Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2017, or fiscal year beginning , 2017, and ending , 20

Do not send to the IRS. Keep for your records.

2017

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Name of exempt organization

► Go to www.irs.gov/Form8879EO for the latest information.

Employer identification number

AUTISTIC SELF ADVOCACY NETWORK, INC.

26-1270198

Name and title of officer

JULIA BASCOM

EXECUTIVE DIRECTOR

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	506,902.
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's	PIN:	check	one	box	only	,

X	I authorize	WEYRICH,	CRONIN	& SURRA,	PPC	to enter my PIN	41093
				ERO firm n	iame		Enter five numbers, bu do not enter all zeros
	as my signa	ature on the orga	nization's tax ye	ear 2017 electron		nave indicated within this return that a	

as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ► Mila Balana Date ► 11/15/18

Part III | Certification and Authentication

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

27344521093 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ► ANGELINE WHITE, CPA, CCA

Date > 11/09/18

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

EXTENDED TO NOVEMBER 15, 2018

Department of the Treasury

A For the 2017 calendar year, or tax year beginning

Internal Revenue Service

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

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

and ending

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

Open to Public Inspection

OMB No. 1545-0047

В	Check if applicable	C Name of organization	D Employer identif	ication number				
Г	Addres	S NIMICATO CELE ADVOCACY NEMVODY INC						
F	Name change		26-1	270198				
Ē	Initial return		n/suite E Telephone numbe					
	Final return/	P.O. BOX 66122		558-4864				
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	537,827.				
	Ameno return	WASHINGTON, DC 20035	H(a) Is this a group r	eturn				
	Application F Name and address of principal officer: JULIA BASCOM for subordinates?							
	pendir	SAME AS C ABOVE	H(b) Are all subordinates	included? Yes No				
<u>I</u>	Tax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or L		a list. (see instructions)				
		e: WWW.AUTISTICADVOCACY.ORG	H(c) Group exemption					
			Year of formation: 2006	M State of legal domicile: NJ				
Р		Summary		mir				
S	1	Briefly describe the organization's mission or most significant activities: ASAN SEPRINCIPLES OF THE DISABILITY RIGHTS MOVEMEN	TEVS IO ADVANCE	THE				
Governance								
Veri	2	Check this box if the organization discontinued its operations or disposed of	l .	ssets.				
		Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)	3	8				
∞ v	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		9				
itie	6	Total number of violunteers (estimate if necessary)		50				
Activities &	7a	Total unrelated business revenue from Part VIII, column (C), line 12						
Š	b	Net unrelated business taxable income from Form 990-T, line 34		0.				
_	1 -		Prior Year	Current Year				
a)	8	Contributions and grants (Part VIII, line 1h)	0 = 4 0 4 =	399,826.				
ňu	9	Program service revenue (Part VIII, line 2g)	60,822.					
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		156.				
8	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	46,098.					
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	E 0 0 1 0 1	506,902.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		25,500.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)	411,501.	0.				
Se	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	403,979.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.				
ğ	b	Total fundraising expenses (Part IX, column (D), line 25) 27,350.						
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	288,097.					
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	738,688.					
		Revenue less expenses. Subtract line 18 from line 12						
SOF			Beginning of Current Year					
Ssel	20	Total assets (Part X, line 16)	396,161.	201,646.				
Net Assets of	21	Total liabilities (Part X, line 26)	50,075. 346,086.	31,503. 170,143.				
	≘∣ 22 art II	Net assets or fund balances. Subtract line 21 from line 20	. 340,000.	1/0,143.				
		ties of perjury, I declare that I have examined this return, including accompanying schedules and	etatements, and to the heet of m	y knowledge and helief it is				
		t, and complete. Declaration of preparer (other than officer) is based on all information of which p		iy kilowledge allu bellet, it is				
uu	0, 001100	t, and complete. Declaration of property (ether than officer) is based on an information of which p	reputer has any knowledge.					
Sig	n	Signature of officer	Date					
He		▶ JULIA BASCOM, EXECUTIVE DIRECTOR						
		Type or print name and title						
_		Print/Type preparer's name Preparer's signature	Date Check	PTIN				
Pa	id	ANGELINE WHITE, CPA, CCA ANGELINE WHITE, CF	PA, 11/09/18 self-emolo	P00431590				
Pre	eparer	Firm's name WEYRICH, CRONIN & SORRA, LLC	Firm's EIN	81-4643077				
Us	e Only	Firm's address 1301 YORK ROAD, SUITE 800						
		LUTHERVILLE, MD 21093	Phone no. (4	10)339-6464				
Ma	y the IF	S discuss this return with the preparer shown above? (see instructions)		X Yes No				
				000				

Pai	Check if Oak add to Constains a management and the small as in this Part III	X
	Check if Schedule O contains a response or note to any line in this Part III	_
1	Briefly describe the organization's mission: THE AUTISTIC SELF ADVOCACY NETWORK SEEKS TO ADVANCE THE PRINCE	IDIEC OF
		G ON THE
	PRINCIPLES OF THE CROSS-DISABILITY COMMUNITY, ASAN SEEKS TO OF	
	THE COMMUNITY OF AUTISTIC ADULTS AND YOUTH TO HAVE OUR VOICES	HEARD IN
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured b	y 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 \$ 586,344 • including grants of \$ 25,500 •) (Revenue \$	60,822.)
	PUBLIC EDUCATION, OUTREACH AND ADVOCACY THAT SUPPORT THE DISAF	BILITY
	RIGHTS MOVEMENT WITH REGARD TO AUTISM.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)	
·u	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 586,344.	
	Total program out too expended p	Form 990 (2017)
		(=011)

Form 990 (2017) AUTISTIC SEL 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			
3	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
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	40		х
11	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		21
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
-	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tay year?	12a	Δ.	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			77
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		, l	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		х
	complete Schedule G, Part III	19	L	

Form 990 (2017) AUTISTIC SELF ADVO Part IV Checklist of Required Schedules (continued)

			Yes	NO
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			.,
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			- v
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	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	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person 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	OEL		x
06	Schedule L, Part I	25b		
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,"			
		26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	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		Х
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? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		77	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

AUTISTIC SELF ADVOCACY NETWORK, INC. Statements Regarding Other IRS Filings and Tax Compliance Part V

18 Enter the number reported in Box 3 of Form 1096. Enter -0* In ort applicable 1s 0 0 0 0 0 0 0 0 0		Check if Schedule O Contains a response of note to any line in this Fart v					<u>Ш</u>
b Enter the number of Forms W2G included in line 1a. Enter 0- if not applicable □ Did the organization comply with backing withholding usefor reportable payments to vendors and reportable gaming (gamilling) winnings to prize winners? □ Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filled for the calendary year ending with or within the vear covered by this return □ If at least one is reported on line 2a, did the organization file all required federal employment tax returns? □ If at least one is reported on line 2a, did the organization file all required federal employment tax returns? □ If at least one is reported on line 2a, did the organization file all required federal employment tax returns? □ If a least one is reported on line 2a, did the organization file all required federal employment tax returns? □ If a least one is reported on line 2a, did the organization flow of the complex of the file game in Schedule 0 □ If Yes, "enter the name of the foreign country: □ □ If Yes, "enter the name of the foreign country: □ □ If Yes, "enter the name of the foreign country: □ □ If Yes, "enter the name of the foreign country: □ □ If Yes, "enter the name of the foreign country: □ □ If Yes, "enter the name of the foreign country: □ □ If Yes, "enter the name of the foreign country: □ □ If Yes, "enter the name of the foreign country: □ □ If Yes, "enter the name of the foreign country: □ □ If Yes, "enter the name of the foreign country: □ □ If Yes, "enter the name of the foreign country: □ □ If Yes, "enter the name of the foreign schedule of the space of the year of the year of the xey year? □ If Yes, "enter the name of the foreign Babar the analysis of the year of the xey year? □ If Yes, "enter the organization schedule of year part year year the same that such contributions or gifts the organization schedule of year						Yes	No
E bid the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (a particularly winnings to prize winners) (a particularly winnings to prize winners) (a particularly winnings to prize winners) (b if at least one is reported on line 22, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3			-	-			
(agambling) winnings to prize winners? a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization life all required federal employment tax returns? Abot. If the user of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) B If If was, if such or may 20 for the layer If "No," to line 30, provide an explanation in Schedule O B If Yas, 's nat if filed a form 900 To fro this year If "No," to line 30, provide an explanation in Schedule O B If Yas, 's nat if filed a form 900 To fro this year If "No," to line 30, provide an explanation in Schedule O B If Yas, 's enter the name of the foreign country.' ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR). S Was the organization a party to a prohibited tax shelter transaction? S Was the organization to the organization that it was or is a party to a prohibited tax shelter transaction? S Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles calentable contributions? B If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles calentable contributions? B If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles calentable contributions? B If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles can be a characterised as contributions under section 170(c). B If the organization receive a payment in excess of \$75 made partly as a contribution of a contribution of causification and partly for goods and services provided to the p							
2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with on within the year covered by this return. 2 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 b If the regardization have unrelated business gross income of \$1 (200 or more during the year)? 3 a X X b If 1'Yes, 1 has if filed a form 990-T for this year? If 1/No, 1 to line 3b, provide an explanation in Schedule O 3b If a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4 tary time during the calendary year, did the organization have an interest in, or a significant explanation or schedule O 3b If 1'Yes, 1'enter the name of the foreign country; (such as a bank account, securities account, or other financial accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction? 5b If 1'Yes, 1'en line 5a or 5b, did the organization file Form 8886-T? 5c If 1'Yes, 1'en line 5a or 5b, did the organization file Form 8886-T? 5c If 1'Yes, 1'en line 5a or 5b, did the organization file Form 8886-T? 5c If 1'Yes, 1'en line 5a or 5b, did the organization file Form 889 as contributions? 5c If 1'Yes, 1'en line 5a or 5b, did the organization file Form 889 as contribution or gifts were not tax deductible? 5c If 1'Yes, 1'en line 5a or 5b, did the organization file form 890 as required? 5c If 1'Yes, 1'en line 5a or 5b, did the organization file form 890 as required? 5c If 1'Yes, 1'en line 5a or 5b, did the organization file form 890 as required? 5c If 1'Yes, 1'en line 5a or 5b, did the organization file form 890 as required? 5c If 1'Yes, 1'en line 5a or 5b, did the organization file form 890 as required? 5c If 1'Yes, 1'en lin	С					3,7	
field for the calendary year ending with or within the year covered by this return. 2a 9			 T	I	1c	X.	
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g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organization make any taxable distributions under section 4966? a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organizations included on Part VIII, line 12 a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Did 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is iscensed to issue qualified health plans c Enter the amount of reserves on hand 13c Label 20 14a Did the organization receive any payments for indoor tanning services during the tax year?	е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contra	ct?	7e	igsquare	X
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8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Did 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a Did 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans (amount of the states in which the organization is licensed to issue qualified health plans (amount of the amount of reserves on hand 13c 14a 14b 14c					7g		
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b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Z	а				13a		
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14a Did the organization receive any payments for indoor tanning services during the tax year?		organization is licensed to issue qualified health plans	13b				
14a Did the organization receive any payments for indoor tanning services during the tax year?	С	Enter the amount of reserves on hand	13c				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b					14a		Х
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O		14b	لـــا	

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.

				X
800	Check if Schedule O contains a response or note to any line in this Part VI			Λ
Sec	tion A. Governing Body and Management			
4.	Enter the number of voting members of the governing body at the end of the tax year	2	Yes	No
та	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	4		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. Enter the number of voting members included in line 1a, above, who are independent.	2		
b	The the hamber of voting members included in line 14, above, who are independent	<u>'</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			х
2	officer, director, trustee, or key employee?	2		21
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	,		x
4	of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
4 5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	6		X
о 7а	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		
1 a		7a		x
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1 a		 ^
b		7b		x
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	75		
	The governing body?	8a	х	
a h		8b		Х
9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00		
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	The section 2 requests members about pointing and by the internal recently		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	1
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe 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	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	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 ► SEE SCHEDULE O			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	JULIA BASCOM - 202-596-1056			
	2013 H STREET NW, 5TH FLOOR, WASHINGTON, DC 20006			

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.

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

(A)	(B)			((C)			(D)	(E)	(F)	
Name and Title	Average	(do	Position (do not check more than one) than	one	Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of	
	week	-	Jer an	lu a u	recit	Jiriius	lee)	from	from related	other	
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the	
	related	ee or (stee			nsate		(W-2/1099-MISC)	(** 2/ 1000 1/1100)	organization	
	organizations	trust	nal tru		oyee	ompe				and related	
	below	vidua	Institutional trustee	Je Se	Key employee	Highest compensated employee	ner			organizations	
	line)	Indi	Inst	Officer	Key	Hig	Fori				
(1) SARAH SCHNEIDER	5.00	١,,							_	_	
CHAIRPERSON	F 00	Х						0.	0.	0	
(2) MORENIKE GIWA ONAIWU	5.00	ļ ,,							_	_	
VICE CHAIRPERSON	10.00	Х						0.	0.	0	
(3) MEG EVANS, J.D.	10.00	Į.,		\ \					0	_	
SECRETARY	5.00	Х		Х				0.	0.	0	
(4) DAVID W. PATE	3.00	x		x				0.	0.	_	
TREASURER (5) ARI NE'EMAN	5.00	^		^				0.	0.	0	
TRUSTEE	3.00	X						0.	0.	0	
(6) KATIE MILLER	5.00	^						0.	0.		
TRUSTEE	3.00	x						0.	0.	0	
(7) AMY SEQUENZIA	5.00	122						0.	0.		
TRUSTEE	3.00	x						0.	0.	0	
(8) REYMA MCCOY MCDEID	5.00	 							•		
TRUSTEE		X						0.	0.	0	
(9) JULIA BASCOM	60.00							-			
EXECUTIVE DIRECTOR		1		х				64,437.	0.	5,148	
										<u> </u>	
		1									
		1									
		1									
		<u> </u>					_				
]									
		<u> </u>				<u> </u>					
		1									
							L				

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A)	(B)			Pos	C)			(D)	(E)			(F)	
Name and title	Average hours per		not c	heck	more	than		Reportable compensation	Reportable compensation		l	stimate	
	week	box, unless person is both ar officer and a director/trustee)			from from relate				nount (other	OI .			
	(list any	ctor						the	organization		l	pensa	tion
	hours for	or dire	au au			ated		organization	(W-2/1099-MIS	SC)		om the	
	related organizations	ustee	truste		eo	suadı		(W-2/1099-MISC)			_ ~	anizati	
	below	lual tr	tional		ploye	st com	L					d relate anizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				0.9.		
		 	 	Ť	Ť								
		1											
		_	_	_	<u> </u>	_							
		1											
		<u> </u>	\vdash		 	\vdash							
		1											
		-											
		1											
1b Sub-total								64,437.		0.		5,1	
c Total from continuation sheets to Part								0.		0.		г 1	0.
d Total (add lines 1b and 1c)								64,437.		0.		5,1	48.
Total number of individuals (including but compensation from the organization	not limited to tr	nose	IIST	ed a	bov	e) wi	no r	eceived more than \$100	0,000 of reportab	ie			0
compensation from the organization												Yes	No
3 Did the organization list any former office	r, director, or tru	uste	e, ke	ey er	mplo	oyee	, or	highest compensated e	mployee on				
line 1a? If "Yes," complete Schedule J for	such individual										3		Х
4 For any individual listed on line 1a, is the	sum of reportab	le c	omp	ensa	atior	n and	d otl	her compensation from	the organization				
and related organizations greater than \$1											4		Х
5 Did any person listed on line 1a receive o	· · · · · · · · · · · · · · · · · · ·				-			-					v
rendered to the organization? If "Yes," co	mplete Schedul	e J i	for si	uch	pers	son .					5		X
Complete this table for your five highest of the stable for your five highest of the you	ompensated in	den	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of con	nene	ation t	from	
the organization. Report compensation for										ipono	ation i		
(A)													
Name and busines	s address	N	INC	3				Description of s	ervices	С	ompe	nsatio	n
2 Total number of independent contractors		not li	mite	d to		_	stec	d above) who received m	nore than				
\$100,000 of compensation from the orga	nization >					0					_	990 (2047

Form 990 (2017) AUTISTIC Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
ar our		Membership dues		5,178.				
S, G		Fundraising events						
Sift lar,		Related organizations						
imil		Government grants (contribut		73,215.				
tion	f	All other contributions, gifts, gran	ts, and					
the		similar amounts not included above	ve 1f	321,433.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	1a-1f: \$					
<u>ම</u> දි	h	Total. Add lines 1a-1f		>	399,826.			
				Business Code				
e l	2 a	FEE FOR SERVICE	E .	900099	51,944.	51,944.		
e Ži	b	BOOK AND MERCHA	NDISE S	900099	8,878.	8,878.		
Program Service Revenue	С							
eve	d							
E	е							
<u>.</u>	f All other program service revenue							
	g	Total. Add lines 2a-2f			60,822.			
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)		▶ [156.			156.
	4	Income from investment of tax	x-exempt bond p	oroceeds >				
	5	Royalties	· <u>·····</u>					
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)	· <u>·····</u>					
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)						
ane	8 a	Gross income from fundraising	•					
		including \$						
Other Rever		contributions reported on line						
ē		Part IV, line 18		77,023.				
ŧ∣		Less: direct expenses		$\overline{}$	46 000			46 000
		Net income or (loss) from fund	-	>	46,098.			46,098.
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses		$\overline{}$				
		Net income or (loss) from gam		······ •				
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from sale						
-		Miscellaneous Revenu	ie	Business Code				
	11 a							
	b							
	С.							
		All other revenue						
		Total. Add lines 11a-11d Total revenue. See instructions.			506 902	60,822.	0.	46,254.
	14	i otal levellue. Oce ilibil utililib.			JUU, JU4 6	00,044	U •	1 TU, 4JT

Part IX | Statement of Functional Expenses

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

	Check if Schedule O contains a respons	se or note to any line in	this Part IX	, , ,	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundráising
	· ·		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	F F00	F F00		
	and domestic governments. See Part IV, line 21	5,500.	5,500.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	20,000.	20,000.		
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,				
3		72,148.	66,376.	2,886.	2,886.
_	trustees, and key employees	72,140.	00,570.	2,000.	2,000.
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	279,041.	256,962.	12,731.	9,348.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	25,582.	23,557.	1,163.	862.
10	Payroll taxes	27,208.	25,480.	784.	944.
11	Fees for services (non-employees):				
	Management				
b	Legal	20 520		22 E20	
С	Accounting	32,538.		32,538.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	37,442.	33,080.	1,133.	3,229.
12	Advertising and promotion				
13	Office expenses	9,881.	7,739.	2,025.	117.
14	Information technology	28,367.	23,538.	3,377.	1,452.
		20,0070	20,0001	373771	
15	Royalties	66,224.	60,973.	2,949.	2,302.
16	Occupancy	28,941.	26,234.	251.	2,456.
17	Travel	40,941.	20,234.	231.	2,430.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		24 - 22		
19	Conferences, conventions, and meetings	21,520.	21,520.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,625.	2,367.	258.	
23	Insurance	5,272.	979.	4,293.	
24	Other expenses, Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.) DUES AND SUBSCRIPTIONS	9,347.	8,745.	497.	105.
a	FUNDRAISING REGISTRATIO	3,599.	0,143.	431•	3,599.
b			1 500	1 225	
С	MISCELLANEOUS	2,973.	1,588.	1,335.	50.
d	STAFF DEVELOPMENT	2,931.	4 = 4 = 4	2,931.	
е	All other expenses	1,706.	1,706.		
25	Total functional expenses. Add lines 1 through 24e	682,845.	586,344.	69,151.	27,350.
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)				
	11-28-17				Form 990 (2017)

Form 990 (2017)
Part X Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	te to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			242,233.	1	85,178.
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net	139,650.	3	78,295.		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compens	ated er	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	า 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 50	1(c)(9) voluntary			
ş		employees' beneficiary organizations (see instr)		6			
Assets	7	Notes and loans receivable, net		Г		7	
ğ	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			4,880.	9	14,046.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	7,550. 5,154.			
	b	Less: accumulated depreciation	10b	5,154.	3,653.	10c	2,396.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	5,745.	15	21,731.		
	16	Total assets. Add lines 1 through 15 (must equ		ı	396,161.	16	201,646.
	17	Accounts payable and accrued expenses			17,832.	17	24,896.
	18	Grants payable		18			
	19	Deferred revenue			25,000.	19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
es	22	Loans and other payables to current and former	r office	rs, directors, trustees,			
≝		key employees, highest compensated employee	es, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X of	E 040		6 600
		Schedule D			7,243.	25	6,607. 31,503.
	26	Total liabilities. Add lines 17 through 25			50,075.	26	31,503.
		Organizations that follow SFAS 117 (ASC 958		k here 🕨 🔼 and			
Ses		complete lines 27 through 29, and lines 33 ar			170 506		160 007
anc	27	Unrestricted net assets			179,586.	27	162,907.
Fund Balances	28	Temporarily restricted net assets			166,500.	28	7,236.
р	29					29	
		Organizations that do not follow SFAS 117 (A	SC 95	8), check here ▶∟			
S Q		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 ed				31	
Net Assets or	32	Retained earnings, endowment, accumulated in			246 006	32	170 142
_	33	Total net assets or fund balances			346,086.	33	170,143.
	34	Total liabilities and net assets/fund balances			396,161.	34	201,646.

OIII	1000 (2011)			ı uş	,
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
		_	ΕΛ	<i>c</i> 0	0.2
1	Total revenue (must equal Part VIII, column (A), line 12)	1		$\frac{6,9}{2}$	
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,8	
3	Revenue less expenses. Subtract line 2 from line 1	3	-17		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	34	6,0	86.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	40	17	Λ 1	13
Da	column (B))	10		0,1	4).
Га	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			162	140
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit.			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	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?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization AUTISTIC SELF ADVOCACY NETWORK, 26-1270198 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	273,622.	725,530.	615,283.	453,795.	471,847.	2,540,077.
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	273,622.	725,530.	615,283.	453,795.	471,847.	2,540,077.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						470,261.
	Public support. Subtract line 5 from line 4.						2,069,816.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015 615, 283.	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	273,622.	725,530.	615,283.	453,795.	471,847.	2,540,077.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	0.7.6	100	2.0	_,	4-6	650
	and income from similar sources	276.	120.	32.	74.	156.	658.
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		202		1.0		411
	assets (Explain in Part VI.)		393.		18.		411.
11	Total support. Add lines 7 through 10						2,541,146.
12	Gross receipts from related activities,	•	,			12	423,648.
13	First five years. If the Form 990 is for	•			•	. , . ,	
800	organization, check this box and stop ction C. Computation of Publ	here	rcentage				<u></u>
				- L (f)			81.45 %
	Public support percentage for 2017 (14	<u> </u>
	Public support percentage from 2016					15	
ioa	33 1/3% support test - 2017. If the c						
h	stop here. The organization qualifies 33 1/3% support test - 2016. If the o						
b	and stop here. The organization qual						
172	10% -facts-and-circumstances tes						
17 a	and if the organization meets the "fac	ū					•
	meets the "facts-and-circumstances"			-	•	_	
h	10% -facts-and-circumstances tes						
IJ	more, and if the organization meets the	ū				•	
	organization meets the "facts-and-circ		•				
18	Private foundation. If the organization						

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	, 1	,				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		•			•	
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	. ,	, ,			, ,	,,
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included 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						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	r the organization	s first, second this	rd, fourth, or fifth t	ax vear as a section	n 501(c)(3) organi	zation.
•		-			•		
Se	ction C. Computation of Publ						
	Public support percentage for 2017 (column (f))		15	%
	Public support percentage from 2016					16	%
	ction D. Computation of Inve					<u> </u>	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
	a 33 1/3% support tests - 2017. If the					33 1/3%, and line	
	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2016. If the						
-	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
-1 a		
4b		
4c		
5a		
- Gu		
5b		
5c		
6		
7		
,		
8		
00		
9a		
9b		
9c		
10a		
. 50		
10b		
n 990 or 99	0-EZ	2017

2b

За

activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer (a) and (b) below.

trustees of each of the supported organizations? Provide details in Part VI.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2017 AUTISTIC SELF ADVOCACY NETWORK, INC. 26-1270198 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 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

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

5

6

Schedule A (Form 990 or 990-EZ) 2017

5

Income tax imposed in prior year

instructions).

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

emergency temporary reduction (see instructions)

	dule A (Form 990 or 990-EZ) 2017 AUTISTIC SELF			6-1270198 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _(continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizatior	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 t	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	1	I	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
h	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2017

c Excess from 2015d Excess from 2016e Excess from 2017

Schedule A	(Form 990 or 990-E2	Z) 2017	AUTIST	IC SE	LF	ADVOCAC	CY N	TETWORK,	INC.	26-12	70198	Page 8
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Sect	Inform	ation. Pro	vide the ex	xplana 9a. 9	ations required	d by F b. and	art II, line 10; d 11c: Part IV.	Part II, line 1 Section B. li	7a or 17b; Part II ines 1 and 2: Part	, line 12; IV. Section	n C.
	Section D, lines 5, (See instructions.)	6, and 8;	and Part V,	Section E	lines	2, 5, and 6. A	Also co	omplete this p	art for any a	dditional informati	on.	at v,

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2017

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
FOUNDATION TO PROMOTE OPEN SOCIETY	180,070.	129,247.
THE SPECIAL HOPE FOUNDATION	379,760.	328,937.
MITSUBISHI ELECTRIC AMERICA FOUNDATION	62,900.	12,077.
Total Excess Contributions to Schedule A, Part II, Line 5		470,261.

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

the prevention of cruelty to children or animals. Complete Parts I, II, and III.

AUTISTIC SELF ADVOCACY NETWORK,

Employer identification number

26-1270198

Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively

religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ 🕨 \$ _

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box

Name of organization Employer identification number

AUTISTIC SELF ADVOCACY NETWORK, INC.

26-1270198

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4 QUALITY TRUST FOR INDIVIDUALS WITH	Total contributions	Type of contribution
1	DISABILITIES		Person X
			Payroll
	4301 CONNECTICUT AVENUE NW, SUITE 310	\$31,590.	Noncash
	WASHINGTON, DC 20008		(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	NATIONAL DISABILITY INSTITUTE		Person X
	1667 K STREET NW, SUITE 640	\$ 16,625.	Payroll Noncash
	1007 K SIREEI NW, SOITE 040	\$ 16,625.	(Complete Part II for
	WASHINGTON, DC 20006		noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	CENTENE AND I TEECHADE		
	CENTENE AND LIFESHARE		Person X Payroll
	7700 FORSYTH BLVD.	\$ 12,845.	Noncash
	ST. LOUIS, MO 63105		(Complete Part II for noncash contributions.)
	51. HOULS, MO 03103		Horicasii contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	ANTHEM, INC.		Person X
	120 MONUMENT CIRCLE	\$ 35,000.	Payroll Noncash
	120 MONOMENT CIRCLE	\$35,000.	(Complete Part II for
	INDIANAPOLIS, IN 46204		noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5	MICHAEL LEGER		Person X
	HICHADD DOOR		Person 🔼 Payroll
	P.O. BOX 446	\$\$	Noncash
	MOUNTAIN HOME, TX 78058		(Complete Part II for noncash contributions.)
			,
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6	UNIVERSITY OF CALIFORNIA SF		Person X
	1855 FOLSOM ST., RM 425	\$ 41,334.	Payroll Noncash
	1000 100001 011, 101 120	\$41,334.	(Complete Part II for
	SAN FRANCISCO, CA 94143		noncash contributions.)

AUTISTIC SELF ADVOCACY NETWORK, INC.

26-1270198

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a)	(b)	(c)	(d)
No. 7	Name, address, and ZIP + 4 FAMILY NETWORK ON DISABILITIES	Total contributions	Type of contribution Person X
_	2196 MAIN STREET, SUITE L	\$20,000.	Payroll Noncash
	DUNEDIN, FL 34698		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	NAT'L ASSOC. OF STATE DIRECTORS OF DEVELOPMENTAL DISABILITIE	Total contains and	Person X
	301 N. FAIRFAX STREET, SUITE 101	\$\$22,500.	Payroll Noncash (Complete Part II for
	ALEXANDRIA, VA 22314		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	SELF-ADVOCATES BECOMING EMPOWERED		Person X Payroll
	6245 SNIDERCREST ROAD	\$ 25,000.	Noncash (Complete Part II for
	MASON, OH 45040		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	NATIONAL ASSOCIATION OF STATES UNITED FOR AGING AND DISABILITIES	Total contributions	Person X
	1201 15TH ST NW #350	\$\$	Payroll Noncash
	WASHINGTON, DC 20005		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	THINKGEEK		Person X
	11216 WAPLES MILL RAOD #100	\$8,939.	Payroll Noncash
	FAIRFAX, VA 22030		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll
		\$	Noncash (Complete Part II for noncash contributions.)

AUTISTIC SELF ADVOCACY NETWORK, INC.

26-1270198

Part II	Noncash Property (see instructions). Use duplicate copies of Part II i	f additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Page 4 Name of organization Employer identification number AUTISTIC SELF ADVOCACY NETWORK, INC. 26-1270198 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

•	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III			
	ne of organization	C SELF ADVOCACY N	ETWORK, INC		ployer identification number 26-1270198
Pa		ganization is exempt unde			
2	Provide a description of the organize Political campaign activity expendite Volunteer hours for political campa	zation's direct and indirect political	campaign activities in	Part IV.	\$
Pa	art I-B Complete if the org	ganization is exempt unde	r section 501(c)(3	3).	
2 3 4a b Pa 1 2	Enter the amount of any excise tax Enter the amount of any excise tax If the organization incurred a section Was a correction made? Off "Yes," describe in Part IV. The complete if the organization of the filing organization activities Total exempt function expenditures	incurred by organization manager on 4955 tax, did it file Form 4720 for ganization is exempt unde d by the filing organization for sect nization's funds contributed to other	s under section 4955 or this year? r section 501(c), ion 527 exempt function organizations for section sectio	except section 501 on activities btion 527	\$ Yes
3	line 17b		,	•	\$
	Did the filing organization file Form Enter the names, addresses and er made payments. For each organiza contributions received that were pr political action committee (PAC). If	mployer identification number (EIN) ation listed, enter the amount paid comptly and directly delivered to a	of all section 527 poli from the filing organiza separate political orga	tical organizations to wh ation's funds. Also enter nization, such as a separ	the amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

Schedule C (Form 990 or 990-EZ) 2017 Part II-A Complete if the or	AUTISTIC S ganization is exe	ELF ADVOCACY empt under sectio	NETWORK, I n 501(c)(3) and fil	NC . 26-1 ed Form 5768 (el	270198 Page 2 ection under
section 501(h)).					
A Check 🕨 📖 if the filing organiz	ation belongs to an a	ffiliated group (and list ir	n Part IV each affiliated	group member's nam	e, address, EIN,
. —	are of excess lobbying	. ,			
B Check ► ☐ if the filing organize	ation checked box A	and "limited control" pro	ovisions apply.		
	its on Lobbying Exp iditures" means amo	enditures ounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to inf	luence public opinion	(grass roots lobbying)		3,279.	
b Total lobbying expenditures to inf				2,107.	
c Total lobbying expenditures (add	lines 1a and 1b)			5,386.	
d Other exempt purpose expenditu	res			580,958.	
e Total exempt purpose expenditur	es (add lines 1c and	1d)		586,344.	
f Lobbying nontaxable amount. En	ter the amount from t	he following table in bot	h columns.	112,952.	
If the amount on line 1e, column (a)	or (b) is: The lo	bbying nontaxable am	ount is:		
Not over \$500,000	20% c	of the amount on line 1e			
Over \$500,000 but not over \$1,00		000 plus 15% of the exc			
Over \$1,000,000 but not over \$1,		000 plus 10% of the exc			
Over \$1,500,000 but not over \$17	' ' ' ' ' '	000 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000	0,000.			
	. 0=0/ (!! .46			28,238.	
g Grassroots nontaxable amount (e				20,230.	
h Subtract line 1g from line 1a. If ze				0.	
i Subtract line 1f from line 1c. If zerj If there is an amount other than z		or line 1i did the organiz		0.	
reporting section 4911 tax for this	_			Г	Yes No
reporting section 4311 tax for this		veraging Period Under			163 110
(Some organizations	that made a section	501(h) election do not arate instructions for li	have to complete all	of the five columns b	elow.
	Lobbying Exp	enditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount	87,188	. 117,354.	123,411.	112,952.	440,905.
b Lobbying ceiling amount (150% of line 2a, column(e))					661,358.
c Total lobbying expenditures	10,485	7,199.	1,125.	5,386.	24,195.
d Grassroots nontaxable amount	21,797	. 29,339.	30,853.	28,238.	110,227.
e Grassroots ceiling amount (150% of line 2d, column (e))					165,341.

3,600.

604.

5,243.

3,279. 12,726. Schedule C (Form 990 or 990-EZ) 2017

f Grassroots lobbying expenditures

26-1270198 Page 3

Schedule C (Form 990 or 990-EZ) 2017 AUTISTIC SELF ADVOCACY NETWORK, INC. 26-127019 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter 	.,				
local legislation, including any attempt to influence public opinion on a legislative matter	Yes	1	No	Am	ount
or referendum, through the use of:					
a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?					
j Total. Add lines 1c through 1i					
a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
art III-A Complete if the organization is exempt under section 501(c)(4), sec	tion 501(d	c)(5),	or se	ection	
	`				
501(c)(6).				Yes	N
501(C)(b).				163	
			1	163	
Were substantially all (90% or more) dues received nondeductible by members?			1 2	163	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere	the prior ye	ear? C)(5),	2 3 or se	ection	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes."	the prior yetion 501(ced "No," C	ear? c)(5), OR (b)	2 3 or se) Par	ection	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members	the prior ye tion 501(c d "No," C	ear? c)(5), OR (b)	2 3 or se	ection	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	the prior ye tion 501(c d "No," C	ear? c)(5), OR (b)	2 3 or se) Par	ection	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polexpenses for which the section 527(f) tax was paid).	the prior ye tion 501(c ed "No," C	ear? c)(5), OR (b)	2 3 or se) Par	ection	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pol expenses for which the section 527(f) tax was paid). a Current year	the prior ye tion 501(c d "No," C	ear? c)(5), DR (b)	2 3 or se) Par	ection	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pol expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year	the prior ye tion 501(c d "No," C	ear? c)(5), DR (b)	2 3 or se) Par	ection	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polexpenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total	the prior ye tion 501(c d "No," C	ear? c)(5), DR (b)	2 3 or se) Par 1 2a 2b 2c	ection	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pol expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	the prior ye tion 501(o ed "No," C	ear? c)(5), DR (b)	2 3 or se) Par	ection	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pol expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the expenses in the section of the exception of the	the prior yetion 501(ced "No," Ced "	ear? c)(5), DR (b)	2 3 or se) Par 1 2a 2b 2c	ection	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pol expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the eddoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	ithe prior yetion 501(ced "No," Ced	ear? c)(5), DR (b)	2 3 or se) Par 1 2a 2b 2c 3	ection	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pol expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the expenses in the section of the section of the expense of the section of the	ithe prior yetion 501(ced "No," Ced	ear? c)(5), DR (b)	2 3 or se) Par 1 2a 2b 2c	ection	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

AUTISTIC SELF ADVOCACY NETWORK, INC. **Employer identification number** 26-1270198

Par			is or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e o. (a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	,	
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v		rised funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		-
	impermissible private benefit?		Yes No
Par	rt II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	storically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	•	l l
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	he organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		-
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	nservation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	ation easements during the year
_	\$		70 (L) (A) (D) (D)
8	Does each conservation easement reported on line 2(d) abov	-	
•	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 organizat	tion's financial statements that describe	s the organization's accounting for
Par	conservation easements. rt III Organizations Maintaining Collections of	f Δrt Historical Treasures or 0	Other Similar Assets
. u.	Complete if the organization answered "Yes" on Form		
12	If the organization elected, as permitted under SFAS 116 (AS		ement and halance sheet works of art
ıu	historical treasures, or other similar assets held for public exh	•	•
	the text of the footnote to its financial statements that descri		arios or public corvice, provide, irri arrivini,
b	If the organization elected, as permitted under SFAS 116 (AS		nt and balance sheet works of art, historical
-	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:		and derived, provide the renoving announce
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			. .
2	If the organization received or held works of art, historical trea		
_	the following amounts required to be reported under SFAS 1:		g, p
а	Revenue included on Form 990, Part VIII, line 1	•	> \$
	Assets included in Form 990, Part X		

_		SELF ADV							019		age 2
Par	t III Organizations Maintaining Co	ollections of A	rt, His	torical Tr	easures,	or Othe	r Similar A	sset	S (contir	nued)	
3	Using the organization's acquisition, accession	n, and other record	ls, chec	k any of the	following that	at are a si	gnificant use o	f its c	ollectio	n item	ıs
	(check all that apply):										
а	Public exhibition d Loan or exchange programs										
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explai	n how t	hey further tl	he organizat	ion's exer	npt purpose in	Part	XIII.		
5	During the year, did the organization solicit or	receive donations	of art, h	istorical trea	sures, or oth	ner similar	assets				_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the	e organizatio	n answered	"Yes" on	Form 990, Parl	t IV, li	ne 9, or		
	reported an amount on Form 990, Part										
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contribution	s or other a	ssets not	included				_
	on Form 990, Part X?								Yes		J No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing	table:							
									Amoun	t	
С	Beginning balance						. 1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for	escrow or cu	ustodial acco	ount liabili	ty?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete if	the organization an	swered	"Yes" on Fo	rm 990, Par	t IV, line 1	0.				
		(a) Current year	(b) F	Prior year	(c) Two yea	ırs back (d) Three years b	ack	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre		e (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	<u></u>									
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.									
За	Are there endowment funds not in the posses	ssion of the organiz	ation th	at are held a	nd administe	ered for th	ne organization		_		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat								3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment	funds.							
Par	t VI Land, Buildings, and Equipme	ent.									
	Complete if the organization answered	"Yes" on Form 990), Part I	V, line 11a. S	See Form 99	0, Part X,	line 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Ac	cumulated		(d) Boo	k valu	е
		basis (investr	nent)	basis	(other)	dep	reciation				
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment				7,550.		5,154.			2,3	96.
	Other										

Schedule D (Form 990) 2017

2,396.

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

Schedule D (Form 990) 2017 AUTISTIC SE	LF ADVOCAC	Y NETWORK, IN	TC. 26-	1270198 _{Page}
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	valuation: Cost or end-	of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"				
(a) Description of investment	(b) Book value	(c) Method of v	valuation: Cost or end-	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶				
Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990, Part IV	/, line 11d. See Form 990,	, Part X, line 15.	
	Description			(b) Book value
(1) DEPOSITS				21,731
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		>	21,731
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV	/, line 11e or 11f. See For	m 990, Part X, line 25.	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) CUSTODIAL FUNDS		6,607.		
(3)				
(4)				

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	CUSTODIAL FUNDS	6,607.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	6,607.

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

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

AUTISTIC SELF ADVOCACY NETWORK, INC.

Employer identification number 26-1270198

Part I Fundraising Activities required to complete this par	 Complete if the organization answet. 	ered "Y	'es" oı	n Form 990, Part IV,	line 17. Form 990-E2	I filers are not				
Indicate whether the organization raised funds through any of the following activities. Check all that apply. a										
(i) Name and address of individual or entity (fundraiser)	idual (ii) Activity (iii) Did fundraiser have custody or contributions? (iv) Gross receipts fundraiser 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.	on is registered or licensed to solicit o	contrib	utions	s or has been notified	d it is exempt from re	egistration				

Schedule G (Form 990 or 990-EZ) 2017 AUTISTIC SELF ADVOCACY NETWORK, INC. 26-1270198 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events NONE (add col. (a) through ANNUAL GALA col. (c)) (event type) (event type) (total number) Revenue 77,023 77,023. 1 Gross receipts 2 Less: Contributions 77,023. 77,023. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 29,092. 29,092. 6 Rent/facility costs 7 Food and beverages 8 Entertainment 1,738. 1,738. 9 Other direct expenses 30,830 10 Direct expense summary. Add lines 4 through 9 in column (d) 46,19311 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 No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? No **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____ Yes ____ No **b** If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2017 AUTISTIC SELF ADVOCACY NETWORK, INC. 26-1	L270198	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
12	Indicate the percentage of gaming activity conducted in:		
		13a	%
	The organization's facility		
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \$\sum_{\text{s}}\$		
	Fig. If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name ▶ _		
	Gaming manager compensation > \$		
	Description of services provided		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	,		
č	Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	□ No
	retain the state gaming license?	L res	□□ NO
t	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	0b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	G (Form 990 or 990-EZ)	AUTISTIC	SELF	ADVOCACY	NETWORK,	INC.	26-1270198	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Infor	mation (continue	d)					

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

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

Attach to Form 990.

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

2017
Open to Public

Inspection

Name of the organization **Employer identification number** 26-1270198 AUTISTIC SELF ADVOCACY NETWORK, INC. Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

Part III can be duplicated if additional space is needed.					
(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
AUTISTIC SCHOLARS FELLOWSHIPS	4	20,000.	0.		
Part IV Supplemental Information. Provide the information rec	uired in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.	
PART I, LINE 2:					
FOR SCHOLARSHIPS, ASAN WORKS WITH	THE RECI	PIENTS' SC	HOOLS TO D	ETERMINE	
THEIR ELIGIBILITY. WE HAVE AN APP	LICATION	PROCESS A	ND WORK WI	TH THE SCHOOL	
TO MAKE SURE THE FINANCIAL ASPECT	IS CORRE	CT. WE CH	ECK IN WIT	H THE	
RECIPIENTS QUARTERLY FOR THE YEAR	THEY ARE	RECEIVING	THE SCHOL	ARSHIP	
REGARDING THEIR WORK ASSOCIATED WI	TH THE S	CHOLARSHIP	. WE REPO	RT THIS	
INFORMATION BACK TO THE SCHOLARSHI	P FUNDER	. FOR OTH	ER GRANTS,	WE RUN A	
COMPETITIVE APPLICATION PROCESS IN	WHICH W	E ASK FOR	ORGANIZATI	ONAL AND	
BUDGET INFORMATION FOR EACH APPLIC	ANT ORGA	NIZATION.	WE REQUIR	E AN INITIAL	

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ ► Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

AUTISTIC SELF ADVOCACY NETWORK, INC.

Employer identification number 26-1270198

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: BY ORGANIZING THE COMMUNITY OF AUTISTIC ADULTS AND YOUTH TO HAVE THEIR VOICES HEARD IN A NATIONAL FORUM.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE NATIONAL CONVERSATION ABOUT US. ASAN BELIEVES THAT THE GOAL OF AUTISM ADVOCACY SHOULD BE A WORLD IN WHICH AUTISTIC PEOPLE ENJOY THE SAME ACCESS, RIGHTS, AND OPPORTUNITIES AS ALL OTHER CITIZENS. WE HOPE TO EMPOWER PEOPLE ACROSS THE WORLD TO TAKE CONTROL OF OUR OWN LIVES AND THE FUTURE OF OUR COMMON COMMUNITY. NOTHING ABOUT US, WITHOUT US!

FORM 990, PART VI, SECTION A, LINE 8B:

THERE ARE NO SEPARATE COMMITTEES WITH THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. ALL SUCH DECISIONS ARE MADE BY THE FULL BOARD OF DIRECTORS.

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

A COPY OF THE 990 IS E-MAILED TO ALL BOARD MEMBERS FOR REVIEW.

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

BOARD SECRETARY INQUIRES INTO POTENTIAL CONFLICTS OF INTEREST AND TAKES ACTION WHEN NECESSARY.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK,AL,AR,AZ,CA,CT,DC,FL,GA,HI,IL,KS,KY,LA,MA,MD,ME,MI,MN,MS,NC,NH,NJ,NM,NY

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

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization AUTISTIC SELF ADVOCACY NETWORK, INC.	Employer identification number 26-1270198
	10 12,0130
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTER	REST POLICY, AND
FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S	WEBSITE.

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Employer identification number (EIN) or Type or Name of exempt organization or other filer, see instructions. print 26-1270198 AUTISTIC SELF ADVOCACY NETWORK, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your P.O. BOX 66122 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions WASHINGTON, DC 20035 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF Form 5227 10 04 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 JULIA BASCOM The books are in the care of ► 2013 H STREET NW, 5TH FLOOR - WASHINGTON, DC 20006 Telephone No. \triangleright 202-596-1056 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this $oxedsymbol{oxed}$. If it is for part of the group, check this box lacksquare $oxedsymbol{oxed}$ and attach a list with the names and EINs of all members the extension is for. NOVEMBER 15, 2018 to file the exempt organization return I request an automatic 6-month extension of time until for the organization named above. The extension is for the organization's return for: ► X calendar year 2017 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

by using EFTPS (Electronic Federal Tax Payment System). See instructions.

nonrefundable credits. See instructions.

If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any

If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required.

estimated tax payments made. Include any prior year overpayment allowed as a credit.

Form 8868 (Rev. 1-2017)

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