

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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.

2023

Open to Public Inspection

A For the **2023** calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024**


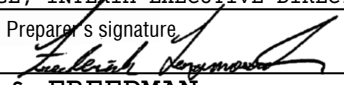
B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization ASSOCIATION OF UNIVERSITY CENTERS ON DISABILITIES		D Employer identification number 23-7189098
	Doing business as		E Telephone number (301) 588-8252
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code SILVER SPRING, MD 20907-8787		G Gross receipts \$ 8,025,429.
F Name and address of principal officer: SANDRA ROOT-ELLEDEGE SAME AS C ABOVE		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527		H(b) Are all subordinates included? Yes No	
J Website: WWW.AUCD.ORG		If "No," attach a list. See instructions	
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other		H(c) Group exemption number	
L Year of formation: 1971		M State of legal domicile: DE	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE PART III, LINE 1.		
	2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	32
	6 Total number of volunteers (estimate if necessary)	6	16
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 10,887,828.	Current Year 6,655,910.
	9 Program service revenue (Part VIII, line 2g)	1,095,756.	1,315,178.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,548.	41,637.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,188.	5,768.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,007,320.	8,018,493.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,724,227.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,978,101.	3,067,666.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)		0.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,849,335.	2,205,778.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,551,663.	7,961,587.	
19 Revenue less expenses. Subtract line 18 from line 12	455,657.	56,906.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 8,770,875.	End of Year 6,874,755.
	21 Total liabilities (Part X, line 26)	4,405,554.	2,350,645.
	22 Net assets or fund balances. Subtract line 21 from line 20	4,365,321.	4,524,110.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer 	Date 5/8/2025			
	Type or print name and title SANDRA ROOT-ELLEDEGE, INTERIM EXECUTIVE DIRECTOR				
Paid Preparer Use Only	Print/Type preparer's name FREDERICK U. LONGWOOD	Preparer's signature 	Date 05/05/2025	Check if self-employed <input type="checkbox"/>	PTIN P00439715
	Firm's name GELMAN, ROSENBERG & FREEDMAN	Firm's EIN 52-1392008	Firm's address 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930		
Phone no. 301-951-9090					

May the IRS discuss this return with the preparer shown above? See instructions Yes No

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DISABILITIES

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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? Yes No
If "Yes," describe these new services on Schedule O.

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

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

4a (Code:) (Expenses \$ 2,370,638. including grants of \$ 1,747,097.) (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.

4b (Code:) (Expenses \$ 926,819. including grants of \$ 305,168.) (Revenue \$)
HHS-OIDD: A PROJECT OF AUCD, IN PARTNERSHIP WITH THE OFFICE OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES (OIDD), TO STRENGTHEN AND SUPPORT THE NETWORK OF UNIVERSITY CENTERS OF EXCELLENCE IN DEVELOPMENTAL DISABILITIES (UCEDDS) THROUGH TRAINING AND TECHNICAL ASSISTANCE. THE PURPOSE OF THIS PROJECT IS FOR THE ADMINISTRATION OF 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) TO UCEDDS.

4c (Code:) (Expenses \$ 694,082. including grants of \$ 17,640.) (Revenue \$ 2,100.)
ITAC: 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, AS DS 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 \$ 2,211,458. including grants of \$ 618,238.) (Revenue \$ 1,313,078.)

4e Total program service expenses 6,202,997.

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	