and party as a	b				2b	^	
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e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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? 9 Sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10a b Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 14b If "Yes," has it filed a Form 720 to report the		to file Form 8282?			7c		X
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				I	142		X
	b	11 100, That it filed a 1 offit 120 to report these payments: If 190, provide an explanation in schedul				990	(2016

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

	Chack if Schoolule O contains a response or note to any line in this Part VI			Х					
Sec	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management								
000	tion A. doverning body and management		Yes	No					
1 a	Enter the number of voting members of the governing body at the end of the tax year 18		163	140					
	If there are material differences in voting rights among members of the governing body, or if the governing	•							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent 1b								
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		Х					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_							
_	of officers, directors, or trustees, or key employees to a management company or other person?	3		х					
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		Х					
6	Did the organization have members or stockholders?	6		Х					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?	7a		Х					
b	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		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	Х						
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 in Schedule O	9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	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.								
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						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	in Schedule O how this was done	12c	Х						
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?								
а	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).								
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							
Sec	tion 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			,KY					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le						
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial						
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records: THE ORGANIZATION - 301-657-0881								
	4340 EAST WEST HIGHWAY, NO. 350, BETHESDA, MD 20814-4411								
63300	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2016)					
55200	· · · · · · · · · · · · · · · · ·	. 5111		(-3.0)					

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

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

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

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

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

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

(A)	(B)			(C Posi)			(D)	(E)	(F)
Name and Title	Average hours per		not c	of check more than one neportable neportable neportable neportable neportable neportable		Estimated amount of				
	week (list any hours for	offic		d a di	irecto	r/trus	tee)	from the organization	from related organizations (W-2/1099-MISC)	other compensation from the
	related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(1) J. BASINGER BOARD MEMBER	2.00	х						0.	0.	0.
(2) A. BAUMAN	3.00	^						0.	· ·	•
BOARD MEMBER	3.00	Х						0.	0.	0.
(3) B. BECKER-COTRILL	2.00							0.	•	0.
BOARD MEMBER	2.00	x						0.	0.	0.
(4) R. BOHNE	2.00									
BOARD MEMBER	2.00	х						0.	0.	0.
(5) M. BROWN	2.00									
BOARD MEMBER	2.00	Х						0.	0.	0.
(6) C. P. CHERRY	2.00									
BOARD MEMBER	2.00	Х						0.	0.	0.
(7) K. CUSTER	2.00									
BOARD MEMBER	2.00	Х						0.	0.	0.
(8) A. FILIPPI	2.00									
BOARD MEMBER	2.00	Х						0.	0.	0.
(9) J. HUSSMAN	2.00									
BOARD MEMBER	2.00	Х						0.	0.	0.
(10) T. MURPHY	2.00							_	_	_
BOARD MEMBER	2.00	Х						0.	0.	0.
(11) K. PALMER	2.00									
BOARD MEMBER	2.00	Х						0.	0.	0.
(12) W. PARKER	2.00	l								
BOARD MEMBER	2.00	Х						0.	0.	0.
(13) R. WOLF	2.00	,,							0	•
BOARD MEMBER	2.00 6.00	Х						0.	0.	0.
(14) J. JOYCE	6.00			_v					0.	0
CHAIRPERSON		Х		Х				0.	0.	0.
(15) J. BALL	3.00	, v		х				0.	0.	0.
IMMEDIATE PAST CHAIRPERSON (16) L. IRELAND	5.00	^		^				0.	0.	U •
VICE CHAIRPERSON	5.00	v		х				0.	0.	0.
(17) T. STALEY	5.00	<u> </u>		<u> </u>				0.	0.	•
TREASURER	5.00	x		х				0.	0.	0.
632007 11-11-16	1 3.00								•	Form 990 (2016)

632007 11-11-16

Part VII Section A. Officers, Directors, Trus	tees, Key Em	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	١		Pos	ition			Reportable	Reportable		Est	imat	ed
	hours per					than is bot		compensation	compensatio	n		ount	
	week	offi	cer ar	d a d	irecto	or/trus	tee)	from	from related			ther	
	(list any	ctor						the	organizations	3	comp	ensa	ation
	hours for	r dire				ted		organization	(W-2/1099-MIS	SC)	fro	m th	ie
	related	stee (rustee			sen sa		(W-2/1099-MISC)			orga		
	organizations below	al tru	onal t		loyee	comp						rela	
	line)	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former				orga	nızat	ions
(10) 7 DEDVED	,	Ĕ	Ë	₽	ā.	± e	요						
(18) L. PERNER	5.00	٦,		,,						^			^
SECRETARY	5.00	Х		Х				0.		0.			0.
(19) S. BADESCH	40.00			l				000 605		•		_	۰.
PRESIDENT AND CEO	5.00			Х				200,685.		0.	41	. , 2	86.
(20) J. DABROWSKI	40.00			l				105 110		•			
CHIEF FINANCIAL OFFICER	0.00			Х				137,142.		0.	3(),2	39.
(21) T. FERGUSON	40.00									_	_		
VICE PRESIDENT OF EXTERNAL				Х				107,689.		0.	7	, 8	64.
1b Sub-total							ightharpoons	445,516.		0.	79	, 3	89.
c Total from continuation sheets to Part VI	I, Section A						ightharpoons	0.		0.			0.
d Total (add lines 1b and 1c)								445,516.		0.	79	, 3	89.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wł	no r	eceived more than \$100	,000 of reportabl	е			
compensation from the organization													3
												Yes	No
3 Did the organization list any former officer,	director, or tru	ıste	e, ke	y er	nplo	yee	, or	highest compensated e	mployee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4 For any individual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	ation	n and	d ot	her compensation from	the organization				
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J t	for such individual			4	Х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch	pers	son .					5		Х
Section B. Independent Contractors													
Complete this table for your five highest co	mpensated ind	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of com	pens	ation fr	om	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir	n the organization's tax	/ear.				
(A)								(B)			(C)	
Name and business	address	N	INC	3				Description of s	ervices	С	ompen	satic	n
							1						
2 Total number of independent contractors (i	•	ot li	mite	d to		_	stec	d above) who received m	ore than				
\$100,000 of compensation from the organic	zation >				(<u>) </u>							
											Form 9	190	2016)

Ра	πv	111			ar note to ony li	as in this Dort VIII			
			Check if Schedule O conta	ains a response		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	2	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributing all other contributions, gifts, grant similar amounts not included above the state of t	1b 1c 1d ons) 1e s, and e 1f 1, 1a-1f: \$	208,629. 93,153. 230,763. 39,827. 243,509. Business Code 900004	1,815,881.	239,288.	29,700.	50,975.
Progr R			All other program service rever			319,963.			
	3 4 5	<u>y</u>	Total. Add lines 2a-2f Investment income (including of other similar amounts) Income from investment of tax Royalties	dividends, intere	est, and proceeds	76.			76.
	6	b c	Gross rents Less: rental expenses Rental income or (loss)	(i) Real	(ii) Personal				
	7	а	Net rental income or (loss) Gross amount from sales of assets other than inventory	(i) Securities 1,733.	(ii) Other				
		С	Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)		l	-41.	-41.		
Other Revenue			Gross income from fundraising including \$ 230,7 contributions reported on line Part IV, line 18	63 • of 1c). See a	0.				
#O	9	c a	Less: direct expenses Net income or (loss) from fund Gross income from gaming act Part IV, line 19	raising events tivities. See a	D.	0.			
	10	c a	Less: direct expenses Net income or (loss) from gami Gross sales of inventory, less is and allowances	ing activities returns a	>				
	11	c a	Net income or (loss) from sales Miscellaneous Revenue OTHER INCOME	s of inventory		62,985.	62,985.		
			All other revenue Total. Add lines 11a-11d			62,985.			
	12	-	Total revenue. See instructions.			2,198,864.	302,232.	29,700.	51,051.

Part IX | Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX									
Do	not include amounts reported on lines 6b,	(A)	(B)	(C) Management and	(D) Fundraising				
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	general expenses	expenses				
1	Grants and other assistance to domestic organizations		·		·				
	and domestic governments. See Part IV, line 21	102,000.	102,000.						
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22								
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign								
	individuals. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors,								
	trustees, and key employees	445,516.	356,413.	26,731.	62,372.				
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)								
7	Other salaries and wages	612,529.	504,251.	63,402.	44,876.				
8	Pension plan accruals and contributions (include								
	section 401(k) and 403(b) employer contributions)	39,180.	31,344.	2,351.	5,485. 18,068.				
9	Other employee benefits	129,057.	103,246.	7,743.					
10	Payroll taxes	82,319.	65,855.	4,939.	11,525.				
11	Fees for services (non-employees):								
а	Management								
	Legal	9,985.	7,988.	599.	1,398.				
	Accounting	29,678.	23,742.	1,781.	4,155.				
	Lobbying								
	Professional fundraising services. See Part IV, line 17								
f	Investment management fees								
g									
_	column (A) amount, list line 11g expenses on Sch O.)	27,904.	22,323.	1,674.	3,907.				
12	Advertising and promotion								
13	Office expenses	5,687.	4,532.	414.	741.				
14	Information technology	83,558.	62,636.	4,501.	16,421.				
15	Royalties								
16	Occupancy	184,040.	147,730.	14,827.	21,483.				
17	Travel	92,648.	56,826.	1,792.	34,030.				
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	320,134.	316,853.	1,340.	1,941.				
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	13,915.	11,170.	1,121.	1,624.				
23	Insurance	8,979.	7,208.	723.	1,048.				
24	Other expenses. Itemize expenses not covered								
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25. column (A)								
	amount, list line 24e expenses on Schedule O.)								
а	FUNDRAISING ACTIVITIES	48,460.			48,460.				
b	POSTAGE	34,232.	17,443.	317.	16,472.				
С	BANK FEES	23,669.	3,438.	345.	19,886.				
d	PRINTING AND PUBLICATIO	19,258.	5,162.	19.	14,077.				
е	All other expenses	18,979.	8,868.	266.	9,845.				
25	Total functional expenses. Add lines 1 through 24e	2,331,727.	1,859,028.	134,885.	337,814.				
26	Joint costs. Complete this line only if the organization								
	reported in column (B) joint costs from a combined								
	educational campaign and fundraising solicitation.								
	Check here if following SOP 98-2 (ASC 958-720)								
63201	0 11-11-16				Form 990 (2016)				

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	te to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			89,658.	1	6,816.
	2	Savings and temporary cash investments			269,837.	2	306,968.
	3	Pledges and grants receivable, net			196,718.	3	173,788.
	4	Accounts receivable, net			1,552.	4	295.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated er	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	า 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 50	1(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr).	Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
Ř	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			29,330.	9	24,908.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	93,387.			
	b	Less: accumulated depreciation		85,030.	20,963.	10c	8,357.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	309,317.	15	334,392.		
	16	Total assets. Add lines 1 through 15 (must equ	917,375.	16	855,524.		
	17	Accounts payable and accrued expenses	152,343.	17	170,358.		
	18	Grants payable			18		
	19	Deferred revenue			7,425.	19	450.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Se	22	Loans and other payables to current and former	r office	rs, directors, trustees,			
Ĕ		key employees, highest compensated employee	es, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24	. Complete Part X of			
		Schedule D			92,323.	25	152,295.
	26	Total liabilities. Add lines 17 through 25			252,091.	26	323,103.
		Organizations that follow SFAS 117 (ASC 958), ched	k here X and			
es		complete lines 27 through 29, and lines 33 an	ıd 34.				
anc	27	Unrestricted net assets			122,088.	27	-55,348.
Fund Balances	28	Temporarily restricted net assets	493,196.	28	537,769.		
βE	29	Permanently restricted net assets		<u></u>	50,000.	29	50,000.
표		Organizations that do not follow SFAS 117 (A	SC 95	B), check here ▶Ш			
ō		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ed	quipme	nt fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated in			44=	32	
Z	33	Total net assets or fund balances			665,284.	33	532,421.
	34	Total liabilities and net assets/fund balances			917,375.	34	855,524.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				64.
2	Total expenses (must equal Part IX, column (A), line 25)	2				27.
3	Revenue less expenses. Subtract line 2 from line 1	3				63.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		<u>66</u> !	5,2	84.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10		532	2,4	21.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat					
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule C).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit			
	Act and OMB Circular A-133?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

TNC

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization ATTITION COCTETY OF AMERICA

Employer identification number **-***0149

				OF AMERICA,				0149
Pa	rt I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions.	
The	organ	ization is not a private found	lation because it is: (For lines 1 through 12, c	heck only	one box.)		
1		A church, convention of ch	urches, or association	on of churches described	d in sectio	n 170(b)(I)(A)(i).	
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)		
3		A hospital or a cooperative					ii).	
4		A medical research organiz					•	the hospital's name.
·		city, and state:		. ,				,
5		An organization operated for	or the benefit of a co	Illege or university owner	d or operat	ted by a d	overnmental unit describ	ned in
3		section 170(b)(1)(A)(iv). (C		liege of difficulty owner	а ог орста	ica by a g	overnmental and desent)CG 1
6				nantal unit dagarihad in r	aaatian 17	70/6\/4\/ 4\	6.4	
6	\vdash	A federal, state, or local gov	-					من المصطنية مصام منا مان مد
7		An organization that norma	•	intial part of its support f	rom a gov	ernmentai	unit or from the general	public described in
_		section 170(b)(1)(A)(vi). (C		(A)(A)(B) (A)				
8	\vdash	A community trust describe			-			
9		An agricultural research org				-		-
		or university or a non-land-o	grant college of agric	culture (see instructions).	Enter the	name, city	, and state of the colleg	e or
		university:						
10	X	An organization that norma	Ily receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, membership fees, a	and gross receipts from
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of its suppor	t from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11		An organization organized a	and operated exclus	ively to test for public sa	ıfety. See s	section 50)9(a)(4).	
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section s	509(a)(2).	See section 509(a)(3). (Check the box in
		lines 12a through 12d that	describes the type o	of supporting organizatio	n and com	nplete lines	s 12e, 12f, and 12g.	
а		Type I. A supporting orga						giving
		the supported organization	· · · · · · · · · · · · · · · · · · ·	•				
		organization. You must o			, ,			0
b		Type II. A supporting org			tion with it	s support	ed organization(s), by ha	ivina
-	-	control or management o	•					-
		organization(s). You mus			arrio poroc	orio triat ot	miles of manage are ear	portod
С		Type III functionally inte			in connec	tion with	and functionally integrat	ed with
·		its supported organization					•	od with,
d		Type III non-functionally		•				zation(s)
u		that is not functionally int					• • • •	
		•	•	• .	•		•	iveriess
_		requirement (see instruct	•	-				
е		Check this box if the orga					i Type i, Type ii, Type iii	
		functionally integrated, or		nally integrated support	ing organiz	zation.		
f		er the number of supported of						
<u>g</u>		vide the following information i) Name of supported	ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other
	,	organization	(11) 2.114	(described on lines 1-10	in your governi	ng document?	support (see instructions)	support (see instructions)
		9		above (see instructions))	Yes	No		,
Tota	al							

Schedule A (Form 990 or 990-EZ) 2016 AUTISM SOCIETY OF AMERICA, INC. **-***0 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
_	column (f)						
	Public support. Subtract line 5 from line 4.						
		(-) 0040	(1-) 0040	(-) 004.4	(-1) 0045	(-) 0040	(6) T-+-1
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4						
ŏ	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
۵	and income from similar sources Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons)			12	
	First five years. If the Form 990 is for	•	,				
	organization, check this box and stor	•					• • • • • • • • • • • • • • • • • • •
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				,
	Public support percentage for 2016 (column (f))		14	%
	Public support percentage from 2015					15	%
	33 1/3% support test - 2016. If the o						ox and
	stop here. The organization qualifies	as a publicly supp	orted organizatio	n			
b	33 1/3% support test - 2015. If the o						
	and stop here. The organization qual	ifies as a publicly	supported organiz	zation			▶□
17a	10% -facts-and-circumstances tes	t - 2016. If the org	anization did not	check a box on lin	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	nces" test, check	this box and stop	here. Explain in Pa	rt VI how the orga	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	a publicly supporte	ed organization		>
b	10% -facts-and-circumstances tes	t - 2015. If the org	ganization did not	check a box on lin	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	ımstances" test, o	check this box and	l stop here. Explai	n in Part VI how th	е
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a pub	licly supported org	anization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box	and see instruction	ns ▶
					Sch	edule A (Form 990	0 or 990-EZ) 2016

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

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

Se	ction A. Public Support	elow, please comp	nete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and	(-7	(-, : :	(-)	(-, : :	(-)	(-)
	membership fees received. (Do not						
	include any "unusual grants.")	2,432,685.	2,001,841.	2,082,272.	2,456,195.	1,815,881.	10,788,874.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	352,867.	303,202.	324,691.		319,963.	1,599,524.
3	Gross receipts from activities that	,	, ,	,		, , , , , ,	, , -
J	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
_	the organization without charge	0 505 550	0 205 042	0.406.063	0.554.006	0 135 044	10 200 200
	Total. Add lines 1 through 5	2,785,552.	2,305,043.	2,406,963.	2,754,996.	2,135,844.	12,388,398.
	a Amounts included on lines 1, 2, and 3 received from disqualified persons			309,086.	891,632.	317,827.	1,518,545.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
,	Add lines 7a and 7b			309,086.	891,632.	317,827.	1,518,545.
	Public support. (Subtract line 7c from line 6.)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , ,	,	10,869,853.
Se	ction B. Total Support						, ,
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6	2,785,552.	2,305,043.	2,406,963.	2,754,996.	2,135,844.	12,388,398.
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	13,548.	24,176.	556.	222.	76.	38,578.
k	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975	13,548.	24,176.	556.	222.	76.	38,578.
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	13,540.	24,170.	550.	222.	70.	30,370.
12	Other income. Do not include gain or loss from the sale of capital	23,032.	73,619.	88,912.	77,107.	62,985.	325,655.
13	assets (Explain in Part VI.)	2,822,132.	2,402,838.	2,496,431.	2,832,325.	2,198,905.	12,752,631.
	First five years. If the Form 990 is for						
	check this box and stop here		,,	-,	,		▶ □
Se	ction C. Computation of Publi	ic Support Pe	rcentage				
	Public support percentage for 2016 (I			olumn (f))		15	85.24 %
16	Public support percentage from 2015					16	89.07 %
	ction D. Computation of Inves					•	
17	Investment income percentage for 20	16 (line 10c, colun	nn (f) divided by lin	e 13, column (f))		17	.30 %
18	Investment income percentage from 2					18	•53 %
	33 1/3% support tests - 2016. If the					3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box are 33 1/3% support tests - 2015. If the	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	> X
,	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
_		
3a		
3b		
_		
3с		
4-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
อม		
9c		
10a		
46:		
10b		

Pa	rt IV Supporting Organizations (continued)			.g- -
	Capporting Organizations (CONTINUES)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		169	140
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations	110		
000	tion B. Type I supporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	NO
•	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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	-		
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
S_C	tion C. Type II Supporting Organizations			
<u> </u>	tion of Type it Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
000	tion B. All Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
Ŭ	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3</i> below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions).	
2	Activities Test. Answer (a) and (b) below.	ĺ	Yes	No
а	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.	2a		
b	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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes " describe in Part VI, the role played by the organization in this regard	3h		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	g Orga	anizations	J
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete s	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integra	ated Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2016

Par	rt V Type III Non-Functionally Integrated 5	i09(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	poses of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which	ch the organization is responsive	9	
	(provide details in Part VI). See instructions	-		
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	•	(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
Secti	ion E - Distribution Allocations (see instructions)		Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а	<i>y</i> , <i>y</i> ,			
b				
С	From 2013			
d	From 2014			
е	From 2015			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Carryover from 2011 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7:			
а	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result great	er		
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
a				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

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) organiza	ations: Complete Part III.			
	ne of organization	·		Empl	oyer identification number
		SOCIETY OF AMERIC			**-***0149
Pa	art I-A Complete if the or	ganization is exempt unde	er section 501(c)	or is a section 527 o	rganization.
1	Provide a description of the organi	zation's direct and indirect politica	al campaign activities i	n Part IV.	
2	Political campaign activity expendi	tures		▶\$	
3	Volunteer hours for political campa	ign activities			
Do	wt I D Commists if the ow			(2)	
		ganization is exempt under			
1	Enter the amount of any excise tax	incurred by the organization under	er section 4955		
2	Enter the amount of any excise tax If the organization incurred a section	ncurred by organization manage	irs under section 4955		Yes No
	Was a correction made? If "Yes," describe in Part IV.				165 100
	art I-C Complete if the or	ganization is exempt unde	er section 501(c),	except section 501(c)(3).
1	Enter the amount directly expende				
	Enter the amount of the filing organ				
	exempt function activities		-	_	
3	Total exempt function expenditure				
	line 17b			▶\$	
4	Did the filing organization file Form	1120-POL for this year?			Yes No
5	Enter the names, addresses and e				
	made payments. For each organiza	•			•
	contributions received that were p			•	te segregated fund or a
	political action committee (PAC). If	additional space is needed, provi	de information in Part	IV.	1
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds. If none, enter -0	contributions received and promptly and directly
				Turido. Il riorio, critor o .	delivered to a separate
					political organization.
					If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2016

LHA

632041 11-10-16

Schedule C (Form 990 or 990-EZ) 2016

5,880.

99,971.

5,880.

e Grassroots ceiling amount

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2016 AUTISM SOCIETY OF AMERICA, INC. **-***014 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(k)
of th	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
а	Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
!	Other activities?				
J	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5) or se	ection	
ı aı	501(c)(6).	311 30 1(0)(<i>5</i> , 01 30		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No," OR	(b) Par		ne 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	cal			
а	Current year		2a		
	Carryover from last year				
С	Total		l _		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	oolitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information				
	de 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	
instr	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

AUTISM SOCIETY OF AMERICA, INC.

Employer identification number **-***0149

Pa	rt I Organizations Maintaining Donor Adviso	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, li	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor		
	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the or		
1	Purpose(s) of conservation easements held by the organization	tion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a histo	orically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic st	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structu	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year ▶		
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing cons	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conserva	tion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	tion easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes	the organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections of	of Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Forr	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue staten	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	chibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ribes these items.	
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pul	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	I gain, provide
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
h	Assets included in Form 990 Part Y		

632051 08-29-16

Schedule D (Form 990) 2016

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

		SOCIETY OF								age 2
Par	t III Organizations Maintaining C									
3	Using the organization's acquisition, accession	on, and other record	ls, check any of t	ne following th	at are a s	significant u	se of its	collectio	n item	S
	(check all that apply):									
а	Public exhibition	d		xchange progi	rams					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	•	•	· ·			se in Par	t XIII.		
5	During the year, did the organization solicit or		•	•				7		1
_	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the organiza	tion answered	"Yes" or	n Form 990	, Part IV,	line 9, o	r	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodia							a		1
	on Form 990, Part X?						LX	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing table:							
								Amoun	t ^	
	Beginning balance								9	70.
	Additions during the year									
е	Distributions during the year								9	70.
f	Ending balance									0.
	Did the organization include an amount on Fo					•		Yes		No
	If "Yes," explain the arrangement in Part XIII.								X	
Par	t V Endowment Funds. Complete if									
	<u> </u>	(a) Current year	(b) Prior year			(d) Three ye		(e) Fou		
	Beginning of year balance	50,000.	50,00	0. 5	0,000.		50,000.		50,	000.
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	50,000.	50,00		0,000.		50,000.		50,	000.
2	Provide the estimated percentage of the curr	ent year end baland	e (line 1g, colum	n (a)) held as:						
а	Board designated or quasi-endowment		_%							
	Permanent endowment ▶ 100.00	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c shou	•								
3а	Are there endowment funds not in the posses	ssion of the organiza	ation that are hel	d and administ	ered for	the organiza	ation			
	by:								Yes	No
	(i) unrelated organizations							3a(i)		X
								3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organizate			ጓ?				. 3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	1	· · · · · · · · · · · · · · · · · · ·		1					
	Description of property	(a) Cost or o		ost or other		ccumulated	7	(d) Boo	k valu	Э
		basis (investr	nent) bas	is (other)	de	preciation				
	Land									
	Buildings				1					
	Leasehold improvements			02 207	1	05 03	.		<u>о</u> э	- 7
	Equipment			93,387.	1	85,03	• •		8,3	J / •
е	Other	[1					

Schedule D (Form 990) 2016

8,357.

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

Part VII	Investments - Other Securities.

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

(2) (3) (4) (5) (6)(7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) ESCROWS	50,316.
(2) DEPOSITS	12,576.
(3) INTEREST IN CHARITABLE REMAINDER TRUSTS	271,500.
(4)	
(5)	
(6)	
<u>(7)</u>	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	334,392.

Other Liabilities. Part X

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	RENT ABATEMENT	61,714.
(3)	DUE TO AFFILIATE	90,581.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	152,295.

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2016

Pa	t XI Reconciliation of Revenue per Audited Financial Sta	tements With	Revenue per R	eturr).
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,220,624.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	21,760.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	21,760.
3	Subtract line 2e from line 1			3	2,198,864.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			_
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,198,864.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With	Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin				0.050.405
1	Total expenses and losses per audited financial statements			1	2,353,487.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		04 760		
а	Donated services and use of facilities		21,760.		
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)	•			04 560
е	Add lines 2a through 2d			2e	21,760.
3					
	Subtract line 2e from line 1			3	2,331,727.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	2,331,727.
4 a	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	4a		3	2,331,727.
-	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a		3	
-	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b		3 4c 5	0. 2,331,727.

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 IV, LINE 1B:

AUTISM SOCIETY OF AMERICA ACTS AS THE FISCAL AGENT AND RECEIVES CHARITABLE CONTRIBUTIONS ON BEHALF OF THE KEN ANDERSON FOUNDATION. AUTISM SOCIETY OF AMERICA DISTRIBUTES FUNDS HELD ON BEHALF OF THE KEN ANDERSON FOUNDATION AS DIRECTED BY KEN ANDERSON FOUNDATION AND FISCAL AGENCY AGREEMENT.

PART IV, LINE 2B:

AUTISM SOCIETY OF AMERICA ACTS AS THE FISCAL AGENT AND RECEIVES CHARITABLE CONTRIBUTIONS ON BEHALF OF THE KEN ANDERSON FOUNDATION. AUTISM SOCIETY OF AMERICA DISTRIBUTES FUNDS HELD ON BEHALF OF THE KEN ANDERSON FOUNDATION AS DIRECTED BY KEN ANDERSON FOUNDATION AND AGENCY AGREEMENT. AS OF DECEMBER

31, 2016 THE AGENCY FUNDS BALANCE HELD BY AUTISM SOCIETY OF AMERICA WAS

SCHEDULE G

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

AUTISM	SOCIETY OF AMERICA	, I	NC.		**-***0	149
Part I Fundraising Activities required to complete this par	 Complete if the organization answer t. 	ered "Y	'es" oı	n Form 990, Part IV,	line 17. Form 990-EZ	I filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the 	e Solicitar f Solicitar g Special or oral agreement with any individual cart VII) or entity in connection with positions or entities (fundraisers) pursu	tion of tion of fundra (includerofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees, or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have c or cor contrib	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Fotal		•	•			
3 List all states in which the organization or licensing.				s or has been notified	d it is exempt from re	egistration

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

Schedule G (Form 990 or 990-EZ) 2016

Sch P a	edu i rt l	le G (Form 990 or 990-EZ) 2016 AUTISM II Fundraising Events. Complete if the	SOCIETY OF A ne organization answered	MERICA, INC "Yes" on Form 990, P	• * * - art IV, line 18, or reported	- * * * 0 1 4 9 Page 2 I more than \$15,000
		of fundraising event contributions and gr				
			(a) Event #1 3RD PARTY EVENTS	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
ne			(event type)	(event type)	(total number)	+
Revenue	1	Gross receipts	230,763.			230,763.
	2	Less: Contributions	230,763.			230,763.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				_
S	5	Noncash prizes				_
Direct Expenses	6	Rent/facility costs				
irect E	7	Food and beverages				
	8	Entertainment				
	10	Other direct expenses			>	
	11	Net income summary. Subtract line 10 from I				
Pa	ırt I		answered "Yes" on Form	n 990, Part IV, line 19, c	r reported more than	
		\$15,000 on Form 990-EZ, line 6a.	T	(b) Pull tabs/instant	1	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Reve						
_	1	Gross revenue				
ses	2	Cash prizes				_
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				_
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	5	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	' from line 1, column (d)		>	
9	En	ter the state(s) in which the organization condu	ucts gaming activities:			
		the organization licensed to conduct gaming a No," explain:				Yes No
		ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the ta	x year?	Yes No
~	••					

Schedule G (Form 990 or 990-EZ) 2016

Sch	edule G (Form 990 or 990-EZ) 2016 AUTISM SOCIETY OF AMERICA, INC. **-*	***014	9 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No 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
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		<u> </u>
	Name		
	Address >		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. L Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party ▶\$		
c	: If "Yes," enter name and address of the third party:		
	Name		
	Address >		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	Diversity of financial Completions Independent contractors		
	Director/officer Employee Independent contractor		
47	Mandatan diatributiona		
	Mandatory distributions:		
ā	s Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	No
	retain the state gaming license?	res	ON L
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Da	organization's own exempt activities during the tax year \$\bigsim \text{\$\text{V}} \ \ \text{Supplemental Information.} Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); a	in a n O h	10h 15h
Га		ines 9, 9b,	100, 150,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		

Schedule G	G (Form 990 or 990-EZ)	AUTISM	SOCIETY	OF	AMERICA,	INC.	**-***0149	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (con:	tinued)					
		(*****						
•								
-								
·								
-								
-								
-								
-								
-								
-								

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

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

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

AUTISM SOCIETY OF AMERICA, INC. Employer identification number **-***0149

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

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

Schedule J (Form 990) 2016

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred benefits		(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(6)(1)-(0)	reported as deferred on prior Form 990
(1) S. BADESCH	(i)	200,685.	0.	0.	12,170.	29,116.	241,971.	0.
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.		0.
(2) J. DABROWSKI	(i)	137,142.	0.	0.	8,135.	22,104.		0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							<u> </u>

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2016

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

AUTISM SOCIETY OF AMERICA, INC.

Employer identification number **-***0149

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

THREE DAY CONFERENCE PROVIDED INDIVIDUALS, FAMILIES AND PROFESSIONALS

AN OPPORTUNITY TO HEAR KEYNOTE SPEAKERS SUCH AS JOHN DONVAN, CAREN

ZUCKER, ALYCIA HALLADAY, DR. JAMES BALL AND STEVE SILBERMAN WITH A

PANEL OF YOUNG ADULTS WITH AUTISM. ATTENDEES COULD CHOOSE 88 BREAKOUT

SESSIONS ON TOPICS OF INTEREST TO THOSE IMPACTED BY AUTISM.

THE EVALUATIONS FROM THOSE ATTENDING THE CONFERENCE ONCE AGAIN SHOWED

THAT THIS CONFERENCE, THE OLDEST AND LONGEST RUNNING NATIONAL

CONFERENCE IS HIGHLY VALUED IN TERMS OF NETWORKING, INFORMATION

GATHERING AND LEARNING.

THE NEEDS OF INDIVIDUALS WITH DISABILITIES, INCLUDING, MEDICAID, SOCIAL

SECURITY, AND SOCIAL SECURITY DISABILITY INSURANCE. CREATE AN

INFRASTRUCTURE FOR LONG TERM SUPPORT SERVICES THAT IS DRIVEN BY

SELF-DIRECTION, PERSONAL CHOICE, AND FAMILIES AND INDIVIDUALS WITH

DISABILITIES.

4.FULLY FUND IDEA AND ASSURE THAT EVERY CHILD WITH A DISABILITY
OBTAINS A FREE APPROPRIATE PUBLIC EDUCATION.

5.BUILD INFRASTRUCTURE AND CREATE INCENTIVES FOR EMPLOYERS, AS WELL AS
OTHER SOLUTIONS THAT WILL EXPAND WORK OPPORTUNITIES FOR INDIVIDUALS
WITH AUTISM.

FORM 990, PART VI, SECTION A, LINE 4:

THE ORGANIZATION REVISED THEIR BYLAWS, WITH BOARD OF DIRECTORS' APPROVAL ON LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

Name of the organization AUTISM SOCIETY OF AMERICA, INC. Employer identification number **-***0149

JULY 13, 2016, TO ADD THE FOLLOWING DISSOLUTION CLAUSE IN ARTICLE XVII:

IN THE EVENT OF DISSOLUTION OF THE AUTISM SOCIETY OF AMERICA CORPORATION,

ANY REMAINING ASSETS AFTER LEGAL DISSOLUTION OCCURS AND ALL OBLIGATIONS

HAVE BEEN PAID OUT, ANY REMAINING ASSETS OF THE CORPORATION SHALL BE

PROVIDED, UPON 3/4 VOTE OF THE BOARD OF DIRECTORS, TO AN AUTISM RELATED

ORGANIZATION THAT PROVIDES OPTIONS FOR SERVICES AND HELPS ADDRESS THE NEEDS

OF INDIVIDUALS AND FAMILIES WHO ARE IMPACTED BY AUTISM BY HELPING THEM

MAXIMIZE THEIR QUALITY OF LIFE.

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.

Name of the organization AUTISM SOCIETY OF AMERICA, INC.	Employer identification number **-***0149
· · · · · · · · · · · · · · · · · · ·	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NV,	NH,NJ,NM,NY,NC,ND
OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTER	EST POLICY AND
FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST.	
FORM 990, PART XII, LINE 2C	
THE ORGANIZATION DID NOT CHANGE PROCESS FROM PRIOR YEAR.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

➤ Attach to Form 990.

Department of the Treasury Internal Revenue Service Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

AUTISM SOCIETY OF AMERICA, INC.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

-*0149

(a)	(b)	(c)	(d)	(e)	1		(f)	
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state o					ontrolling	9
of disregarded entity		foreign country)				er	ntity	
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization	n answered "Yes" on Form 990), Part IV, line 34 b	pecause it had one	or more	related tax-exe	mpt	
(a)	(b)	(c)	(d)	(e)		(f)	(9	g) 512(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity		ct controlling	conti	rolled
of related organization		foreign country)	section	status (if section 501(c)(3))		entity		ity?
AUTISM SOCIETY OF AMERICA FOUNDATION -				00.(0)(0))			Yes	No
52-2007155, 4340 EAST-WEST HWY, SUITE 350,								
BETHESDA, MD 20814	RESEARCH AND EDUCATION	DISTRICT OF COLUMBIA	501(C)(3)	LINE 10	N/A			Х
								<u> </u>

Page 2

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate ations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General of managin partner?	Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes No	
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	enti	b)(13) rolled ity?
		country)						Yes	No
									<u> </u>

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

X

Yes No

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

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

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

b Gift, grant, or capital contribution to related organization(s)				. 1b		X			
c Gift, grant, or capital contribution from related organization(s)									
d Loans or loan guarantees to or for related organization(s)									
e Loans or loan guarantees by related organization(s)									
						Х			
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)									
						X			
k Lease of facilities, equipment, or other assets from related organization(s)									
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)									
Sharing of paid employees with related organization(s)									
						X			
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)						<u> </u>			
s Other transfer of cash or property from related organization(s)				. 1s		X			
2 If the answer to any of the above is "Yes," see the instructions for information on v	who must complete t	his line, including covered i	relationships and transaction thresholds.						
(a) Name of related organization	(d)								
Name of related organization	Method of determining amount in	ivoivea							
	type (a-s)								
(1) AUTISM SOCIETY OF AMERICA FOUNDATION	С	39,827.	CASH						
(I) HOTISH BOOTHII OF THIMMEDIT FOOTBILLION	 	33,702,7	511511						
(2)									
(-)									
(3)									
1-7									
(4)									
· ·									
(5)									
(6)									
332163 09-06-16	52		Schedule	∍ R (Forr	n 990)	2016			

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

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

(a)	(b)	(c)	(d)	(e) Are a partners 501(c) orgs.)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners	S Sec.	Share of	Share of	Disp	ropor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	or Percentage
of entity		(state or foreign	excluded from tax under	orgs.)(3) .?	total	end-of-year	alloca	tions?	of Schedule K-1	partne	ownership
		country)	sections 512-514)	Yes I		income	assets	Yes	No	(Form 1065)	Yes N	О
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