

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

A For the 2018 calendar year, or tax year beginning , 2018, and ending ,

B Check if applicable:	C	D Employer identification number
<input type="checkbox"/> Address change	OKLAHOMA AUTISM CENTER FOUNDATION PO BOX 42133 OKLAHOMA CITY, OK 73123	27-2940151
<input type="checkbox"/> Name change		E Telephone number
<input type="checkbox"/> Initial return		(405) 842-9995
<input type="checkbox"/> Final return/terminated		G Gross receipts \$ 437,386.
<input type="checkbox"/> Amended return		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Application pending	F Name and address of principal officer: EMILY SCOTT Same As C Above	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status:	<input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(c) Group exemption number ▶
J Website: ▶ N/A		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 2010	M State of legal domicile: OK

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>Improve the quality of life for children with autism spectrum disorders and their families by supporting the activities of the Oklahoma Autism Center</u>			
Activities & Governance	2 Check this box <input type="checkbox"/> 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		8
	4 Number of independent voting members of the governing body (Part VI, line 1b).....	4		8
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a).....	5		1
	6 Total number of volunteers (estimate if necessary).....	6		0
	7a Total unrelated business revenue from Part VIII, column (C), line 12.....	7a		0.
	7b Net unrelated business taxable income from Form 990-T, line 38.....	7b		0.
Revenue	8 Contributions and grants (Part VIII, line 1h).....	161,090.	Prior Year	318,620.
	9 Program service revenue (Part VIII, line 2g).....	16,546.		14,150.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	119.		1,988.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....	44,963.		74,913.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	222,718.		409,671.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).....			
	14 Benefits paid to or for members (Part IX, column (A), line 4).....			
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....	29,484.		21,513.
	16a Professional fundraising fees (Part IX, column (A), line 11e).....			
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 32,866.			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).....	84,527.		297,328.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	114,011.		318,841.
19 Revenue less expenses. Subtract line 18 from line 12.....	108,707.		90,830.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16).....	129,404.	Beginning of Current Year	241,216.
	21 Total liabilities (Part X, line 26).....	1,658.		22,640.
	22 Net assets or fund balances. Subtract line 21 from line 20.....	127,746.		218,576.

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	
	EMILY SCOTT Type or print name and title		Executive Director
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	Marty Chisum CPA	<i>Marty Chisum</i> Marty Chisum CPA	6-25-19
	Firm's name ▶ HBC CPAs & Advisors	Check <input type="checkbox"/> if self-employed	PTIN P00243746
	Firm's address ▶ 9905 N May Avenue Oklahoma City, OK 73120	Firm's EIN ▶ 73-1460911	Phone no. (405) 848-7797

May the IRS discuss this return with the preparer shown above? (see instructions)..... Yes No