## \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

<u>A</u>	For th	ne 2022 calendar year, or tax year beginning $$ JUL $1,$ 2022 $$ and endin	g JU	N 30,	2023		
В	Check i applica	C Name of organization				cation number	
		ASSOCIATION OF UNIVERSITY CENTERS ON					
X Add		ge   DISABILITIES					
	Nam chan	ge Doing business as		23-	71890	98	
Initi retu		Number and street (or P.O. box if mail is not delivered to street address)  Room/suite		E Telephone number			
Fina		PO BOX 8787		(301)588-8252			
terr		y and Ell of forcing postar code		G Gross receipts \$ 12,236,123.			
Ameretu		SILVER SPRING, MD 20907-8787			H(a) Is this a group return		
App tion pend		TSCHIDA		for subordinates? Yes X No			
		SAME AS C ABOVE		H(b) Are all subordinates included? Yes No			
		tempt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or	527	If "No,	" attach a	list. See instructions	
J Webs				I(c) Group			
200	art I	f organization: X Corporation Trust Association Other L Summary	Year of	formation:	1971 <u>n</u>	State of legal domicile: DE	
1 (	T -						
é	1	Briefly describe the organization's mission or most significant activities: SEE PART	r II	I, LIN	<u> IE 1.</u>		
Governance	_	2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets					
/err	3	Number of voting more beautiful to the second of the secon			1 1		
ĝ	4	Number of voting members of the governing body (Part VI, line 1a)			3	<u> 17</u>	
مخ در	5	Number of independent voting members of the governing body (Part VI, line 1b)			4	17	
Activities &	6	Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Total number of volunteers (estimate if necessary)			5	32	
cti		Total unrelated business revenue from Part VIII, column (C), line 12		•••••	6	17	
ď	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			7a	0.	
		The state of the s	Τ	Prior Yea		Current Year	
ø.	8	Contributions and grants (Part VIII, line 1h)	1	3,097		10,887,828.	
Revenue	9	Program service revenue (Part VIII, line 2g)			051.	1,095,756.	
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			643.	10,548.	
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			382.	13,188.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1	$\frac{1}{4,100}$	002.	12,007,320.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		7,778,	313.	5,724,227.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.	
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,190,	933.	2,978,101.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.	
dx	b	Total fundraising expenses (Part IX, column (D), line 25)					
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,025,		2,849,335.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,994,		11,551,663.	
- 0	19	Revenue less expenses. Subtract line 18 from line 12		1,105,		455,657.	
Net Assets or Fund Balances	00	Table - 1 (Day Williams)	_	ning of Curr		End of Year	
	20 21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		6,068,		8,770,875.	
let med/	22	Net assets or fund balances. Subtract line 21 from line 20		2,260,		4,405,554.	
Pa	rt II	Signature Block		3,807,	4/1.	4,365,321.	
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta	+	a.a.d & a. & b. a. l	h		
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	atements	, and to the	dest of my l	knowledge and belief, it is	
		, some state of the property (early than emost) is based on an information of which prep	Jai et Itas	any knowie	uge.		
Sign		ignature of officer Date					
		OHN TSCHIDA, EXECUTIVE DIRECTOR					
		Type or print name and title					
		Print/Type preparer's name Preparer's signature	Date		Check	PTIN	
Paid		RICHARD J. LOCASTRO, CPA Rubard for hocastro		01/2024	if self-employed		
Preparer		Firm's name GELMAN, ROSENBERG & FREEDMAN	1 00/0			2-1392008	
Use Only		Firm's address 4550 MONTGOMERY AVE SUITE 800N		7.1111	- LIN 22		
		BETHESDA, MD 20814-2930		Phon	e no.301	-951-9090	
Мау	the IF	S discuss this return with the preparer shown above? See instructions		1. 11011		X Ves No	

	art 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:
	AUCD'S MISSION IS TO ADVANCE POLICIES AND PRACTICES THAT IMPROVE THE
	HEALTH, EDUCATION, SOCIAL AND ECONOMIC WELL-BEING OF ALL PEOPLE WITH
	DEVELOPMENTAL AND OTHER DISABILITIES, THEIR FAMILIES, AND THEIR
	COMMUNITIES BY SUPPORTING OUR MEMBERS IN RESEARCH, EDUCATION, HEALTH
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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 \$ 7,391,250. including grants of \$ 5,550,659. ) (Revenue \$)
	CDC: A PROJECT OF AUCD, IN PARTNERSHIP WITH CDC, TO INCREASE THE PUBLIC
	HEALTH CAPACITY OF AUCD NETWORK CENTERS ACROSS THE COUNTRY. EFFORTS
	INCLUDE PROVIDING TECHNICAL ASSISTANCE TO THE ACT EARLY NETWORK;
	FACILITATING THE FRIENDS OF THE NATIONAL CENTER ON BIRTH DEFECTS AND
	DEVELOPMENTAL DISABILITIES; INFORMING NATIONAL, STATE, AND LOCAL
	PARTNERS THROUGH REGULAR COMMUNICATION AND TRAINING; AND FACILITATING
	MULTI-SITE PROJECTS THAT AIM TO IMPROVE THE HEALTH AND WELLNESS OF
	INDIVIDUALS WITH DISABILITIES.
	The state of the s
4b	(Code:) (Expenses \$ 837,734 • including grants of \$ 132,939 • ) (Revenue \$
.~	TTTT (Inevenide 4
	THIRD I DOMING AND DESCRIPTION OF
	INTELLECTUAL AND DEVELOPMENTAL DISABILITIES (OIDD), TO STRENGTHEN AND SUPPORT THE NETWORK OF UNIVERSITY CENTERS OF EXCELLENCE IN
	COMMUNITY LIVING, ADMINISTRATION ON DISABILITIES, AND OIDD TO CONTRACT
	FOR A PERFORMANCE-BASED ARRANGEMENT FOR PROVIDING COORDINATED,  COMPREHENSIVE, AND SPECIALIZED TRAINING AND TECHNICAL ASSISTANCE (T/TA)
	COMPREHENSIVE, AND SPECIALIZED TRAINING AND TECHNICAL ASSISTANCE (T/TA) TO UCEDDS.
	TO UCEDES:
40	(Code: ) (Expenses \$ 600,667 • including grapts of \$ 9,500 • ) (Supplemental Code: )
70	(Code:) (Expenses \$
	TTAC: THE PURPOSE OF THE INTERDISCIPLINARY TECHNICAL ASSISTANCE CENTER
	(ITAC) ON AUTISM AND DEVELOPMENTAL DISABILITIES AT AUCD IS TO IMPROVE
	THE HEALTH OF INFANTS, CHILDREN, AND ADOLESCENTS WHO HAVE, OR ARE AT
	RISK FOR DEVELOPING, ASDS AND OTHER DEVELOPMENTAL DISABILITIES. THE
	CENTER ACCOMPLISHES THIS BY PROVIDING TECHNICAL ASSISTANCE TO
	INTERDISCIPLINARY TRAINING PROGRAMS (I.E., THE LENDS AND DEVELOPMENTAL
	-BEHAVIORAL PEDIATRICS (DBP) PROGRAMS) TO BETTER TRAIN PROFESSIONALS TO
	UTILIZE VALID AND RELIABLE SCREENING TOOLS TO DIAGNOSE OR RULE OUT AND
	PROVIDE EVIDENCE-BASED INTERVENTIONS FOR CHILDREN WITH AUTISM SPECTRUM
	DISORDER (ASD) AND OTHER DEVELOPMENTAL DISABILITIES.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 1,503,999. including grants of \$ 31,130.) (Revenue \$ 1,095,756.)
4e	Total program service expenses 10,333,650.
	Form <b>990</b> (2022)
	1 0111 000 (2022)