

Form 9990       Pepartment of the Treasury Internal Revenue Service <ul> <li>Mare Change Change</li> <li>Department of the Treasury Internal Revenue Service</li> </ul> <ul> <li>Mare Change Change</li> <li>Doing business as</li> </ul> OMB No. 15 <ul> <li>Department of the Treasury Internal Revenue Service</li> <li>Do not enter social security numbers on this form as it may be made public.</li> <li>Do not enter social security numbers on this form as it may be made public.</li> <li>Do not enter social security numbers on this form as it may be made public.</li> <li>Do not enter social security numbers on this form as it may be made public.</li> <li>Do not enter social security numbers on this form as it may be made public.</li> </ul> Open to Inspect <ul> <li>Do not enter social security numbers on this form as it may be made public.</li> <li>Do not enter social security numbers on this form as it may be made public.</li> <li>Do not enter social security numbers on this form as it may be made public.</li> <li>Department of the Internal Revenue Service</li> </ul> <ul> <li>Do not enter social security numbers on this form as it may be made public.</li> <li>Department of the Internal Revenue Service</li> </ul> <ul> <li>Department of the Internal Revenue Service</li> <li>Department of the Internal Revenue Service</li> <li>Department of the Internal Revenue Service</li> <li>Department Service</li> <li>Department Service</li> <li>Department Service</li> <li>Departition</li> <li>Departitin</li></ul>	20 Public
Form <b>990</b> Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)       202         Department of the Treasury Internal Revenue Service       ▶ Do not enter social security numbers on this form as it may be made public.       0pen to Inspect         A For the 2020 calendar year, or tax year beginning       JUL 1, 2020       and ending       JUN 30, 2021         B Check if applicable:       C Name of organization       D Employer identification number         Address change       EDEN AUTISM SERVICES FOUNDATION, INC.       22-4215005	
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.       Open to I Inspect         A For the 2020 calendar year, or tax year beginning       JUL 1, 2020       and ending       JUN 30, 2021         B Check if applicable:       C Name of organization       D Employer identification number         Address change       EDEN AUTISM SERVICES FOUNDATION, INC.       22-4215005	
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Address Change Doing business as 22-4215005	
Change       EDEN AUTISM SERVICES FOUNDATION, INC.         Name       Doing business as         22-4215005	
L change Doing business as 22-4215005	
Initial final Final       Number and street (or P.0. box if mail is not delivered to street address)       Room/suite       E       Telephone number            Final Final <b>2 MERWICK ROAD 609-987-0099</b>	
termin- ated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 10,707,	112.
Amended PRINCETON, NJ 08540 H(a) Is this a group return	
	XNo
pending SAME AS C ABOVE H(b) Are all subordinates included? Yes	No
I Tax-exempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instruction	ons
J Website: ► WWW.EDENAUTISM.ORG	
K Form of organization: X Corporation Trust Association Other ► L Year of formation: 1984 M State of legal dom	nicile: NJ
Part I Summary	
1       Briefly describe the organization's mission or most significant activities:       THE MISSION OF THE EDEN AUTISM         2       SERVICES FOUNDATION IS TO SOLICIT         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)         4       Number of independent voting members of the governing body (Part VI, line 1b)	
2 Check this box 🕨 🛄 if the organization discontinued its operations or disposed of more than 25% of its net assets.	
8   3   Number of voting members of the governing body (Part VI, line 1a)   3	21
Ø             4	21
δ Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5	0
6 Total number of volunteers (estimate if necessary)	56
5       Total number of individuals employed in calendar year 2020 (Part V, line 2a)       5         6       Total number of volunteers (estimate if necessary)       6         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.
Prior Year Current Yo	
a         Contributions and grants (Part VIII, line 1h)         1,601,930.         1,110,	
	643.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	310.
- 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	657.
12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)         2,712,479.         2,620,	
	670.
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) 382,012. 365	587.
16a Professional fundraising fees (Part IX, column (A), line 11e)	0.
15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       302,012.303,         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.         b       Total fundraising expenses (Part IX, column (D), line 25)       ▲ 464,401.         17       Other expenses (Part IX, column (A), lines 112,11d, 115,24e)       1,211,219,1,1017	162
	960.
Beginning of Current Year         End of Year           20         Total assets (Part X, line 16)         26,148,493.         29,547           21         Total liabilities (Part X, line 26)         9,945,683.         9,700           22         Net assets or fund balances. Subtract line 21 from line 20         16,202,810.         19,847	
Image: Second state       26,148,493.       29,547.         Image: Second state       26,148,493.       29,547.         Image: Second state       9,945,683.       9,700.	
21       Total liabilities (Part X, line 26)       9,945,683.       9,700         22       Net assets or fund balances. Subtract line 21 from line 20       16,202,810.       19,847	
学月 22 Net assets or fund balances. Subtract line 21 from line 20	
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 be	ief it ie
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	101, 11 10
Sign Signature of officer Date	
Here JORGE DIAZ, CFO	

	Type or print name and title	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date Check PTIN							
Paid	KYLE A. NEELD, CPA	KYLE A. NEELD, CPA	04/08/22 self-employed P01231129							
Preparer	Firm's name <b>MERCADIEN</b> , P.C.		Firm's EIN 🕨 22-3271712							
Use Only	Firm's address P.O. BOX 7648									
	PRINCETON, NJ 08543-7648 Phone no.609-689-9700									
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions	X Yes No							
	IIIA For Denemicarly Deduction Act Natio	a and the compute instructions								

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1 990 (2020) EDEN AUTISM SERVICES FOUNDATION, INC. 22-421500	5 Page <b>2</b>
Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE MISSION OF THE EDEN AUTISM SERVICES FOUNDATION IS TO SOLICIT	
	CHARITABLE CONTRIBUTIONS TO SUPPORT THE EDUCATION, EMPLOYMENT,	
	RESIDENTIAL AND OUTREACH SERVICES CONDUCTED BY EDEN AUTISM SERVICE	s.
	THE FOUNDATION PLANS AND CARRIES OUT ADVANCEMENT ACTIVITIES FOR ED	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_		Yes X No
	If "Yes," describe these new services on Schedule O.	
3		Yes X No
U	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 expen	1989
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expense	
	revenue, if any, for each program service reported.	<i>3</i> 5, and
4a		50,020.)
ти	TO RAISE FUNDS FOR EDEN AUTISM SERVICES' PROGRAMS WHICH EDUCATE AN	/
	SUPPORT INDIVIDUALS WITH AUTISM, THEIR FAMILIES, AND THE COMMUNITI	
	WHICH THEY RESIDE AND ARE EMPLOYED.	
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 ► 1,104,343.	
		orm <b>990</b> (2020)
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	2	

Form 990 (2020)			FOUNDATION,	INC
Part IV Che	ecklist of Required	Schedules		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
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	4		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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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?			
	If "Yes," complete Schedule D, Part IV	9		X
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	10	Х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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? If "Yes," complete Schedule D, Part VII	11b	Х	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		
IZa	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	х	
h	Schedule D, Parts XI and XII	120	- 11	
U		12b	х	
13	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	120		X
13 14a		14a		X
	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			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15		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? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			1
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			1
	complete Schedule G, Part III	19	X	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<b> </b>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			ł
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	<u> </u>
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			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		<u> </u>
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	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
	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		x
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	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		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			<u> </u>
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		<u> </u>
21	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? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
a		28a		x
h	"Yes," complete Schedule L, Part IV	28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i>	000		x
00	"Yes," complete Schedule L, Part IV	28c 29		X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
~	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
<b>00</b>	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		х	
05 -	Part V, line 1	34	~	x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51		
~~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
~~	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations in 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	
1 0				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<b>V</b> -	
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable <b>1a 4</b>	-		
		-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	(00000)
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	<b>₩</b>			

020)				FOUNDATION,	
Statements	Regardin	g Other IR	S Filings and 1	Fax 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	0				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions	s)					
				3a		<u> </u>	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		-	4a		х	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?						
D	If "Yes," enter the name of the foreign country						
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?			5a 5b		X	
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			00			
	any contributions that were not tax deductible as charitable contributions?			6a		х	
b	If "Yes," did the organization include with every solicitation an express statement that such contribution						
	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 ser	vices p	provided to the payor?	7a	Х		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	as req	uired				
	to file Form 8282?			7c		X	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	t?	7e		<u>X</u>	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X	
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	e	•			
•				8			
9 a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?			9a			
				9b			
10	Section 501(c)(7) organizations. Enter:			0.0			
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:		•	1			
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			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?			13a			
	<b>Note:</b> 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	1.00	1				
~	organization is licensed to issue qualified health plans	13b 13c					
	Enter the amount of reserves on hand		1	14a		X	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14a 14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		or				
	excess parachute payment(s) during the year?			15		х	
	If "Yes," see instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incor	ne?	16		Х	
	If "Yes," complete Form 4720, Schedule O.						

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Form **990** (2020)

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Form 990 (2020)

Part V

Form 990	(2020)
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### EDEN AUTISM SERVICES FOUNDATION, INC.

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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.

					Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21		100	
	If there are material differences in voting rights among members of the governing body, or if the governing			1		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	21			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship					
-				2		X
3	Did the organization delegate control over management duties customarily performed by or under the					
Ū	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			4		X
- 5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X
6				6		X
1 a				7a		x
L	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, st			<u>7a</u>		
a				71.		x
•	persons other than the governing body?			7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		•	0.	х	
a	The governing body?			<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?			8b	~	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
200	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code	.)			
					Yes	No X
	Did the organization have local chapters, branches, or affiliates?			10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filin	g the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," describ	e			
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	l by indeper	ident			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with a				
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its particip	pation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization's				
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright  ext{NJ}$					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990-T (Se	ction 501(c)(3)	s only)	availa	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 Schedu	le O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict of inte	rest policy, and	l finano	cial	
	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 reco	rds 🕨 🔜			
	JORGE DIAZ, CHIEF FINANCIAL OFFICER - 609-987-0099					
	2 MERWICK ROAD, PRINCETON, NJ 08540					
	Z MERWICK ROAD, IRINCEION, NO 00540					

Form 990 (2020)			FOUNDATION,		22-4215005	Page 1				
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated										
Employee	s, and Independent Co	ntractors								
Check if Sch	edule O contains a response c	r note to any line i	in this Part VII			X				
Section A. Officers, Di	rectors, Trustees, Key Emplo	oyees, and Highe	st Compensated Emplo	oyees						
1a Complete this table for	or all persons required to be lis	ted. Report comp	ensation for the calenda	ar year ending	with or within the organization's	s tax year.				
I ist all of the organ	ization's <b>current</b> officers dire	ctors trustees (wh	ether individuals or ora:	anizations) re	gardless of amount of compension	ation				

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 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 and/or Box 7 of Form 1099-MISC) 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 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 weak         Description both companies and both companies and both companies and provide at attract of tubes organization (W2/1099-MISC)         Reportable companies and provide attraction (W2/1099-MISC)         Estimated and organization (W2/1099-MISC)           (1)         MICHAEL DECKER         10.00         X         0.         375,849.         20,263.           (2)         JINNIFER BIZUB         10.00         X         0.         178,841.         24,148.           (3)         MELINDA MCALERR         20.00         X         0.         178,841.         24,148.           (3)         MELINDA MCALERR         20.00         X         0.         143,641.         15,492.           (4)         JORE DIAC         10.00         X         0.         118,574.         24,108.           (5)         EUGINA GORE         10.00         X         0.         118,677.         11,391.           (6)         ANGRERY         2.00         X         0.         0.         0.           (3)         MELINDA MCALERR         2.00         X         0.         118,677.         11,391.           (3)         MELINDA MCRERY         30.00         X         0.         0.         0.           (3)	(A)	(B)			(0	C)			(D)	(E)	(F)
hours per week         box, unless permit is softiam         compensation         compensation         compensation         amount of softiam           (iii amount of grant additional softiam ad additional softiam additex additex additional softiam additionadditex additionadditional	Name and title	Average	(do					ne	Reportable	Reportable	Estimated
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(1) MICHAEL DECKER       10.00       x       0.375,849.       20,263.         (2) JENIFER BIZUB       10.00       x       0.375,849.       20,263.         (3) MELINDA MCALEER       20.00       x       0.178,841.       24,148.         (3) MELINDA MCALEER       20.00       x       0.143,641.       15,492.         (4) JORGE DIAZ       10.00       x       0.152,473.       5,001.         (5) BUGENIA GORE       10.00       x       0.118,574.       24,084.         (6) ANGELIQUE BIZZARRI       10.00       x       0.116,345.       18,033.         (7) JORI ZAHORSKY       2.00       x       0.00.0.       0.0.         (8) MARE BERKOWSKY       2.00       x       0.00.0.0.       0.0.0.         (10) MILLIAM JOINSTON       2.00       x       0.0.0.0.0.       0.0.0.         (11) ANDREM HAUGHWOUT       2.00       x       0.0.0.0.0.       0.0.0.         (11) ANDREM HAUGHWOUT       2.00       x			irecto							<b>v</b>	
(1) MICHAEL DECKER       10.00       x       0.375,849.       20,263.         (2) JENIFER BIZUB       10.00       x       0.375,849.       20,263.         (3) MELINDA MCALEER       20.00       x       0.178,841.       24,148.         (3) MELINDA MCALEER       20.00       x       0.143,641.       15,492.         (4) JORGE DIAZ       10.00       x       0.152,473.       5,001.         (5) BUGENIA GORE       10.00       x       0.118,574.       24,084.         (6) ANGELIQUE BIZZARRI       10.00       x       0.116,345.       18,033.         (7) JORI ZAHORSKY       2.00       x       0.00.0.       0.0.         (8) MARE BERKOWSKY       2.00       x       0.00.0.0.       0.0.0.         (10) MILLIAM JOINSTON       2.00       x       0.0.0.0.0.       0.0.0.         (11) ANDREM HAUGHWOUT       2.00       x       0.0.0.0.0.       0.0.0.         (11) ANDREM HAUGHWOUT       2.00       x			e or d	tee			sated		, , , , , , , , , , , , , , , , , , ,	(00-2/1099-00150)	
(1) MICHAEL DECKER       10.00       x       0.375,849.       20,263.         (2) JENIFER BIZUB       10.00       x       0.375,849.       20,263.         (3) MELINDA MCALEER       20.00       x       0.178,841.       24,148.         (3) MELINDA MCALEER       20.00       x       0.143,641.       15,492.         (4) JORGE DIAZ       10.00       x       0.152,473.       5,001.         (5) BUGENIA GORE       10.00       x       0.118,574.       24,084.         (6) ANGELIQUE BIZZARRI       10.00       x       0.116,345.       18,033.         (7) JORI ZAHORSKY       2.00       x       0.00.0.       0.0.         (8) MARE BERKOWSKY       2.00       x       0.00.0.0.       0.0.0.         (10) MILLIAM JOINSTON       2.00       x       0.0.0.0.0.       0.0.0.         (11) ANDREM HAUGHWOUT       2.00       x       0.0.0.0.0.       0.0.0.         (11) ANDREM HAUGHWOUT       2.00       x			ruste	ll trus		/ee	m pe n		(00-271033-10100)		•
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(2) JENNIFER BIZUB       10.00       X       0.       178,841.       24,148.         (3) MELINDA MCALEER       20.00       X       0.       143,641.       15,492.         (4) JORGE DIAZ       10.00       X       0.       143,641.       15,492.         (4) JORGE DIAZ       10.00       X       0.       143,641.       15,492.         (5) EUGENIA GORE       10.00       X       0.       152,473.       5,001.         (6) ANGELIQUE BIZZARRI       10.00       X       0.       118,574.       24,084.         (6) ANGELIQUE BIZZARRI       10.00       X       0.       116,345.       18,033.         (7) JOIN ZAHORSKY       10.00       X       0.       118,677.       11,391.         (8) MAR BERKOWSKY       2.00       X       0.       0.       0.         (9) MARIBETH EDMUNDS       2.00       X       0.       0.       0.         (11) MOREN HAOGRHOUT       2.00       X       0.       0.       0.         (12) MURENTRUSTEE       4.00       X       X       0.       0.       0.         (11) MORENTON       2.00       X       0.       0.       0.       0.       0.	(1) MICHAEL DECKER	10.00									
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CHIEF DEVELOPMENT OFFICER         20.00         X         0.         143,641.         15,492.           (4) JORGE DIAZ         10.00         X         0.         152,473.         5,001.           (5) EUGENIA GORE         10.00         X         0.         152,473.         5,001.           (6) ANGELIQUE BIZZARI         10.00         X         0.         118,574.         24,084.           (6) ANGELIQUE BIZZARI         10.00         X         0.         116,345.         18,033.           (7) JOHN ZAHORSKY         10.00         X         0.         118,677.         11,391.           (8) MARK BERKOWSKY         2.00         X         0.         0.         0.           (9) MARIETH EMUNDS         2.00         X         0.         0.         0.           (10) WILLIAM JOINSTON         2.00         X         0.         0.         0.           VICE CHAIR/TRUSTEE         4.00         X         X         0.         0.         0.           SECRETARY/TRUSTEE         4.00         X         X         0.         0.         0.           (12) FAIL FRIOR         2.00         X         0.         0.         0.         0.           SECRETARY/TRUSTEE<	<u>coo</u>	30.00				Х			0.	178,841.	24,148.
(4) JORGE DIAZ       10.00       X       0.152,473.5,001.         (5) EUGENIA GORE       10.00       X       0.152,473.5,001.         (5) EUGENIA GORE       10.00       X       0.152,473.5,001.         (6) ANGELIQUE BIZZARRI       10.00       X       0.118,574.24,084.         (7) JOHN ZAHORSKY       10.00       X       0.116,345.18,033.         (7) JOHN ZAHORSKY       10.00       X       0.118,677.11,391.         (8) MARK BERKOWSKY       2.00       X       0.0.0.0.         (9) MARIBETH EDMUNDS       2.00       X       0.0.0.0.         (10) WILLIAM JOHNSTON       2.00       X       0.0.0.0.         (11) ANDREW HAUGHWOUT       2.00       X       0.0.0.0.         (11) ANDREW HAUGHWOUT       2.00       X       0.0.0.0.         (12) PAUL PRIOR       2.00       X       0.0.0.0.         (13) JOHN AMIRANTE       1.00       X       0.0.0.0.         (14) CHARLIE BANTA       1.00       X       0.0.0.0.         (14) CHARLIE BANTA       1.00       X       0.0.0.0.         (15) MADELINE CHADEHUMBE       1.00       0.0.0.0.       0.0.0.         (14) CHARLIE BANTA       1.00       0.0.0.0.0.       0.0.0.0. <t< td=""><td>(3) MELINDA MCALEER</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	(3) MELINDA MCALEER										
CFO         30.00         X         0.         152,473.         5,001.           (5)         EUGENIA GORE         10.00         X         0.         118,574.         24,084.           DIRECTOR OF REAL ESTATE         30.00         X         0.         118,574.         24,084.           (6)         ANGELIQUE BIZZARRI         10.00         X         0.         118,574.         24,084.           DIRECTOR OF HUMAN RESOURCES         30.00         X         0.         116,345.         18,033.           (7)         JOHN ZAHORSKY         10.00         X         0.         118,677.         11,391.           (8)         MARK BERKOWSKY         2.00         X         0.         0.         0.           (9)         MARIBETH EDMUNDS         2.00         X         0.         0.         0.           VICE CHAIR/TRUSTEE         4.000         X         X         0.         0.         0.           (10)         WILLAM JOHNSTON         2.00         X         0.         0.         0.           (11) ANDREW HAUGHWOUT         2.00         X         0.         0.         0.         0.           (12)         PAUL PRIOR         2.00         X	CHIEF DEVELOPMENT OFFICER						Х		0.	143,641.	15,492.
(5)       EUGENIA GORE       10.00       X       0.       118,574.       24,084.         (6)       ANGELIQUE BIZZARRI       10.00       X       0.       116,345.       18,033.         (7)       JOHN ZAHORSKY       10.00       X       0.       116,345.       18,033.         (7)       JOHN ZAHORSKY       10.00       X       0.       116,345.       18,033.         (8)       MARK BERKOWSKY       2.00       X       0.       0.       0.       0.         (8)       MARK BERKOWSKY       2.00       X       0.       0.       0.       0.         (9)       MARIBETH EDMUNDS       2.00       X       X       0.       0.       0.         (10)       WILLTAM JOHNSTON       2.00       X       X       0.       0.       0.         (11)       MARK HAUGHNOUT       2.00       X       X       0.       0.       0.         TREASURER/TRUSTEE       4.00       X       X       0.       0.       0.       0.         (12)       PAUL PRIOR       2.00       X       X       0.       0.       0.       0.       0.         TRUSTEE       2.00       X	(4) JORGE DIAZ										
DIRECTOR OF REAL ESTATE         30.00         X         0.         118,574.         24,084.           (6) ANGELIQUE BIZZARI         10.00         X         0.         116,345.         18,033.           (7) JOHN ZAHORSKY         10.00         X         0.         116,345.         18,033.           (7) JOHN ZAHORSKY         10.00         X         0.         118,677.         11,391.           (8) MARK BERKOWSKY         2.00         X         0.         0.         0.           (9) MARIBETH EDMUNDS         2.00         X         0.         0.         0.           VICE CHAIR/TRUSTEE         4.00         X         X         0.         0.         0.           VICE CHAIR/TRUSTEE         4.00         X         X         0.         0.         0.           VICE CHAIR/TRUSTEE         4.000         X         X         0.         0.         0.           VICE CHAIR/TRUSTEE         4.000         X         X         0.         0.         0.           VICE CHAIR/TRUSTEE         4.000         X         X         0.         0.         0.           (10) WILLIAM JOHNSTON         2.00         X         X         0.         0.         0. </td <td>CFO</td> <td></td> <td></td> <td></td> <td></td> <td>Х</td> <td></td> <td></td> <td>0.</td> <td>152,473.</td> <td>5,001.</td>	CFO					Х			0.	152,473.	5,001.
(6) ANGELIQUE BIZZARRI       10.00       X       0. 116,345.       18,033.         (7) JOHN ZAHORSKY       10.00       X       0. 116,345.       18,033.         (7) JOHN ZAHORSKY       10.00       X       0. 116,345.       18,033.         (8) MARK BERKOWSKY       2.00       X       0. 118,677.       11,391.         (8) MARK BERKOWSKY       2.00       X       0. 0.       0.         (9) MARIBETH EDMUNDS       2.00       X       X       0. 0.       0.         (10) WILLIM JOINSTON       2.00       X       X       0. 0.       0.         VICE CHAIR/TRUSTEE       4.00 X       X       0. 0.       0.       0.         (11) ANDREW HAUGHWOUT       2.00       X       X       0. 0.       0.         TRESAUREN/TRUSTEE       4.00 X       X       0. 0.       0.       0.         (11) ANDREW HAUGHWOUT       2.00       X       X       0. 0.       0.       0.         TRASE       2.00 X       X       0. 0.       0.       0.       0.       0.         (12) PAUL PRIOR       2.00 X       0.       0.       0.       0.       0.       0.       0.         (13) JOHN AMIRANTE       1.00 <td>(5) EUGENIA GORE</td> <td></td>	(5) EUGENIA GORE										
DIRECTOR OF HUMAN RESOURCES         30.00         X         0.         116,345.         18,033.           (7) JOIN ZAHORSKY         10.00         X         0.         118,677.         11,391.           DIRECTOR OF IT         30.00         X         0.         118,677.         11,391.           (8) MARK BERKOWSKY         2.00         X         0.         0.         0.           (9) MARIBETH EDMUNDS         2.00         X         0.         0.         0.           (10) WILLIAM JOINSTON         2.00         X         0.         0.         0.           (11) ANDREW HAUGHWOUT         2.00         X         0.         0.         0.           TRASURE/TRUSTEE         4.00 X         X         0.         0.         0.           (11) ANDREW HAUGHWOUT         2.00         X         0.         0.         0.           TRASURE/TRUSTEE         4.00 X         X         0.         0.         0.           (12) PAUL PRIOR         2.00         X         0.         0.         0.           SECRETARY/TRUSTEE         1.00         7.00         7.00         0.         0.         0.           (13) JOIN AMIRANTE         1.00         7.00         0	DIRECTOR OF REAL ESTATE						Х		0.	118,574.	24,084.
(7) JOHN ZAHORSKY       10.00       X       0.       118,677.       11,391.         (8) MARK BERKOWSKY       2.00       X       0.       0.       0.       0.         (9) MARIBETH EDMUNDS       2.00       X       X       0.       0.       0.       0.         vice chair/TRUSTEE       4.00       X       X       0.       0.       0.       0.         (10) WILLIAM JOHNSTON       2.00       X       X       0.       0.       0.       0.         (11) ANDREW HAUGHWOUT       2.00       X       X       0.       0.       0.       0.         (11) ANDREW HAUGHWOUT       2.00       X       X       0.       0.       0.       0.         (12) PAUL PRIOR       2.00       X       X       0.       0.       0.       0.         SECRETARY/TRUSTEE       4.00       X       X       0.       0.       0.       0.         (13) JOHN AMIRANTE       1.000       X       X       0.       0.       0.       0.         (14) CHARLIE BANTA       1.00       X       0.       0.       0.       0.       0.       0.       0.         (15) MADELINE CHADEHUMBE       1.	(6) ANGELIQUE BIZZARRI										
DIRECTOR OF IT         30.00         X         0.         118,677.         11,391.           (8) MARK BERKOWSKY         2.00         X         0.         0.         0.         0.           (9) MARIBETH EDMUNDS         2.00         X         0.         0.         0.         0.           (10) WILLIAM JOHNSTON         2.00         X         X         0.         0.         0.           VICE CHAIR/TRUSTEE         4.00         X         X         0.         0.         0.           (11) ANDREW HAUGHNOUT         2.00         X         X         0.         0.         0.           SECRETARY/TRUSTEE         4.00         X         X         0.         0.         0.           (13) JOHN AMIRANTE         1.00         X         0.         0.         0.         0.           TRUSTEE         2.00         X         0.         0.	DIRECTOR OF HUMAN RESOURCES						Х		0.	116,345.	18,033.
(8) MARK BERKOWSKY       2.00       X       X       0.       0.       0.         (9) MARIBETH EDMUNDS       2.00       X       X       0.       0.       0.         (9) MARIBETH EDMUNDS       2.00       X       X       0.       0.       0.         (10) WILLIAM JOHNSTON       2.00       X       X       0.       0.       0.         VICE CHAIR/TRUSTEE       4.00       X       X       0.       0.       0.         (11) ANDREW HAUGHWOUT       2.00       X       0.       0.       0.       0.         (12) PAUL PRIOR       2.00       X       0.       0.       0.       0.       0.         (13) JOHN AMIRANTE       1.00       X       0.       0.       0.       0.       0.         TRUSTEE       2.00       X       0.       0.       0.       0.       0.       0.         (14) CHARLIE BANTA       1.00       X       0.       0.       0.       0.       0.       0.       0.         TRUSTEE       2.00       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.	(7) JOHN ZAHORSKY										
CHAIR/TRUSTEE         4.00         X         X         0.         0.         0.           (9) MARIBETH EDMUNDS         2.00         X         X         0.         0.         0.           VICE CHAIR/TRUSTEE         4.00         X         X         0.         0.         0.           (10) WILLIAM JORNSTON         2.00         X         X         0.         0.         0.           VICE CHAIR/TRUSTEE         4.00         X         X         0.         0.         0.           (11) ANDREW HAUGHWOUT         2.00         X         X         0.         0.         0.           (12) PAUL PRIOR         2.00         X         X         0.         0.         0.           (13) JOHN AMIRANTE         1.00         X         X         0.         0.         0.           TRUSTEE         2.00         X         0.         0.         0.         0.         0.           TRUSTEE         2.00         X         0.         0.         0.         0.         0.           (14) CHARLIE BANTA         1.00         X         0.         0.         0.         0.         0.         0.           (16) MARC CITRON         1.0	DIRECTOR OF IT						Х		0.	118,677.	11,391.
(9) MARIBETH EDMUNDS       2.00       X       X       0.       0.       0.         VICE CHAIR/TRUSTEE       4.00       X       X       0.       0.       0.       0.         (10) WILLIAM JOHNSTON       2.00       X       X       0.       0.       0.       0.         VICE CHAIR/TRUSTEE       4.00       X       X       0.       0.       0.       0.         (11) ANDREW HAUGHWOUT       2.00       X       X       0.       0.       0.       0.         (12) PAUL PRIOR       2.00       X       X       0.       0.       0.       0.         (13) JOHN AMIRANTE       1.00       X       X       0.       0.       0.       0.         (14) CHARLIE BANTA       1.00       X       0.       0.       0.       0.       0.         (15) MADELINE CHADEHUMBE       1.00       X       0.       0.       0.       0.       0.       0.         (16) MARC CITRON       1.00       X       0.       0.       0.       0.       0.       0.         (17) JEFF GARY       1.00       X       0.       0.       0.       0.       0.       0.       0.       0.	(8) MARK BERKOWSKY										
VICE CHAIR/TRUSTEE         4.00         X         X         0.         0.         0.         0.           (10) WILLIAM JOHNSTON         2.00         X         X         0.         0.         0.         0.           VICE CHAIR/TRUSTEE         4.00         X         X         0.         0.         0.         0.           (11) ANDREW HAUGHWOUT         2.00         X         X         0.         0.         0.           TREASURER/TRUSTEE         4.00         X         X         0.         0.         0.           (12) PAUL PRIOR         2.00         X         X         0.         0.         0.           secretary/TRUSTEE         4.00         X         X         0.         0.         0.           (13) JOHN AMIRANTE         1.00         X         X         0.         0.         0.           TRUSTEE         2.00         X         0.         0.         0.         0.         0.           (14) CHARLIE BANTA         1.00         X         0.         0.         0.         0.         0.         0.           (15) MADELINE CHADEHUMBE         1.00         X         0.         0.         0.         0. <t< td=""><td>CHAIR/TRUSTEE</td><td></td><td>Х</td><td></td><td>Х</td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>	CHAIR/TRUSTEE		Х		Х				0.	0.	0.
(10) WILLIAM JOHNSTON       2.00       X       X       0.       0.       0.         VICE CHAIR/TRUSTEE       4.00       X       X       0.       0.       0.       0.         (11) ANDREW HAUGHWOUT       2.00       X       X       0.       0.       0.       0.         TREASURER/TRUSTEE       4.00       X       X       0.       0.       0.       0.         (12) PAUL PRIOR       2.00       X       X       0.       0.       0.       0.         SECRETARY/TRUSTEE       4.00       X       X       0.       0.       0.       0.         (13) JOHN AMIRANTE       1.00       X       X       0.       0.       0.       0.         TRUSTEE       2.00       X       0.       0.       0.       0.       0.       0.         (14) CHARLIE BANTA       1.00       X       0.       0.       0.       0.       0.       0.       0.         (15) MADELINE CHADEHUMBE       1.00       X       0.       0.       0.       0.       0.       0.       0.         TRUSTEE       2.00       X       0.       0.       0.       0.       0.       0. </td <td>(9) MARIBETH EDMUNDS</td> <td></td>	(9) MARIBETH EDMUNDS										
VICE CHAIR/TRUSTEE         4.00         X         X         0.         0.         0.         0.           (11) ANDREW HAUGHWOUT         2.00         X         X         0.         0.         0.         0.           TREASURER/TRUSTEE         4.00         X         X         0.         0.         0.         0.           (12) PAUL PRIOR         2.00         X         X         0.         0.         0.         0.           SECRETARY/TRUSTEE         4.00         X         X         0.         0.         0.         0.           (13) JOHN AMIRANTE         1.00         X         X         0.         0.         0.         0.           TRUSTEE         2.00         X         X         0.         0.         0.         0.           (14) CHARLIE BANTA         1.00         X         X         0.         0.         0.         0.           (15) MADELINE CHADEHUMBE         1.00         X         X         0.         0.         0.         0.           (16) MARC CITRON         1.00         X         X         0.         0.         0.         0.           (17) JEFF GARY         1.00         X         X	VICE CHAIR/TRUSTEE		Х		Х				0.	0.	0.
(11) ANDREW HAUGHWOUT       2.00       X       X       0.       0.       0.         TREASURER/TRUSTEE       4.00       X       X       0.       0.       0.         (12) PAUL PRIOR       2.00       X       X       0.       0.       0.         SECRETARY/TRUSTEE       4.00       X       X       0.       0.       0.         (13) JOHN AMIRANTE       1.00       X       X       0.       0.       0.         TRUSTEE       2.00       X       0.       0.       0.       0.         (14) CHARLIE BANTA       1.00       X       0.       0.       0.       0.         TRUSTEE       2.00       X       0.       0.       0.       0.       0.         (15) MADELINE CHADEHUMBE       1.00       X       0.       0.       0.       0.       0.         TRUSTEE       2.00       X       0.       0.       0.       0.       0.       0.         (16) MARC CITRON       1.00       X       0.       0.       0.       0.       0.       0.         (17) JEFF GARY       1.00       X       0.       0.       0.       0.       0.       0. </td <td>(10) WILLIAM JOHNSTON</td> <td></td>	(10) WILLIAM JOHNSTON										
TREASURER/TRUSTEE       4.00       X       X       0.       0.       0.         (12) PAUL PRIOR       2.00       X       X       0.       0.       0.         SECRETARY/TRUSTEE       4.00       X       X       0.       0.       0.         (13) JOHN AMIRANTE       1.00       X       X       0.       0.       0.         TRUSTEE       2.00       X       0.       0.       0.       0.         (14) CHARLIE BANTA       1.00       X       0.       0.       0.         TRUSTEE       2.00       X       0.       0.       0.         (15) MADELINE CHADEHUMBE       1.00       X       0.       0.       0.         TRUSTEE       2.00       X       0.       0.       0.       0.         (16) MARC CITRON       1.00       X       0.       0.       0.       0.         (17) JEFF GARY       1.00       X       0.       0.       0.       0.         TRUSTEE       2.00       X       0.       0.       0.       0.	VICE CHAIR/TRUSTEE		Х		Х				0.	0.	0.
(12) PAUL PRIOR       2.00       X       X       0.       0.       0.         SECRETARY/TRUSTEE       4.00       X       X       0.       0.       0.       0.         (13) JOHN AMIRANTE       1.00       X       X       0.       0.       0.       0.         TRUSTEE       2.00       X       0.       0.       0.       0.       0.         (14) CHARLIE BANTA       1.00       X       0.       0.       0.       0.       0.         TRUSTEE       2.00       X       0.       0.       0.       0.       0.         (15) MADELINE CHADEHUMBE       1.00       X       0.       0.       0.       0.       0.         TRUSTEE       2.00       X       0.       0.       0.       0.       0.         (16) MARC CITRON       1.00       X       0.       0.       0.       0.       0.         TRUSTEE       2.00       X       0.       0.       0.       0.       0.         (17) JEFF GARY       1.00       X       0.       0.       0.       0.       0.         TRUSTEE       2.00       X       0.       0.       0.	(11) ANDREW HAUGHWOUT										
SECRETARY/TRUSTEE       4.00       X       X       0.       0.       0.         (13) JOHN AMIRANTE       1.00       1.00       0.       0.       0.       0.       0.         TRUSTEE       2.00       X       0.       0.       0.       0.       0.         (14) CHARLIE BANTA       1.00       X       0.       0.       0.       0.         TRUSTEE       2.00       X       0.       0.       0.       0.         (15) MADELINE CHADEHUMBE       1.00       X       0.       0.       0.       0.         TRUSTEE       2.00       X       0.       0.       0.       0.       0.         (16) MARC CITRON       1.00       X       0.       0.       0.       0.       0.         TRUSTEE       2.00       X       0.       0.       0.       0.       0.         (17) JEFF GARY       1.00       X       0.       0.       0.       0.       0.         TRUSTEE       2.00       X       0.       0.       0.       0.       0.	TREASURER/TRUSTEE		Х		Х				0.	0.	0.
(13) JOHN AMIRANTE       1.00       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(12) PAUL PRIOR										
TRUSTEE       2.00       X       0.       0.       0.       0.         (14) CHARLIE BANTA       1.00       1.00       0.       0.       0.       0.       0.         TRUSTEE       2.00       X       0.       0.       0.       0.       0.         (15) MADELINE CHADEHUMBE       1.00       X       0.       0.       0.       0.         TRUSTEE       2.00       X       0.       0.       0.       0.       0.         (16) MARC CITRON       1.00       X       0.       0.       0.       0.       0.         TRUSTEE       2.00       X       0.       0.       0.       0.       0.         (17) JEFF GARY       1.00       X       0.       0.       0.       0.       0.         TRUSTEE       2.00       X       0.       0.       0.       0.       0.	SECRETARY/TRUSTEE		Х		Х				0.	0.	0.
(14) CHARLIE BANTA       1.00       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(13) JOHN AMIRANTE										
TRUSTEE       2.00       X       0.       0.       0.       0.         (15) MADELINE CHADEHUMBE       1.00       1.00       0.       0.       0.       0.       0.         TRUSTEE       2.00       X       0.       0.       0.       0.       0.         (16) MARC CITRON       1.00       X       0.       0.       0.       0.         TRUSTEE       2.00       X       0.       0.       0.       0.         (17) JEFF GARY       1.00       X       0.       0.       0.       0.         TRUSTEE       2.00       X       0.       0.       0.       0.	TRUSTEE		Х						0.	0.	0.
(15) MADELINE CHADEHUMBE       1.00       X       0.       0.       0.         TRUSTEE       2.00       X       0.       0.       0.       0.         (16) MARC CITRON       1.00       X       0.       0.       0.       0.         TRUSTEE       2.00       X       0.       0.       0.       0.         (17) JEFF GARY       1.00       X       0.       0.       0.         TRUSTEE       2.00       X       0.       0.       0.											
TRUSTEE       2.00 X       0.       0.       0.       0.         (16) MARC CITRON       1.00 X       0.       0.       0.       0.       0.         TRUSTEE       2.00 X       0.       0.       0.       0.       0.       0.         (17) JEFF GARY       1.00 X       0.       0.       0.       0.       0.       0.         TRUSTEE       2.00 X       0.       0.       0.       0.       0.       0.			Х						0.	0.	0.
(16) MARC CITRON       1.00       0.00       0.00         TRUSTEE       2.00       X       0.00       0.00         (17) JEFF GARY       1.00       X       0.00       0.00         TRUSTEE       2.00       X       0.00       0.00	(15) MADELINE CHADEHUMBE										
TRUSTEE         2.00 X         0.			Х						0.	0.	0.
(17) JEFF GARY         1.00         0.00											
TRUSTEE 2.00 X 0. 0. 0.			Х						0.	0.	0.
			l								-
Eorm 990 (2020)	TRUSTEE	2.00	Х						0.	0.	

032007 12-23-20

Form **990** (2020)

### 14470408 756598 11992.300

Form 990 (2020) EDEN AUT	ISM SERV	ΊC	ES	F	OU	ND	AΊ	CION,	INC.	22-4	<u>215</u>	005	Pa	ıge <b>8</b>
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensa	ted Employee	s (continued)				
(A)	(B)			(0					(D)	(E)			(F)	
Name and title	Average			Posi	ition			Re	portable	Reportable		Fs	timated	d
Name and the	hours per			heck r ss per					pensation	compensatio			nount c	
	week			nd a di					from	from related			other	
	(list any	tor							the	organization			pensat	ion
	hours for	direc				-		ora	anization	(W-2/1099-MI			om the	
	related	se or	stee			nsate			1099-MISC)	(	,		anizatio	
	organizations	ndividual trustee or director	nstitutional trustee		yee	mpe		(=	,			•	relate	
	below	dual	ution	-	nplo	st co oyee	er					orga	nizatio	ons
	line)	Indivi	Instit	Officer	Key employee	Highest compensated employee	Former					Ū		
(18) CLAUDE GEORGE	1.00				_									
TRUSTEE	2.00	х							0.		Ο.			0.
(19) NORMAN GREENBERG	1.00										••			<u> </u>
TRUSTEE	2.00	v							0		0.			0
		Х							0.		0.			0.
(20) SCOTT KENT	1.00										•			-
TRUSTEE	2.00	Х							0.		0.			0.
(21) KATHLEEN MOORE	1.00													
TRUSTEE	2.00	Х							Ο.		0.			0.
(22) JAYNE O'CONNOR	1.00													
TRUSTEE	2.00	х							0.		Ο.			0.
(23) TARA PALAMARIK	1.00										••			<u>.</u>
TRUSTEE	2.00	х							0.		Ο.			^
		Δ							0.		0.			0.
(24) GAHAN PANDINA	1.00								•		•			•
TRUSTEE	2.00	Х							0.		0.			0.
(25) FRANK PIAZZA	1.00													
TRUSTEE	2.00	Х							0.		0.			Ο.
(26) STACIE SHERMAN	1.00													
TRUSTEE	2.00	х							0.		Ο.			0.
1b Subtotal									0.	1,204,4		118	3,41	
c Total from continuation sheets to Part VI									0.	/_0/_	0.			0.
									0.	1,204,4	-	110	3,41	
d Total (add lines 1b and 1c)												<u>тт</u>	,41	. 4 •
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived m	ore than \$100,	000 of reportable	e			0
compensation from the organization														0
													Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	key e	emple	oyee	e, or	hig	ghest com	pensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for su	uch individual											3		Х
4 For any individual listed on line 1a, is the su														
and related organizations greater than \$150			-							-		4	X	
5 Did any person listed on line 1a receive or a														
rendered to the organization? If "Yes," com												5		Х
Section B. Independent Contractors	piele Schedule	; ] [(	JISL	<u>icn c</u>	Jers	011 .						v		
· · · · · · · · · · · · · · · · · · ·										100.000 - (				
1 Complete this table for your five highest con											pensa	tion fro	m	
the organization. Report compensation for t	he calendar ye	ear e	endir	ng wi	ith c	or wi	thin	n the organ I		ear.				
(A)				_				-	(B)			(C		
Name and business	address	NC	ONE	5				L	Description of s	ervices	0	omper	isation	i
2 Total number of independent contractors (ir	ncluding but no	ot lin	nitec	d to t			ted	above) w	ho received me	ore than				
\$100,000 of compensation from the organiz					C									
SEE PART VII, SECTION	A CONT	IN	UA	TI	ON	S	HE	ETS				Form	<b>990</b> (2	.020)

SEE PART VII, SECTION A CONTINUATION SHEETS 032008 12-23-20

Form 990 EDEN AUT	SM SERV	IC	ES	F	'OU	ND	AT	ION, INC.	22-421	5005
Part VII Section A. Officers, Directors, Tru	stees, Key En	nplo	yee	<u>s, aı</u> ((	nd H	lighe	est (	Compensated Employ	ees (continued)	
(A) Name and title	<b>(B)</b> Average hours per	Average F hours (check						<b>(D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest com pensated em ployee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(27) JEFFREY VAMOS TRUSTEE	1.00 2.00	х						0.	0.	0.
(28) MICHELLE WATTS	1.00							<b>Ŭ</b> .		
TRUSTEE	2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

032201 04-01-20

Best         1 a         Federated campaigns         1 a <th1 a<="" th=""> <th1 a<="" th=""> <th1 a<="" th=""></th1></th1></th1>						1 S	ERVICES	FOUNDATION	INC.	22-4215	005 Page <b>9</b>
I is Federated campaigns         Is         Is         Is         Federated campaigns         Is         Is         Is         Federated campaigns         Is         Is         Is         Federated campaigns         Is         Is         Is         Federated campaigns         Is         Is         Is         Federated campaigns         Is         Is         Is         Federated campaigns         Is         Is         Is         Federated campaigns         Is         Is         Is         Is         Federated campaigns         Is         Is </th <th>Pa</th> <th>rt V</th> <th>/111</th> <th>Statement of Rever</th> <th>nue</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	Pa	rt V	/111	Statement of Rever	nue						
Total revenue         Platted of exempt function revenue         Diminister Unitient function revenue         Revenue includes function revenue <th< td=""><th></th><td></td><td></td><td>Check if Schedule O cont</td><td>tains a respo</td><td>onse</td><td>or note to any li</td><td>ne in this Part VIII</td><td></td><td></td><td></td></th<>				Check if Schedule O cont	tains a respo	onse	or note to any li	ne in this Part VIII			
Bit Notice         Function         Dublets revenue         Dublets revenue         Total Add legender           group         b         Membership dus         1a											
and Federated campaigns         tal         tal <thtal< th="">         tal         <thtal< th=""></thtal<></thtal<>								I otal revenue			
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2 a         PROGRAM SERVICES RENTAL         531110         818,643.         818,643.           b	O a		n	Iotal. Add lines 1a-11							
90         90         90         90         90         90         90         90         90         90         90         90         90         90         90         91				PROGRAM GERUITGEG RENMA	-				010 (42		
g       Total. Add lines 2a21       ▶       818,643.         3       Investment income (including dividends, interest, and other similar amounts).       >>       301,714.         4       income from investment of tax-exempt bond proceeds       >       >>         5       Royalies       >       >>         6       a       Gross rents       6a       >>         6       a       Gross rents       6a       >>         6       a       Gross amount from sales of assets other than inventory       >>       >>         7       a Gross amount from sales of assets other than inventory       >>       >>       >>         7       a Gross income from fundrasing events       >>       >>       >>       >>         7       a Gross income from fundrasing events       >>       >>       >>       >>       >>         6       a Gross income from fundrasing events       >>	ice.	2					531110	818,643.	818,643.		
g       Total. Add lines 2a21       ▶       818,643.         3       Investment income (including dividends, interest, and other similar amounts).       >>       301,714.         4       income from investment of tax-exempt bond proceeds       >       >>         5       Royalies       >       >>         6       a       Gross rents       6a       >>         6       a       Gross rents       6a       >>         6       a       Gross amount from sales of assets other than inventory       >>       >>         7       a Gross amount from sales of assets other than inventory       >>       >>       >>         7       a Gross income from fundrasing events       >>       >>       >>       >>         7       a Gross income from fundrasing events       >>       >>       >>       >>       >>         6       a Gross income from fundrasing events       >>	ervi		b								
g       Total. Add lines 2a21       ▶       818,643.         3       Investment income (including dividends, interest, and other similar amounts).       >>       301,714.         4       income from investment of tax-exempt bond proceeds       >       >>         5       Royalies       >       >>         6       a       Gross rents       6a       >>         6       a       Gross rents       6a       >>         6       a       Gross amount from sales of assets other than inventory       >>       >>         7       a Gross amount from sales of assets other than inventory       >>       >>       >>         7       a Gross income from fundrasing events       >>       >>       >>       >>         7       a Gross income from fundrasing events       >>       >>       >>       >>       >>         6       a Gross income from fundrasing events       >>	S u		С								
g       Total. Add lines 2a21       ▶       818,643.         3       Investment income (including dividends, interest, and other similar amounts).       >>       301,714.         4       income from investment of tax-exempt bond proceeds       >       >>         5       Royalies       >       >>         6       a       Gross rents       6a       >>         6       a       Gross rents       6a       >>         6       a       Gross amount from sales of assets other than inventory       >>       >>         7       a Gross amount from sales of assets other than inventory       >>       >>       >>         7       a Gross income from fundrasing events       >>       >>       >>       >>         7       a Gross income from fundrasing events       >>       >>       >>       >>       >>         6       a Gross income from fundrasing events       >>	ran ev		d								
g       Total. Add lines 2a21       ▶       818,643.         3       Investment income (including dividends, interest, and other similar amounts).       >>       301,714.         4       income from investment of tax-exempt bond proceeds       >       >>         5       Royalies       >       >>         6       a       Gross rents       6a       >>         6       a       Gross rents       6a       >>         6       a       Gross amount from sales of assets other than inventory       >>       >>         7       a Gross amount from sales of assets other than inventory       >>       >>       >>         7       a Gross income from fundrasing events       >>       >>       >>       >>         7       a Gross income from fundrasing events       >>       >>       >>       >>       >>         6       a Gross income from fundrasing events       >>	<u>в</u> о 1		е								
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other similar amounts)       301,714       301,714         4       income from investment of tax-exempt bond proceeds       1         5       Royaltis       1         6       a Gross rents       6         6       a Gross rents       6         6       a Gross rental expenses       6         7       a Gross amount from subset of assets of the rental income or (loss)       1         7       a Gross amount from subset of assets of assets of the rental income or (loss)       1         8       a Gross amount from subset of assets of assets of the rental income or (loss)       1         9       a Gross income from subset of including sents (not including sign or (loss)       1       1         4       N Real (li)       0       0       0         9       a Gross income from gaming activities. See genet thom set of a gross income from gaming activities. See genet the income or (loss) from gaming activities. See genet two penses       -29,778.       -29,778.         9       a Gross income from gaming activities. See genet depenses       36,058.       36,058.       36,058.         10       a Gross income or (loss) from gaming activities. See genet dual allowance       9       0       -29,778.         9       a Gross alse of inventory. less returns and allowance       1       0 <td< td=""><th></th><td></td><td>g</td><td>Total. Add lines 2a-2f</td><td></td><td></td><td> 🕨</td><td>818,643.</td><td></td><td></td><td></td></td<>			g	Total. Add lines 2a-2f			🕨	818,643.			
4       income from investment of fax-exempt bond proceeds          5       Royalties          6 a       Gross rents       Ga         a       9,333,879.          b       Less: cost or other basis and sale expenses       To         7 1, 7.991,283.       Ca       342,596.         c       Gain or (loss)       Za       342,596.         a       Gross income from fundraising events       -29,778.         9 a       Gross income from gaming activities. See Part IV, line 19       Ba       54,4131.         b       Less: cost of goods soid       100a       10a <th></th> <td>3</td> <td></td> <td>Investment income (including</td> <td>ı dividends, i</td> <td>ntere</td> <td>st, and</td> <td></td> <td></td> <td></td> <td></td>		3		Investment income (including	ı dividends, i	ntere	st, and				
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d       Net rental income or (loss) <ul> <li>7 a Gross amount from sales of assets other than inventory</li> <li>b Less: cost or other basis and sales expenses</li> <li>c Gain or (loss)</li> <li>7 a Gross income from fundraising events (not including \$243, 220. of contributions reported on line 1c). See</li> <li>Pat IV, line 18</li> <li>b Less: cost or form fundraising events</li> <li>c Net income or (loss) from fundraising events</li> <li>c Sees: Great or form gaming activities. See</li> <li>Pat IV, line 19</li> <li>b Less: direct expenses</li> <li>ga 54, 413.</li> <li>ga 6, 058.</li> <li>ga 6,</li></ul>								1			
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d       Net gain or (loss)       342,596.       342,596.         8 a       Gross income from fundraising events (not including \$243,220. of contributions reported on line 10. See Part IV, line 18       Ba       47,016.         b       Less: direct expenses       Bb       76,794.       -29,778.       -29,778.         c       Net income or (loss) from fundraising events       -29,778.       -29,778.       -29,778.         9 a       Gross income from gaming activities. See Part IV, line 19       9a       54,413.       9b       18,355.         c       Net income or (loss) from gaming activities       9a       54,413.       9b       36,058.       36,058.         10 a       Gross sales of inventory, less returns and allowances       10a       10a       36,058.       36,058.         11 a       OTHER REVENUE       90099       41,377.       41,377.       1         b	ň							-			
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c       Net income or (loss) from fundraising events       -29,778.       -29,778.         9 a       Gross income from gaming activities. See Part IV, line 19       9a       54,413.         b       Less: direct expenses       9b       18,355.         c       Net income or (loss) from gaming activities       36,058.       36,058.         10 a       Gross sales of inventory, less returns and allowances       10a       10a         b       Less: cost of goods sold       10b       10b       10b         c       Net income or (loss) from sales of inventory       900099       41,377.       41,377.         g       OTHER REVENUE       900099       41,377.       41,377.         g       All other revenue       41,377.       41,377.         g       Total revenue. See instructions       2,620,680.       860,020.       0.				Part IV, line 18				-			
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and allowances       10a         b       Less: cost of goods sold       10b         c       Net income or (loss) from sales of inventory       Image: cost of goods sold         11 a       OTHER REVENUE       Business Code         b       GUINE       900099         41,377.       41,377.         c       Image: cost of goods sold         c       Image: cost of goods sold         b       Image: cost of goods sold         c       Image: cost of goods sold         c       Image: cost of goods sold         c       Image: cost of goods sold         d       All other revenue         e       Total revenue. See instructions         for all revenue. See instructions       2,620,680.         sec 0,020.       0.		10	а	Gross sales of inventory, less	returns						
b       Less: cost of goods sold       10b       Image: control of goods sold       10b         c       Net income or (loss) from sales of inventory       Image: control of goods sold       Image: control of g						10a					
c       Net income or (loss) from sales of inventory       ▶       Business Code       ■         11 a       OTHER REVENUE       900099       41,377.       41,377.       ■         b			b								
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e         Total. Add lines 11a-11d         ▲ 41,377.           12         Total revenue. See instructions         ▶ 2,620,680.         860,020.         0.         650,590											
e         Total. Add lines 11a-11d         ▲ 41,377.           12         Total revenue. See instructions         ▶ 2,620,680.         860,020.         0.         650,590	sno	11	а	OTHER REVENUE			900099	41.377.	41.377.		
e         Total. Add lines 11a-11d         ▲ 41,377.           12         Total revenue. See instructions         ▶ 2,620,680.         860,020.         0.         650,590	nec	••	-					, , ,	,		
e         Total. Add lines 11a-11d         ▲ 41,377.           12         Total revenue. See instructions         ▶ 2,620,680.         860,020.         0.         650,590	slla										
e         Total. Add lines 11a-11d         ▲ 41,377.           12         Total revenue. See instructions         ▶ 2,620,680.         860,020.         0.         650,590	Sce										
12 Total revenue. See instructions	Ë							A1 377			
		40							860 020	0	650 590
								1 2,020,000.	1 300,020.		Form <b>990</b> (2020

Section 501(a)(2) and 501(a)(4) organization ust complete all colur 

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).
Check if Schedule O contains a response or note to any line in this Part IX

	Check if Schedule O contains a respons			·····	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	297,670.	297,670.		
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	117,492.		16,122.	101,370.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	100.000		05 044	1.5.5 5.5.0
7	Other salaries and wages	192,002.		25,344.	166,658.
8	Pension plan accruals and contributions (include	4 2 4 4			4 7 4 4
_	section 401(k) and 403(b) employer contributions)	4,344. 29,662.		2 01 5	4,344.
9	Other employee benefits	29,662.		3,215.	4,344. 26,447. 19,483.
10	Payroll taxes	22,087.		2,604.	19,483.
11	Fees for services (nonemployees):				
a	Management	1 4 2 0		1 4 2 0	
b	Legal	1,438. 24,858.		<u>1,438.</u> 24,858.	
c	Accounting	24,838.		24,000.	
	Lobbying				
e	Professional fundraising services. See Part IV, line 17	26,647.		26,647.	
f	Investment management fees	20,047.		20,04/.	
g		15,565.		1 265	1/ 300
10	column (A) amount, list line 11g expenses on Sch 0.)	10,418.		1,265.	<u>14,300.</u> 9,378.
12	Advertising and promotion	53,423.		1,246.	52,177.
13 14	Office expenses	7,768.		2,036.	5,732.
	Information technology	7,700.		2,050.	5,152.
15 16	Royalties Occupancy	465,371.	421,119.	2,429.	41,823.
17		720.	101/11/	602.	118.
18	Travel Payments of travel or entertainment expenses	, 200			
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,818.		355.	1,463.
20	Interest	2,099.		2,099.	_,
21	Payments to affiliates	,		,	
22	Depreciation, depletion, and amortization	385,554.	385,554.		
23	Insurance	111.		111.	
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	PLANNED GIVING	12,359.			12,359.
b	OTHER	9,314.		565.	8,749.
с					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,680,720.	1,104,343.	111,976.	464,401.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Figure if following SOP 98-2 (ASC 958-720)				
00004	12-23-20				Form <b>990</b> (2020)

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Form 990 (2020)

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EDEN AUTISM SERVICES FOUNDATION, INC
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C. 22-4215005 Page 11

		Check if Schedule O contains a response or not	e to any	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			1,716,271.	2	2,536,144.
	3	Pledges and grants receivable, net			243,027.	3	253,459.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ons		5	
	6	Loans and other receivables from other disqualif	ied per	sons (as defined			
		under section 4958(f)(1)), and persons described	l in sect	tion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges				9	8,997.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		16,250,140.			
	b	Less: accumulated depreciation	10b	6,225,969.	10,328,636.	10c	10,024,171.
	11	Investments - publicly traded securities		3,222,056.	11	4,827,897.	
	12	Investments - other securities. See Part IV, line 1	9,849,632.	12	11,722,542.		
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			788,871.	15	174,461.
	16	Total assets. Add lines 1 through 15 (must equa			26,148,493.	16	29,547,671.
	17	Accounts payable and accrued expenses		215,332.	17	255,110.	
	18	Grants payable		18	01 510		
	19	Deferred revenue	0 800 054	19	21,510.		
	20	Tax-exempt bond liabilities			9,730,351.	20	9,423,583.
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
lab.		controlled entity or family member of any of thes		· · · · · · · · · · · · · · · · · · ·		22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated		Г		24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines					
		of Schedule D			9,945,683.	25	0 700 202
	26			▶ ▼	9,945,005.	26	9,700,203.
ŷ		Organizations that follow FASB ASC 958, che	ck here				
JCe		and complete lines 27, 28, 32, and 33.	12 125 571		16 761 220		
alaı	27	Net assets without donor restrictions	<u>13,135,571.</u> 3,067,239.	27	<u>16,764,229.</u> 3,083,239.		
а В	28	Net assets with donor restrictions	5,007,259.	28	5,005,259.		
Ŭ.		Organizations that do not follow FASB ASC 9	58, che	eck here 🕨 🛄			
or F	0	and complete lines 29 through 33.					
șts (	29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or eq		F		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc			16,202,810.	31	19,847,468.
ž	32 33	Total net assets or fund balances Total liabilities and net assets/fund balances			26,148,493.	32 33	29,547,408.
	00	TUTAL HADHILLES AND HEL ASSELS/ TUTU DATA ICES				33	

Form 990 (2020)

# Form 990 (2020) Part X Balance Sheet

	EDEN AUTISM SERVICES FOUNDATION, INC.	22-	4215005	Pa	<sub>ige</sub> 12					
Pa	rt XI Reconciliation of Net Assets									
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,62							
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,68							
3	Revenue less expenses. Subtract line 2 from line 1	3			60.					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	<u>16,20</u> 2,70	2,8	10.					
5	5 Net unrealized gains (losses) on investments 5 2									
6	Donated services and use of facilities	6								
7	Investment expenses	7								
8	Prior period adjustments	8								
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	19,84	7,4	68.					
Pa	rt XII Financial Statements and Reporting									
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X					
				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 in 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	<u> </u>					
	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 X 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?		<u>2c</u>	Х	<u> </u>					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch									
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audi	t							
	Act and OMB Circular A-133?		<u>3a</u>	└──	X					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audi	t							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000						

Form **990** (2020)

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SCHEDULE A	SC	HE	DL	JLE	Α
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(Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047
2020
Open to Public Inspection

		f the Treasury nue Service			Attach to Form 990 or F			formation			Inspection
Nan		the organizati			/Form990 for instruction	uns and u	ie ialest ii	1	Employer	ider	ntification number
Nan					RVICES FOUNDA	аттом	TNC				4215005
Pa	rt I	Reason	for Public (	Charity Status.	(All organizations must c	complete th	nis nart ) S	ee instructions		<u> </u>	1213003
					For lines 1 through 12, cl						
1					on of churches described			()(A)(i)			
2	H	,		,	Attach Schedule E (Form			•//~///•			
3	H				anization described in se			ii)			
4	H		•		njunction with a hospital				iii) Enter	the h	nospital's name
•		city, and stat	•						,.		
5		•	-	or the benefit of a col	llege or university owned	l or operat	ed by a go	overnmental un	it describe	ed in	
•				Complete Part II.)							
6					nental unit described in	section 17	70(b)(1)(A)	(v).			
7	H			-	ntial part of its support fr				e general r	publi	c described in
		-		complete Part II.)		en a gen			90110101 P	0.0.0	
8	$\square$	-			(1)(A)(vi). (Complete Par	t II.)					
9	$\square$	-			in section 170(b)(1)(A)(	-	ed in coniu	Inction with a l	and-arant	colle	ae
		-	-	-	ulture (see instructions).		-		-		0
		university:			, , , , , , , , , , , , , , , , , , ,		, ,	,	0		
10		An organizati	on that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membershij	o fees, and	d gro	ss receipts from
		activities rela	ted to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support fi	rom g	gross investment
		income and u	inrelated busir	ness taxable income	(less section 511 tax) fro	om busines	sses acqui	red by the orga	nization a	after .	June 30, 1975.
		See section	<b>509(a)(2).</b> (Co	mplete Part III.)							
11		An organizati	on organized a	and operated exclusi	vely to test for public sat	fety. See	section 50	09(a)(4).			
12	X	An organizati	on organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to car	y out the	purp	oses of one or
		more publicly	v supported or	ganizations describe	d in <b>section 509(a)(1)</b> o	or section	509(a)(2).	See section 5	<b>09(a)(3).</b> (	Chec	k the box in
		_lines 12a thro	ough 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.		
а		<b>Type I.</b> A s	upporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	givin	g
		the suppor	ted organizatio	on(s) the power to req	gularly appoint or elect a	majority c	of the direc	tors or trustee	s of the su	loddr	rting
			n. <b>You must c</b>	complete Part IV, Se	ections A and B.						
b	X	••		-	or controlled in connect			•		-	
			-		anization vested in the sa	ame perso	ns that co	ntrol or manag	e the supp	porte	d
	_	¬ -		t complete Part IV,							
С		••	-	• • • •	g organization operated			-	/ integrate	ed wit	ih,
			-		). You must complete I						
d			-		orting organization oper				-		
					ation generally must sat				an attentiv	venes	S
		7			nplete Part IV, Sections				Turne III		
е			•		written determination from nally integrated supporting			турет, турет	, туре ш		
	Ente	er the number	•		nany integrated supportin	ng organiz	auon.			Г	1
י מ				n about the supporte	d organization(s)						<b>±</b>
<u> </u>		i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed ing document?	(v) Amount of	monetary	(v	/i) Amount of other
		organizatior	ı		(described on lines 1-10 above (see instructions))	Yes	No	support (see ins	structions)	supp	port (see instructions)
ED	EN .	AUTISM									
		CES, IN	С	22-2069597	2	x		938	,778.		
			-						, -		
Tota	al							938	,778.		0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

### Schedule A (Form 990 or 990-EZ) 2020 EDEN AUTISM SERVICES FOUNDATION, INC. 22-4215005 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
	organization, check this box and stop						<b>&gt;</b>
See	ction C. Computation of Publi	c Support Pe	rcentage				
14	Public support percentage for 2020 (I	ine 6, column (f), c	divided by line 11,	column (f))		14	%
15	Public support percentage from 2019					15	%
<b>16</b> a	33 1/3% support test - 2020. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			▶∟
17a	10% -facts-and-circumstances test	-	-				
	and if the organization meets the fact	s-and-circumstanc	ces test, check this	s box and stop he	ere. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organization	on qualifies as a p	ublicly supported o	organization		▶□
b	10% -facts-and-circumstances test	- 2019. If the org	ganization did not	check a box on lin	e 13, 16a, 16b, or <sup>-</sup>	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	eck this box and <b>s</b>	<b>top here.</b> Explain i	n Part VI how the	_
	organization meets the facts-and-circu	umstances test. Tl	he organization qu	alifies as a publicly	y supported organi	zation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	nd see instructions	s ►
					Sche	edule A (Form 990	or 990-EZ) 2020

032022 01-25-21

## Schedule A (Form 990 or 990 EZ) 2020 EDEN AUTISM SERVICES FOUNDATION, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	<b>(c)</b> 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that						
are not an unrelated trade or bus-						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		1	_		1	1
Calendar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizati	on,
check this box and stop here						<b>&gt;</b>
Section C. Computation of Publi	c Support Per	centage			<u> </u>	
15 Public support percentage for 2020 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2019	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	stment Income	e Percentage				
17 Investment income percentage for 20	<b>)20</b> (line 10c, colur	mn (f), divided by	line 13, column (f))		17	%
18 Investment income percentage from	2019 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2020. If the					33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box ar						<b>&gt;</b>
b 33 1/3% support tests - 2019. If the						and
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						
032023 01-25-21		·			nedule A (Form 99	0 or 990-EZ) 2020
		16	5		•	•

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## Schedule A (Form 990 or 990-EZ) 2020 EDEN AUTISM SERVICES FOUNDATION, INC. 22-4215005 Page 4 Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ)*.
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2020

Yes

Х

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

No

Х

х

Х

Х

х

Х

х

х

Х

Х

Х

### Schedule A (Form 990 or 990-EZ) 2020 EDEN AUTISM SERVICES FOUNDATION, INC. 22-4215005 Page 5 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		Х
b	A family member of a person described in line 11a above?	11b		Х
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		Х
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			

	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	
2	supported organization operate for the benefit of any supported organization other than the supported	1
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated,	
		•

supervised, or controlled the supporting organization.	2
Section C. Type II Supporting Organizations	
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	

or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
or management of the supporting organization was vested in the same persons that controlled or managed			
the supported organization(s)	1	X	

Section D	. All Typ	e III Sup	oporting	Organizations

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

### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	d that the organization used	d to satisfy the Integral Part	t Test during the vear	(see instructions)
•	Check the DOX heat to the method	<i>inal line organization use</i>			1000 1100 000

a The organization satisfied the Activities Test. Complete line 2 below.

b		The organization	is the parent of	of each of its	supported of	organizations.	Complete line 3 be	elow.
---	--	------------------	------------------	----------------	--------------	----------------	--------------------	-------

c		The organization	supported a	a governmental	entity.	Describe in F	Part VI how	you supported	a governmental enti	ty (see instruction <u>s).</u>	
---	--	------------------	-------------	----------------	---------	---------------	-------------	---------------	---------------------	--------------------------------	--

18

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

**a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.** 

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.* 

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Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

Yes No

Yes No

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Sche Pa	dule A (Form 990 or 990-EZ) 2020 EDEN AUTISM SERVICES F(			22-4215005 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifyi			in Part VI). See Instructions.
Sect	All other Type III non-functionally integrated supporting organizations mus		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
Ŭ	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting or	rganization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2020

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### Schedule A (Form 990 or 990-EZ) 2020 EDEN AUTISM SERVICES FOUNDATION, INC. 22-4215005 Page 7

Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(contine</sub>	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	)		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2016				
b	Excess from 2017				
C	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

Schedule A	(Form 990 or 990-EZ) 2	020 EDEN	AUTISM	SERVICES	FOUNDA	FION,	INC.	22-4215005	Page <b>8</b>
Part VI	line 1; Part IV, Section	es 1, 2, 3b, 3c, D, lines 2 and	4b, 4c, 5a, 6, 3; Part IV, Se	9a, 9b, 9c, 11a, <sup>-</sup> ction E, lines 1c,	11b, and 11c; F 2a, 2b, 3a, and	Part IV, Seo 3 3b; Part V	tion B, lines 1 /, line 1; Part \	and 2; Part IV, Section /, Section B, line 1e; Pa	C, rt V,
	Section D, lines 5, 6, a (See instructions.)	and 8; and Par	t V, Section E,	lines 2, 5, and 6.	Also complete	e this part f	or any additio	nal information.	
032028 01-25-2	21			21			Schedu	le A (Form 990 or 990-	EZ) 2020

### Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue <u>Service</u>

Name of the organization

### \*\* PUBLIC DISCLOSURE COPY \*\*

## Schedule of Contributors

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

OMB No. 1545-0047

2020

Employer identification number

	EDEN AUTISM SERVICES FOUNDATION, INC.	22-4215005
Organization type (ch	heck one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	

Check if your organization is covered by the General Rule or a Special Rule.

501(c)(3) taxable private foundation

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### **General Rule**

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

### **Special Rules**

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

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

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

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

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Employer identification number

22-4215005

### EDEN AUTISM SERVICES FOUNDATION, INC.

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 150,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 100,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 47,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll 30,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 29,275. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 6 X Person Payroll 26,871. Noncash \$ (Complete Part II for noncash contributions.)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

14470408 756598 11992.300

Employer identification number

22-4215005

#### EDEN AUTISM SERVICES FOUNDATION, INC.

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 Person Payroll 26,435. Noncash Х (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 8 X Person Payroll 20,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 X Person Payroll 20,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 10 X Person Payroll Noncash 19,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 X Person Payroll 18,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 12 X Person Payroll 17,500. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

14470408 756598 11992.300

22-4215005

#### EDEN AUTISM SERVICES FOUNDATION, INC.

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 13 X Person Payroll 15,036. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 14 X Person Payroll 15,010. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 15 X Person Payroll 13,575. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. 16 X Person Payroll Noncash 13,033. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 17 X Person Payroll 12,500. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 18 X Person Payroll 11,020. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

14470408 756598 11992.300

Employer identification number

### EDEN AUTISM SERVICES FOUNDATION, INC.

22-4215005

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions           \$         10,000.	Type of contribution         Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$10,000.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24_		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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Employer identification number

22 - 4215005

### EDEN AUTISM SERVICES FOUNDATION, INC.

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
25_		\$ <u>9,500.</u>	Person     X       Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
26_		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27_		\$8,114.	Person       Payroll       Noncash       X       (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28_		\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29_		\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$7,949 <b>.</b>	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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Employer identification number

22-4215005

#### EDEN AUTISM SERVICES FOUNDATION, INC.

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 31 X Person Payroll 7,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 32 X Person Payroll 7,030. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 33 X Person Payroll 7,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. 34 X Person Payroll 7,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 35 X Person Payroll 6,500. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 36 X Person Payroll 6,046. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

14470408 756598 11992.300

Employer identification number

22-4215005

### EDEN AUTISM SERVICES FOUNDATION, INC.

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 37 X Person Payroll 6,020. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 38 X Person Payroll 6,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 39 Person Payroll 5,046. Noncash X \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 40 X Person Payroll Noncash 5,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 41 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 42 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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(d)

(d)

X

X

EDEN AUTISM SERVICES FOUNDATION, INC. 22-4215005 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 43 Person Payroll <u>5,00</u>0. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 44Person Payroll 5,000. Noncash \$

			noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>   46                                 </u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
023452 11-25-20		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Employer identification number

22 - 4215005

EDEN AUTISM SERVICES FOUNDATION, INC.

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	325 SHARES OF CONEDISON.	_	
		\$ <u>26,435.</u>	11/24/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
27	STOCK	_	
		\$8,114.	03/01/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
30	8 SHARES OF VERIZON VALUED AT 943.35 AND 5 SHARES OF ALPHABET VALUED AT 7,005.89.	-	
		\$7,949.	07/23/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
39	21 SHARES OF ACCENTURE PLC	_	
		\$5,046.	12/09/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u> </u>		_ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		_   \$	

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14470408 756598 11992.300

Schedule	B (Form 990, 990-EZ, or 990-PF) (2020)			Page <b>4</b>				
Name of o	organization		Employer identific	ation number				
EDEN 2	AUTISM SERVICES FOUNDAD	TION, INC.	22-42150	05				
Part III	Exclusively religious, charitable, etc., contributor from any one contributor. Complete columns	utions to organizations described in s	section 501(c)(7), (8), or (10) that total more than \$1,	,000 for the year				
	completing Part III, enter the total of exclusively religious	, charitable, etc., contributions of \$1,000 or	r less for the year. (Enter this info. once.) \$					
(a) No.	Use duplicate copies of Part III if additiona	al space is needed.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift i	is held				
Parti								
		(e) Transfer of gi	ft					
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transfere	e				
	,							
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift i	s held				
		·						
		(e) Transfer of gi						
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transfere	e				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift i	is held				
Part I		(1) 222 23 3						
		·						
		(e) Transfer of gi	ft					
	Transferee's name, address,	and $7\mathbf{IP} \pm 4$	Relationship of transferor to transfere					
				Ċ				
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift i	is held				
		·						
		(e) Transfer of gift						
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transfere	e				
023454 11-25	5-20		Schedule B (Form 990, 990-EZ,	or 990-PF) (2020)				

### 14470408 756598 11992.300

SCHEDU	LE D
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Department of the Treasury

Internal Revenue Service

(Form	990)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.





Name of the organization

EDEN AUTISM SERVICES FOUNDATION, INC. Employer identification number 22-4215005

Pa			er Similar Fund	s or Accou	Ints. Complete if the
	organization answered "Yes" on Form 990, Part IV, li	ne 6. (a) Donor ad	vised funds	(b) Fi	unds and other accounts
	Tabal south as at an disforman		viseu iunus		
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year		- In a lat for all some some alle	in a differente	
5	Did the organization inform all donors and donor advisors in	-			
~	are the organization's property, subject to the organization's				Yes No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor of	,	, , ,	0	
Pa	impermissible private benefit?	rapization on word	"Voo" on Earm 000	Dart IV lina	Yes No
1	Purpose(s) of conservation easements held by the organizat			, Fait IV, IIIE	7
	Preservation of land for public use (for example, recrea			of a historiaal	ly important land area
	Protection of natural habitat	ation of education)			ly important land area historic structure
	Preservation of open space			or a certified i	
0		ified concentration con	tribution in the form	n of a concor	ation occoment on the last
2	Complete lines 2a through 2d if the organization held a quali day of the tax year.	med conservation cor			Held at the End of the Tax Year
2				2a	
a b					
b	Number of conservation easements on a certified historic sti	ructure included in (a)			
d	Number of conservation easements included in (c) acquired				
u	listed in the National Register	•			
3	Number of conservation easements modified, transferred, re				
Ŭ	year >	icused, extinguished,	or terminated by th	ie organizatio	
4	Number of states where property subject to conservation ea	sement is located			
5	Does the organization have a written policy regarding the pe		pection, handling o	– f	
-	violations, and enforcement of the conservation easements i				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,				
-	•		,		
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and	d enforcing conserv	ation easeme	ents during the year
	► \$	0	0		0,
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requiren	nents of section 17	0(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservat				and
	balance sheet, and include, if applicable, the text of the foot	note to the organizati	on's financial stater	nents that de	scribes the
	organization's accounting for conservation easements.	-			
Pa	rt III Organizations Maintaining Collections o	f Art, Historical	Freasures, or C	Other Simil	ar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 98	58, not to report in its	revenue statement	and balance	sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, educa	tion, or research in	furtherance o	f public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that	describes these ite	ms.	
b	If the organization elected, as permitted under FASB ASC 98	58, to report in its reve	enue statement and	balance she	et works of
	art, historical treasures, or other similar assets held for public	c exhibition, educatio	n, or research in fur	therance of p	ublic service,
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1				\$
					\$
2	If the organization received or held works of art, historical tre	easures, or other simil	ar assets for financ	ial gain, provi	de
	the following amounts required to be reported under FASB A	ASC 958 relating to th	ese items:		
а	Revenue included on Form 990, Part VIII, line 1			►	\$
	Assets included in Form 990, Part X			►	\$
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.			Schedule D (Form 990) 2020
03205	1 12-01-20				

		TISM SERVIC					4215005				
	er gan zation o manta ing er							ued)			
3	Using the organization's acquisition, accession	on, and other records	s, check any of the t	ollowing that r	make signi	ificant use of	its				
	collection items (check all that apply):										
а	Public exhibition	d	Loan or exc	hange prograr	n						
b	Scholarly research	е	Other								
с	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	how they further th	e organization	n's exempt	purpose in F	Part XIII.				
5	During the year, did the organization solicit or	receive donations o	f art, historical treas	sures, or other	similar as	sets					
	to be sold to raise funds rather than to be ma						Yes	No			
Par	t IV Escrow and Custodial Arrang	gements. Comple	te if the organizatio	n answered "Y	/es" on Fo	orm 990, Part	IV, line 9, or				
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contribution	s or other asse	ets not incl	luded					
	on Form 990, Part X?						Yes	No No			
b	<b>b</b> If "Yes," explain the arrangement in Part XIII and complete the following table:										
				Amount	t						
с	Beginning balance					1c					
d	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 exp	planation has been	provided on P	art XIII						
Par											
		(a) Current year	(b) Prior year	(c) Two years	back (d)	Three years b	ack <b>(e)</b> Four	years back			
1a	Beginning of year balance	13,071,688.	11,326,697.	10,632,	,594.	8,164,1	27. 4,	,355,232.			
	Contributions	156,390.	1,103,767.			1,924,6	42. 3,	107,633.			
	Net investment earnings, gains, and losses	3,349,008.	663,503.	716	,786.	568,0	58.	722,547.			
	Grants or scholarships				-						
	Other expenditures for facilities										
-	and programs										
f	Administrative expenses	26,647.	22,279.	22	,683.	24,2	33.	21,285.			
	End of year balance	16,550,439.	13,071,688.			10,632,5		,164,127.			
2	Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:										
	Board designated or quasi-endowment		%								
	Permanent endowment $\blacktriangleright$ 16.0000 %										
	Term endowment $\blacktriangleright$ 3.0000 %										
Ŭ	The percentages on lines 2a, 2b, and 2c should be the second seco	-									
3a	Are there endowment funds not in the posses		tion that are held ar	nd administere	d for the o	organization					
00	by:					gamzation	ſ	Yes No			
	(i) Unrelated organizations						3a(i)	X			
	(ii) Related organizations							X			
h	If "Yes" on line 3a(ii), are the related organization										
4	Describe in Part XIII the intended uses of the										
	t VI Land, Buildings, and Equipm		which the dias.								
	Complete if the organization answered		Part IV line 11a S	ee Form 990	Part X line	e 10					
	Description of property	(a) Cost or ot	ĺ	or other		umulated	(d) Bool				
	Description of property	basis (investm	( )	(other)	()	ciation		Value			
10	Land	`	,	0,802.			1 290	0,802.			
	Land			9,219.	4 03	2,148.		7,071.			
	Buildings Leasehold improvements			1,183.		4,885.		5,298.			
				5,640.		5,640.		0.			
	Equipment			3,296.		3,296.		0.			
	Other						10,024				
Total	. Add lines 1a through 1e. (Column (d) must ed	<u>qual Form 990, Part &gt;</u>	<u>x, coiumn (B), line 1</u>	UC.)			dule D (Form				
						Sche	니비는 더 (LOUII	1 3307 2020			

Schedule D (Form 990) 2020 EDEN AUTISM	SERVICES	FOUNDATION,	INC.	22-4215005 Page
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	on Form 990, Part IV	/, line 11b. See Form 9	990, Part X,	line 12.
(a) Description of security or category (including name of security)	(b) Book value	e (c) Method	d of valuatio	n: Cost or end-of-year market value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A) VANGUARD TTL STK MKT INDX				
(B) FND FUND 78,398 SHS	8,506,9	26. END-OF	'-YEAR	MARKET VALUE
(C) VANGUARD TTL BND MKT INDX	1 (1) 0			
(D) FND 145,288 SHS	1,643,2	U8. END-OF	- Y EAR	MARKET VALUE
(E) VANGUARD TTL INTL BND (F) INDX ADM FND 68,935 SHS	1,572,4			MARKET VALUE
	1,3/2,4	UO. END-OF	- I EAK	MARKEI VALUE
(G) (H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	11,722,5	42.		
Part VIII Investments - Program Related.	11//11/5	121		
Complete if the organization answered "Yes"	on Form 990. Part IV	/. line 11c. See Form §	990. Part X.	line 13.
(a) Description of investment	(b) Book value			n: Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990. Part IV	/. line 11d. See Form 9	990. Part X.	line 15.
	Description	,	, ,	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u>. 15.)</u>			🕨
Complete if the organization answered "Yes"	on Form 000 Part IV	/ line 110 or 11f See	Form 000	Part X lina 25
I.         (a) Description of liability	011 0111 990, 1 at 1		10111330,1	(b) Book value
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	05.)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 2. Liability for uncertain tax positions. In Part XIII, provide	,			
organization's liability for uncertain tax positions. In Part XIII, provide		-		

032053 12-01-20

Schedule D (Form 990) 2020

_	edule D (Form 990) 2020 EDEN AUTISM SERVICES FOUND				4215005 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme		h Revenue per Re	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total revenue, gains, and other support per audited financial statements			1	5,393,880.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	2,704,698.		
b	Donated services and use of facilities	. 2b			
с	Recoveries of prior year grants	. 2c			
d	Other (Describe in Part XIII.)	2d	-26,647.		
е	Add lines 2a through 2d			2e	2,678,051.
3	Subtract line 2e from line 1			3	2,715,829.
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	-95,149.		
с	Add lines <b>4a</b> and <b>4b</b>			4c	-95,149.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	2,620,680.
Ра	rt XII Reconciliation of Expenses per Audited Financial Statem	ents Wi	th Expenses per	Retur	n.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents Wi	th Expenses per	Retur	n.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents Wi	th Expenses per	Retur	n. 1,749,222.
	Reconciliation of Expenses per Audited Financial Statem           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents Wi	th Expenses per		n.
1	Reconciliation of Expenses per Audited Financial Statem           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a           Total expenses and losses per audited financial statements	ents Wit	th Expenses per		n.
1 2	Image: State of the state	ents Wit	th Expenses per		n.
1 2 a	<b>Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	ents Wit	th Expenses per	1	n.
1 2 a b	<b>Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	ents Wit	th Expenses per	1	n. 1,749,222.
1 2 b c d	<b>Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	ents Wit	th Expenses per 95,149.	1	n. <u>1,749,222.</u> 95,149.
1 2 b c d	<b>Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a 2b 2c 2d	th Expenses per		n. 1,749,222.
1 2 b c d e	<b>Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	th Expenses per	 	n. <u>1,749,222.</u> 95,149.
1 2 b c d 3	<b>Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	th Expenses per	1 2e 3	n. <u>1,749,222.</u> 95,149.
1 2 3 4	<b>Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	ents Wit	th Expenses per	1 2e 3	n. 1,749,222. 95,149. 1,654,073.
1 2 a b c d e 3 4 a b	<b>Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	ents Wit	th Expenses per 95,149. 26,647.	1 2e 3	n. <u>1,749,222.</u> <u>95,149.</u> <u>1,654,073.</u> <u>26,647.</u>
1 2 a b c d e 3 4 a b c 5	<b>XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	ents Wit	th Expenses per 95,149. 26,647.	1 2e 3	n. 1,749,222. 95,149. 1,654,073.

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.

# PART X, LINE 2:

THE FOUNDATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN THE
FINANCIAL STATEMENTS USING A RECOGNITION THRESHOLD OF MORE LIKELY THAN NOT
AS TO WHETHER THE UNCERTAINTY WILL BE SUSTAINED UPON EXAMINATION BY THE
APPROPRIATE TAXING AUTHORITY. MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF
THE RECOGNITION THRESHOLD HAS BEEN MET. MANAGEMENT DETERMINED THERE WERE
NO TAX UNCERTAINTIES THAT MET THE RECOGNITION THRESHOLD. THE FOUNDATION'S
FEDERAL EXEMPT ORGANIZATION RETURNS ARE NO LONGER SUBJECT TO EXAMINATION
BY THE INTERNAL REVENUE SERVICE FOR YEARS PRIOR TO 2018.

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### PART XI, LINE 2D - OTHER ADJUSTMENTS:

INVESTMENT EXPENSES NOT INCLUDED IN REVENUE PER THE 990

032054 12-01-20

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 EDEN AUTISM SERVICES FOUNDATION, INC. 22-4215005 Page 5 Part XIII Supplemental Information (continued)

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DIRECT EXPENSES FOR FUNDRAISING EVENTS (\$76,794)

DIRECT EXPENSES FOR GAMING ACTIVITIES (\$18,355)

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT EXPENSES FOR FUNDRAISING EVENTS (\$76,794)

DIRECT EXPENSES FOR GAMING ACTIVITIES (\$18,355)

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT EXPENSES (\$26,647)

SCHEDULE D, PART V, LINE 4

INTENDED USES OF THE ENDOWMENT FUNDS:

EARNINGS, SUCH AS INTEREST AND DIVIDENDS, FROM THE ENDOWMENT ARE

EXPENDABLE BUT RESTRICTED IN USE TO SUPPORT PROGRAMS.

Schedule D (Form 990) 2020

032055 12-01-20

SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities								OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" on organization entered more than \$1				or 19,	or if the	2020
Department of the Treasury Internal Revenue Service	•	Attach to Form 990						Open to Public Inspection
Name of the organization		o to www.irs.gov/Form990 for instr	uction	s and	the latest informati	on.	Employer ide	entification number
5		TISM SERVICES FOUN	DATI	ION	, INC.		22-4215	
Part I Fundrais	ing Activities.	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E2	Z filers are not
· · · · ·	complete this part							
a Mail solicitat		sed funds through any of the followin <b>e</b> Solicita			Check all that apply. overnment grants			
=	email solicitations			•	nment grants			
c Phone solicit		g 🗌 Special						
d 🗌 In-person so	licitations							
•		or oral agreement with any individual	•	•		tees,		
		art VII) or entity in connection with p			e e	a fu		
compensated at le	•	viduals or entities (fundraisers) pursu organization.	ant to a	agreer	nents under which tr	ne tur	idraiser is to b	e
								T
(i) Name and address	s of individual	(ii) Activity	(iii) fundr have ci	aiser	(iv) Gross receipts	tò (c	Amount paid or retained by)	(vi) Amount paid to (or retained by)
or entity (fund	Iraiser)		or con contribu	trol of	from activity		fundraiser ted in col. (i)	organization
			Yes	No				
Total								
<ol> <li>List all states in whi or licensing.</li> </ol>	ch the organizatio	on is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from re	egistration
LHA For Paperwork Re	eduction Act Noti	ice, see the Instructions for Form S	990 or	990-E	Z. 9	Sche	dule G (Form 9	990 or 990-EZ) 2020

032081 11-25-20

Schedule G (Form 990 or 990-EZ) 2020 EDEN AUTISM SERVICES FOUNDATION, INC. 22-4215005 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b, List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gro	oss ir				ts greater than \$5,000.
				(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			5K		EDEN DREAMS	0	col. (c)
e				(event type)	(event type)	(total number)	
Revenue	1	Gross receipts		156,590.	133,646.		290,236.
	2	Less: Contributions		138,375.	104,845.		243,220.
	3	Gross income (line 1 minus line 2)		18,215.	28,801.		47,016.
	4	Cash prizes					
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5	Noncash prizes		534.			534.
Expenses	6	Rent/facility costs			25,585.		25,585.
UIrect EX	7	Food and beverages					
-	8	Entertainment					
	9	Other direct expenses		21,009.	29,666.		50,675.
	10	Direct expense summary. Add lines 4 through		.,		►	76,794.
_	11						-29,778.
-a	rt I	<b>5 Complete in the organization</b>	answ	ered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	T		(b) Pull tabs/instant	1	(d) Total gaming (add
e				<b>(a)</b> Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
PLANEIULA							
2	1	Gross revenue				54,413.	54,413.
1	•						
	2	Cash prizes				13,500.	13,500.
	3	Noncash prizes				200.	200.
	4	Rent/facility costs				0.	
1	5	Other direct expenses				4,655.	4,655.
				] Yes %	<b>Yes</b> %	<b>Yes</b> %	
	6	Volunteer labor		No	No	X No	
	7	Direct expense summary. Add lines 2 through	ז 5 in	column (d)			18,355.
	8	Net gaming income summary. Subtract line 7	from	line 1 column (d)		•	36,058.
	5	not gaming moorne summary. Subtract III e /			<u></u>		
)	Ent	ter the state(s) in which the organization condu	icts c	aming activities: N	J		
а	ls t	he organization licensed to conduct gaming a No," explain:	ctiviti	es in each of these s	states?		X Yes No
)a	We	ere any of the organization's gaming licenses re	evoke	d, suspended, or te	rminated during the tax	year?	Yes X No
		Yes," explain:			-	• • • • • • • • • • • • • • • • • • • •	

032082 11-25-20

Schedule G (Form 990 or 990-EZ) 2020

Sch	edule G (Form 990 or 990-EZ) 2020 EDEN AUTISM SERVICES FOUNDATION, INC. 22-4	215005	Page 3
11	Does the organization conduct gaming activities with nonmembers?	X Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	_	
	to administer charitable gaming?	Yes	X No
	Indicate the percentage of gaming activity conducted in:		00 ~
	The organization's facility	13a 1 0 0	<u>•00 %</u> %
	An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records:		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records.		
	Name  JENNIFER DACUNHA		
	Address  Add		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	X No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party ▶\$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name JENNIFER DACUNHA		
	Gaming manager compensation $\blacktriangleright$ \$1,481.		
	Description of services provided > PREPARES THE ORGANIZATION'S GAMING/EVENT BOO	OKS.	
	Director/officer		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to		77
	retain the state gaming license?	Yes	LA No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year <b>&gt;</b> \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part	t III. lines 9. !	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,, .	
_			
0320	33 11-25-20 Schedule G (Form	1 990 or 990	-EZ) 2020
	40		

Schedule G	6 (Form 990 or 990-EZ)	EDEN AUTISM	SERVICES	FOUNDATION,	INC.	22-4215005	Page 4
Part IV	i (Form 990 or 990-EZ) Supplemental Infor	mation (continued)					
					S	chedule G (Form 990 or	990-EZ)

032084 04-01-20

SCHEDULE I (Form 990)       Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.       2         Department of the Treasury Internal Revenue Service       Attach to Form 990.       2         Name of the organization       Go to www.irs.gov/Form990 for the latest information.       0per Internal Revenue Service         Name of the organization       Employer identification       22 - 4         Part I       General Information on Grants and Assistance       22 - 4         1       Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?       Ye         2       Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.       Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.										
	-				(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant			
EDEN AUTISM SERVICES, INC. 2 MERWICK ROAD PRINCETON, NJ 08540	22-2069597	501(C)(3)	297,670.	0.			ACCOMPLISH MISSION			
<ul> <li>2 Enter total number of section 501(c)(3)</li> <li>3 Enter total number of other organization</li> </ul>			e line 1 table				↓ <u>1.</u>			

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

## Schedule I (Form 990) 2020 EDEN AUTISM SERVICES FOUNDATION, INC.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCHEDULE I, PART I, LINE 2

FOR THE CURRENT YEAR, THE FOUNDATION MADE A GRANT TO ITS SUPPORTED

ORGANIZATION. THERE IS NO SPECIFIC MONITORING OF THE GRANT FUNDS;

HOWEVER, THE FOUNDATION HAS ADOPTED BEST PRACTICES FOR INTERNAL

CONTROLS.

22-4215005

Page 2

SC	CHEDULE J Compensation Information								
	rm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest		00	00	<u> </u>				
<b>\</b>	Compensated Employees		20	ZU	)				
	The Treasury Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		Open to	Publ	ic				
	Transmit of the Treasury Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		-				
-		mployer ide	entificatio	on nur	nber				
	EDEN AUTISM SERVICES FOUNDATION, INC.	22-42	1500	5					
Pa	rt I Questions Regarding Compensation								
				Yes	No				
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990	0,							
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.								
	First-class or charter travel Housing allowance or residence for personal	use							
	Travel for companions Payments for business use of personal reside	ence							
	Tax indemnification and gross-up payments Health or social club dues or initiation fees								
	Discretionary spending account Personal services (such as maid, chauffeur, chef)								
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or								
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		. 1b		L				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,								
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		. 2		<u> </u>				
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's								
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization t	to							
	establish compensation of the CEO/Executive Director, but explain in Part III.								
	X       Compensation committee         Written employment contract								
	Independent compensation consultant								
	Form 990 of other organizations	mittee							
4	During the year did any nerson listed on Form 000, Part VII, Section A, line to with respect to the filing								
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 related organization:		40		х				
a b	Receive a severance payment or change-of-control payment? Participate in or receive payment from a supplemental nonqualified retirement plan?		4a 4b		X				
	Destinization of a subscription of the subscri		4.		X				
U	If "Yes" to any of lines 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 on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation								
-	contingent on the revenues of:								
а	The organization?		5a		х				
b	Any related organization?		5b		X				
	If "Yes" on line 5a or 5b, describe in Part III.								
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation								
	contingent on the net earnings of:								
а	The organization?		6a		X				
	Any related organization?		6b		X				
	If "Yes" on line 6a or 6b, describe in Part III.								
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments								
	not described on lines 5 and 6? If "Yes," describe in Part III		7		X				
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the								
			. 8		X				
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in								
	Regulations section 53.4958-6(c)?	<u></u>	9		l				
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedul	e J (Forn	n <b>990</b> )	2020				

#### 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-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) MICHAEL DECKER	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT/CEO	(ii)	375,849.	0.	0.	5,834.	14,429.	396,112.	0.
(2) JENNIFER BIZUB	(i)	0.	0.	0.	0.	0.	0.	0.
coo	(ii)	178,841.	0.	0.	3,259.	20,889.	202,989.	0.
(3) MELINDA MCALEER	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	143,641.	0.	0.	2,373.	13,119.	159,133.	0.
(4) JORGE DIAZ	(i)	0.	0.	0.	0.	0.	0.	0.
CFO	(ii)	152,473.	0.	0.	3,405.	1,596.	157,474.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2020

#### 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 COMPENSATION PAID TO THE CHIEF EXECUTIVE OFFICER REPORTED ON PART

VII OF THE FORM 990 WAS PAID BY A RELATED ORGANIZATION, EDEN AUTISM

#### SERVICES. THE RELATED ENTITY CHECKS THE FOLLOWING BOXES ON ITS FORM 990

#### FOR SCHEDULE J, QUESTION 3:

- COMPENSATION COMMITTEE

- COMPENSATION SURVEY OR STUDY

- APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

Department of the Treasury	m 990)       Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.       O         I Revenue Service       Attach to Form 990.       Go to www.irs.gov/Form990 for instructions and the latest information.       O													
Name of the organization EDEN AUTISM	I SERVICES	FOUNDATION	I, INC.								tification number 5005			
Part I Bond Issues	<b>.</b>													
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(d) Date issued (e) Issue price			(f) Description of purpose				) On behalf		oled	
										of issuer		finan	cing	
								Yes	No	Yes	No	Yes	No	
NEW JERSEY ECONOMIC						CONSTRUC								
A DEVELOPMENT AUTHORITY	22-2045817	645912DJ2	07/23/10	1200	0000.	NEW SCHO	OL		X		Х		Х	
В														
с														
D														
Part II Proceeds														
			A			В	С				D			
1 Amount of bonds retired														
2 Amount of bonds legally defeased														
3 Total proceeds of issue			12,000	),000.										
4 Gross proceeds in reserve funds														
5 Capitalized interest from proceeds				527,813.										
6 Proceeds in refunding escrows														
7 Issuance costs from proceeds				3,150.										
8 Credit enhancement from proceeds														
9 Working capital expenditures from proceeds														
10 Capital expenditures from proceeds			11,004	1,037.										
11 Other spent proceeds														
12 Other unspent proceeds														
13 Year of substantial completion			20	)11										
			Yes	No	Yes	No	Yes	No		Yes	$\perp$	No		
<b>14</b> Were the bonds issued as part of a refunding	issue of tax-exempt b	oonds (or,												
if issued prior to 2018, a current refunding iss	ue)?			X							$\rightarrow$			
<b>15</b> Were the bonds issued as part of a refunding				x										
issued prior to 2018, an advance refunding iss	issued prior to 2018, an advance refunding issue)?										$\rightarrow$			
16 Has the final allocation of proceeds been mad			X								$\rightarrow$			
<b>17</b> Does the organization maintain adequate boo	ks and records to sup	pport the												
final allocation of proceeds?			X											

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Schedule K (Form 990) 2020

#### TNO ---

Sch	edule K (Form 990) 2020 EDEN AUTISM SERVICES FOUNDATIC	N, INC	•	22-4	4215005			Page		
Pa	rt III Private Business Use									
		ŀ	4		В	(	0	[	)	
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No	
	which owned property financed by tax-exempt bonds?		Х							
2	Are there any lease arrangements that may result in private business use of									
	bond-financed property?		Х							
3a	Are there any management or service contracts that may result in private									
	business use of bond-financed property?		Х							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside									
	counsel to review any management or service contracts relating to the financed property?									
с	Are there any research agreements that may result in private business use of									
	bond-financed property?		Х							
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other									
	outside counsel to review any research agreements relating to the financed property?									
4	Enter the percentage of financed property used in a private business use by entities									
	other than a section 501(c)(3) organization or a state or local government		%		%		%		%	
5	Enter the percentage of financed property used in a private business use as a									
	result of unrelated trade or business activity carried on by your organization,									
	another section 501(c)(3) organization, or a state or local government		%		%		%		%	
6	Total of lines 4 and 5		%		%		%		%	
7	Does the bond issue meet the private security or payment test?		X							
8a	Has there been a sale or disposition of any of the bond-financed property to a non-									
	governmental person other than a 501(c)(3) organization since the bonds were issued?		Х							

	governmental person other than a 501(c)(3) organization since the bonds were issued?	Λ				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or					
	disposed of	%	%	%	%	
с	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations					
	sections 1.141-12 and 1.145-2?					
9	Has the organization established written procedures to ensure that all					
	nonqualified bonds of the issue are remediated in accordance with the					
	requirements under Regulations sections 1.141-12 and 1.145-2?	Х				

Part IV Arbitrage

		A		В		Ç		2
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?		Х						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		Х						
<b>b</b> Exception to rebate?	Х							
c No rebate due?		Х						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed								
3 Is the bond issue a variable rate issue?		Х						

e **2** 

# Schedule K (Form 990) 2020 EDEN AUTISM SERVICES FOUNDATION, INC. 22-4215005

Part IV Arbitrage (continued)								
		A		В		С	[	כ
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the								
requirements of section 148?		X						
Part V Procedures To Undertake Corrective Action								
		[	כ					
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?		x						
Part VI Supplemental Information. Provide additional information for responses to questions	s on Schedule	e K. See instru	uctions.	-		<u>.</u>		

Page 3

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

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 990-EZ.

INC.

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



22-4215005

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

EDEN AUTISM SERVICES FOUNDATION,

CHARITABLE CONTRIBUTIONS TO SUPPORT THE EDUCATION, EMPLOYMENT,

RESIDENTIAL AND OUTREACH SERVICES CONDUCTED BY EDEN AUTISM SERVICES.

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

AUTISM SERVICES FOR THE PURPOSE OF BUILDING AWARENESS OF THE

ORGANIZATION'S SCOPE OF SERVICES AVAILABLE TO THE BROADER COMMUNITY

OF PARENTS AND FAMILY MEMBERS, EDUCATORS, AND OTHERS WHO EDUCATE,

EMPLOY, OR OTHERWISE CARE FOR INDIVIDUALS WITH AUTISM AND THEIR

FAMILIES.

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

THE AUDIT/RISK COMMITTEE OF THE BOARD OF TRUSTEES IS CHARGED WITH REVIEWING AND APPROVING THE FEDERAL FORM 990. THEN, A COPY IS PROVIDED TO THE FULL BOARD OF TRUSTEES. AFTER THE TRUSTEES HAVE AN OPPORTUNITY TO REVIEW IT, THEN IT IS FILED WITH THE IRS.

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

EDEN AUTISM SERVICES FOUNDATION, INC. ANNUALLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY. EDEN'S BYLAWS PRESCRIBE RULES FOR DEFINING, REPORTING AND OTHERWISE DEALING WITH CONFLICTS OF INTEREST BY MEMBERS OF THE BOARD OF TRUSTEES. THIS IS A RESPONSIBILITY OF THE CHAIR OF THE BOARD. EDEN AUTISM SERVICES FOUNDATION ALSO HAS A CONFLICT OF INTEREST POLICY WHICH APPLIES TO ALL EMPLOYEES AND THEIR IMMEDIATE FAMILY MEMBERS. EDEN'S CORPORATE OFFICERS ARE RESPONSIBLE FOR DETERMINING WHETHER A CONFLICT EXISTS AND ENSURING THAT ALL

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) 2020

 032211
 11-20-20
 Schedule O (Form 990 or 990-EZ) 2020

14470408 756598 11992.300

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2020.05092 EDEN AUTISM SERVICES FOUN 11992.31

Name of the organization

EDEN AUTISM SERVICES FOUNDATION, INC.

NC. Employer identification number

TRANSACTIONS ARE HANDLED APPROPRIATELY UNDER THIS POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

PROCESS FOR DETERMINING COMPENSATION OF THE CHIEF EXECUTIVE OFFICER:

THE PRESIDENT AND CEO RECEIVES AN ANNUAL PERFORMANCE EVALUATION COMPLETED BY THE CHAIR OF THE BOARD OF TRUSTEEES. THE PRESIDENT AND CEO'S PERFORMANCE AND COMPENSATION ARE ALSO REVIEWED AT A MEETING OF THE FULL BOARD OF DIRECTORS. ONLY THOSE MEMBERS OF THE BOARD WHO ARE FREE OF CONFLICTS OF INTEREST MAY BE INVOLVED IN THE EVALUATION OF CEO'S COMPENSATION.

IN DETERMINING THE PRESIDENT AND CEO'S COMPENSATION, THE BOARD CHAIR REVIEWS AVAILABLE COMPENSATION STUDIES AND SALARY SURVEYS FROM SIMILAR ORGANIZAATIONS. THE ORGANIZATION ALSO HAS ACCESS TO COMPENSATION CONSULTANTS WHO ARE SPECIALIZED IN THE NON-PROFIT SECTOR. EDEN PARTNERED AND HAS WORKED WITH COMPENSATION CONSULTANTS TO REVIEW ITS COMPENSATION STRUCTURE TO ENSURE EQUITY AND COMPETITIVENESS.

THE EXECUTIVE COMMITTEE KEEPS RECORDS OF THE MEETINGS AND DISCUSSIONS RELATIVE TO THE PRESIDENT AND CEO'S COMPENSATION. THE JUSTIFICATION FOR RECOMMENDED SALARY ADJUSTMENTS IS DOCUMENTTED APPROPRIATELY.

PROCESS FOR DETERMINING COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES:

THE COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES IS DETERMINED BY THE

PRESIDENT AND CEO AFTER EVALUATING THEIR ANNUAL PERFORMANCE AND DETERMINING

THE MERIT INCREASE AS PER THE ORGANIZATION'S SALARY INCREASE GUIDELINES.

IN ADDITION, COMPENSATION STUDIES CONDUCTED BY CONSULTANTS SPECIALIZED IN
032212 11-20-20
Schedule O (Form 990 or 990-EZ) 2020
51

14470408 756598 11992.300

2020.05092 EDEN AUTISM SERVICES FOUN 11992.31

EDEN AUTISM SERVICES FOUNDATION, INC.	22-4215005
THE NONT PROFIT SECTOR HAVE BEEN USED TO BENCHMARK SALARIE;	S WITH COMPARABLE
ORGANIZATIONS.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT O	F INTEREST
POLICY AND AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PU	JBLIC UPON
REQUEST.	
FORM 990, PART VII	
RELATED HOURS:	
EDEN AUTISM SERVICES FOUNDATION, INC. HAS A RELATED ORGANI	ZATION WHICH
SHARES THE SAME MANAGEMENT. A NUMBER OF INDIVIDUALS PROVID	
THE RELATED ORGANIZATION. IN GENERAL, THE OFFICERS AND KEY	EMPLOYEES OF
EDEN AVERAGE IN EXCESS OF 40 HOURS PER WEEK SERVING THE TWO	O ENTITIES.
PART XII, LINE 2C	
THERE WAS NO CHANGE IN THE PROCESS FROM THE PRIOR YEAR.	
FORM 990, PART I, LINE 5	

EDEN AUTISM SERVICES FOUNDATION'S PAYROLL IS PROCESSED BY EDEN AUTISM

SERVICES, INC. AS A RESULT, EDEN AUTISM SERVICES FOUNDATION RECOGNIZES

52

GROSS WAGES FOR THESE EMPLOYEES EVEN THOUGH ZERO EMPLOYEES ARE

**REPORTED**.

032212 11-20-20

Page 2

Employer identification number

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization

(Form	990

SCHEDULE R

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 22 - 4215005

Department of the Treasury Internal Revenue Service

# EDEN AUTISM SERVICES FOUNDATION, INC.

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

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity

# 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	<b>(e)</b> Public charity status (if section	(f) Direct controlling entity	cont	<b>9)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
EDEN AUTISM SERVICES, INC 22-2069597							
2 MERWICK ROAD							
PRINCETON, NJ 08540	ADULT SVCS	NEW JERSEY	501(C)(3)	LINE 2	N/A		х
	1						
	1						
	1						

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

Schedule R (Form 990) 2020

# Schedule R (Form 990) 2020 EDEN AUTISM SERVICES FOUNDATION, INC.

22-4215005 Page 2

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 (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	of total Share of ome end-of-year assets		ortionate itions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partr	ral or F ging ner?	Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	
										+	$\rightarrow$	
											-	
			1									

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.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	l contr	i) tion b)(13) folled ity?
		country)		0				Yes	No

## Schedule R (Form 990) 2020 EDEN AUTISM SERVICES FOUNDATION, INC.

#### 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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b	X	
	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
	Purchase of assets from related organization(s)	1h		X
	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	X	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
Т	Performance of services or membership or fundraising solicitations for related organization(s)	11	X	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p	X	
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
S	Other transfer of cash or property from related organization(s)	1s		Х

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.

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) EDEN AUTISM SERVICES, INC	В	297,670.	ACTUAL VALUE
(2) EDEN AUTISM SERVICES, INC	J	818,643.	ACTUAL VALUE
(3) EDEN AUTISM SERVICES, INC	0	365,587.	ACTUAL VALUE
(4) EDEN AUTISM SERVICES, INC	Р	59,858.	ACTUAL VALUE
<u>(5)</u>			
_(6)			

# Schedule R (Form 990) 2020 EDEN AUTISM SERVICES FOUNDATION, INC.

#### 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) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partne 501( org	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h Dispr tior alloca <b>Yes</b>	opor- ate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partn <b>Yes</b>	l or Percel <sup>ing</sup> r? owne	<b>k)</b> entage ership

Schedule R (Form 990) 2020

Schedule R (F	orm 990) 2020
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# Part VII Supplemental Information

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

Schedule R (Form 990) 2020

032165 10-28-20

(Rev. January 2020)

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.* 

# Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instructions.			Taxpaye	axpayer identification number (TIN)			
print	EDEN AUTISM SERVICES FOUNDATION, INC.					22-4215005		
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, see instructions.							
return. See instructions	City, town or post office, state, and ZIP code. For a for PRINCETON, NJ 08540	oreign addi	ress, see instructions.					
Enter the	Return Code for the return that this application is for (file	e a separa	e application for each return)					
Application		Return	Application			Return		
Is For		Code	Is For			Code		
Form 990 or Form 990-EZ		01	Form 990-T (corporation)			07		
Form 990-BL		02	Form 1041-A			08		
Form 4720 (individual)		03	Form 4720 (other than individual)			09		
Form 990-PF		04	Form 5227			10		
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			11		
Form 990-T (trust other than above)			Form 8870	12				
• If this box 1 I re the 2 If t	he tax year entered in line 1 is for less than 12 months, c	Group Exe and atta <u>MAX</u> anization's , an heck reaso	mption Number (GEN) I         ch a list with the names and TINs of <u>Z</u> 16, 2022, to file         return for:         d ending	f this is fo all memb	r the whole ers the exten npt organiza 			
	<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.					0.		
<b>b</b> If t	his application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and					
estimated tax payments made. Include any prior year overpayment allowed as a credit.					\$	0.		
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by						_		
us	ng EFTPS (Electronic Federal Tax Payment System). See	e instructio	ns.	3c	\$	0.		
Caution: instruction	If you are going to make an electronic funds withdrawal ons.	(direct det	bit) with this Form 8868, see Form 84	153-EO an	d Form 887	9-EO for payment		
LHA I	or Privacy Act and Paperwork Reduction Act Notice,	see instru	ictions.		Form	8868 (Rev. 1-2020)		

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