

Form 88	379-TE	***	*** T IR	HIS IS N SE-file for a	NOT A FILEA Signature / Tax Exemp	ABLE COF Authoriz Dt Entity	ation	* * *		OMB No. 1545-0047
					۔ , ی					2022
Department	of the Treasury				d to the IRS. Keep					2023
	enue Service		Go	to www.irs.go	ov/Form8879TE for	the latest info	ormation.			
Name of f	iler							EIN or	SSN	
	COUNCI	L OF AU	JTISM	SERVICE	PROVIDERS	, INC		81-	1254	601
Name and	l title of officer or pe	erson subject to		ORRI UNU EO	JMB					
Part I	Type of	Return and		n Information	on					
Form 533 or 10a be whicheve than one 1a	30 filers may ente elow, and the ame	r dollars and c ount on that li lank (do not ei nere	cents. Fo ine for the inter -0-). I	r all other forms e return being fi But, if you ente D Total revenu	iled with this form wa red -0- on the return, ie, if any (Form 990,	s only. If you c as blank, then then enter -0- Part VIII, colu	heck the to leave line on the ap mn (A), line	box on line 1a, 1b, 2b, 3b, 4b , pplicable line bel e 12)	2a, 3a, 4 , 5b, 6b, ow. Do 1b	4a, 5a, 6a, 7a, 8a, 9a,
3a F	Form 1120-POL	check here			orm 1120-POL, line 2					
4a F	Form 990-PF che	ck here			n investment incon					
5a F	Form 8868 check	here			e (Form 8868, line 3c					
	Form 990-T chec				orm 990-T, Part III, lin					
	Form 4720 check									
	Form 5227 check				ets at end of tax yea					
9a F	Form 5330 check	here			rm 5330, Part II, line					
10a I	Form 8038-CP ct				redit payment requ					
Part II	Declarat	tion and Si	ignatur	e Authoriza	tion of Officer o	or Person S	Subject 1	to Tax		
acknowle of any re entry to t financial later than payment personal	edgement of rece fund. If applicable the financial institu- institution to deb n 2 business days of taxes to receiv- identification nur	ipt or reason f a, I authorize t ution account it the entry to prior to the p re confidential nber (PIN) as i	for rejecti the U.S. T t indicated this accc payment (l informat	on of the transm reasury and its d in the tax prepount. To revoke settlement) data tion necessary t	riginator (ERO) to ser mission, (b) the reas a designated Financia paration software for a payment, I must c e. I also authorize th to answer inquiries a ctronic return and, if	son for any del al Agent to init r payment of th ontact the U.S e financial inst und resolve iss	ay in proc iate an ele he federal S. Treasury titutions in ues relate	essing the retur ectronic funds w taxes owed on y Financial Agen volved in the pr d to the paymer	n or refu ithdrawa this retu it at 1-88 ocessing ot. I have nds with	Ind, and (c) the date al (direct debit) Irrn, and the 38-353-4537 no g of the electronic e selected a
				ER	0 firm name					nter five numbers, but
	with a state age on the return's o As an officer or return. If I have	ncy(ies) regula disclosure con person subject indicated with	ating cha nsent scre ct to tax v nin this re	rities as part of een. with respect to t turn that a copy	ed return. If I have in the IRS Fed/State p the entity, I will enter y of the return is beir urn's disclosure cons	rogram, I also r my PIN as m ng filed with a	authorize y signature	the aforementions the aforementions are also been the tax years and the tax years are also been tax and tax are also been tax are also	the retu oned ER r 2023 e	O to enter my PIN electronically filed
Signature of Part II	f officer or person subje	tion and A			NOT A FILEA	ABLE COP	PY ***	* *	Date	
	FIN/PIN. Enter yo				ion					
	(EFIN) followed by	÷		-			84416 not enter a			
submittir		•	-		nature on the 2023 e Pub. 4163, Moderniz	•				
ERO's sig	nature <u>CHA</u>	RLES W.	TOM	LIN			Date	09/19/2	4	
					tain This Form -					
		Do N	ot Sub	mit This For	rm to the IRS U	niess Requ	lested T	o Do So		0070 75
For Priva	acy Act and Pape	erwork Reduc	ction Act	Notice, see in	structions.				Fo	orm 8879-TE (2023)
LHA 302	2521 01-05-24									

EXTENDED TO NOVEMBER 15, 2024 Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 <u>23</u> L **Open to Public** . Inspection

Department of the Treasury Internal Revenue Service

Α	For th	e 2023 calendar year, or tax year beginning and en	nding			
	Check i applica			D Employer identified	cation number	
Address		COUNCIL OF AUTISM SERVICE PROVIDERS, IN	C			
	Nam		-	81-12546	01	
	Initia		oom/suite	E Telephone number		
	Fina	1516 COPLEY MILL POAD	803-520-0			
	term term			G Gross receipts \$	2,186,609.	
Г		I EVINCHON CC 20072	H(a) Is this a group return			
	Appl			for subordinates		
	pend	SAME AS C ABOVE		H(b) Are all subordinates in		
1	Tax-e	empt status: 501(c)(3) X 501(c) (6) (insert no.) 4947(a)(1) or	527		list. See instructions	
J	Webs	ite: HTTP://CASPROVIDERS.ORG/		H(c) Group exemption	n number	
ĸ	Form	f organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other	L Year o	of formation: 2016 N	I State of legal domicile: MA	
Pa	art I	Summary				
-	1	Briefly describe the organization's mission or most significant activities: CULTIV	VATIN	G, SHARING A	ND	
Governance		ADVOCATING FOR PROVIDER BEST PRACTICES IN A	AUTIS	M SERVICES		
rna	2	Check this box if the organization discontinued its operations or disposed	d of more	than 25% of its net ass		
ove	3	Number of voting members of the governing body (Part VI, line 1a)			13	
		Number of independent voting members of the governing body (Part VI, line 1b)			13	
Activities &	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			8	
Ż	6	Total number of volunteers (estimate if necessary)			50	
Acti	7 8	Total unrelated business revenue from Part VIII, column (C), line 12			0.	
_	<u> </u>	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.	
				Prior Year	Current Year	
e	8	Contributions and grants (Part VIII, line 1h)		0.	1,040.	
Revenue	9	Program service revenue (Part VIII, line 2g)		1,294,569.	2,169,499.	
Sev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,442.	15,916.	
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.1,296,011.	154.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			2,186,609.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		737,982.	974,315.	
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	<u> </u>	
ens	168	Professional fundraising fees (Part IX, column (A), line 11e)	5.	0.	0.	
Expenses		5 1 1 1 1 1 1 1 1 1 1		662,142.	1,019,387.	
_	1 11	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,400,124.	1,993,702.	
		Revenue less expenses. Subtract line 18 from line 12		-104,113.	192,907.	
	(1 3			ginning of Current Year	End of Year	
Net Assets or	20	Total assets (Part X, line 16)		957,524.	1,217,558.	
Assi	21	Total liabilities (Part X, line 26)		675,544.	736,917.	
Net	22	Net assets or fund balances. Subtract line 21 from line 20		281,980.	480,641.	
	art I					
Unc	ler per	alties of perjury, I declare that I have examined this return, including accompanying schedules ar	nd stateme	nts, and to the best of my	knowledge and belief, it is	
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which	h preparer l	has any knowledge.		
Sig	n	Signature of officer		Date		
He		LORRI UNUMB, CEO				
		Type or print name and title				
		Print/Type preparer's name Preparer's signature		ate Check	PTIN	
Pai	d	CHARLES W. TOMLIN	0	9/19/24 self-employ		
Pre	parer	Firm's name LBMC PC		Firm's FIN 6	2-1199757	

ricparci	FILLES HALLE	HDMC, IC		
Use Only	Firm's address	P.O. BOX 1869		
		BRENTWOOD, TN 37024-1869		Phone no. (615)377-4600
May the IF	RS discuss this	return with the preparer shown above? See instructions		X Yes No
LHA For	Paperwork Re	duction Act Notice, see the separate instructions.	332001 12-21-23	Form 990 (2023)

	990 (2023) COUNCIL OF AUTISM SERVICE PROVIDERS, INC 81-1254601 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE COUNCIL OF AUTISM SERVICE PROVIDERS SUPPORTS OUR MEMBERS BY CULTIVATING, SHARING, AND ADVOCATING FOR PROVIDER BEST PRACTICES IN
	AUTISM SERVICES. THE COUNCIL OF AUTISM SERVICE PROVIDERS IS A
	NON-PROFIT ASSOCIATION OF FOR-PROFIT AND NOT-FOR-PROFIT AGENCIES
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?
Ū	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 \$ including grants of \$) (Revenue \$) THE COUNCIL OF AUTISM SERVICE PROVIDERS (CASP) SUPPORTS MEMBERS THROUGH
	THE PROVISION OF SERVICES THAT AID ORGANIZATIONS IN THE IMPLEMENTATION
	OF BEST PRACTICES IN AUTISM SERVICES. CASP PROVIDED SUPPORT SERVICES IN
	THE FORMS OF AN ANNUAL MEMBER CONFERENCE, CONTINUING EDUCATION
	PRESENTATIONS, RESOURCE MATERIALS RELATED TO INDUSTRY BEST PRACTICES,
	ONLINE WEBINARS, AND NETWORKING EVENTS. CASP HAS 347 ORGANIZATIONAL
	MEMBERS FROM ACROSS THE UNITED STATES, COLLECTIVELY, CASP ORGANIZATIONS
	SERVE OVER 130,000 INDIVIDUALS WITH AUTISM SPECTRUM DISORDER AND EMPLOY
	OVER 95,000 STAFF.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses
	Form 990 (2023)
332002	12-21-23 2

COUNCIL OF AUTISM SERVICE PROVIDERS, INC 81-1254601

Form	990 (2023)	COUNCIL	OF	AUTISM	SERVICE	PROVIDERS,	INC	81-1254	601	P	age 3
Pa	rt IV Checklist o	of Required Scho	edule) S							
										Yes	No
1	Is the organization d	escribed in section 5	01(c)(3) or 4947(a)(1)) (other than a p	rivate foundation)?					
	If "Yes," complete Se	chedule A							1		X
2		equired to complete ,							2		X
3	Did the organization	engage in direct or ir	ndirec	t political cam	paign activities o	on behalf of or in oppo	sition to can	didates for			
	public office? If "Yes	s " complete Schedul	C P	art I					3		X

	public office? If "Yes," complete Schedule C, Part I
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect
	during the tax year? If "Yes," complete Schedule C, Part II
F	In the example tion a section $E(1/c)/4$, $E(1/c)/E$, or $E(1/c)/6$, examination that reactives membership dues assessments, or

5	is the organization a section so $T(c)(4)$, so $T(c)(0)$, or so $T(c)(0)$ organization that receives membership dues, assessments, or
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Ves." complete Schedule D. Part I

	provide advice on the distribution of investment of amounts in such funds of accounts: If Yes, complete Schedule D, Part i
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II

Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 8 Schedule D, Part III

9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?
	If "Yes," complete Schedule D, Part IV
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments

or in quasi-endowments? If "Yes," complete Schedule D, Part V
If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,
as applicable.

а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,
	Part VI
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 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? If "Yes," complete Schedule D, Part VIII

d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX

е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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)? If "Yes," complete Schedule D, Part X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete
	Schedule D, Parts XI and XII
	Was the organization included in consolidated, independent audited financial statements for the tax year?

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 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? If "Yes," complete Schedule F, Parts I and IV
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any
	foreign organization? If "Yes," complete Schedule F, Parts II and IV
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to
	or for foreign individuals? If "Ves." complete Schedule E. Date III and IV

	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV
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? If "Yes," complete Schedule G, Part I. See instructions
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines
	1c and 8a? If "Yes," complete Schedule G. Part II

19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		
	complete Schedule G, Part III	19	l
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Í

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 Form 990 (2023)
 COUNCIL OF AUTISM SERVICE PROVIDERS, INC
 81-1254601
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 Continued
 Continued
 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? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
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%	26		x
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	20		
21	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</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
-	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
ıaı				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	V.	
4	Enter the number reported in boy 2 of Form 1000. Enter 0, if not evaluable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
С		1c	x	
330004	(gambling) winnings to prize winners?		990	(2023)
JJ2004	12-2 1-20	TOTT		(2023)

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2023.04020 COUNCIL OF AUTISM SERVICE 40362971

Par	t 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	8								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ms?		2b	Х						
3a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?										
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O										
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	autho	rity over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accou	nt)?	4a		Х					
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 A	ccour	nts (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 transa			5b		Х					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			<u>5c</u>							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne org	anization solicit								
	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ions c	r gifts								
	were not tax deductible?			6b							
7	Organizations that may receive deductible contributions under section 170(c).										
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set			7a							
				7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was										
_	to file Form 8282?			7c							
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 c		ct?	7e							
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f 7g							
g L											
h o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations maintaining depart advised funda. Did a depart advised fundamentations			7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the										
9	sponsoring organization have excess business holdings at any time during the year?										
a											
b											
10	Section 501(c)(7) organizations. Enter:			9b							
a	Initiation fees and capital contributions included on Part VIII, line 12	10a									
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b									
11	Section 501(c)(12) organizations. Enter:	•	•								
а	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							
	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.										
а	Is the organization licensed to issue qualified health plans in more than one state?			13a							
	Note: See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1								
	organization is licensed to issue qualified health plans	13b		-							
	Enter the amount of reserves on hand	13c				x					
	a Did the organization receive any payments for indoor tanning services during the tax year?										
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			15		x					
	excess parachute payment(s) during the year?										
	If "Yes," see the instructions and file Form 4720, Schedule N.										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t inco	me?	16		X					
	If "Yes," complete Form 4720, Schedule O.										
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac										
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17							
0000	If "Yes," complete Form 6069.			Form	1 990	(2022)					
332005	12-21-23			FULL	1000	(2023)					

5

COUNCIL OF AUTISM SERVICE PROVIDERS, INC 81-1254601 Page 5

332005 12-21-23

Form 990 (2023)

2023.04020 COUNCIL OF AUTISM SERVICE 40362971

Form 990	(2023)
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COUNCIL OF AUTISM SERVICE PROVIDERS, INC

81-1254601 Page 6

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. X

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		13			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	· · · ·	ny other				
-					2		Х
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the				~		
3			•		•		х
	of officers, directors, trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9			E E	4		
5	Did the organization become aware during the year of a significant diversion of the organization's ass			E E	5		Х
6	Did the organization have members or stockholders?				6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap more members of the governing body?				7a	x	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			·····			
					7b		х
0	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year			·····	10		
8			-		0.	x	
а	The governing body?			······ }	8a		
	Each committee with authority to act on behalf of the governing body?			·····	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		Х
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue (Code.)				
						Yes	N
0a	Did the organization have local chapters, branches, or affiliates?				10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters,	affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			Г	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				110		
					12a	x	
	Did the organization have a written conflict of interest policy? If "No," go to line 13					X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			····· }	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "}	'es," de	scribe				
	on Schedule O how this was done			Г	12c	X	
3	Did the organization have a written whistleblower policy?				13		Х
4	Did the organization have a written document retention and destruction policy?				14		Х
5	Did the process for determining compensation of the following persons include a review and approva	l by ind	ependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a		Х
	Other officers or key employees of the organization				15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent wit	ha				
	taxable entity during the year?			I	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			····· h			
5	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	•	•				
					166		
00	exempt status with respect to such arrangements?				16b		
7	List the states with which a copy of this Form 990 is required to be filed <u>MA</u>						
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990-	T (section 50	01(c)(3)s	only)	availat	ble
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explain	on Sch	nedule O)				
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict of	interest pol	licy, and	financ	ial	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	records				
	LBMC W SQUARED - 615-377-4600						
	3 MARYLAND FARMS, SUITE 150, BRENTWOOD, TN 37027						
					_	990	/00/
2000	3 12-21-23				Form	330	1200

Form 990 (2023)	COUNCIL OF	AUTISM	SERVICE	PROVIDERS,	INC	81-1254601	Page 7					
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 Par	t VII								
Section A Officers Directo	rs Trustees Kev Em	olovees and H	lighest Compe	nsated 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.

Name and title Average hours per veck Desilion (and creatment hause) below Perportable or direct normalitation from related organization from the selection of direct normalitation from related organization (W-2/1099-MISC/ 1089-MISC/ 1	(A)	(B)			(0	C)			(D)	(E)	(F)
Image: book of the second is both and of the second second s	Name and title	Average	Position					ne	Reportable	Reportable	Estimated
Week (list any related organizations below line) Tom related organizations below line) Tom related organizations (W-2/1099-MISC/ 1099-NEC) Tom feated organizations (W-2/1099-MISC/ 1099-NEC) Other organizations (W-2/1099-MISC/ 1099-NEC) Other organizations (W-2/1099-MISC/ 1099-NEC) Other organizations (W-2/1099-MISC/ 1099-NEC) Other organizations (W-2/1099-MISC/ 1099-NEC) Other organizations (W-2/1099-MISC/ 1099-NEC) Other organizations (W-2/1099-MISC/ 1099-NEC) Other organizations (W-2/1099-MISC/ 1099-NEC) Other organizations (W-2/1099-MISC/ 1099-NEC) Other organizations (W-2/1099-MISC/ 1099-NEC) Other organizations (W-2/109-MISC/ 1099-NEC) Other organizations (W-2/109-MISC/ 1099-NEC) Other organizations (W-2/109-MISC/ 1099-NEC) Other organizations (W-2/109-MISC/ 109-NEC) Other organizations (W-2/109-MISC/ 109-NEC) (1) LORRI UNUMB 40.000 X X 127,229. 0. 14,104 (3) JUDIT URBITTI 40.000 X X 100,00. 0. 10,624 (4) ERICK DUBUQUE 40.000 X X 0. 0. 0. 0. (4) ERICK DUBUQUE X X 0. 0. 0. 0. (5) ERIAN FRITTS 1.000		hours per	box	, unless person is both an				an	compensation	compensation	amount of
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(16) ERIC LARSSON 1.00		1.00									
			Х						0.	0.	0.
		1.00									
	DIRECTOR		Х						0.	0.	0.
(17) NAA GARRIDO		1.00	.							_	
	DIRECTOR		Х						0.	0.	0. Form 990 (2023)

332007 12-21-23

Form 990 (2023)

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2023.04020 COUNCIL OF AUTISM SERVICE 40362971

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Form 990 (2023) COUNCIL (OF AUTIS	SM	SE	RV	IC	E	PR	ROVIDERS, INC	81-12	254	<u>501</u>	Pa	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	Average hours perPosition (do not check more than one box, unless person is both anReportable compensationReportable compensation									am	(F) timate ount o other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	s	comp fro orga anc	pensat om the anizati d relate nizatio	e on ed
(18) RACHEL TAYLOR	1.00												
DIRECTOR		X						0.		0.			0.
1b Subtotal								559,468.		0.	52	2,92	
c Total from continuation sheets to Part VI _d Total (add lines 1b and 1c)								0. 559,468.		0.	51	2,92	$\frac{0}{25}$
2 Total number of individuals (including but n compensation from the organization									000 of reportable	-			4
3 Did the organization list any former officer,	-			•	-		•	• •	•		3	Yes	No X
 line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s For any individual listed on line 1a, is the su and related organizations greater than \$150 	um of reportabl	e co	mpe	nsat	tion	and	oth	ner compensation from t	ne organization		4	x	
5 Did any person listed on line 1a receive or a	accrue comper	Isati	on fro	om a	any	unre	elate	ed organization or individ	lual for services		F		x
rendered to the organization? If "Yes." con Section B. Independent Contractors	iplete Schedule	e J fo	or su	<u>ch p</u>	Ders	on .					5		<u></u>
1 Complete this table for your five highest co the organization. Report compensation for										ensat	ion fro	m	
(A) Name and business address								(B) Description of s		с	(C omper		 າ
SCHOONER STRATEGIES, LLC				_				ACCREDITATIO					
<u>326 FIRST ST #29, ANNAPOI</u>	IS, MD	21	403	3				CONSULTATION	SERVICE		104	4,19)6.
2 Total number of independent contractors (i	ncludina but n	ot lin	nited	to †	thos	e lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organi					1						Form	990 (2	2023)
												- 14	

332008 12-21-23

	<u>1 990</u> rt V		2023) COUNCIL OF AU	TISM SER	VICE PROVII	DERS, INC	81-1254	601 Page 9
			Check if Schedule O contains a response of the second s	or note to any lin	e in this Part VIII			
			i		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts	1	а	Federated campaigns 1a					
àran oun		b	Membership dues 1b					
Am G		С	Fundraising events 1c					
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations 1d					
ns, Sim			Government grants (contributions) 1e					
utio her (t	All other contributions, gifts, grants, and similar amounts not included above 1f	1,040.				
trib Oth		g	Noncash contributions included in lines 1a-1f	1,010.	-			
Con		•	Total. Add lines 1a-1f		1,040.			
0.0				Business Code				
e	2	а	MEMBERSHIP DUES	624110		1,235,919.		
e rvic		b	CONFERENCE REVENUE	624110	607,234.			
Sel			AFFILIATE REVENUE	624110	156,800.			
am eve			OTHER PROGRAM SERVICE	561499	108,504.			
Program Service Revenue			ACCREDITATION FEES	624110	61,042.	61,042.		
Ā			All other program service revenue		0 1 6 0 1 0 0			
			Total. Add lines 2a-2f		2,169,499.			
	3		Investment income (including dividends, interes		15,916.			15,916.
	4		other similar amounts) Income from investment of tax-exempt bond pr		15,910.			15,910.
	4 5		Royalties					
	5		(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
		d	Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
enue			and sales expenses 7b					
eve			Gain or (loss) 7c					
Other Rev			Net gain or (loss) Gross income from fundraising events (not					
Othe	8	а	including \$ of					
0			contributions reported on line 1c). See					
			Part IV, line 18					
		b	Less: direct expenses 8b					
			Net income or (loss) from fundraising events					
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
			Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
		L	and allowances 10a		-			
			Less: cost of goods sold					
		U		Business Code				
snc	11	а	OTHER MISC REVENUE	990000	154.	154.		
anec	-	b						
eve eve		с						
Miscellaneous Revenue		d	All other revenue					
2		е	Total. Add lines 11a-11d		154.		-	
	12		Total revenue. See instructions		2,186,609.	2,169,653.	0.	15,916.
33200	9 12-	21-	23					Form 990 (2023)

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	990 (2023) COUNCIL OF 2	AUTISM :	SERVIC	E PROVIDERS,	INC	81-12546	01 Page 10
	on 501(c)(3) and 501(c)(4) organizations must comp		ns All other	organizations must cor	nolete colum	(A)	
Secu	Check if Schedule O contains a respor			-	ipiele coluin	<u>11 (A).</u>	
	not include amounts reported on lines 6b.	(A)		(B)	(C	\$)	(D)
	8b, 9b, and 10b of Part VIII.	Total exp	enses	Program service expenses	Managen general e		undraising expenses
1	Grants and other assistance to domestic organizations				<u>g</u>		
	and domestic governments. See Part IV, line 21						
2	Grants and other assistance to domestic						
	individuals. See Part IV, line 22						
3	Grants and other assistance to foreign						
	organizations, foreign governments, and foreign						
	individuals. See Part IV, lines 15 and 16						
4	Benefits paid to or for members						
5	Compensation of current officers, directors,						
	trustees, and key employees	612	,393.				
6	Compensation not included above to disqualified						
	persons (as defined under section 4958(f)(1)) and						
	persons described in section 4958(c)(3)(B)						
7	Other salaries and wages	216	,618.				
8	Pension plan accruals and contributions (include						
	section 401(k) and 403(b) employer contributions)						
9	Other employee benefits		,168.				
10	Payroll taxes	56	,136.				
11	Fees for services (nonemployees):						
а	Management		600				
b	Legal	3	,688.				
С	Accounting	47	,521.				
d	Lobbying						
e	Professional fundraising services. See Part IV, line 17						
f	Investment management fees						
g	Other. (If line 11g amount exceeds 10% of line 25,	153	,026.				
10	column (A), amount, list line 11g expenses on Sch 0.)		,343.				
12 13	Advertising and promotion		,514.				
13 14	Office expenses Information technology		,037.				
15	Royalties		/ • • • / •				
16	Occupancy	10	,062.				
17	Travel		,				
18	Payments of travel or entertainment expenses						
	for any federal, state, or local public officials						
19	Conferences, conventions, and meetings	462	,057.				
20	Interest						
21	Payments to affiliates						
22	Depreciation, depletion, and amortization		,805.				
23	Insurance	18	,574.				
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 0.)						
а	GOVERNMENT AFFAIRS		,100.				
b	EMPLOYEE-RELATED EXPENS	26	,170.				
с	PROJECT EXPENSES		,300.				
d	OTHER EXPENSES		,190.				
е	All other expenses		,000.				
25	Total functional expenses. Add lines 1 through 24e	1,993	,702.				
26	$\ensuremath{\textbf{Joint costs.}}$ Complete this line only if the organization						
	reported in column (B) joint costs from a combined						
	educational campaign and fundraising solicitation.						
	Check here if following SOP 98-2 (ASC 958-720)						

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Form 990 (2023)

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COUNCIL (OF	AUTISM	SERVICE	PROVIDERS,	INC	81-125460
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		Check if Schedule O contains a response or I	note to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			456,534.	1	552,733.
	2	Savings and temporary cash investments			401,542.	2	417,457.
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net			64,750.	4	186,724.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of these persons				5	
	6	Loans and other receivables from other disqu	alified per	sons (as defined			
		under section 4958(f)(1)), and persons describ	bed in sect	tion 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				27,448.	9	51,596.
	10a	Land, buildings, and equipment: cost or othe	r				
		basis. Complete Part VI of Schedule D	. 10a	<u>12,660.</u> 3,612.			
	b	Less: accumulated depreciation	. 10b	3,612.	3,810.	10c	9,048.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin	e 11			12	
	13	Investments - program-related. See Part IV, lir	ne 11			13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	3,440.	15			
	16	Total assets. Add lines 1 through 15 (must e	qual line 3	3)	957,524.	16	1,217,558.
	17	Accounts payable and accrued expenses		38,694.	17	77,037.	
	18	Grants payable		18			
	19	Deferred revenue			636,850.	19	659,880.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	te Part IV (of Schedule D		21	
S	22	Loans and other payables to any current or fo	ormer offic	er, director,			
litie		trustee, key employee, creator or founder, su	ostantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the	nese perso	ons		22	
-	23	Secured mortgages and notes payable to unr				23	
	24	Unsecured notes and loans payable to unrela	ted third p	parties		24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	nes 17-24)	. Complete Part X			
		of Schedule D		······ -		25	
	26				675,544.	26	736,917.
ß		Organizations that follow FASB ASC 958, o	heck here	e X			
Ce		and complete lines 27, 28, 32, and 33.			001 000		400 641
alar	27	Net assets without donor restrictions	281,980.	27	480,641.		
Ä	28	Net assets with donor restrictions		28			
ŭ		Organizations that do not follow FASB ASC	; 958, che	ck here			
ř		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current fun				29	
sse	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			201 000	31	100 611
Re	32	Total net assets or fund balances			281,980.	32	480,641.
	33	Total liabilities and net assets/fund balances			957,524.	33	1,217,558.

Form **990** (2023)

Form 990 (2023) Part X Balance Sheet

Form	990 (2023) COUNCIL OF AUTISM SERVICE PROVIDERS, INC	81-	1254601	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,186	
2	Total expenses (must equal Part IX, column (A), line 25)	2		,702.
3	Revenue less expenses. Subtract line 2 from line 1	3		,907.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	281	,980.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8	5	,754.
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))	10	480	,641.
Pa	rt 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: Cash X Accrual Other		_	
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	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:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	_
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.		
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?		3a	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	

Form **990** (2023)

SC	HE	Ðι	JLE	С

Department of the Treasury

Internal Revenue Service

(Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

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

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

• Section 527 organizations: Complete Part I-A only.

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

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

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

ivan	te of organization				Employ	er identification	number
	COUNCI	L OF AUTISM SERVICE	E PROVIDERS,	INC		81-12546	01
Pa	rt I-A Complete if the o	ganization is exempt under	section 501(c) or	is a section 52	27 orga	anization.	
1 2 3	Political campaign activity expend Volunteer hours for political camp	•					
Pa	rt I-B Complete if the or	ganization is exempt under	section 501(c)(3).				
1	Enter the amount of any excise ta	x incurred by the organization under	section 4955		\$ _		
2	Enter the amount of any excise ta	x incurred by organization managers					
3	If the organization incurred a sect	on 4955 tax, did it file Form 4720 for	r this year?			Yes	No No
4a	Was a correction made?					Yes	No No
	If "Yes," describe in Part IV.						
Pa	ITTI-C Complete if the o	ganization is exempt under	section 501(c), ex	ccept section 5	501(c)(3).	
1	Enter the amount directly expend	ed by the filing organization for section	on 527 exempt function	n activities	\$ _		
2	Enter the amount of the filing orga	nization's funds contributed to othe	r organizations for sect	ion 527			
	exempt function activities				\$_		
3		es. Add lines 1 and 2. Enter here and					
	line 17b				\$_		
4	Did the filing organization file For	n 1120-POL for this year?				Yes	No No
5	Enter the names, addresses, and	employer identification number (EIN)	of all section 527 polit	ical organizations to	o which t	the filing organiza	ation
	.,	ation listed, enter the amount paid fi					
	contributions received that were a	romptly and directly delivered to a s	eparate political organi	zation, such as a se	eparate s	segregated fund	or a
		f additional space is needed, provide	e information in Part IV.		•		

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990) 2023

LHA 332041 11-06-23



Schedule C (Form 990) 2023	COUNC anizatic	IL OF . on is exen	AUTISM SERV	ICE PROVIDER	<u>RS, IN 81-1</u> ed Form 5768 (el	L254601 Page 2 ection under
section 501(h)).			•		L	
A Check if the filing organiza	tion belon	as to an affi	liated group (and list ir	Part IV each affiliated	group member's nam	ie. address. EIN.
expenses, and shar					5	, , , , ,
			nd "limited control" pro	ovisions apply.		
Limit	ts on Lob	bying Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ience pub	lic opinion (g	grassroots lobbying)			
b Total lobbying expenditures to influ	-					
c Total lobbying expenditures (add lir		-	• • • •			
d Other exempt purpose expenditure						
e Total exempt purpose expenditures						
f Lobbying nontaxable amount. Ente						
If the amount on line 1e, column (a) of			bying nontaxable am			
not over \$500,000,	(-,		the amount on line 1e.			
over \$500,000 but not over \$1,000	.000.		00 plus 15% of the exc	ess over \$500,000.		
over \$1,000,000 but not over \$1,50			00 plus 10% of the exc			
over \$1,500,000 but not over \$17,0			0 plus 5% of the exce			
over \$17,000,000,	,000,000,	\$1,000,				
g Grassroots nontaxable amount (en	ter 25% of	Line 1f		I		
h Subtract line 1g from line 1a. If zero		,				
i Subtract line 1f from line 1c. If zero	,					
j If there is an amount other than zer						
reporting section 4911 tax for this						Yes No
			eraging Period Under			
(Some organizations th		a section 5		have to complete all o	of the five columns b	elow.
	Lob	bying Exper	nditures During 4-Yea	ar Averaging Period		-
Calendar year (or fiscal year beginning in)	(a)	2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
f Grassroots Johnving expenditures						

Schedule C (Form 990) 2023

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COUNCIL OF AUTISM SERVICE PROVIDERS, IN 81-1254601 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(t)
	e lobbying activity.	Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
с	Media advertisements?				
	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			••	
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5),	or sec	tion	
	501(c)(6).			Maa	NI -
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			X	37
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				X
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section		3	tion	Х
Fai	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."				3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year		2b		
	Total		2c		
3			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditures next year?		4		
	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	t IV Supplemental Information				
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A, I	ines 1 a	nd 2 (see	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2023

332043 11-06-23

	HEDULE D n 990)	Complete if the organ Part IV, line 6, 7, 8, 9, 10	al Financial Statemen nization answered "Yes" on Form 990 , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or),	OMB No. 1545	3
	tment of the Treasury I Revenue Service		ttach to Form 990. 0 for instructions and the latest inforr	nation.	Open to P Inspection	
Nam	e of the organizati	on	SERVICE PROVIDERS, I		Employer identification r $81 - 125460$	
Pa		ations Maintaining Donor Advised n answered "Yes" on Form 990, Part IV, lin		s or Ac	counts. Complete if the	
			(a) Donor advised funds	(b) Funds and other account	S
1	Total number at er	nd of year				
2	Aggregate value o	f contributions to (during year)				
3	Aggregate value of	f grants from (during year)				
4	Aggregate value a	t end of year				
5	Did the organization	on inform all donors and donor advisors in v	writing that the assets held in donor adv	rised fund	s	
	are the organization	on's property, subject to the organization's	exclusive legal control?		Yes	No
6	Did the organization	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can b	e used or	nly	
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for any other purpos	e conferri	ng	
	impermissible priv				Yes	No
Pa	rt II Conserv	ation Easements. Complete if the org	ganization answered "Yes" on Form 990), Part IV,	line 7.	
1	Purpose(s) of cons	servation easements held by the organization	on (check all that apply).			
	Preservation	n of land for public use (for example, recrea	tion or education)	of a histo	rically important land area	
	Protection o	of natural habitat	Preservation	of a certif	fied historic structure	

2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a con	nserva	tion easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements	2a	

b	Total acreage restricted by conservation easements	2b	
с	Number of conservation easements on a certified historic structure included on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not		
	on a historic structure listed in the National Register	2d	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organized	zation	during the tax
	year		

Number of states where property subject to conservation easement is located 4

Preservation of open space

5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	

7	Amount of expenses incurred in monito	ring inspecting	handling of violations	and enforcing	conservation easement	ts durina	the v	/ear
	, and and on expenses integrited in mornice	mig, mopoounie	, narialing of field of to	and onnoroning		co aannig		/00

8	Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?	No
0	In Dart XIII, describe how the organization reports concernation economics in its revenue and expense statement and	

9	In Part XIII, describe now the organization reports conservation easements in its revenue and expense statement and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the
	organization's accounting for conservation easements.

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

1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of					
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public ser					
provide the following amounts relating to these items.					
	(i) Revenue included on Form 990. Part VIII, line 1	\$			

	()	Ŧ
	(ii) Assets included in Form 990, Part X	\$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provid	e
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	\$
b	Assets included in Form 990, Part X	\$
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2023

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332051 09-28-23

08410919 759456 4036297

2023.04020 COUNCIL OF AUTISM SERVICE 40362971

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Par	t III Organizations Maintaining Co									(contii	nued)	
3	Using the organization's acquisition, accessio	n, and other record	s, check	k any of the	following that	make s	ignific	ant use	of its			
	collection items (check all that apply).											
а	Public exhibition	c			change progra							
b	Scholarly research	e		Other								
С	Preservation for future generations											
4	Provide a description of the organization's co	llections and explair	n how th	ney further t	he organizatio	on's exer	npt pı	urpose i	n Part X	XIII.		
5	During the year, did the organization solicit or	receive donations of	of art, hi	storical trea	sures, or othe	er similar	asset	S		_		_
	to be sold to raise funds rather than to be maintained as part of the organization's collection?											
Par	rt 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	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 a											
	······································						Г			Amoun	t	
с	Beginning balance							1c				
	Additions during the year							1d				
	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo									Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planatic	on has been	provided in P	art XIII	·					
Par	t V Endowment Funds Complete if	the organization and	swered '	"Yes" on Fo	rm 990, Part I	IV, line 1	0.					
		(a) Current year	(b) F	Prior year	(c) Two year	rs back	(d) Th	iree year	s back	(e) Fou	' years	back
1a	Beginning of year balance											
b	Contributions											
с	Net investment earnings, gains, and losses											
	Grants or scholarships											
	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curre	ent vear end balance	e (line 10	a. column (a	a)) held as:							
а	Board designated or quasi-endowment	,	%	0, (
b	Permanent endowment	%										
с		<u></u>										
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.										
3a	Are there endowment funds not in the posses		ation tha	at are held a	nd administer	ed for th	ne					
	organization by:	j									Yes	No
	(i) Unrelated organizations?									3a(i)		
	(ii) Related organizations?									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as requir	ed on S	chedule R?						3b		
4	Describe in Part XIII the intended uses of the											
Par	t VI Land, Buildings, and Equipme											
	Complete if the organization answered	"Yes" on Form 990), Part I\	/, line 11a. S	See Form 990	, Part X,	line 1	0.				
	Description of property	(a) Cost or o basis (investr			t or other (other)	• • •	ccum precia	ulated		(d) Boo	k valu	е
1a	Land		,		. /							
	Buildings			1								
	Leasehold improvements											
	Equipment			1	2,660.		3	,612			9,0	48.
	Other			-	,			,			- , .	
	. Add lines 1a through 1e. (Column (d) must ec		Y line 1	00 00/1000					+		9,0	48.
1010		<u>juai FUIII 990, Pan</u>	<u>_, iine I</u>	oc, coluinn	(נְםָוּ					D (F	- , .	

Schedule D (Form 990) 2023

Schedule D	(Form 990) 2023	COUNCIL OF	AUTISM	SERVICE	PROVIDERS,	INC	81-1254601	Page 3
Part VII	Investments - C	Other Securities						
	Complete if the orga	anization answered "Yes"	on Form 990	, Part IV, line 1	1b. See Form 990, Par	t X, line 12.		
(a) Descrip	tion of security or categ	OTY (including name of security)	(b) Boo	ok value	(c) Method of valu	ation: Cost	or end-of-year market v	alue
(1) Financia	al derivatives							
(3) Other								
(A)								
(B)								
(C)								
(D)								
(E)								
(F)								
(G)								
(H)								
Total. (Col. (I Part VIII	b) must equal Form 990, I Investments - F	, Part X, line 12, col. (B)) Program Related.						
	Complete if the orga	anization answered "Yes"						
	(a) Description of i	investment	(b) Boo	ok value	(c) Method of valu	ation: Cost	or end-of-year market v	alue
(1) (2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
Total. (Col. (I	b) must equal Form 990,	, Part X, line 13, col. (B))						
Part IX	Other Assets							
	Complete if the orga	anization answered "Yes"		, Part IV, line 1	1d. See Form 990, Par	t X, line 15.		
		(a)	Description				(b) Book va	alue
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
Part X	mn (b) must equal For Other Liabilities	rm 990, Part X, line 15, co	ol. (B))					
FailA			on Form 000	Dout IV line 1	10 or 11f Coo Form Of		ino 05	
<u> </u>		anization answered "Yes" escription of liability	011 F0111 990	, Fart IV, III e I		90, Fart A, II	(b) Book va	
1.		scription of liability						liue
	eral income taxes							
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9) Totol (0.1)	······································							
		r <u>m 990, Part X, line 25, co</u> itions. In Part XIII, provide						
		ertain tax positions unde						

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Schedule D (Form 990) 2023

_	dule D (Form 990) 2023 COUNCIL OF AUTISM SERVICE			Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statem		e per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	t XII Reconciliation of Expenses per Audited Financial State	ments With Expens	ses per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.		
1	Total expenses and losses per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			
Pa	t XIII Supplemental Information			

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

332054 09-28-23

SC	HEDULE J	Compensation Information	I	OMB No. 1	1545-004	47				
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	ດງ	,				
		Compensated Employees		20	ĽJ)				
Dono	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publi	ic				
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction					
Nan	ne of the organization	1		identificatio		nber				
		COUNCIL OF AUTISM SERVICE PROVIDERS, INC	81-1	125460	1					
Pa	rt I Question	s Regarding Compensation								
					Yes	No				
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,							
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.								
	First-class or c		nal use							
	Travel for com									
		ation and gross-up payments Health or social club dues or initiation fee								
	Discretionary s	pending account Personal services (such as maid, chauffer	ır, chef)							
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or								
-		rovision of all of the expenses described above? If "No," complete Part III to explain		1b						
2	-	require substantiation prior to reimbursing or allowing expenses incurred by all directors,								
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2						
2	ladiaata udalah ifan									
3										
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.									
	Compensation									
	·	ompensation consultant Compensation survey or study								
	·	her organizations X Approval by the board or compensation c	ommittee							
			Uninnitiee							
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing								
	organization or a re									
а		e payment or change-of-control payment?		4a		Х				
b		eive payment from a supplemental nonqualified retirement plan?		41		X				
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X				
	If "Yes" to any of lir	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.								
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.								
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n							
	contingent on the r									
						<u> </u>				
		ation?								
		r 5b, describe in Part III.								
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n							
	contingent on the n	-								
а										
b		ation?		<u>6b</u>						
_		r 6b, describe in Part III.								
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments								
_		es 5 and 6? If "Yes," describe in Part III		7						
8	-	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the								
~				8						
9		d the organization also follow the rebuttable presumption procedure described in								
	Regulations section					0000				
For	Paperwork Reducti	on Act Notice, see the Instructions for Form 990.	Schee	dule J (Forn	n 990)	2023				

LHA 332111 11-06-23

Schedule J (Form 990) 2023

23 COUNCIL OF AUTISM SERVICE PROVIDERS, INC 81-1254601

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) LORRI UNUMB	(i)	223,149.	0.	0.	0.	18,700.	241,849.	0.
CEO	(ii)		0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

THE BOARD APPROVES COMPENSATION FOR THE ORGANIZATION'S CEO.

Schedule J (Form 990) 2023

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



81-1254601 COUNCIL OF AUTISM SERVICE PROVIDERS, INC

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SERVING INDIVIDUALS WITH AUTISM SPECTRUM DISORDERS. OUR MEMBER AGENCIES

CARE FOR MORE THAN 130,000 CHILDREN AND ADULTS WITH AUTISM ACROSS THE

UNITED STATES AND HAVE COLLECTIVE REVENUES APPROACHING 1 BILLION

DOLLARS. CASP REPRESENTS THE AUTISM PROVIDER COMMUNITY TO THE NATION AT

LARGE INCLUDING GOVERNMENT, PAYERS, AND THE GENERAL PUBLIC. WE SERVE AS

PROVIDING INFORMATION AND EDUCATION AND PROMOTING FORCE FOR CHANGE, Α

STANDARDS THAT ENHANCE QUALITY.

FORM 990, PART VI, SECTION A, LINE 6:

THE COUNCIL OF AUTISM SERVICE PROVIDERS IS A NON-PROFIT ASSOCIATION OF

FOR-PROFIT AND NOT-FOR-PROFIT AGENCIES (MEMBERS) SERVING INDIVIDUALS WITH

AUTISM SPECTRUM DISORDERS.

FORM 990, PART VI, SECTION A, LINE 7A:

THE MEMBERS ELECT 5 OF THE 13 DIRECTORS

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

THE FORM 990 IS REVIEWED BY THE BOARD OF DIRECTORS PRIOR TO FILING.

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

THE CONFLICT OF INTEREST FORM IS SIGNED ANNUALLY.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23

Schedule O (Form 990) 2023

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23 2023.04020 COUNCIL OF AUTISM SERVICE 40362971

SCHEDULE R

(Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

OMB No. 1545-0047

2023 Open to Public Inspection

Employer identification number 81 - 1254601

Department of the Treasury Internal Revenue Service

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

Name of the organization

COUNCIL OF AUTISM SERVICE PROVIDERS, INC

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
AUTISM COMMISSION ON QUALITY, LLC -					
88-1703623, 145 CORAL AVENUE, LOUISVILLE, KY					COUNCIL OF AUTISM
40206	SEE PART VII	MASSACHUSETTS		-393,738.	SERVICE PROVIDERS, INC

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)		h)	(i)		j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	Gene	ral or	Percentage	
of related organization		(state or	entity	entity (related, unrelated, excluded from tax under	er income end-of-year essets	alloca	ations?	amount in box	box partne		Percentage ownership		
		foreign country)		(related, unrelated, excluded from tax under sections 512-514)	sections 512-514)		Yes No		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Yes No		1	
							<u> </u>			+			

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(b contr	i) b)(13) rolled iity?	
		country)		01 11 03 0		233013		Yes	No	

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		100	
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
	Gift, grant, or capital contribution to related organization(s)	1b		<u> </u>
	Gift, grant, or capital contribution from related organization(s)	1c		<u> </u>
	Loans or loan guarantees to or for related organization(s)	1d		<u> </u>
	Loans or loan guarantees by related organization(s)	1e		<u> </u>
C				
f	Dividends from related organization(s)	1f		
י מ	Dividends from related organization(s)	1g		<u> </u>
	Sale of assets to related organization(s)	1h		<u> </u>
	Purchase of assets from related organization(s)	 1i		<u> </u>
	Exchange of assets with related organization(s) Lease of facilities, equipment, or other assets to related organization(s)	- " 1i		<u> </u>
J		- 1		
Ŀ	L_{accord} of facilities activity ment at other constants from related experimetion(a)	41.		
к	Lease of facilities, equipment, or other assets from related organization(s)	1k 11		<u> </u>
	Performance of services or membership or fundraising solicitations for related organization(s)			<u> </u>
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		<u> </u>
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<u>1n</u>		<u> </u>
0	Sharing of paid employees with related organization(s)	10		<u> </u>
	Reimbursement paid to related organization(s) for expenses	1p		<u> </u>
q	Reimbursement paid by related organization(s) for expenses	1q		<u> </u>
r	Other transfer of cash or property to related organization(s)	1r		L
S	Other transfer of cash or property from related organization(s)	1s		

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	n)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign		(e Are a partners 501(c orgs		Share of total	Share of end-of-year	alloca	ropor- nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General o managin partner?	ownership
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes No)
									-			+

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Part VII	Supplemental Inform	nation						

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

SCHEDULE R, PART I, COLUMN (B) PRIMARY ACTIVITY

ACCREDITATION OF AUTISM SERVICE PROVIDER ORGANIZATIONS THAT DELIVER

APPLIED BEHAVIOR ANALYSIS SERVICES

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