

Organization Information

Legal Name

Autism Society San Diego

DBA (if Applicable)

n/a

Program Name/Title

Autism Support Network: Curated Support Groups and Resource Dissemination for Families in Rainbow, De Luz, Bonsall, and Fallbrook

Is this a new initiative/service or established program within your organization?

New Initiative/Service

Program Information - Type

Ongoing

Funding Amount Being Requested

59640

Organization's Mission Statement

We create connections, empowering everyone in the Autism community with the resources needed to live fully.

Organization's Vision Statement

Creating a world where everyone in the Autism community is connected to the support they need, when they need it.

Organization History & Accomplishments

Since 1966, Autism Society San Diego (ASSD) has been a lifeline, evolving from a National Society for Autistic Children chapter into a powerhouse of education, advocacy, and support. In the last five years, we've turbocharged our impact: launching innovative support groups and recreational events that smash social barriers for autistic adults and rolling out the Autism Ask Line to empower caregivers with real-time guidance. Signature events like Splash for Cash and Lights! Camera! Autism! have fueled free services, slashing economic strain for families.

Our strategic vision, spotlighted in a KUSI interview with Executive Director Shahriar Afshar, drives this project—*curated support and resource navigation for underserved rural areas*. Partnerships with San Diego Regional Center, the YMCA, and others amplify our reach, tackling isolation, healthcare gaps, and financial instability head-on. ASSD is poised to launch the **"Autism Support Network"** in Rainbow, De Luz, Bonsall, and Fallbrook, transforming lives with proven expertise and fierce commitment.

Organization Collaborations

ASSD will collaborate with the following organizations:

- **Palomar Family Counseling Service & Fallbrook Family Health Center** : Share referrals and co-promote behavioral health resources.
- **San Diego Regional Center**: Align resource guides with available funding options.

· **FRHD Community Health & Wellness Center:**

Host groups and amplify outreach.

These collaborations leverage existing networks, enhancing program reach and sustainability.

· **Boys & Girls Club:** Offer pool parties as we do in other regions in San Diego County for children and youth with autism. ASSD collaborates with the Club on these parties.

Target Population - Age

	Percent of program participants	Estimated number of participants
Children (infants to 12)		
Young Adults (13-17)		
Adults (18-60)	100	120
Seniors (60+)		
We do not collect this data (indicate with 100%)*		

Target Population not collected - Age

Although we will serve the children of families, we anticipate the project to be focused on adult caregivers and adults with ASD.

Target Population - Gender

	Percent of program participants
Female	72
Male	28
Non-binary	
Unknown*	

***Target Population - Gender**

Our gender estimates are based on historical participation in our programs offered in San Diego.

Target Population - Income Level

	Percent of program participants
Extremely Low-Income Limits, ceiling of \$32,100	
Very Low (50%) Income Limits, ceiling of \$53,500	
Low (80%) Income Limits, ceiling of \$85,600	
Higher Than Listed Limits	
We do not collect this data (indicate with 100%)*	100

***Target Population - Income Level**

The program is offered free of charge, no income testing required. For statistical purposes only we will request income information at the time of intake.

Projected number of residents that will directly benefit (participant/client) from this program.

120

Social Determinants of Health (SDOH)

Program/Services Description - Social Determinants of Health

Economic Stability (Employment, Food Insecurity, Housing Instability, Poverty)

Social & Community Context (Civic Participation, Discrimination, Incarceration, Social Cohesion)

Healthcare Access & Quality (Access to Health Care, Access to Primary Care, Health Literacy)

Social Determinants of Health - Economic Stability

The Autism Support Network bolsters economic stability for families in Rainbow, De Luz, Bonall, and Fallbrook by easing the financial and emotional burdens of autism caregiving. Nationally, 40% of ASD caregivers reduce work hours, straining household income—especially in a region where the median (\$67,000) lags behind San Diego County’s (\$82,000). This program offers free support groups and resource guides, connecting participants to tools like respite care, financial planning guides, and stress management techniques. These resources lighten caregiving demands, helping parents maintain employment and avoid burnout. One-on-one coaching links families to local services, reducing out-of-pocket costs and travel expenses to distant providers. By targeting underserved households with tailored, no-cost support, the initiative prevents economic collapse and fosters resilience, ensuring families can thrive despite autism’s challenges.

How are other organizations addressing this need in the community?

Local players like Fallbrook Family Health Center and Palomar Family Counseling Service offer broad mental health aid but miss autism’s unique needs. San Diego Regional Center funds some services, yet rural families flounder—lost in navigation and crippled by a national provider shortage that delays care by weeks or months. National autism groups run support networks, but rural outposts like FRHD remain overlooked. ASSD steps into this void with laser-focused, rural-tailored support—unmatched and urgent.

Program/Services Description - Program Entry & Follow Up

Entry: Families join via ASSD’s website, phone, or FRHD outreach events, with intake pinpointing needs (isolation, resources, group preferences).

Follow-Up: Monthly group check-ins and quarterly surveys track engagement and refine services based on real feedback.

Program/Services Description - Program Activities

Curated Support Groups: Monthly in-person and Zoom sessions— Spectrum Social (autistic adults), Girl Power (women 18+), Coffee Talk (caregivers), Thirsty Thursdays (online, all-ages), Grupo de Apoyo en Español (Spanish-speaking), and Dadvocate Happy Hour (dads)—serve 80–100 annually, blending peer connection with practical know-how.

Resource Curation:

A dynamic guide (print/digital) of local healthcare, respite, and education options, updated monthly, plus one-on-one coaching, reaches 120 families yearly—all free.

These services lift individuals with ASD via peer bonds and skill-building, while arming caregivers with support and solutions—slashing stress and forging resilience across the district.

All services are free, prioritizing underserved households, and this diverse slate ensures broad appeal across demographics, roles, and interests in the FRHD community. The program activities benefit individuals with autism spectrum disorder (ASD) and their families/caregivers by addressing their unique needs holistically. For individuals with ASD, groups like Spectrum Social foster independence and peer connection, enhancing social skills and self-esteem in a supportive environment. Caregivers and families gain from diverse offerings which provide emotional support, practical strategies, and culturally relevant community, reducing isolation and stress. Resource guides and coaching further empower them by linking to local services alleviating caregiving burdens and improving household stability. Together, these activities promote resilience, well-being, and a stronger support network for the entire family unit.

Program Goal

By June 30, 2026, Autism Support Network will reduce caregiver stress and enhance overall health and well-being for 120 individuals in Rainbow, De Luz, Bonsall and Fallbrook through curated support groups, education and resource dissemination, as measured by pre- and post-program Perceived Stress Scale (PSS) surveys.

Anticipated Acknowledgment

Anticipated Acknowledgment

Social Media Postings	Signage at Service Sites	Print Materials to Service Recipients
Website Display		

Anticipated Acknowledgment

The Autism Society San Diego (ASSD) will celebrate the Fallbrook Regional Health District (FRHD) as a cornerstone of the “Autism Support Network,” embedding their transformative role across all program touch points. Their vital support will grace professionally designed resource guides, flyers, and our website with a heartfelt nod: “Powered by FRHD, trailblazers of rural health equity.” At every support group session –whether in-person or via Zoom—we’ll spotlight FRHD’s commitment, framing them as the backbone of our mission to uplift autism families in Rainbow, De Luz, and Fallbrook. On social media, we’ll amplify their impact with tailored posts across platforms:

- **Facebook:** “A huge thank you to Fallbrook Regional Health District for fueling the Autism Support Network—bridging gaps and building resilience for autism families in North County!”
- **Instagram:** Stunning visuals of group moments paired with, “Grateful to FRHD for empowering our rural communities with hope and health. #AutismSupport #FRHDHeroes”
- **X:** “FRHD’s support makes the Autism Support Network thrive—connecting 80+ families to resources and community. Champions of equity in action!”

These posts, shared regularly, will tag FRHD, boosting their visibility and weaving their legacy into our narrative. This multi-channel recognition—print, digital, and live—casts FRHD as a beacon of progress, honoring their \$59,640 investment with a ripple effect of gratitude and inspiration across the region’s health landscape.

Terms and Conditions

Accepted

Authorized Signature

A small, handwritten signature in black ink, consisting of a stylized 'S' followed by a horizontal line.

Eligibility Check

Tax Exempt Status

YES

You are ineligible to apply per the District's Grant Policy & Procedures, please contact District staff to if you have questions.

Service Area

Bonsall

De Luz

Fallbrook

Rainbow

Will no less than 80% of the program recipients live within the communities of Fallbrook, Rainbow, Bonsall or De Luz?

YES

Collaborative/Joint Application

NO

Organization Information

Contact Information

Contact Name

Shahriar Afshar

Title

Executive Director

Primary Contact Phone

619-368-6790

Email Address

shahriar@autismsocietysandiego.org

Organization Physical Address

4699 Murphy Canyon Road
San Diego, CA, 92123

Board of Directors



AUTISM SOCIETY SAN DIEGO BOARD... .pdf

Financial Documents - Audit



2023 Audited Financial Statement.pdf

Financial Documents - P&L and Balance Sheet



P&L_Balance Sheet.pdf

Financial Documents - 990



2023 990 ASSD. Taxpayer Copy. 2023.pdf

Writing Instructions:

Program Information

Brief Program Description

Autism Support Network delivers tailored support groups and resource guides to families of individuals with autism in Rainbow, De Luz, Bonsall, and Fallbrook. Free, accessible, and impactful, we combat isolation, boost well-being, and bridge healthcare gaps—igniting resilience in underserved rural communities.

What language(s) can this program

accommodate:

English

Spanish

What demographic group does this program predominately serve:

Special Populations

Social Determinants of Health - Social and Community Context

The Autism Support Network combats social isolation—a key stressor for 75% of rural ASD caregivers—by forging vital peer connections in Rainbow, De Luz, Bonsall, and Fallbrook. With 68% of San Diego County caregivers reporting insufficient local support, families feel stranded. This initiative connects participants to tailored support groups like Coffee Talk, Dadvocate Happy Hour, and Thirsty Thursdays, fostering community. Hybrid formats ensure accessibility, while diverse offerings—peer-led for autistic adults, Spanish-language for Hispanic families—meet varied needs. These groups reduce loneliness, boost self-esteem for individuals with ASD, and provide caregivers a lifeline of shared experiences. Outreach and resource dissemination to families amplify this network, weaving a stronger social fabric. By prioritizing inclusion and support, the program slashes stress and builds a resilient community where autism families belong.

Social Determinants of Health - Healthcare Access and Quality

The Autism Support Network tackles healthcare access and quality gaps in rural FRHD communities, where limited providers and awareness delay critical care for autism families. With ASD affecting 1 in 36 children (CDC, 2023), and rural caregivers facing month-long waits for approved services, the need is dire. This program links families to autism-specific resources—therapy, respite, and education—via a localized guide and coaching. Monthly support groups, like Spectrum Social and Grupo de Apoyo en Español, share practical strategies and provider insights, bridging knowledge gaps. Partnerships with San Diego Regional Center and Fallbrook Family Health Center enhance navigation, ensuring timely, quality care. Free and hybrid (in-person/Zoom), these services erase travel barriers, delivering equitable healthcare access to all ages

and incomes, and empowering families with the tools to secure better health outcomes.

Statement of Need/Problem

In Rainbow, De Luz, Bonsall, and Fallbrook, autism families grapple with stark challenges. With autism spectrum disorder (ASD) affecting 1 in 36 children (CDC, 2023)—a 17% spike in California since 2018—over 200 kids in the Fallbrook Regional Health District (FRHD) may be impacted. Rural isolation amplifies this crisis: 68% of San Diego County caregivers report inadequate local support (2022 survey), dwarfing urban rates (42%). Parents lament, “Services are miles away,” and “I’m utterly alone,” their words echoing the strain of distance and disconnection.

Nationally, 40% of ASD caregivers cut work hours (Autism Speaks, 2021), a blow in a region where median income (\$67,000) trails San Diego County’s (\$82,000). This trifecta—social isolation, healthcare scarcity, and economic pressure—demands action. We address the following social determinants of health:

Social & Community Context: Loneliness afflicts 75% of rural ASD caregivers, fueling stress and burnout.

Healthcare Access & Quality: Sparse providers and awareness stall critical care and supports.

Economic Stability: Caregiving costs erode household security. Without intervention, these families face deepening disparities. ASSD’s Autism Support Network is the lifeline they need—targeted, free, and fierce in dismantling barriers.

Program Objectives & Measurable Outcomes

Objective 1 - Enhance Social and Community Context: Increase social support by connecting at least 80% of participants to a peer network through support groups within 12 months. **Measure 1:** 80% of participants (64 of 80 caregivers/individuals with ASD) will attend at least three support group sessions by June 2026, per attendance logs.

Objective 2 - Improve Healthcare Access: Link 75% of families to autism-specific resources (e.g., therapy, respite care) via navigation services within the program year. **Measure 2:** 75% of families (90 of 120) access at least one autism-specific resource (e.g., therapy, respite care) by June 2026, tracked via follow-up reports.

Objective 3 - Support Economic Stability: Reduce caregiver burden by providing 90% of participants with tools and resources (e.g., stress management, financial planning) to maintain household stability. **Measure 3:** 90% of participants (108 of 120) receive tools by June 2026, confirmed by distribution records.

Objective 4 - Promote Holistic Wellness: Achieve a 25% reduction in reported stress levels among participants, measured via pre- and post-program Perceived Stress Scale surveys. **Measure 4:** Average stress levels drop by 25% among 80 participants by June 2026, measured by pre/post Perceived Stress Scale surveys.

Financial Reporting & Budget

Funding History

NO

Program Budget



25_26 FRHD CHC Program Budget F... .xlsx

AUTISM SOCIETY SAN DIEGO BOARD OF DIRECTORS 2025	
Board Members:	
Joe Ireland	President
Kasey Howell	Vice President
Dustin Tracy	Treasurer
Alyssa Label	Secretary
Shirley Fett	Past President
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Christopher Callahan	Director
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Katie Phelps	Director
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Lori Kay	Prof. Advisory Panel
Tammy Anderson	Prof. Advisory Panel
Tom Lincoln	Prof. Advisory Panel



Sonnenberg & Company, CPAs

A Professional Corporation

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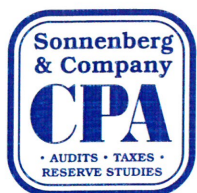


Leonard C. Sonnenberg, CPA

Autism Society San Diego, Inc. Audited Financial Statements Year Ended December 31, 2023

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Leonard C. Sonnenberg, CPA

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of
Autism Society San Diego, Inc.

Opinion

We have audited the accompanying financial statements of Autism Society San Diego, Inc.(a nonprofit organization), which comprise the statement of financial position as of December 31, 2023, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Autism Society San Diego, Inc. as of December 31, 2023, and the changes in net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Autism Society San Diego, Inc. and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Autism Society San Diego, Inc.'s ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

Misstatements, including omissions, are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Autism Society San Diego, Inc.'s internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Autism Society San Diego, Inc.'s ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Report on Summarized Comparative Information

We have previously audited Autism Society San Diego, Inc.'s 2022 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated June 27, 2023. In our opinion, the summarized comparative information presented herein as of and for the year ended December 31, 2022, is consistent, in all material respects, with the audited financial statements from which it has been derived.



Autism Society San Diego, Inc.
Statement of Financial Position
December 31, 2023
(With Comparative Financial Information as of December 31, 2022)

	2023	2022
Assets:		
Cash	\$ 168,326	\$ 214,022
Contributions receivable	11,000	8,536
Investments	611,646	428,208
Deposits	700	700
Prepaid expenses	7,872	3,260
Right of use asset, net - operating lease	17,730	29,200
Total assets	\$ 817,274	\$ 683,926
 Liabilities and net assets:		
Accounts payable and accrued expenses	\$ 21,063	\$ 21,098
Payroll liabilities	5,929	4,133
Prepaid conference registration	2,150	-
Operating lease liability	18,088	29,378
Total liabilities	47,230	54,609
 Net assets:		
Without donor restrictions	622,878	597,425
With donor restrictions	147,166	31,892
Total net assets	770,044	629,317
Total liabilities and net assets	\$ 817,274	\$ 683,926

The accompanying notes are an integral part of these financial statements.

Autism Society San Diego, Inc.

Statement of Activities

For the year ended December 31, 2023

(With Summarized Comparative Financial Information for the Year Ended December 31, 2022)

	2023		2022	
	Without Donor Restrictions	With Donor Restrictions	Totals	Totals
Revenue and support:				
Grants and contributions	\$ 150,864	\$ 205,105	\$ 355,969	\$ 157,815
Camp fees	60,312		60,312	40,492
Other program fees	3,830		3,830	3,521
Membership dues	46,780		46,780	43,245
Contributed nonfinancial assets	51,198		51,198	14,326
Special events				
Income	114,952		114,952	106,878
Less cost of direct benefits to donors	(71,073)		(71,073)	(44,189)
Contributed assets	21,862		21,862	23,626
Less use of contributed assets	(21,862)		(21,862)	(23,626)
Net special events	43,879	-	43,879	62,689
Net investment return	39,423		39,423	(98,615)
Net assets released from restrictions	89,831	(89,831)	-	-
	486,117	115,274	601,391	223,473
Expenses:				
Program services	333,862		333,862	219,067
Support services:				
General and management	49,473		49,473	50,851
Fundraising	77,329		77,329	78,088
	460,664	-	460,664	348,007
Change in net assets	25,453	115,274	140,727	(124,534)
Net assets, beginning of year	597,425	31,892	629,317	753,851
Net assets, end of year	\$ 622,878	\$ 147,166	\$ 770,044	\$ 629,317

The accompanying notes are an integral part of these financial statements.

Autism Society San Diego, Inc.
Statement of Functional Expenses
For the year ended December 31, 2023
(With Summarized Comparative Financial Information for the Year Ended December 31, 2022)

	2023				2022
	Programs	Management & General	Fundraising	Total	Total
Compensation and related:					
Salaries and wages	\$ 105,145	\$ 21,279	\$ 42,626	\$ 169,050	\$ 137,526
Salaries and wages - Surf camp	46,571			46,571	42,057
Payroll taxes and processing	16,838	2,136	4,278	23,252	19,171
Total compensation and related	<u>168,554</u>	<u>23,415</u>	<u>46,904</u>	<u>238,873</u>	<u>198,754</u>
Other expenses:					
Audit and accounting fees		8,787		8,787	8,875
Bank service charges			1,668	1,668	1,408
Camps, including contributed services	96,307			96,307	38,916
Donations and scholarships	460			460	754
Dues and membership	320	65	130	515	610
Events	14,128		71,073	85,201	65,849
Grant writing			12,400	12,400	9,650
Insurance	4,247	860	1,722	6,829	9,169
Contributed legal services		12,000		12,000	-
Marketing and promotion			5,798	5,798	5,064
Miscellaneous	3,491			3,491	3,935
Office expense	4,965	1,005	2,013	7,982	2,986
Operating lease	7,525	1,523	3,051	12,099	10,196
Storage	2,668			2,668	2,424
Swim lessons, including contributed services	22,208			22,208	21,779
Telephone	622	126	252	1,000	981
Website and computer	8,366	1,693	3,392	13,451	10,846
Total other expenses	<u>165,308</u>	<u>26,058</u>	<u>101,498</u>	<u>292,864</u>	<u>193,442</u>
Total expenses by function	<u>333,862</u>	<u>49,473</u>	<u>148,402</u>	<u>531,737</u>	<u>392,196</u>
Less expenses included with revenues on the statement of activities					
Cost of direct benefits to donors	<u>-</u>	<u>-</u>	<u>(71,073)</u>	<u>(71,073)</u>	<u>(44,189)</u>
Total expenses included in expense section on the statement of activities	<u>\$ 333,862</u>	<u>\$ 49,473</u>	<u>\$ 77,329</u>	<u>\$ 460,664</u>	<u>\$ 348,007</u>
			less inkind service	-51198	
				409,466	

The accompanying notes are an integral part of these financial statements.

Autism Society San Diego, Inc.
Statement of Cash Flows
For the year ended December 31, 2023
(With Comparative Financial Information as of December 31, 2022)

	<u>2023</u>	<u>2022</u>
Cash flows from operating activities:		
Change in net assets	\$ 140,727	\$ (124,534)
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Realized and unrealized loss (gain) on investments	(13,128)	110,862
Rights of use asset amortization	11,470	5,996
Changes in operating assets and liabilities:		
(Increase) decrease in contributions receivable	(2,464)	10,964
(Increase) decrease in prepaid expenses	(4,612)	763
Increase in accounts payable and accrued expenses	(35)	8,074
Increase (decrease) in payroll liabilities	1,796	(4,879)
Increase (decrease) in prepaid conference registration	2,150	-
Increase (decrease) in operating lease liability	(11,290)	(5,818)
Net cash provided by operating activities	<u>124,614</u>	<u>1,428</u>
Cash flows from investing activities:		
Proceeds from sale of investments	-	509,214
Purchases of investments	(140,000)	(509,049)
Reinvestment of investment income	(26,295)	(12,242)
Net cash used in investing activities	<u>(166,295)</u>	<u>(12,077)</u>
Net change in cash	(41,681)	(10,649)
Cash at beginning of year	<u>214,022</u>	<u>224,671</u>
Cash at end of year	<u>\$ 172,341</u>	<u>\$ 214,022</u>

The accompanying notes are an integral part of these financial statements.

Autism Society San Diego, Inc.
Notes to Financial Statements
Year Ended December 31, 2023

Note 1. Organization and Nature of Activities

Autism Society San Diego, Inc. (the Society) was incorporated on June 6, 2017 as an independent non-profit corporation. The Society was originally formed in 1966 and operated as Autism Society of America, San Diego Chapter. The Society received independent exempt status 501(c)(3) with the I.R.S. on May 16, 2018.

The Society serves as the voice and resource of the local autism community. It is dedicated to increasing public awareness of autism and the day-to-day issues faced by individuals with autism, their families, and the professionals who support them. The Society accomplishes its purpose by holding regular informational and support meetings at various locations throughout the County where professionals educate parents on the latest treatments, research, therapies, resources, and opportunities. The Society provides funding and materials for research and education, and produces monthly e-newsletters and daily posts to social media, keeping members informed on current topics and upcoming events. In addition, the Society is dedicated to developing recreational programs for people with autism such as the Camp I CAN summer day camp for children and teens with Autism Spectrum Disorders, and a bi-annual Family Camp offered through the YMCA. Also, the Pool Pals comprehensive aquatic program is offered through Aqua Pros Swim School and Surf Camp in connection with San Diego Regional Aquatic Center.

The Society is mainly supported by contributions and membership dues.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements are presented on the accrual basis of accounting, in accordance with accounting principles generally accepted in the United States of America. Accordingly, revenue is recorded when earned and expenses are recorded when incurred.

Net Assets

Net assets, revenues, gains, and losses are classified based on the existence or absence of donor or grantor-imposed restrictions. Accordingly, net assets and changes therein are classified and reported as follows:

Net Assets Without Donor Restrictions - Net assets available for use in general operations and not subject to donor restrictions.

Net Assets With Donor Restrictions - Net assets subject to donor-imposed restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity. Donor-imposed restrictions are released when a restriction expires, that is, when the stipulated time has elapsed, when the stipulated purpose for which the resource was restricted has been fulfilled, or both.

Autism Society San Diego, Inc.
Notes to Financial Statements
Year Ended December 31, 2023

Note 2. Summary of Significant Accounting Policies, continued

Cash and Cash Equivalents

Cash consists of cash on deposit with banks. Cash equivalents represent money market funds or short-term investments with original maturities of three months or less from the date of purchase, except for those amounts that are held in the investment portfolio which are invested for long-term purpose. The Society had no cash equivalents as of December 31, 2023.

Revenue Recognition

Program revenue is recognized when the programs are delivered. Revenues collected in advance are deferred until earned. Membership dues revenue is recorded when received. Special events revenue is recognized immediately, unless there is a right of return if the special event does not take place. Contributions are recognized when cash, other assets, or an unconditional promise to give are received. Conditional promises to give, that is, those with a measurable performance or other barrier, and a right of return, are not recognized until the conditions on which they depend have been substantially met.

Contributions Receivable

Unconditional promises to give that are expected to be collected within one year are recorded at net realizable value. Unconditional promises to give expected to be collected in future years are recorded at the present value of their estimated future cash flows. The discount on those amounts are computed using risk-adjusted interest rates applicable to the years in which the promises are received. Discount amortization is included in contribution revenue. Allowance for uncollectable promises to give is based on historical experience, an assessment of economic conditions, and review of subsequent collections. Promises to give are written off when deemed uncollectable. Contributions receivable as of December 31, 2023 were collected in full after the year end; therefore, no allowance for uncollectible accounts has been recorded.

Investments

Investments are reported at cost, if purchased, or at fair value, if donated. Thereafter, investments are reported at their fair values in the statements of financial position. Investment earnings are recorded net of custodial fees and investment advisory fees, if any.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates under different assumptions or conditions.

Contributed Nonfinancial Assets

The estimated fair value of contributed nonfinancial assets is recorded in the financial statements. The donated goods are recorded at fair value at the date of donation. Contributed services are recognized as contributions when services (a) create or enhance non-financial assets, or (b) require specialized skills, are performed by people with those skills, and would otherwise be purchased by the Society. The Society presents contributed nonfinancial assets in accordance with Accounting Standards Update 2020-07, Not-for-Profit Entities (Topic 958): Presentation and Disclosures by Not-for-Profit Entities for Contributed Nonfinancial Assets.

Autism Society San Diego, Inc.
Notes to Financial Statements
Year Ended December 31, 2023

Note 2. Summary of Significant Accounting Policies, continued

Fair Value Measurements

The Society defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants as of the measurement date. A fair value hierarchy is established that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are as follows:

Level 1 – Inputs are quoted market prices (unadjusted) in active markets for identical assets or liabilities. Valuations for assets and liabilities traded in active exchange markets. Valuations are obtained from readily available pricing sources for market transactions involving identical assets or liabilities.

Level 2 – Inputs other than quoted prices within Level 1 that are observable, either directly or indirectly. Valuations for assets and liabilities traded in less active dealer or broker markets. Valuations are obtained from third party pricing services for identical or similar assets or liabilities.

Level 3 – Inputs are unobservable. Valuations for assets and liabilities that are derived from other valuation methodologies, including option pricing models, discounts cash flow models and similar techniques, and not based on market exchange, dealer, or broker traded transactions. Level 3 valuations incorporate certain assumptions and projections in determining the fair value assigned to such assets or liabilities.

The valuation of the Society's investments according to the fair value hierarchy is Level 1.

Property and Equipment

Property and equipment are recorded at cost when purchased, or if donated, at the approximate fair value at the date of donation. Property and equipment purchased or donated greater than \$500 and the useful life greater than one year are capitalized. Expenditures for maintenance and repairs are charged against operations. Depreciation is provided over the estimated useful life of each class of depreciable assets and is computed using the straight-line method. Property and equipment consist of computers and office equipment which have an estimated useful life of 5 years. Property and equipment have been fully depreciated and are not presented on the statement of financial position.

Functional Expenses

The costs of providing various services and other activities have been summarized on a functional basis in the statement of activities. The statement of functional expenses presents the natural classification detail of expenses by function. Accordingly, certain costs have been allocated among the programs and supporting services benefited. The expenses that are allocated include salaries and wages, benefits, payroll taxes, dues and membership, insurance, office expense, office rent, telephone, website, and other, which are allocated on the basis of estimates of time and effort.

Autism Society San Diego, Inc.
Notes to Financial Statements
Year Ended December 31, 2023

Note 2. Summary of Significant Accounting Policies, continued

Compensated Absences

Unpaid employee leave benefits are recognized as liabilities of the Society. The Society did not have any accrued vacation liability as of December 31, 2023.

Income Taxes

The Society, which is exempt from taxation under Internal Revenue Code 501(c)(3), qualifies for the charitable contribution deduction, and has been determined not to be a private foundation. The Society is annually required to file a Return of Organization Exempt from Income Tax (Form 990) with the IRS. In addition, it is subject to income tax on net income that is derived from business activities that are unrelated to the exempt purposes. Management has determined that it is not subject to unrelated business income tax and has not filed an Exempt Organization Business Income Tax Return (Form 990-T) with the IRS. The Society's federal income tax returns are subject to examination by the Internal Revenue Service, generally for three years after they were filed.

Leases

Society accounts for leases in accordance with FASB ASC 842. Society determines if an arrangement conveys the right to use an identified asset and whether Society obtains substantially all of the economic benefits from and has the ability to direct the use of the asset. Society recognizes a lease liability and ROU asset at the commencement date of the lease. Beginning January 1, 2022, operating lease ROU assets and related operating lease liabilities have been presented in the balance sheet. The Society elected not to record ROU assets and corresponding lease liabilities for short-term leases with a lease term of 12 months or less.

A lease liability is measured based on the present value of its future lease payments. Variable payments are included in the future lease payments when those variable payments depend on an index or rate and are measured using the index or rate at the commencement date. Lease payments, including variable payments made based on an index rate, are remeasured when any of the following occur: (1) the lease is modified (and the modification is not accounted for as a separate contract), (2) certain contingencies related to variable lease payments are resolved, or (3) there is a reassessment of any of the following: the lease term, purchase options, or amounts that are probable of being owed under a residual value guarantee. The discount rate is the rate implicit in the lease if it is readily determinable; otherwise, Society uses the U.S. Treasury rate. The implicit rates of the Society's leases are not readily determinable; accordingly, Society uses the U.S. Treasury rate based on the information available at the commencement date for each lease. Lease terms may include renewal or extension options to the extent they are reasonably certain to be exercised.

A ROU asset is measured at the commencement date at the amount of the initially measured liability plus any lease payments made to the lessor before or after commencement date, minus any lease incentives received, plus any initial direct costs. Lease cost for lease payments is recognized on a straight-line basis over the lease term.

Autism Society San Diego, Inc.
Notes to Financial Statements
Year Ended December 31, 2023

Note 2. Summary of Significant Accounting Policies, continued

Comparative financial information

The financial statements include certain prior year summarized comparative information in total but not by net asset class. Such information does not include sufficient detail and disclosures to constitute a presentation in conformity with accounting principles generally accepted in the United States of America. Accordingly, such information should be read in conjunction with the Society's financial statements for the year ended December 31, 2022, from which the summarized information was derived. Some items have been reclassified for purposes of overall comparability and consistency of presentation.

Note 3. Investments

Investments are stated at fair value based on quoted prices in active markets (all level 1 measurements). Investments are made by diversified investment managers whose performance is monitored by management and Board of Directors. Investments are subject to market risk and are not insured. Market risk relates to the possibility that invested assets may experience loss due to prevailing market conditions. The Society has adopted a diversified asset allocation policy to avoid undue concentration of risk. At December 31, 2023, a total of \$611,646 is invested in money market funds which are held in the investment portfolio.

Net investment return consists of the following for the year ended December 31, 2023:

Interest and dividend	\$ 26,295
Realized and unrealized loss	14,512
Less advisory fees	<u>(1,384)</u>
	<u>\$ 39,423</u>

Note 4. Net Assets With Donor Restrictions

As of December 31, 2023, net assets with donor restrictions are as follows:

	<u>Beginning Balance</u>	<u>Contributions</u>	<u>Expenditures</u>	<u>Ending Balance</u>
Subject to expenditures for specific purpose:				
Camp I Can	\$ 24,398	\$ 33,400	\$ (35,577)	\$ 22,221
Conferences	-	7,605	(2,500)	5,105
Autism Ask Line	-	60,000	(12,270)	47,730
Lights Camera Autism	-	15,500	(15,500)	-
Scholarships	3,669			3,669
Pool Pals	-	88,600	(23,984)	64,616
Support Group	3,825			3,825
Total	<u>\$ 31,892</u>	<u>\$ 205,105</u>	<u>\$ (89,831)</u>	<u>\$ 147,166</u>

Expenditures are reported in the Statement of Activities as net assets released from restrictions.

Autism Society San Diego, Inc.
Notes to Financial Statements
Year Ended December 31, 2023

Note 5. Concentrations

During 2023, the Society paid the YMCA and Aqua Pros for program services. Total payments to these main vendors for the year were \$71,213 or approximately 13% of total expenses.

Three contributors accounted for approximately 43% of total contribution revenue for the year ended December 31, 2023.

Note 6. Liquidity and Availability of Financial Assets

Financial assets available for general expenditure, that is, without donor or other restrictions limiting their use, within one year of the statement of financial position date, comprise the following:

Cash	\$ 168,326
Contributions receivable	11,000
Investments	<u>611,646</u>
Financial assets	790,972
Less amounts not available to be used within one year:	
Restricted by donor with purpose restrictions	<u>(147,166)</u>
Available financial assets	<u>\$ 643,806</u>

The Society receives contributions with donor restrictions to be used in accordance with the associated purpose restrictions. The Society must maintain sufficient resources to meet those responsibilities to its donors. Thus, financial assets may not be available for general expenditures within one year.

As part of the Society's liquidity management, it has a policy to structure its financial assets to be available as its general expenditures, liabilities, and other obligations come due. The Society invests cash in excess of daily requirements in money market funds.

Note 7. Leases

In July 2022, the Society entered into a three-year lease with United Way of San Diego County for its office space. This lease is classified as operating lease.

Payments under the lease arrangement are adjusted each year to reflect the increase in the cost of living. Lease expense from operating lease was \$12,099 for the year ended December 31, 2023.

Autism Society San Diego, Inc.
Notes to Financial Statements
Year Ended December 31, 2023

Note 7. Leases, continued

Lease liability maturities as of December 31, 2023, are as follows:

Years Ending December 31,	
2024	\$ 12,276
2025	<u>6,229</u>
Less PV discount	<u>(417)</u>
	<u>\$ 18,088</u>

The remaining lease term and discount rate related to lease liability as of December 31, 2023 were 1.5 years and 1.63%.

In the normal course of business, the Society leases storage space on a month-to-month basis. In 2023, short-term lease expense was \$2,668.

Note 8. Contributed Nonfinancial Assets

For the year ended December 31, 2023, contributed nonfinancial assets recognized within the statement of activities included:

	<u>Programs</u>	<u>Special Events</u>
Camp services	\$ 35,598	\$ -
Swim lessons	3,600	-
Legal services	12,000	-
Facilities	-	2,100
Food and beverages	-	7,100
Video services	-	5,000
Photography services	-	1,500
Sports memorabilia	-	1,000
Gift certificates	-	2,977
Other goods	-	2,185
	<u>\$ 51,198</u>	<u>\$ 21,862</u>

The Society recognized contributed nonfinancial assets within revenue. Contributed nonfinancial assets did not have donor-imposed restrictions.

Contributed facilities, food and beverages, video services, photography services, sports memorabilia, gift certificates, and other goods were utilized during special events. In valuing food and beverages, sports memorabilia, gift certificates, and other goods, the Society estimated the fair value on the basis of estimates of wholesale values that would be received for selling similar products in the United States. In valuing facilities, the Society estimated the fair value based on the rental discount provided by the vendor.

Autism Society San Diego, Inc.
Notes to Financial Statements
Year Ended December 31, 2023

Note 8. Contributed Nonfinancial Assets, continued

Contributed video and photography services are valued and reported at the estimated fair value based on current rates for similar services.

Contributed camp services were utilized in the Family Camp and Camp I Can programs. Contributed swim lessons were utilized in Pool Pals program. In valuing camp services and swim lessons, the Society used vendor's invoices representing cost covered by the vendor.

Contributed legal services are from the attorney advising the Society on various administrative legal matters. Contributed legal services are valued and reported at the estimated fair value based on current rates for similar services.

Note 9. Prepaid Conference Registration

Autism Social and Mental Health Conference was held in February 2024. As of December 31, 2023, the Society has collected \$2,150 in registration fees which is recorded as prepaid conference registration.

Note 10. Subsequent Events

Management has evaluated subsequent events through June 25, 2024, the date the financial statements were available to be issued, and determined they are not aware of any other subsequent events that would require adjustment to, or disclosure in, the financial statements.

Autism Society of America, San Diego Chapter

Balance Sheet Prev Year Comparison (Collapse)

As of January 31, 2025

	Jan 31, 25	Jan 31, 24
ASSETS		
Current Assets		
Checking/Savings		
10000 · Cash		
10100 · Banc of CA #7548	76,282.79	158,653.54
10200 · US Bank Checking #3430	8,830.80	-112.68
Total 10000 · Cash	85,113.59	158,540.86
Total Checking/Savings	85,113.59	158,540.86
Other Current Assets	34,015.05	8,571.81
Total Current Assets	119,128.64	167,112.67
Fixed Assets		
16000 · Office Equipment	856.95	856.95
16150 · Accumulated Depreciation	-3,857.45	-3,857.45
16500 · Web-site	3,000.50	3,000.50
Total Fixed Assets	0.00	0.00
Other Assets		
11000 · UBS Investment	800,514.45	614,355.68
17000 · ROU Oper Lease	17,730.02	17,730.02
Total Other Assets	818,244.47	632,085.70
TOTAL ASSETS	937,373.11	799,198.37
LIABILITIES & EQUITY		
Liabilities		
Current Liabilities	36,974.64	47,946.08
Total Liabilities	36,974.64	47,946.08
Equity		
30000 · Net Assets		
31000 · Restricted Funds	6,907.97	147,166.00
32500 · Unrestricted (General Funds)	617,866.53	477,608.50
32510 · Investment Change in Value	145,270.29	145,270.29
Total 30000 · Net Assets	770,044.79	770,044.79
39000 · Retained Earnings	140,315.33	0.00
Net Income	-9,961.65	-18,792.50
Total Equity	900,398.47	751,252.29
TOTAL LIABILITIES & EQUITY	937,373.11	799,198.37

Autism Society of America, San Diego Chapter
Profit & Loss Prev Year Comparison
 January through December 2024

	<u>Jan - Dec 24</u>	<u>Jan - Dec 23</u>
Income		
41100 · Restricted Contributions		
Pool Pals	0.00	88,600.00
Pool Party	0.00	1,336.00
41000 · Program Income	0.00	208.00
42010 · Autism Ask Line	50,000.00	60,000.00
42020 · Camp-I-Can/AWARE	21,700.00	33,400.00
42030 · Family Camp	14,190.00	26,165.00
42070 · Surf Camp	29,055.00	34,147.02
Total 41100 · Restricted Contributions	114,945.00	243,856.02
44000 · Fundraising Events		
Dreamhack	0.00	39,611.19
44109 · Fundraising Beers & Cheers	5,625.89	5,402.18
44409 · Fundraising Golf Classic	-5,486.93	17,256.83
44509 · Fundraising Grant Writing	-234.41	-12,400.00
44609 · Fundraising LCA	14,748.71	19,024.78
44709 · Padres Autism Accept. Day Rev	9,366.00	23,115.00
44809 · Fundraising Splash for Cash	29,596.92	21,791.96
44949 · Chefs Fundraising	6,000.00	0.00
44000 · Fundraising Events - Other	-151.40	1,299.12
Total 44000 · Fundraising Events	59,464.78	115,101.06
45020 · County of SD-Stimulus Grant	300,000.00	0.00
46000 · Donations	161,136.43	98,772.14
46030 · Membership Revenue	43,340.00	46,780.00
46040 · Conference Revenue	105,184.41	8,891.00
46050 · Grants	4,000.00	0.00
46240 · Investment - Dividend Income	36,070.63	40,807.03
46300 · Other Income	5,000.00	0.00
47100 · Inkind Contributions - Program	0.00	51,198.50
47200 · Inkind Contributions - Events	0.00	21,862.00
Total Income	829,141.25	627,267.75
Expense		
52000 · Salaries/ Wages and Emplr Taxes	380,140.60	236,471.80
62309 · Programs Expenses	225,781.52	162,137.81
62480 · Office and Other Expenses.	1,306.80	3,977.60
62600 · Internet/Telephone	13,292.04	13,990.56
62610 · Telecommunication Expense	102.78	999.60
62640 · Office Rent	13,005.00	12,098.56
62650 · Insurance Expense	9,874.42	6,828.54
62865 · Licenses/Membership Fees	23.00	50.00
62875 · Audit & Accounting	19,270.00	8,786.88
62880 · Dues and Descriptions	1,491.69	514.90
63030 · Payroll Processing Fees	9,129.79	2,401.80
64070 · Marketing - Subscriptions	2,319.77	0.00
65400 · Staff/Board Meetings Expense	1,032.79	452.65
66005 · Bank and Merchant Fees	4,301.40	3,512.04
66025 · Miscellaneous	164.83	455.35
88120 · Inkind Contributions Exp. Prog.	164.83	33,862.00
Total 62599 · Management & General	75,479.14	87,930.48
Total 51000 · Program /General/Fundraising	681,401.26	486,540.09
Total Expense	681,401.26	486,540.09
Net Income	147,739.99	140,727.66

Return of Organization Exempt From Income Tax

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

2023

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

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Form A: For the 2023 calendar year, or tax year beginning, and ending. Includes fields for Name of organization (AUTISM SOCIETY SAN DIEGO, INC.), Employer identification number (93-1132987), Telephone number ((858) 715-0678), Gross receipts (\$623,500), and Website (www.autismsocietysandiego.org).

Part I Summary

Table with 3 main sections: Activities & Governance (lines 1-7b), Revenue (lines 8-12), and Expenses (lines 13-19). Includes a comparison table for Prior Year vs Current Year (lines 8-19) and Net Assets or Fund Balances (lines 20-22).

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of officer: Andrea Korogi, Executive Director, dated 7/9/2024.

Paid Preparer Use Only: Leonard C Sonnenberg, CPA, dated 6/25/2024. Firm: Sonnenberg & Company CPAs, 5190 Governor Dr, #201, San Diego, CA 92122.

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [] No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: The Autism Society San Diego connects people to the resources they need through education, advocacy, support, information, referral, and community programming. We create connections, empowering everyone in the Autism community with the resources needed to live fully. Members include parents, relatives, friends, advocates and medical professionals.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

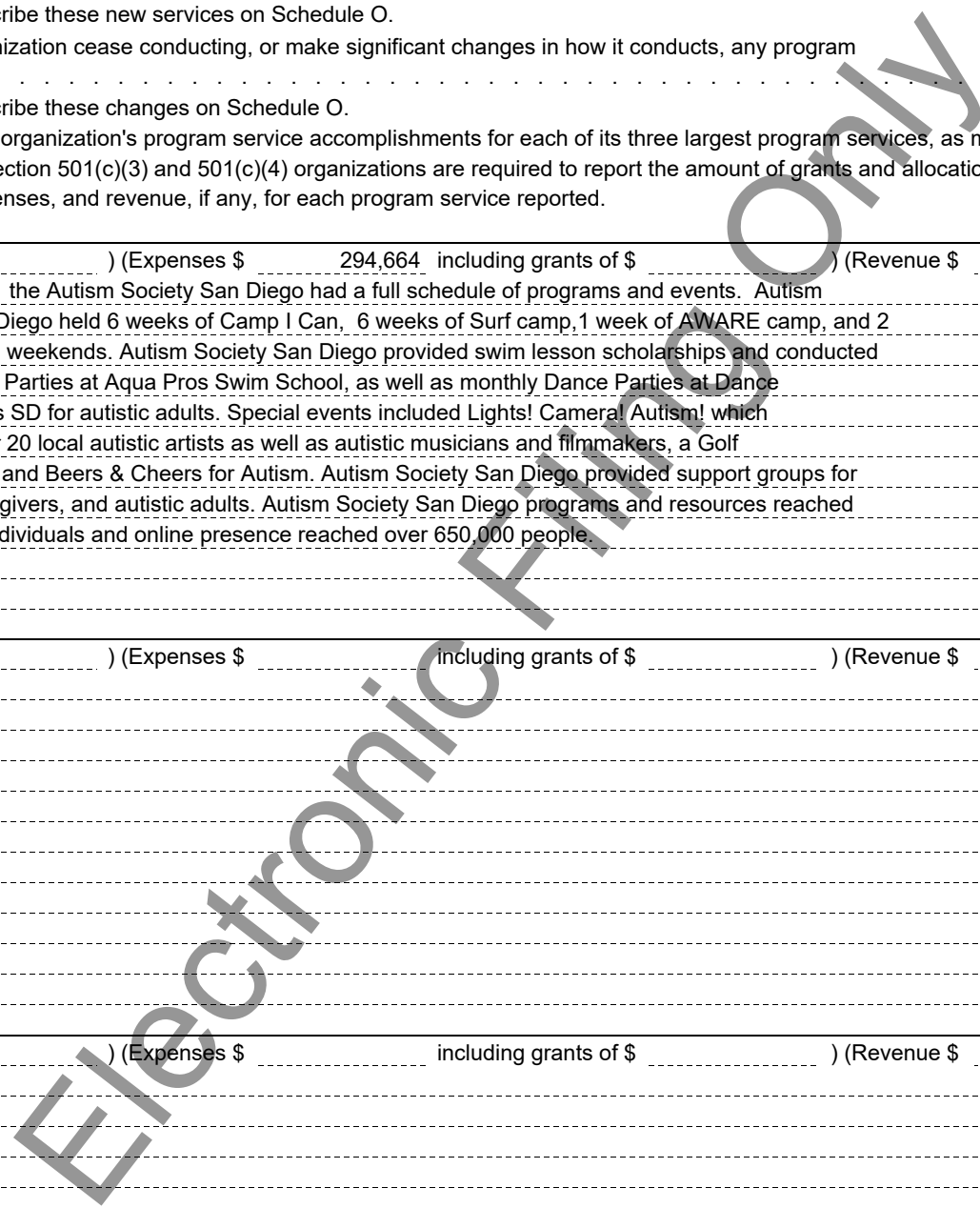
4a (Code:) (Expenses \$ 294,664 including grants of \$) (Revenue \$ 64,142) During 2023, the Autism Society San Diego had a full schedule of programs and events. Autism Society San Diego held 6 weeks of Camp I Can, 6 weeks of Surf camp, 1 week of AWARE camp, and 2 Family Camp weekends. Autism Society San Diego provided swim lesson scholarships and conducted monthly Pool Parties at Aqua Pros Swim School, as well as monthly Dance Parties at Dance Headquarters SD for autistic adults. Special events included Lights! Camera! Autism! which featured over 20 local autistic artists as well as autistic musicians and filmmakers, a Golf Tournament, and Beers & Cheers for Autism. Autism Society San Diego provided support groups for parents, caregivers, and autistic adults. Autism Society San Diego programs and resources reached over 5,800 individuals and online presence reached over 650,000 people.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses 294,664



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)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions.	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		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? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII.</i>		X
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		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? <i>If "Yes," complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions.		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		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? <i>If "Yes," complete Schedule J.</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M.</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		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? <i>If "Yes," complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		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? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	27		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b			X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
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			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	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.	13a			
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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (11), 1b (11), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b, 12c, 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 (CA), 18 (Own website, Another's website, [X] Upon request, Other), 19, 20 (Kay Freeman, 858-569-4010, 4699 Murphy Canyon Rd, San Diego, CA 92123).

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Andrea Korogi ----- Executive Director	40.00 0.00			X				97,077		
(2) Dustin Tracy ----- President	2.00 0.00	X		X						
(3) Shirley Fett ----- Past President	2.00 0.00	X		X						
(4) Chayo Chavez ----- Vice President	2.00 0.00	X		X						
(5) Kasey Howell ----- Secretary	2.00 0.00	X		X						
(6) Annette Jones ----- Director	1.00 0.00	X								
(7) Christopher Callahan ----- Treasurer	2.00 0.00	X		X						
(8) Krystle Taylor ----- Director	1.00 0.00	X								
(9) Alyssa Label ----- Director	1.00 0.00	X								
(10) Jorie Ellazar ----- Director	1.00 0.00	X								
(11) Joe Ireland ----- Director	1.00 0.00	X								
(12) Yesenia Mejia ----- Director	1.00 0.00	X								
(13) ----- -----										
(14) ----- -----										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal							97,077	0	0	
c Total from continuation sheets to Part VII, Section A							0	0	0	
d Total (add lines 1b and 1c)							97,077	0	0	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual.</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual.</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person.</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
		0
		0
		0
		0
		0

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	0				
	1b	Membership dues	46,780				
	1c	Fundraising events	81,990				
	1d	Related organizations	0				
	1e	Government grants (contributions)	70,000				
	1f	All other contributions, gifts, grants, and similar amounts not included above	285,969				
	1g	Noncash contributions included in lines 1a-1f	\$ 19,377				
	1h	Total. Add lines 1a-1f	484,739				
	Program Service Revenue	Business Code					
2a		Camp registration fees	624100	60,312	60,312		
b		Other program fees	900099	3,830	3,830		
c		-----		0			
d		-----		0			
e		-----		0			
g		Total. Add lines 2a-2f		64,142			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		26,295		26,295	
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
	6a	Gross rents	(i) Real				
			(ii) Personal				
			6a				
	6b	Less: rental expenses					
	6c	Rental income or (loss)	0	0			
	d	Net rental income or (loss)		0			
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			7a	0	0		
	7b	Less: cost or other basis and sales expenses	0	0			
	7c	Gain or (loss)	0	0			
	d	Net gain or (loss)		0			
8a	Gross income from fundraising events (not including \$ 81,990 of contributions reported on line 1c). See Part IV, line 18						
		8a	48,324				
		8b	86,435				
c	Net income or (loss) from fundraising events		-38,111				
9a	Gross income from gaming activities. See Part IV, line 19						
		9a	0				
		9b	0				
c	Net income or (loss) from gaming activities		0				
10a	Gross sales of inventory, less returns and allowances						
		10a	0				
		10b	0				
c	Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue	Business Code						
	11a	-----		0			
	b	-----		0			
	c	-----		0			
	d	All other revenue		0			
e	Total. Add lines 11a-11d		0				
12	Total revenue. See instructions		537,065	64,142	0	26,295	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	460	460		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	97,077	58,057	2,466	36,554
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	118,544	93,659	18,813	6,072
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	23,252	16,838	2,136	4,278
11	Fees for services (nonemployees):				
a	Management	0			
b	Legal	0			
c	Accounting	8,787		8,787	
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	0		0	
12	Advertising and promotion	5,798			5,798
13	Office expenses	7,982	4,965	1,004	2,013
14	Information technology	13,451	8,366	1,693	3,392
15	Royalties	0			
16	Occupancy	15,767	10,815	1,649	3,303
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	6,829	4,247	860	1,722
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a	Camps	60,709	60,709		
b	Swim lessons	18,608	18,608		
c	Grant writing	12,400			12,400
d	Events	14,128	14,128		
e	All other expenses	5,674	3,812	65	1,797
25	Total functional expenses. Add lines 1 through 24e	409,466	294,664	37,473	77,329
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	214,022	1	168,326
	2 Savings and temporary cash investments	0	2	
	3 Pledges and grants receivable, net	8,536	3	11,000
	4 Accounts receivable, net	0	4	0
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	
	9 Prepaid expenses and deferred charges	3,960	9	8,572
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,858		
	b Less: accumulated depreciation	10b 3,858	10c	0
	11 Investments—publicly traded securities	428,208	11	611,646
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	29,200	15	17,730
16 Total assets. Add lines 1 through 15 (must equal line 33)	683,926	16	817,274	
Liabilities	17 Accounts payable and accrued expenses	25,231	17	26,992
	18 Grants payable	0	18	
	19 Deferred revenue	0	19	
	20 Tax-exempt bond liabilities	0	20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	29,378	25	20,238
	26 Total liabilities. Add lines 17 through 25	54,609	26	47,230
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	597,425	27	622,878
	28 Net assets with donor restrictions	31,892	28	147,166
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0	29	
	30 Paid-in or capital surplus, or land, building, or equipment fund	0	30	
	31 Retained earnings, endowment, accumulated income, or other funds	0	31	
	32 Total net assets or fund balances	629,317	32	770,044
33 Total liabilities and net assets/fund balances	683,926	33	817,274	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	537,065
2	Total expenses (must equal Part IX, column (A), line 25)	2	409,466
3	Revenue less expenses. Subtract line 2 from line 1	3	127,599
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	629,317
5	Net unrealized gains (losses) on investments	5	13,128
6	Donated services and use of facilities	6	51,198
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-51,198
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	770,044

Part XII 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A
(Form 990)**

Public Charity Status and Public Support

OMB No. 1545-0047

2023

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization AUTISM SOCIETY SAN DIEGO, INC.	Employer identification number 93-1132987
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total					0	0

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

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

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) - 89.67%; 15 Public support percentage from 2022 Schedule A, Part II, line 14 - 85.79%; 16a 33 1/3% support test—2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization - [X]; 16b 33 1/3% support test—2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization - []; 17a 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization - []; 17b 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization - []; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions - []

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						0

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
13 Total support. (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	0.00%

- 19a 33 1/3% support tests—2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
3b	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
4c	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)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
5b	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?		
5c	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? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain		
2	Recoveries of prior-year distributions		
3	Other gross income (see instructions)		
4	Add lines 1 through 3.	0	0
5	Depreciation and depletion		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)		
7	Other expenses (see instructions)		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities		
b	Average monthly cash balances		
c	Fair market value of other non-exempt-use assets		
d	Total (add lines 1a, 1b, and 1c)	0	0
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets		
3	Subtract line 2 from line 1d.	0	0
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	0	0
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	0	0
6	Multiply line 5 by 0.035.	0	0
7	Recoveries of prior-year distributions	0	0
8	Minimum Asset Amount (add line 7 to line 6)	0	0
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)		0
2	Enter 0.85 of line 1.		0
3	Minimum asset amount for prior year (from Section B, line 8, column A)		0
4	Enter greater of line 2 or line 3.		0
5	Income tax imposed in prior year		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).		0
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7 0
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9 0
10	Line 8 amount divided by line 9 amount	10 0.000

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		0
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018 0		
b	From 2019 0		
c	From 2020 0		
d	From 2021 0		
e	From 2022 0		
f	Total of lines 3a through 3e	0	
g	Applied to underdistributions of prior years		0
h	Applied to 2023 distributable amount		0
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0	
4	Distributions for 2023 from Section D, line 7: \$ 0		
a	Applied to underdistributions of prior years		0
b	Applied to 2023 distributable amount		0
c	Remainder. Subtract lines 4a and 4b from line 4.	0	
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		0
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		0
7	Excess distributions carryover to 2024. Add lines 3j and 4c.	0	
8	Breakdown of line 7:		
a	Excess from 2019 0		
b	Excess from 2020 0		
c	Excess from 2021 0		
d	Excess from 2022 0		
e	Excess from 2023 0		

Part VI

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

Area with horizontal dashed lines for supplemental information.

Electronic Filing Only

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

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

Table with 2 columns: Name of the organization (AUTISM SOCIETY SAN DIEGO, INC.) and Employer identification number (93-1132987)

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

[] 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

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

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

Name of organization AUTISM SOCIETY SAN DIEGO, INC.	Employer identification number 93-1132987
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	San Diego Imperial Counties Developmental Services 4995 Murphy Canyon Rd, Ste 100 San Diego CA 92123 Foreign State or Province: _____ Foreign Country: _____	\$ 17,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	National Foundation for Autism Research PO Box 502177 San Diego CA 92150 Foreign State or Province: _____ Foreign Country: _____	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Ron & Guadalupe Cohn Family Foundation 635 San Fernando St. San Diego CA 92106 Foreign State or Province: _____ Foreign Country: _____	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Ireland Family Foundation 113 Kena St. Chapel Hill NC 27516 Foreign State or Province: _____ Foreign Country: _____	\$ 48,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	Robert G ESCH 3930 Galgary Ave San Diego CA 92122 Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	County of San Diego 1600 Pacific Highway San Diego CA 92101 Foreign State or Province: _____ Foreign Country: _____	\$ 70,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AUTISM SOCIETY SAN DIEGO, INC.	Employer identification number 93-1132987
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Kurth Barnes ----- 600 West Broadway, Suite 2100 ----- San Diego CA 92101 Foreign State or Province: ----- Foreign Country: -----	\$ 9,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	The Mattews Foundation ----- 1300 American Blvd, MSC 0303 ----- Pennington NJ 08534 Foreign State or Province: ----- Foreign Country: -----	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	The Walter J. and Betty C. Zable Foundation ----- 10731 Treena St., Suite 102 ----- San Diego CA 92131 Foreign State or Province: ----- Foreign Country: -----	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	East County Economic Development Council ----- 127 E Lexington Ave ----- El Cajon CA 92020 Foreign State or Province: ----- Foreign Country: -----	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	Renaissance Charitable Foundation c/o Brzezinski Far ----- 8910 Purdue Rd., Suite 555 ----- Indianapolis IN 46268 Foreign State or Province: ----- Foreign Country: -----	\$ 8,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	Barbara Lincoln ----- 550 West C Street, Suite 1400 ----- San Diego CA 92101 Foreign State or Province: ----- Foreign Country: -----	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AUTISM SOCIETY SAN DIEGO, INC.	Employer identification number 93-1132987
--	--

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	Jesse Klein ----- 2512 Longfellow Place ----- Billings MT 59102 Foreign State or Province: ----- Foreign Country: -----	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	ESL Gaming America Inc. ----- 1202 Chestnut Street ----- Burbank CA 91506 Foreign State or Province: ----- Foreign Country: -----	\$ 43,602	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AUTISM SOCIETY SAN DIEGO, INC.	Employer identification number 93-1132987
--	--

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

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

Name of organization AUTISM SOCIETY SAN DIEGO, INC.	Employer identification number 93-1132987
--	--

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ _____ 0

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- ----- For. Prov. Country	----- ----- -----

(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
----- ----- ----- For. Prov. Country	----- ----- -----

(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
----- ----- ----- For. Prov. Country	----- ----- -----

(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
----- ----- ----- For. Prov. Country	----- ----- -----

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Name of the organization: AUTISM SOCIETY SAN DIEGO, INC. Employer identification number: 93-1132987

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

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

Form with multiple rows for questions 1-9 regarding conservation easements, including a sub-table for lines 2a-2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with rows 1a-1b and 2a-2b for reporting on art and historical treasures.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table.
- | | Amount |
|--|--------|
| c Beginning balance | 0 |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | 0 |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	0	0	0	0	0
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	0	0	0	0	0

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment _____ %
 - b** Permanent endowment _____ %
 - c** Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|------------------------------------|-----|----|
| (i) Unrelated organizations | | |
| (ii) Related organizations | | |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	0	0	0	0
d Equipment	0	0	0	0
e Other	0	3,858	3,858	0

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 0

Part VII Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely held equity interests	0	
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)).	0	

Part VIII Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)).	0	

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)).	0

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) Lease liability	18,088
(3) prepaid conference registration fees	2,150
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)).	20,238

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII . . .

Part XIII Supplemental Information *(continued)*

Electronic Filing Only

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		
		LCA (event type)	Golf (event type)	2 (total number)	(add col. (a) through col. (c))		
Revenue	1	Gross receipts	47,443	51,766	31,105	130,314	
	2	Less: Contributions	47,443	28,412	6,135	81,990	
	3	Gross income (line 1 minus line 2)	0	23,354	24,970	48,324	
Direct Expenses	4	Cash prizes			0	0	
	5	Noncash prizes			0	0	
	6	Rent/facility costs	6,600	10,690	0	17,290	
	7	Food and beverages	15,503	11,014	2,588	29,105	
	8	Entertainment	980		0	980	
	9	Other direct expenses	5,336	12,806	20,918	39,060	
	10	Direct expense summary. Add lines 4 through 9 in column (d)					(86,435)
	11	Net income summary. Subtract line 10 from line 3, column (d)					-38,111

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue			
Direct Expenses	2	Cash prizes				0
	3	Noncash prizes				0
	4	Rent/facility costs				0
	5	Other direct expenses				0
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)					(0)
8	Net gaming income summary. Subtract line 7 from line 1, column (d)					0

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2023

Attach to Form 990 or Form 990-EZ.

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

AUTISM SOCIETY SAN DIEGO, INC.

93-1132987

Form 990, Part VI, Section B, Line 11: Form is emailed to all Board members prior to filing,

then approved by the President and Treasurer.

Form 990, Part VI, Section B, Line 15: Compensation of Executive Director is set by Board of

Directors based on appropriate salary ranges.

Form 990, Part VI, Section C, Line 19: Governing documents and financial statements are

available upon request in advance.

Electronic Filing Only

Name of the organization

Employer identification number

AUTISM SOCIETY SAN DIEGO, INC.

93-1132987

Electronic Filing Only

California Exempt Organization Annual Information Return

2023

199

Calendar Year 2023 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.

Corporation/Organization name AUTISM SOCIETY SAN DIEGO, INC. California corporation number 4033889

Additional information. See instructions. C/O ANDREA KOROGI FEIN 93-1132987

Street address (suite or room) 4699 MURPHY CANYON RD, APT 209 PMB no.

City SAN DIEGO State CA ZIP code 92123

Foreign country name Foreign province/state/county Foreign postal code

Form section with questions A through M regarding return status, accounting method, and organizational details.

Part I Complete Part I unless not required to file this form. See General Information B and C.

Table with 16 rows detailing Receipts and Revenues, Expenses, and Payments, including line numbers and amounts.

Form section for Sign Here and Paid Preparer's Use Only, including signature, title, date, and firm information.

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	●	1	26,031	00
	2	Interest	●	2	26,295	00
	3	Dividends	●	3		00
	4	Gross rents	●	4		00
	5	Gross royalties	●	5		00
	6	Gross amount received from sale of assets (See instructions)	●	6		00
	7	Other income. Attach schedule	●	7		00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	52,326	00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	●	9		00
	10	Disbursements to or for members.	●	10		00
	11	Compensation of officers, directors, and trustees. Attach schedule	●	11	97,077	00
	12	Other salaries and wages	●	12	118,544	00
	13	Interest	●	13		00
	14	Taxes	●	14	23,252	00
	15	Rents	●	15	15,767	00
	16	Depreciation and depletion (See instructions)	●	16		00
	17	Other expenses and disbursements. Attach schedule	●	17	154,826	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	409,466	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		214,022	●	168,326
2 Net accounts receivable		8,536	●	11,000
3 Net notes receivable			●	
4 Inventories			●	
5 Federal and state government obligations			●	
6 Investments in other bonds		428,208	●	611,646
7 Investments in stock			●	
8 Mortgage loans			●	
9 Other investments. Attach schedule			●	
10 a Depreciable assets	3,858		3,858	
b Less accumulated depreciation	(3,858)		(3,858)	
11 Land			●	
12 Other assets. Attach schedule		33,160	●	
13 Total assets		683,926		790,972
Liabilities and net worth				
14 Accounts payable		25,231	●	26,992
15 Contributions, gifts, or grants payable			●	
16 Bonds and notes payable			●	
17 Mortgages payable			●	
18 Other liabilities. Attach schedule		29,378		
19 Capital stock or principal fund			●	
20 Paid-in or capital surplus. Attach reconciliation			●	
21 Retained earnings or income fund		629,317	●	770,044
22 Total liabilities and net worth		683,926		797,036

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000			
1	Net income per books	●	127,599
2	Federal income tax	●	
3	Excess of capital losses over capital gains	●	
4	Income not recorded on books this year. Attach schedule	●	
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●	
6	Total. Add line 1 through line 5		127,599
7	Income recorded on books this year not included in this return. Attach schedule	●	
8	Deductions in this return not charged against book income this year. Attach schedule	●	
9	Total. Add line 7 and line 8		
10	Net income per return. Subtract line 9 from line 6		127,599

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

(For Registry Use Only)

Sections 12586 and 12587, California Government Code

11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
(916) 210-6400

WEBSITE ADDRESS:
www.oag.ca.gov/charities

<p><u>AUTISM SOCIETY SAN DIEGO, INC.</u> Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used</p> <p><u>4699 MURPHY CANYON RD, APT 209</u> Address (Number and Street)</p> <p><u>SAN DIEGO, CA 92123</u> City or Town, State, and ZIP Code</p> <p><u>(858) 715-0678</u> Telephone Number</p> <p>_____ E-mail Address</p>	<p>Check if:</p> <p><input type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <hr/> <p>State Charity Registration Number <u>132666</u></p> <p>Corporation or Organization No. <u>4033889</u></p> <p>Federal Employer I.D. No. <u>93-1132987</u></p>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
Make Check Payable to Department of Justice

<u>Total Revenue</u>	<u>Fee</u>	<u>Total Revenue</u>	<u>Fee</u>	<u>Total Revenue</u>	<u>Fee</u>
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

PART A - ACTIVITIES

For your most recent full accounting period (beginning 1/1/2023 ending 12/31/2023) list:

Total Revenue \$ (including noncash contributions) <u>537,065</u>	Noncash Contributions \$ <u>19,377</u>	Total Assets \$ <u>817,274</u>
Program Expenses \$ <u>294,664</u>	Total Expenses \$ <u>409,466</u>	

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?	X	
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete.

_____ Signature of Authorized Agent	<u>Andrea Korogi</u> Printed Name	<u>Executive Director</u> Title	<u>7/9/2024</u> Date
--	--------------------------------------	------------------------------------	-------------------------

Autism Society San Diego, Inc.
RRF – 1 Schedule
For the Year Ended December 31, 2023

EIN: 93-1132987

CA corp: 4033889

Question 5

County of San Diego
1600 Pacific Highway
San Diego, CA 92101

FRHD CHC GRANT BUDGET FORM

Agency Name:	Autism Society San Diego	PROGRAM NAME:	Autism Support Network
--------------	---------------------------------	---------------	-------------------------------

Not all line items will correspond with your program budget. If the item does not fully align either leave it blank or group it in the best category possible. However, be sure your program budget is fully itemized.

1) A	INDIRECT EXPENSES:	PROGRAM COST	APPLYING ORGANIZATION	OTHER FUNDERS	REQUESTED FROM FRHD
A1	Administrative Support				
A2	General Insurance (not program specific)				
A3	Accounting & audit expenses				
A4	Consultant/Contractor Fees				
A5	Physical Assets (Rent, Facility Costs)				
A6	Utilities				
A7	IT & Internet				
A8	Marketing & Communications	3,000.00	3,000.00		
A9	Office Supplies				
A10	Training & Education				
A11	Evaluation	2,000.00	2,000.00		
TOTAL INDIRECT EXPENSE		5,000.00	5,000.00	-	-

B	PERSONNEL EXPENSES - PROGRAM SPECIFIC	PROGRAM COST	APPLYING ORGANIZATION	OTHER FUNDERS	REQUESTED FROM FRHD
B1	Program Coordinator	38,000.00	7,600.00		30,400.00
B2	Support Group Facilitators	18,000.00	3,600.00		14,400.00
B3	Salary (list position)				
B4	Salary (list position)				
B5	Payroll Expenses (WC, taxes)	3,135.00	627.00		2,508.00
B6	Benefits	6,365.00	1,273.00		5,092.00
B7	Other: specify				
TOTAL PERSONNEL EXPENSE		65,500.00	13,100.00	-	52,400.00

C	DIRECT PROGRAM EXPENSES	PROGRAM COST	APPLYING ORGANIZATION	OTHER FUNDERS	REQUESTED FROM FRHD
C1	Equipment				
C2	Program/Project Supplies				
C3	Printing/Duplicating	8,000.00	1,600.00		6,400.00
C4	Travel/Mileage	1,680.00	840.00		840.00
C5	Program Specific Insurance				
C6					
C7					
C8					
C9					
C10					
C11					
C12					
C13					
C14					
C15					
TOTAL OTHER EXPENSES		9,680.00	2,440.00	-	7,240.00

D	TOTAL ALL EXPENSES	PROGRAM COST	% REQUESTED FROM FRHD
		\$ 80,180.00	74%

2) FUNDING SOURCES

E	FUNDS FOR PROGRAM		
E1	APPLYING ORGANIZATION	X	20,540.00
E2	OTHER FUNDERS	Y	-
E3	REQUESTED FROM FRHD	Z	59,640.00
TOTAL FUNDING SOURCES			\$ 80,180.00

NOTE: THIS AMOUNT SHOULD BE EQUAL TO YOUR PROJECT COST.

3) % OF AGENCY BUDGET

F	CALCULATE % of Total Agency budget that this Program represents.	\$ 1,004,916.00	\$ 80,180.00	8%
		AGENCY BUDGET**	PROGRAM COST	% of AGENCY BUDGET

** Agency budget is your agency's entire budget for the year. Fill in the amount.

FRHD CHC GRANT BUDGET REPORTING FORM

 Agency Name: **Autism Society San Diego** PROGRAM NAME: **Autism Support Network**

The main categories align with the budget submitted with your application. Aggregate totals are all that should be reported under each heading.

1)	A	INDIRECT EXPENSES:	PROGRAM COST	REQUESTED FROM FRHD	AMOUNT USED Q1	AMOUNT USED Q2	AMOUNT USED Q3	AMOUNT USED Q4
		TOTAL INDIRECT EXPENSE	\$5,000.00	\$0.00				
	B	PERSONNEL EXPENSES - PROGRAM SPECIFIC	PROGRAM COST	REQUESTED FROM FRHD	AMOUNT USED Q1	AMOUNT USED Q2	AMOUNT USED Q3	AMOUNT USED Q4
		TOTAL PERSONNEL EXPENSE	\$65,500.00	\$52,400.00				
	C	DIRECT PROGRAM EXPENSES	PROGRAM COST	REQUESTED FROM FRHD	AMOUNT USED Q1	AMOUNT USED Q2	AMOUNT USED Q3	AMOUNT USED Q4
		TOTAL OTHER EXPENSES	\$9,680.00	\$7,240.00				
	D	TOTALS	PROGRAM COST	FRHD Funds Awarded	Total Amount Q1	Total Amount Q2	Total Amount Q3	Total Amount Q4
			\$80,180.00	\$0.74	\$0.00	\$0.00	\$0.00	\$0.00

 Total funds expended to date: **\$0.00**