EXTENDED TO NOVEMBER 15, 2017

Form **990**

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

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2016 Open to Public

Α	For the	ne 2016 calendar year, or tax year beginning	and	dending		
В	Check applica	f C Name of organization			D Employer identif	ication number
Г	Add	ess AUTISM SOCIETY OF AME.	RICA FOUNDATION			
	Nam char	e ge Doing business as	KICH TOOMDATION		**_*	**7155
	Initia	Number and street (or P.0. box if mail is not or	delivered to street address)	Room/suite	E Telephone number	er
	Final retur	WILDIII TOTH TANK	Y	350	301-	657-0881
_	term ated	City or town, state or province, country, an			G Gross receipts \$	294,513.
L	Ame	DEINESDA, MD 20014-4			H(a) Is this a group r	
	Appl tion pend		HN DABROWSKI		for subordinates	s? Yes X No
		SAME AS C ABOVE			H(b) Are all subordinates i	ncluded? Yes No
) ◀ (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. (see instructions)
		te: ► WWW.AUTISM-SOCIETY.OR			H(c) Group exemption	
			Association Other	L Year	of formation: 1996	M State of legal domicile; DC
Р	art I	Summary				
çe	1	Briefly describe the organization's mission or mos	st significant activities: TO P	ROMOTI	E PRACTICAL	RESEARCH
Activities & Governance		AND EDUCATION RELATING TO				
/err	2	Check this box if the organization disc			1	
છુ	3	Number of voting members of the governing bod			3	18
∞ŏ	4	Number of independent voting members of the g				18
ties	5	Total number of individuals employed in calendar				0
tivi	6	Total number of volunteers (estimate if necessary	')		6	0.
Ac	/ a	Total unrelated business revenue from Part VIII, o				0.
	l D	Net unrelated business taxable income from Forn	n 990-1, line 34	·····	Prior Year	Current Year
ine		Contributions and grants (Part VIII line 1h)		-	376,551.	294,109.
	8	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)			1,045.	0.
Revenue	9	Investment income (Part VIII, column (A), lines 3, 4	1 and 7d)		853.	404.
æ	10	Other revenue (Part VIII, column (A), lines 5, 6d, 8			-74,154.	-35,825.
	12	Total revenue - add lines 8 through 11 (must equa			304,295.	258,688.
	13	Grants and similar amounts paid (Part IX, column			657,360.	63,258.
	14	Benefits paid to or for members (Part IX, column (0.	0.
S		Salaries, other compensation, employee benefits			0.	0.
Expenses		Professional fundraising fees (Part IX, column (A),			0.	0.
per		Total fundraising expenses (Part IX, column (D), lir		20.		
Щ		Other expenses (Part IX, column (A), lines 11a-11c			5,500.	8,962.
		Total expenses. Add lines 13-17 (must equal Part			662,860.	72,220.
		Revenue less expenses. Subtract line 18 from line			-358,565.	186,468.
ces					ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)			468,476.	654,944.
d BS	21	Total liabilities (Part X, line 26)			0.	0.
캺	22	Net assets or fund balances. Subtract line 21 from	n line 20		468,476.	654,944.
	art II	Signature Block				
		lties of perjury, I declare that I have examined this return				knowledge and belief, it is
rue,	correc	t, and complete. Declaration of prepared (other than offic	er) is based on all information of wh	ich preparer	has any knowledge.	
		Cignature of officer			Dota 8/2	2/17
Sign	1	Signature of officer			Date /	•
Her	е	SCOTT BADESCH, PRESIDE Type or print name and title	NT/CEO			
		, , ,	T		ate Check	PTIN
		Print/Type preparer's name	Preparer's signature	1	Under L	_
Paid			NEIL E. BERGER	10	8/22/17 self-employed	P00102223
	arer	Firm's name ADEPTUS PARTNERS			Firm's EIN	5208
126	Only	Firm's address 3311 OLNEY SANDY OLNEY, MD 20832-			Dhone / 20	11\020_0700
4.	41- 17				Prione no. (3 C)1)929-9700 X Yes No
viay	trie II	S discuss this return with the preparer shown abo	ove ((see instructions)			X Yes No

Pa	t 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 \$
	AUTISM CORE SERVICES:
	PROVIDED FINANCIAL SUPPORT TO THE AUTISM SOCIETY'S NATIONAL CALL CENTER
	AND TO LOCAL AFFILIATES AUTISM CORE SERVICE OUTREACH AND SUPPORT
	PROGRAMS.
4b	(Code:) (Expenses \$ 19,499. including grants of \$ 14,865.) (Revenue \$)
	EDUCATION AND AWARENESS:
	PROVIDED FINANCIAL SUPPORT TO THE AUTISM SOCIETY'S EDUCATION, AWARENESS
	AND TRAINING PROGRAMS TO IMPROVE THE LIVES OF THOSE AFFECTED BY AUTISM.
	PROVIDED FUNDS TO LOCAL AFFILIATES FOR EDUCATION AND TRAINING PROGRAMS.
4c	(Code:) (Expenses \$10 , 453 . including grants of \$9 , 180 .) (Revenue \$)
	ADVOCACY:
	PROVIDED FINANCIAL SUPPORT TO THE AUTISM SOCIETY'S ADVOCACY PROGRAMS TO
	REPRESENT THE NEEDS OF THOSE IMPACTED BY AUTISM.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 70,934.
	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		Х
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		Х
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?		37	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	77
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			v
	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			v
40	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	ا مد ا		v
4-	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,			х
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.	х	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Λ	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		х
	complete Schedule G, Part III	19		_^

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Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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	Х	
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	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception: Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C		240		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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			7.7
	Schedule L, Part I	25b		X
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,"			١
	complete Schedule L, Part II	26		X
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			l
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/f "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
٠.		34	Х	
352	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
J	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
30		26		x
27	If "Yes," complete Schedule R, Part V, line 2	36		122
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			X
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2016)

Form 990 (2016) AUTISM SOCIETY OF AMERICA FOUNDATED TO Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response of note to any line in this part v				Ш
				Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	10			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable payments to vendors and reportable payments to vendors and reportable payments.				
0-	(gambling) winnings to prize winners?	I	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 0			
L	filed for the calendar year ending with or within the year covered by this return				
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returnations. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions		2b		
22			3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		3b		-21
	At any time during the calendar year, did the organization have an interest in, or a signature or other		30		
Ta	financial account in a foreign country (such as a bank account, securities account, or other financial	•	4a		Х
h	If "Yes," enter the name of the foreign country:	accounty:	-r a		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribute				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and sel	vices provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
	to file Form 8282?	,	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	act?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file February	orm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
			8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	ا مدا			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	140			
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	116			
122	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b 10/12	12a		
		12b	ıza		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	140			
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
u	Note. See the instructions for additional information the organization must report on Schedule O.		.54		
h	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul		14b		
				000	(2010)

632005 11-11-16

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.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 18			
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		Х
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	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	Х	
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		Х
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		Х
	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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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		Х
	Other officers or key employees of the organization	15b		Х
	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		Х
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 ►MD			
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) and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization of the first forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires at the first forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires at the first forms 1023 (or 1024 if applicable).	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	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			

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) Name and Title	(B) Average hours per	box,	not cl	ss pe	ition more rson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) J. BASINGER BOARD MEMBER	2.00	x						0.	0.	0.
(2) A. BAUMAN	3.00									
BOARD MEMBER	3.00	x						0.	0.	0.
(3) B. BECKER-COTRILL	2.00							•	•	
BOARD MEMBER	2.00	х						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									
BOARD MEMBER	2.00	Х						0.	0.	0.
(13) R. WOLF	2.00	,,								_
BOARD MEMBER	2.00	X						0.	0.	0.
(14) J. JOYCE	6.00	х		х				0.	0.	0.
CHAIRPERSON (15) T. PALL	3.00	Δ		Λ				0.	0.	0.
(15) J. BALL	3.00	_y		х				0.	0.	0.
IMMEDIATE PAST CHAIRPERSON (16) L. IRELAND	5.00			77	_			0.	· ·	· ·
VICE CHAIRPERSON	5.00			х				0.	0.	0.
(17) T. STALEY	5.00		\vdash	22	\vdash				· ·	-
TREASURER	5.00			Х				0.	0.	0.
632007 11-11-16	1 3.00			-7					<u> </u>	Form 990 (2016)

632007 11-11-16

Form **990** (2016)

Part VII Section A. Officers, Directors, Trus		ploy	ees/			ighe	st C		es (continued)				
(A)	(B)			•	C)			(D)	(E)			(F)	
Name and title	Average		not c		more	than		Reportable	Reportable			timat	
	hours per week					is bot or/trus		compensation	compensatio			nount	
	(list any	_					Ė	from the	from related organizations			other	
	hours for	Jirect						organization	(W-2/1099-MIS			pens: om th	
	related	9e Or (stee			sate		(W-2/1099-MISC)	(VV 2/ 1000 IVIIC	,0,		aniza	
	organizations	truste	al trus		/ee	mper		(11 2) 1300 111100)			•	d rela	
	below	Individual trustee or director	Institutional trustee	 	Key employee	est co oyee	er				orga	anizat	ions
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former						
(18) L. PERNER	5.00												
SECRETARY	5.00	Х		Х				0.		0.			0.
(19) S. BADESCH	5.00												
PRESIDENT & CEO	40.00			Х				0.	200,68	35.	4	1,2	86.
										\longrightarrow			
		-											
						_				\longrightarrow			
		-											
						-				\dashv			
		1											
										\longrightarrow			
		1											
						\vdash				\dashv			
		1											
1h Sub-total			<u> </u>			1		0.	200,68	35.	4	1.2	86.
1b Sub-total c Total from continuation sheets to Part V								0.	200,00	0.		_ , _	0.
d Total (add lines 1b and 1c)								0.	200,68	- 1	4	1.2	86.
Total number of individuals (including but n								eceived more than \$100					
compensation from the organization	iot iii iii iod to ti	.000	, ,,,,,,,	Juu		o,			,ooo or roportable	ŭ			0
												Yes	No
3 Did the organization list any former officer,	director, or tru	uste	e. ke	ev er	olan	ovee	. or	highest compensated e	mplovee on				
line 1a? If "Yes," complete Schedule J for s											3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$15	•							-	•		4	Х	
5 Did any person listed on line 1a receive or													
rendered to the organization? If "Yes," com	=				-					- 1	5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of com	pens	ation f	rom	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	rithi <u>r</u>	n the organization's tax	year.				
(A)								(B)			(C		
Name and business	address	N	INC	3				Description of s	ervices	C	omper	nsatio	on
							_						
							_						
							\dashv						
							\dashv						
2 Total number of independent contractors (i	ncluding but n	ot I	mito	d +c	tho	se li	etoo	d above) who received m	ore than				
\$100,000 of compensation from the organi		iot II		u iO		0 0	31 0 0	a above, who received if	IOIE IIIAII				
wroo,ooo or compensation nom the organi						-					Form 9	990	(2016)

Pa	rt VI		- in their Deat VIII			
		Check if Schedule O contains a response or note to any lin	(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 a b	A Federated campaigns D Membership dues D Fundraising events D Related organizations D All other contributions, gifts, grants, and similar amounts not included above D Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f Business Code All other program service revenue D Total. Add lines 2a-2f	294,109.	Isvando	Tovolide	312 - 314
	3 4 5	Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties	404.			404.
	ŀ	(i) Real (ii) Personal a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss)				
	7 á	a Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses				
		C Gain or (loss)				
Other Revenue	8 8	Gross income from fundraising events (not including \$ 83,279 of contributions reported on line 1c). See Part IV, line 18 a 0 . Less: direct expenses b 35,825 .				
0		Net income or (loss) from fundraising events	-35,825.			-35,825.
	ŀ	a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b Net income or (loss) from gaming activities				
	10 a	a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b Net income or (loss) from sales of inventory	_			
		Miscellaneous Revenue Business Code				
	11 a					
		d All other revenue				
		e Total. Add lines 11a-11d				
	12	Total revenue. See instructions.	258,688.	0.	0.	-35,421.

Part IX | Statement of Functional Expenses

d Lobbying	$\overline{}$
Total expenses Program service expenses Program service expenses Program service expenses Fundraising expenses I Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 63,258. Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Program service expenses 63,258. 64,258. 63	
and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(f)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Management Legal Accounting Accounting 5,900 4,704 341.	
2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): a Management b Legal c Accounting 5 , 900 4 , 704 341 8!	
individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): a Management b Legal c Accounting 5 , 900 • 4 , 704 • 341 • 81	
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	
individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): a Management b Legal c Accounting 5 , 900 • 4 , 704 • 341 • 81 d Lobbying	
4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): a Management b Legal c Accounting d Lobbying 5,900. 4,704. 341. 81	
5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): a Management b Legal c Accounting	
trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Tees for services (non-employees): a Management b Legal c Accounting 5,900. 4,704. 341. 8!	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): a Management b Legal c Accounting 5 , 900 • 4 , 704 • 341 • 85 d Lobbying	
persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): a Management b Legal c Accounting 5,900. 4,704. 85	
persons described in section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): a Management b Legal c Accounting 5,900. 4,704. 341. 85	
7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): a Management b Legal c Accounting 5,900. 4,704. 341. 85	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): a Management b Legal c Accounting 5,900. 4,704. 341. 85	
section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): a Management b Legal c Accounting d Lobbying	
9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): a Management b Legal c Accounting d Lobbying	
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11 Fees for services (non-employees): a Management a Management b Legal c Accounting 5,900. 4,704. 341. 85. d Lobbying 5	
a Management b Legal c Accounting d Lobbying	
b Legal	
c Accounting 5,900. 4,704. 341. 8!	
d Lobbying	
	55.
e Professional fundraising services. See Part IV, line 17	
f Investment management fees	
g Other. (If line 11g amount exceeds 10% of line 25,	
column (A) amount, list line 11g expenses on Sch 0.)	
12 Advertising and promotion	
13 Office expenses	
14 Information technology 2,621. 2,621.	
15 Royalties	
16 Occupancy	
17 Travel	
18 Payments of travel or entertainment expenses	
for any federal, state, or local public officials	
19 Conferences, conventions, and meetings	
20 Interest	
21 Payments to affiliates	
Depreciation, depletion, and amortization	
23 Insurance	
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 0.) a REGISTRATION FEES 441. 351.	55.
. — — — — — — — — — — — — — — — — — — —	,,,,
b	
c	
e All other expenses	
25 Total functional expenses. Add lines 1 through 24e 72,220. 70,934. 366. 92	20.
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)	

Form 990 (2016) Part X Balance Sheet

Pari	LX	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	Bogii ii ii g oi you.	1	Zila di you
	2	Savings and temporary cash investments	143,732.	2	256,033.
	3	Pledges and grants receivable, net	303,123.	3	307,930.
	4	Accounts receivable, net	303,2230	4	307,7300
	5	Loans and other receivables from current and former officers, directors,		7	
	J	trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
	•	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
σ l		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	0.	9	400
		Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	21,621.	15	90,581.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	468,476.	16	654,944
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ဖွ	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
abi		Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
Se		complete lines 27 through 29, and lines 33 and 34.	4.40.000		224 252
anc	27	Unrestricted net assets	142,838.	27	321,379.
∞ ∣	28	Temporarily restricted net assets	325,638.	28	333,565.
밀	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			
Net Assets or		and complete lines 30 through 34.			
Set:	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
j j	32	Retained earnings, endowment, accumulated income, or other funds	460 456	32	654 044
_	33	Total net assets or fund balances	468,476.	33	654,944.
	34	Total liabilities and net assets/fund balances	468,476.	34	654,944.

Form **990** (2016)

Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O)	1 2 3 4 5 6 7 8 9	7 18	2,2 6,4	88. 20. 68. 76.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		۲.		
Da	column (B))	10	65	4,9	<u>44.</u>
Pai	t XII Financial Statements and Reporting				х
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	No
1 2a	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 Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	les	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?	d on a	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e basis, e audit,			
За	review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Sch As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Act and OMB Circular A-133?	edule O.	2c 3a	X	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits	ired audit	3b		
			Form	990 ((2016)

632012 11-11-16

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.

► 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

AUTISM SOCIETY OF AMERICA FOUNDATION

Employer identification number **-***7155

Pa	Irt I Reason for Public Charity Status (All organizations must complete this part.) See instructions.									
The	organ	ization is not a private found	ation because it is: (For lines 1 through 12, o	heck only	one box.)				
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,								
•		city, and state:	ation operated in con	njanotion with a moopital	GOOGIIDO			the hoopital o harrio,		
5		<u> </u>	or the benefit of a co	llogo or university owner	d or operat	tod by a g	overnmental unit describ	ood in		
3		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
_		section 170(b)(1)(A)(iv). (C	-			.	()			
6	\vdash	A federal, state, or local gov	-							
7	Ш	An organization that norma		ntial part of its support f	rom a gov	ernmental	unit or from the general	public described in		
		section 170(b)(1)(A)(vi). (C								
8	\square	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a land-grant	college		
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the colleg	je or		
		university:								
10	X	An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	port from	contribution	ons, membership fees, a	and gross receipts from		
		activities related to its exen	npt functions - subjec	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 exclusi	ively to test for public sa	fety. See	section 50)9(a)(4).			
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	e purposes of one or		
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3). (Check the box in		
		lines 12a through 12d that	•							
а		Type I. A supporting orga	* *			-	· · · · · ·	, aivina		
		the supported organization	· ·	· ·						
		organization. You must o						, a p p a 9		
b		Type II. A supporting org			tion with it	e sunnorti	ed organization(s) by ha	avina		
~		control or management o	· ·					-		
		organization(s). You mus			arric perse	ons that oc	ontrol of manage the sup	pported		
_		Type III functionally inte			in connoc	tion with	and functionally intograt	od with		
·		its supported organization					•	ea with,		
d		Type III non-functionally		•				ization(a)		
u			=					• •		
		that is not functionally int	-		-		-	iveriess		
		requirement (see instruct	•							
е		Check this box if the orga					i Type i, Type ii, Type iii			
	C	functionally integrated, or	* *	nally integrated support	ng organiz	zation.				
f		er the number of supported o								
9		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	(,	(described on lines 1-10	in your governi Yes	ng document? No	support (see instructions)	support (see instructions)		
				above (see instructions))		1.10				
Fota	ıl									

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.)

<u> </u>	Section 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							
4	Total. Add lines 1 through 3							
	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)							
6	Public support. Subtract line 5 from line 4.							
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
7	Amounts from line 4						_	
	Gross income from interest,						_	
	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources							
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	_	
13	First five years. If the Form 990 is for	r the organization's				n 501(c)(3)	_	
	organization, check this box and stop	here						
Sec	ction C. Computation of Publ	ic Support Pe	rcentage					
14	Public support percentage for 2016 (I	line 6, column (f) d	ivided by line 11, o	column (f))		14	%	
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	%	
16a	33 1/3% support test - 2016. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and	
	$\ensuremath{\mathbf{stop}}$ here. The organization qualifies	as a publicly supp	orted organization	ı			▶□	
b	33 1/3% support test - 2015. If the o	organization did no	ot check a box on	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	nis box	
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			▶└	
17a	10% -facts-and-circumstances tes	t - 2016. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,	
	and if the organization meets the "fac			=		-	ization	
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□	
b	10% -facts-and-circumstances tes	t - 2015. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or	
	more, and if the organization meets the	ne "facts-and-circu	ımstances" test, c	neck this box and	stop here. Explain	in Part VI how the		
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶∐	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l	o, check this box a	ınd see instruction	s	
					Sche	dule A (Form 990	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	,,	,				
Cale	endar 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.")	401,327.	336,275.	321,105.	376,551.	294,109.	1,729,367.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				1,045.		1,045.
3	Gross receipts from activities that				,		, -
Ū	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	401,327.	336,275.	321,105.	377,596.	294,109.	1,730,412.
78	Amounts included on lines 1, 2, and 3 received from disgualified persons					20,000.	20,000.
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					20 000	0.
	Add lines 7a and 7b					20,000.	20,000.
	Public support. (Subtract line 7c from line 6.)						1,710,412.
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2012 401,327.	(b) 2013 336, 275.	(c) 2014 321, 105.	(d) 2015 377, 596.	(e) 2016 294, 109.	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties	1.	330,273.	760.	853.	404.	2,018.
	and income from similar sources Unrelated business taxable income	<u> </u>		700•	055.	404.	2,010.
ı.	(less section 511 taxes) from businesses acquired after June 30, 1975						
(Add lines 10a and 10b	1.		760.	853.	404.	2,018.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			50.			50.
13	Total support. (Add lines 9, 10c, 11, and 12.)	401,328.	336,275.	321,915.	378,449.	294,513.	1,732,480.
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiz	ation,
_	check this box and stop here						>
	ction C. Computation of Publ					1	00 70
	Public support percentage for 2016 (I			olumn (f))		15	98.73 %
	Public support percentage from 2015					16	99.91 %
	ction D. Computation of Inves						10
	Investment income percentage for 20					17	.12 %
	Investment income percentage from 2					18	.08 %
198	a 33 1/3% support tests - 2016. If the						
k	more than 33 1/3%, check this box at 33 1/3% support tests - 2015. If the						and X
	line 18 is not more than 33 1/3%, che			•		ū	
20	Private foundation If the organization	n did not check a	hay an line 1/1 10:	a or 10h chack th	ie hav and eag inc	tructions	

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		
За		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10h		
10b		

Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	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		
Sect	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			
	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			
	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		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Seci	tion b. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	NO
	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		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	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 instruction)	ons).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (se	e instructions	<u>).</u>	
	Activities Test. Answer (a) and (b) below.		Yes	No
	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		
	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	Oh		
	activities but for the organization's involvement. Perent of Supported Organizations. Answer (a) and (h) helow	2b		
	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> 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? <i>Provide details in Part VI.</i>	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
	of its supported organizations? If "Ves " 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) Supportin	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete :	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		
c	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		

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

Schedule A (Form 990 or 990-EZ) 2016

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions	Current Year					
1	Amounts paid to supported organizations to accomplish exe	mpt purposes					
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported					
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpose	es 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 to	he organization is responsive	е				
	(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						
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable 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							
b							
С	From 2013						
d	From 2014						
е	From 2015						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2016 distributable amount						
i	Carryover from 2011 not applied (see instructions)						
j	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						
b	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 greater						
	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						

Schedule A (Form 990 or 990-EZ) 2016

and 4c

а

8 Breakdown of line 7:

b Excess from 2013c Excess from 2014d Excess from 2015e Excess from 2016

7 Excess distributions carryover to 2017. Add lines 3j

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 FOUNDATION

Employer identification number **-***7155

Pa		Funds or Other Similar Funds	s or Acco	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line			·
		(a) Donor advised funds	(b) Fur	nds 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 wr	riting that the assets held in donor advis	sed funds	
	are the organization's property, subject to the organization's ex	-		Yes No
6	Did the organization inform all grantees, donors, and donor adv			
	for charitable purposes and not for the benefit of the donor or			
		, , , , , , , , , , , , , , , , , , ,	ŭ	Yes No
Pa	t II Conservation Easements. Complete if the orga			7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (e.g., recreation or ed	ucation) Preservation of a hist	orically impo	rtant land area
	Protection of natural habitat	Preservation of a cert	tified historic	structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conserv	ation 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 struc	cture included in (a)	2c	
d	Number of conservation easements included in (c) acquired aff	ter 8/17/06, and not on a historic struct	ure	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by th	e organizatio	n during the tax
	year			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it h			
6	Staff and volunteer hours devoted to monitoring, inspecting, has	andling of violations, and enforcing con	servation ea	sements during the year
				
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conserva	ation easeme	ents during the year
	> \$			
8	Does each conservation easement reported on line 2(d) above		. , . , . , . ,	
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation	•	•	*
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes	the organiza	tion's accounting for
Da	conservation easements. † III Organizations Maintaining Collections of A	Art Historical Transuras or C	thor Simi	lar Assats
Га	Complete if the organization answered "Yes" on Form 9		ruiei Siiiii	iai Assets.
10			mont and hal	lance sheet works of art
Ia	If the organization elected, as permitted under SFAS 116 (ASC historical treasures, or other similar assets held for public exhibitations).			
	the text of the footnote to its financial statements that describe	,	ance or public	c service, provide, in Part XIII,
b	If the organization elected, as permitted under SFAS 116 (ASC		t and halanc	a shoot works of art, historical
b	treasures, or other similar assets held for public exhibition, edu			
		deation, or research in furtherance of pe	iblic service,	provide the following amounts
	relating to these items: (i) Revenue included on Form 990, Part VIII, line 1			\$
	(i) Revenue included on Form 990, Part VIII, line 1		_	\$
2	If the organization received or held works of art, historical treas	sures or other similar assets for financia		*
~	the following amounts required to be reported under SFAS 116	•	a gairi, provid	
а	Revenue included on Form 990, Part VIII, line 1	-	.	\$
	Assets included in Form 990, Part X			
	,			T

632051 08-29-16

Schedule D (Form 990) 2016

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check ail that apply): a Public exhibition		() ()	ollections of A				ner S	imila	ar Asse	ts/conti		aye Z
clasek all that apply): a Public exhibition d Loan or exchange programs b Scholarly research e Other Preservation for future generations A Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similiar assets to be sold to raise funds rather than to be maintained as part of the organization sollection? Yes No No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990. Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custodial account liability Yes No If Yes' explain the arrangement in Part XIII and complete the following table: Amount 1d		To a game a disconsistantiani great								•		
a Public exhibition d Loan or exchange programs b Scholarly research e Other Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collection? Ves No Part IV Inve 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization and programs and the program of the organization and programs and the program of the progr	3		on, and other record	is, criecr	ally of the	Tollowing that are a	sigrili	icarii t	126 01 112	COllectio	II ILEII	15
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5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Ia is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, explain the arrangement in Part XIII and complete the following table: Case Seginning balance		-	llootions and ovalai	n how th	ov further t	ho organization's ov	omnt	nurna	oo in Dor	+ VIII		
to be sold to raise funds rather than to be maintained as part of the organization's collection?									se III Fai	t AIII.		
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reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year 1d	Pai											_ NO
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on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C	12			diany for a	contribution	ne or other assets no	at incl	uded				
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance 1d	ıa									Voc		No
c Beginning balance d Additions during the year e Distributions during the year 1 tel 2 bid the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3 Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iv) related organizations (iii) related organizations (iv) related organization (iv) related organizations (iv) related organizations (iv) related organization (iv) related organization (iv) rel	h									_ res		_ INO
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Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?												
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part XIII. the intended uses of the organization basis (investment) Part V Land, Buildings, and Equipment.								"		Voc	$\overline{}$	No
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(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back												
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e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	_											
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Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations 5 If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other depreciation 1a Land b Buildings c Leasehold improvements	С	· · ·										
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(i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other depreciation 1a Land b Buildings c Leasehold improvements	Зa	·	ssion of the organiza	ation tha	t are neid a	and administered for	tne o	rganız	ation		V	NI.
(ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) Complete if the organization answered basis (other) 1a Land b Buildings c Leasehold improvements										0.0	Yes	NO
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements												
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements		(ii) related organizations								3a(II)		
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) Conduction (d) Book value depreciation 1a Land b Buildings c Leasehold improvements	b					·				36		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) Column 4 (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements	Bo:			owment t	unas.							
Description of property (a) Cost or other basis (investment) (b) Cost or other depreciation (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements	Pai			0 D-+ N	- Constant - C	2 F 000 Pt	V 1!	10				
basis (investment) basis (other) depreciation 1a Land		· •				<u> </u>				(-N-D	1	_
1a Land b Buildings c Leasehold improvements		Description of property	1 ' '						a	(a) Boo	k valu	е
b Buildings c Leasehold improvements			`	nerit)	pasis	(Otrier) a	eprec	alion				
c Leasehold improvements												
# I guillomant												
		Equipment										
e Other				V'	(D) !'	10-)						0

Schedule D (Form 990) 2016

Part VII	Investments - Other Securities.

Part VII Investments - Other Secu					5	
Complete if the organization answ (a) Description of security or category (including nar		on Form 990, Part I\ (b) Book value				end-of-year market value
		(b) Dook value	'	, wethou of v	Aluation. Cost of	end-or-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 R						
Complete if the organization answ		on Form 990 Part IV	/ line 11c S	00 Form 990	Part Y line 13	
(a) Description of investment	Vered 1e3 C	(b) Book value				end-of-year market value
(1)		(-,		,		
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Col. (b) must equal Form 990, Part X, col. (B)	\ line 13 \					
Part IX Other Assets.) IIIIC 10.)					
Complete if the organization answ	vered "Yes" o	on Form 990 Part IV	/ line 11d S	ee Form 990	Part X line 15	
Complete ii the organization and		escription	,	001 01111 000	, r are 70, mro 70.	(b) Book value
(1) DUE FROM AFFILIATE						90,581.
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Column (b) must equal Form 990, Part 2	X col (B) line	15)				90,581.
Part X Other Liabilities.	·, · · · · · · · · · · · · · · · · · ·					
Complete if the organization answ	vered "Yes" o	on Form 990. Part IV	/. line 11e or	11f. See For	m 990. Part X. line	25.
1. (a) Description of lia		,		ok value		
(1) Federal income taxes	-				-	
(2)					-	
(3)					-	
(4)					-	
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Column (b) must equal Form 990, Part 2	X. col (R) line	25.)				
	., cc (D) III lo	y				

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

	dule D	10111990) 2010 110 1 2211 200 2 2 1 1 1 1 1 1 1 1	001121111		7 = 3 Tage I
Pa	rt XI	Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue per R	eturr	i .
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total r	evenue, gains, and other support per audited financial statements		1	
2	Amour	nts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net un	realized gains (losses) on investments	2a		
b	Donate	ed services and use of facilities	2b		
С		eries of prior year grants			
d		(Describe in Part XIII.)			
е		nes 2a through 2d		2e	
3	Subtra	ct line 2e from line 1		3	
4		nts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
С	Add lin	nes 4a and 4b		4c	
		evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	rt XII	Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses per	Retu	rn.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total e	expenses and losses per audited financial statements		1	
2	Amour	nts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donate	ed services and use of facilities	2a		
b	Prior y	ear adjustments	2b		
С	Other I	osses	2c		
d	Other	(Describe in Part XIII.)	2d		
е	Add lin	nes 2a through 2d		2e	
3	Subtra	ct line 2e from line 1		3	
4	Amour	nts included on Form 990, Part IX, line 25, but not on line 1:	, ,		
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
С	Add lin	nes 4a and 4b		4c	

Part XIII Supplemental Information.

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

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

PART X, LINE 2:

THE ORGANIZATION'S MANAGEMENT EVALUATES TAX POSITIONS AND RECOGNIZES A TAX LIABILITY (OR ASSET) IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE. THE ORGANIZATION'S MANAGEMENT HAS ANALYZED ITS TAX POSITIONS, AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2016, THERE ARE NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE RECOGNITION OR DISCLOSURE. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

MANAGEMENT BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATION FOR YEARS PRIOR TO 2013.

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016	AUTISM SC	CIETY OF	AMERICA	FOUNDATION	**-***7155 Page 5
Schedule D (Form 990) 2016 Part XIII Supplemental Info	rmation (continue	d)			,
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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

AUTISM SOCIETY OF AMERICA FOUNDATION

∟mpioye	ridentification	numbe
_	*7155	

Part I Fundraising Activities required to complete this par	Complete if the organization answers.	ered "Y	es" or	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 individed compensated at least \$5,000 by the 	e Solicita f Solicita g Special or oral agreement with any individua art VII) or entity in connection with priduals or entities (fundraisers) pursuit	tion of tion of fundra I (include profess	non-g gover lising o 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	(iii) Did fundraiser have custody or control of contributions?		(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			
Total 3 List all states in which the organization or licensing.	n is registered or licensed to solicit	contrib	•utions	s or has been notified	d it is exempt from re	egistration
LHA For Paperwork Reduction Act Noti	ice. see the Instructions for Form	990 or	990-1	EZ. S	Schedule G (Form 9	90 or 990-EZ) 2016

632081 09-12-16

-*7155 Page 2 Schedule G (Form 990 or 990-EZ) 2016 AUTISM SOCIETY OF AMERICA FOUNDATION Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events 3RD PARTY NONE (add col. (a) through EVENTS col. (c)) (event type) (total number) (event type) 1 Gross receipts 83,279 83,279. 83,279 83,279. 2 Less: Contributions Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 35,825 35,825. 9 Other direct expenses **10** Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs **5** Other direct expenses Yes Yes Yes 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain:

Schedule G (Form 990 or 990-EZ) 2016

b If "Yes," explain: __

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____ Yes ____

Sch	nedule G (Form 990 or 990-EZ) 2016 AUTISM SOCIETY OF AMERICA FOUNDATION **-*	<u>***7155</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	□ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
a	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:		
	Name		
	Address >		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	└─ No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party ▶\$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address >		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	└── No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	organization's own exempt activities during the tax year ▶ \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, I	ines 9, 9b, 10)b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		

Schedule G	(Form 990 or 990-EZ)	AUTISM	SOCIETY	OF	AMERICA	FOUNDATION	**-***7155	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation (con	tinued)					<u> </u>
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-								
•								
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-								

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

		AMERICA FO	UNDATION				**-***7155
Part I General Information on Grants a	and Assistance						
1 Does the organization maintain records		-		-	•		
criteria used to award the grants or assi							X Yes No
2 Describe in Part IV the organization's pr							
Part II Grants and Other Assistance to	=				anization answered "	'Yes" on Form 990, Par	t IV, line 21, for any
recipient that received more than	1	<u> </u>	1		(f) Method of		
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AUTISM SOCIETY OF AMERICA, INC.							TO PROMOTE PRACTICAL
4340 EAST WEST HIGHWAY, SUITE 350							RESEARCH, EDUCATION AND
BETHESDA, MD 20814	**-***0149	501(C)(3)	39,827.	0.			AWARENESS ABOUT AUTISM.
AUTISM SOCIETY - CENTRAL VIRGINIA 200 SOUTH 3RD STREET RICHMOND, VA 23219	**_***0829	501(C)(3)	12,902.	0.			TO PROVIDE FUNDING FOR SERVICES TO PEOPLE AFFECTED BY AUTISM.
HIGHLANDS FOUNDATION 5000 KY HWY. 321 PRESTONSBURG, KY 41653	**-***6784	501(C)(3)	10,528.	0.			TO PROVIDE FUNDING FOR SERVICES TO PEOPLE AFFECTED BY AUTISM.
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization			he line 1 table				

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

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

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

▶ 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 FOUNDATION

Employer identification number **-***7155

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	, , , , , , , , , , , , , , , , , , , ,			
	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 Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
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		X
b	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		X
	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			37
_	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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(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)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT & CEO	(ii)	200,685.	0.	0.	12,170.	29,116.	241,971.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i) (ii)							
	[(II)						1	l

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

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Form 990 or 990-EZ or to provide any additional information.

▶ 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.

2016 Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

AUTISM SOCIETY OF AMERICA FOUNDATION

Employer identification number **-***7155

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ADVOCATE FOR THOSE AFFECTED BY AUTISM AND TO PROMOTE PUBLIC AWARENESS OF ISSUES RELATED TO AUTISM. FORM 990, PART VI, SECTION B, LINE 11B: CFO PROVIDES A DRAFT TO THE FINANCE COMMITTEE FOR REVIEW AND APPROVAL. THE FINANCE COMMITTEE FORWARDS THE 990 TO THE BOARD FOR THEIR REVIEW AND APPROVAL PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTEREST QUESTIONNAIRES ARE REQUIRED TO BE FILED ANNUALLY BY ALL BOARD MEMBERS AND ARE REVIEWED BY THE CEO AND CFO. ANY POTENTIAL OR ACTUAL CONFLICT OF INTERESTS ARE REFERRED TO THE EXECUTIVE COMMITTEE FOR CONSIDERATION AND DETERMINATION OF ANY ACTION REQUIRED. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE UPON REQUEST. THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE. FORM 990, PART XII, 2C THE ORGANIZATION DID NOT CHANGE PROCESS FROM PRIOR YEAR.

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

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

SCHEDULE R (Form 990)

Part I

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.

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

(c)

Legal domicile (state or

(d)

Total income

(e)

End-of-year assets

2016 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

(a)

Name, address, and EIN (if applicable)

Department of the Treasury Internal Revenue Service

AUTISM SOCIETY OF AMERICA FOUNDATION Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(b)

Primary activity

Employer identification number **-***7155

(f)

Direct controlling

		foreign country)				er	ntity	
	•	<u> </u>	'					
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization a	nswered "Yes" on Form 990), Part IV, line 34 b	pecause it had o	ne or more	e related tax-exe	mpt	
Part II Identification of Related Tax-Exempt Organizations during the tax year. (a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charit	/ Dire	(f) ect controlling entity	Section s	g) 512(b)(13) rolled tity?
organizations during the tax year. (a) Name, address, and EIN of related organization	(b)	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charit	/ Dire	(f) ect controlling	Section s	rolled
organizations during the tax year. (a) Name, address, and EIN of related organization AUTISM SOCIETY OF AMERICA, INC 52-1020149 4340 EAST WEST HIGHWAY, SUITE 350	(b) Primary activity IMPROVING THE LIVES OF ALL	(c) Legal domicile (state or	(d) Exempt Code section	(e) Public charit	/ Dire	(f) ect controlling	Section s	rolled tity?
organizations during the tax year. (a) Name, address, and EIN of related organization AUTISM SOCIETY OF AMERICA, INC 52-1020149 4340 EAST WEST HIGHWAY, SUITE 350	(b) Primary activity IMPROVING THE LIVES OF ALL	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charit status (if secti 501(c)(3))	/ Dire	(f) ect controlling	Section s	rolled tity?
organizations during the tax year. (a)	(b)	(c)	(d)	(e)		(f)	Section (

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.

organization is accorded by participating and tax years											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Legal domicile (state or	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General managin	Percentage ownership
		foreign country)		sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes No	5
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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	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	tion b)(13) rolled city?
		41						

1a

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

Х

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)				1c		X		
d Loans or loan guarantees to or for related organization(s)				1d		X		
e Loans or loan guarantees by related organization(s)				1e		X		
f Dividends from related organization(s)				1f		х		
g Sale of assets to related organization(s)				1g		Х		
h Purchase of assets from related organization(s)				1h		X		
i Exchange of assets with related organization(s)				1i		X		
j Lease of facilities, equipment, or other assets to related organization(s)				1j		X		
k Lease of facilities, equipment, or other assets from related organization(s)				1k		X		
Performance of services or membership or fundraising solicitations for related organization(s)								
m Performance of services or membership or fundraising solicitations by related organizations	anization(s)			1m	X	X		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
Sharing of paid employees with related organization(s)				1o	Х			
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)				1r		Х		
s Other transfer of cash or property from related organization(s)						Х		
2 If the answer to any of the above is "Yes," see the instructions for information on						<u> </u>		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo					
1) AUTISM SOCIETY OF AMERICA, INC.	ISM SOCIETY OF AMERICA, INC. B 39,827.CASH							
2)								
3)								
4)								
5)								
-7								
6)								
32163 09-06-16	42		Sch	nedule 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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