

Mount Arlington, NJ Newton, NJ Bridgewater, NJ

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# PUBLIC INSPECTION COPY

Department of the Treasury

Internal Revenue Service

### Return of Organization Exempt From Income Tax

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



Α	For th	e 2022 calendar year, or tax year beginning $ m JUL1$ , $2022$ and e	ending C	<u>JUN 30, 2023</u>			
В	Check if applicab	le: C Name of organization		D Employer identified	cation number		
Г	Addre	EDEN AUTISM SERVICES, INC.					
	Name		22-20695	97			
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone numbe	r			
	Final returr	2 MERWICK ROAD	609-987-	0099			
	termii ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	48,319,471.			
	Amer	FRINCEION, NO 00040	H(a) Is this a group re				
	Appli tion pendi			for subordinates	? Yes X No		
		SAME AS C ABOVE		H(b) Are all subordinates in			
<u> </u>	Tax-ex	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) o	or 🛄 527	If "No," attach a	list. See instructions		
	Websi			H(c) Group exemptio			
_		f organization: X Corporation Trust Association Other	L Year	of formation: 1975	State of legal domicile: NJ		
P	art I		TOOTO	NI OF FDEN A			
e	1	Briefly describe the organization's mission or most significant activities: THE M SERVICES IS TO IMPROVE THE LIVES OF PEOPL	TP MIU	DN OF EDEN A	NE		
Activities & Governance							
veri	2	Check this box if the organization discontinued its operations or dispos			21		
ĝ	3				21		
80 00	4	Number of independent voting members of the governing body (Part VI, line 1b)		·····	604		
itie		Total number of individuals employed in calendar year 2022 (Part V, line 2a)		26			
iv	72	Total number of volunteers (estimate if necessary)		0.			
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
			Prior Year	Current Year			
¢)	8	Contributions and grants (Part VIII, line 1h)		460,419.	658,216.		
nue	9	Program service revenue (Part VIII, line 2g)	46,680,880.	42,709,855.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		157,683.	· -159,926.		
£		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		47,298,982.	43,208,145.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		27,423.	20,991.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	· · · · · · · · · · · · · · · · · · ·		
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		31,884,257.	34,244,657.		
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	0.				
ш	11/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		8,137,870.	8,383,075.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		40,049,550.	42,648,723.		
	19	Revenue less expenses. Subtract line 18 from line 12		7,249,432.	559,422.		
ts or			Be	eginning of Current Year	End of Year		
Net Assets (	20	Total assets (Part X, line 16)	······	38,270,352.	38,824,073.		
et A	21	Total liabilities (Part X, line 26)		13,524,426.	12,674,226.		
	22	Net assets or fund balances. Subtract line 21 from line 20		24,745,926.	26,149,847.		
P	art II	Signature Block					

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

Sign Here	Signature of officer JORGE DIAZ, CFO			Date					
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN					
Paid	CHRIS PERROTTA, CPA	CHRIS PERROTTA, C	CPA 05/03	/24 self-employed P01450368					
Preparer	Firm's name NISIVOCCIA LLP	•	·	Firm's EIN 22-1914888					
Use Only	Firm's address 200 VALLEY RD. SU	JITE 300							
	MT. ARLINGTON, NO	J 07856		Phone no. (973) 328-1825					
May the IRS discuss this return with the preparer shown above? See instructions									
232001 12-1	232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

orm	EDEN AUTISM SERVICES, INC.	22-2069597	Pag
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		[
1	Briefly describe the organization's mission:		
	THE MISSION OF EDEN AUTISM SERVICES IS TO IMPROVE TH		PLE
	WITH AUTISM: ONE INDIVIDUAL AT A TIME; ONE FAMILY AT	A TIME; ONE	
	COMMUNITY AT A TIME.		
2	Did the organization undertake any significant program services during the year which were not listed or		
	prior Form 990 or 990-EZ?	Yes	X
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program set	rvices?Yes	X
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service	ices, as measured by expense	s.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	to others, the total expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code: ) (Expenses \$ 10,055,467. including grants of \$ )	(Revenue \$ 11,153,	,95
	THE EDEN SCHOOL: 2025 WILL MARK THE 50TH ANNIVERSARY	OF EDEN AUTISM	1'S
	FOUNDING. STARTED BY FOURTEEN FAMILIES WHOSE CHILDRE	IN REQUIRED	
	SIGNIFICANTLY MORE THAN THEIR SCHOOL DISTRICT WAS AE	BLE TO PROVIDE,	TH
	EDEN SCHOOL WAS QUICKLY RECOGNIZED THROUGHOUT THE ST	ATE FOR ITS	
	EXPERTISE IN SUPPORTING STUDENTS WITH PROFOUND AUTIS	M AS CHARACTERI	ZE
	BY COMPLEX COGNITIVE, COMMUNICATION, AND BEHAVIORAL	CHALLENGES. TOI	DAY
	THE EDEN SCHOOL PROVIDES 77 STUDENTS FROM 36 SCHOOL		3-
	WITH YEAR-ROUND EDUCATIONAL SERVICES INCLUDING SPEEC		
	ADAPTIVE PHYSICAL EDUCATION, AND AN EXTENDED DAY PRO	-	
	14 STUDENTS FROM FOUR (4) SCHOOL DISTRICTS, THOUGH N		
	EDEN SCHOOL FULL-TIME, RECEIVE SERVICES THROUGH EDEN		
	PROGRAM.		
416	10,000,042	(Revenue \$ 23,745,	22
4b	(Code: )(Expenses 19,869,843 including grants of ) RESIDENTIAL PROGRAM: ONE OF THE FIRST AUTISM PROVIDE		
	NEED FOR SUPPORT THROUGHOUT THE LIFESPAN, EDEN HAS M		
	A PRIORITY. EDEN TEACHES ADULTS LIVING WITH AUTISM H		
		R ABILITIES BY	
	PROVIDING THE NECESSARY SUPPORTS TO ENABLE THEM TO A		- a m
		FFERS YEAR-ROUN	
	COMMUNITY-BASED RESIDENTIAL SERVICES THAT PROMOTE TH		
	AND INDEPENDENCE OF ITS PARTICIPANTS. EDEN OPERATES		
	HOMES AND APARTMENTS IN CENTRAL NEW JERSEY. THESE RE		
	TO FOUR ADULTS PER RESIDENCE AND EMPLOY STAFF WHO AR	LE IN THE RESIDE	SINC.
	24/7, 365 DAYS OF THE YEAR.		
	(Code: ) (Expenses \$ 7,801,987. including grants of \$ )	(Revenue \$ 7,283,	20
4c	(Code: )(Expenses /, 801, 987. including grants of \$) DAY PROGRAM: BUILDING UPON PROGRESS THAT WAS MADE DU		
	YEARS, EDEN WORKS WITH ADULT PARTICIPANTS IN THE ADU		
	CONTINUE DEVELOPING BEHAVIORS AND SKILLS THAT SUPPOR		10
			7
	ENGAGEMENT AND EMPLOYMENT. MOST OF THE ADULTS WHO AT		
	PROGRAM ARE EMPLOYED OR VOLUNTEER IN THE COMMUNITY.		
	RETAILERS, PHYSICIANS' OFFICES, AND FINANCIAL ADVISC		JST.
	FEW OF THE AREA BUSINESSES THAT REALIZE THE VALUE OF		
	INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES. BECAUSE		
	PARTICIPANT IS ABLE TO WORK OR ENGAGE ACTIVELY IN CC		
	EDEN'S ADULT DAY PROGRAM CONTINUES TO WORK WITH THOS		
	DEVELOP DAILY LIVING SKILLS, PERSONAL HYGIENE, COOKI	NG, AND HEALTH	AN:
	FITNESS.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 511,921. including grants of \$ 20,991.) (Revenue \$	527,474. <sub>)</sub>	
4e	Total program service expenses38,239,218.		
		Form	<b>990</b> (
32002	2 12-13-22 SEE SCHEDULE O FOR CONTINUATI	ON(S)	
	3		
10	503         784010         06943R001         2022.05090         EDEN         AUTISM         SERV	ICES, INC. 069	43R

Form 990 (2022)

Part IV Checklist of Required Schedules

EDEN AUTISM SERVICES, INC.

			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	X	<u> </u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v	
	public office? If "Yes," complete Schedule C, Part I	3		X	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x	
F	during the tax year? If "Yes," complete Schedule C, Part II	4			
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		x	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5			
0	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? <i>If</i> "Yes," <i>complete</i>	<u> </u>			
Ū	ichedule D, Part III				
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?				
	If "Yes," complete Schedule D, Part IV				
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments				
	or in quasi endowments? If "Yes," complete Schedule D, Part V	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,		x		
	Part VI				
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total				
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total				
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	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 X		
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," 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 the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	х		
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		- 23		
IZd	Schedule D, Parts XI and XII	12a	х		
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12.0			
5	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13	X		
	Did the organization maintain an office, employees, or agents outside of the United States?	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				
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х	
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		Х	
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. See instructions	17		X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines				
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			37	
	complete Schedule G, Part III	19		X	
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X	
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		x	
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EDEN AUTISM SERVICES, INC.

Part IV Checklist of Required Schedules (continued)

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2-14		
ou	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
6	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
7	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
_	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
B	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	28a		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	20a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	200		
Ŭ	"Yes," complete Schedule L, Part IV	28c		x
Э	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		x
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		37	
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
6	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization?	00		x
7	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
57	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
8	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	- 57		
•		38	x	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
1-	Enter the number reported in box 3 of Form 1096. Enter $-0$ , if not applicable $1a$		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a50Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
č	(gambling) winnings to prize winners?	1c	x	
2004	4 12-13-22			(2022)
	5			、 —)
10	503 784010 06943R001 2022.05090 EDEN AUTISM SERVICES, INC.	069	9431	R01

Form 990	(2022)		EDEN	AUTISM	SERVICES,	INC.	
Part V	Sta	itements	Regardin	g Other IR	S Filings and 1	Tax Comp	liance (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 604							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X				
b	If "Yes," enter the name of the foreign country							
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			v				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		XX				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b						
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		├				
0a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x				
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua						
5	were not tax deductible?							
7	Organizations that may receive deductible contributions under section 170(c).	6b						
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х				
	<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?							
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?							
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 contract?	7e		X X				
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8								
•	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.	0-						
a b	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		<u> </u>				
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90						
а	Initiation fees and capital contributions included on Part VIII, line 12 10a							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders							
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		<u> </u>				
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
-	organization is licensed to issue qualified health plans							
	Enter the amount of reserves on hand 13c Did the organization receive any payments for indoor tanning services during the tax year?	140		X				
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14a 14b		<u> </u>				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1-10		<u> </u>				
	excess parachute payment(s) during the year?	15		x				
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х				
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes," complete Form 6069.							
232005	5 12-13-22	Form	990	(2022)				

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Form 990 (2022)	Form	990	(2022)
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### EDEN AUTISM SERVICES, 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.

_	Check if Schedule O contains a response or note to any line in this Part VI					Σ
Sec	tion A. Governing Body and Management					
					Yes	1
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year	1a	21			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	21			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with ar	ly other			
	officer, director, trustee, or key employee?			2		
3	Did the organization delegate control over management duties customarily performed by or under th	e direct s	supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		
4	Did the organization make any significant changes to its governing documents since the prior Form			4		
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		Γ
6	Did the organization have members or stockholders?			6	Х	Γ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					T
	more members of the governing body?	•		7a	x	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					t
	persons other than the governing body?			7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye			10		┢
		2	0	0.0	х	L
	The governing body?			8a	X	┝
	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 rea					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		L
ec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue C	;ode.)			г
_					Yes	┞
	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 c					
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\dots$			10b		L
<b>1</b> a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly before	filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to conflic	ts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	′es," deso	cribe			L
	on Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	Γ
4	Did the organization have a written document retention and destruction policy?			14	Х	Γ
5	Did the process for determining compensation of the following persons include a review and approv					T
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,				
а	The organization's CEO, Executive Director, or top management official			15a	Х	Г
	Other officers or key employees of the organization			15b	X	t
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			100		t
62	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	mont with				
Ua				16a		L
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua			10a		┢
b						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizations	5	101		l
	exempt status with respect to such arrangements?			16b		L
_	tion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed NJ					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990-T	(section 501(c)(3	B)s only	) avai	a
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain		,			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of	interest policy, a	nd finar	ncial	
	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 bo	oks and	records			
	JORGE DIAZ, CFO - 609-987-0099					
	2 MERWICK ROAD, PRINCETON, NJ 08540					
2006	5 12-13-22			Form	9 <b>90</b>	(2
	7					-
10	503 784010 06943R001 2022.05090 EDEN AUTISM SE	RVICE	ES, INC.	069	943	R

#### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Χ

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos			one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week	<u> </u>	cer an	d a d	Irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/	from the
	related organizations	'ustee	trustee		ee	npens		1099-NEC)	1099-NEC)	organization and related
	below	dual tr	tional		nploy	st cor yee	_	10331120)		organizations
	line)	Individual trustee or director	Institutional t	Officer	Key employee	Highest compensated employee	Former			organizationio
(1) MICHAEL DECKER	30.00	-	-		-					
CHIEF EXECUTIVE OFFICER	10.00	1		Х				501,886.	0.	31,224.
(2) JENNIFER BIZUB	30.00									
CHIEF OPERATING OFFICER	10.00				Х			195,232.	0.	34,905.
(3) RACHEL TAIT	40.00									
CHIEF PROGRAM OFFICER					Х			181,114.	0.	23,447.
(4) JORGE DIAZ	30.00								_	
CHIEF FINANCIAL OFFICER	10.00			Х				189,781.	0.	7,445.
(5) DANNICIOUS ROGERS	40.00									
SENIOR DIRECT SUPPORT PROFESSIONAL						Х		171,018.	0.	11,929.
(6) MELINDA MCALEER	20.00							150 000		10 050
CHIEF DEVELOPMENT OFFICER	20.00				X			152,206.	0.	19,956.
(7) EUGENIA GORE	30.00							124 201	0	
DIRECTOR OF REAL ESTATE	10.00					X		134,381.	0.	32,718.
(8) GBENGA ALABA	40.00							140 645	0	10 400
DIRECT SUPPORT PROFESSIONAL-AWAKE	20.00					X		140,647.	0.	18,488.
(9) JOHN ZAHORSKY	30.00					37		100 100	0	11 210
DIRECTOR OF INFORMATION TECHNOLOGY	10.00					Х		129,133.	0.	14,316.
(10) HARMINDER SINGH	40.00					x		122 045	0.	612
DIRECTOR SUPPORT PROFESSIONAL-DAY	1 00					Δ		132,845.	0.	643.
(11) PAUL PRIOR, ESQ.	4.00 2.00	x		x				0.	0.	0.
CHAIR/TRUSTEE	4.00	<u> </u>		Δ				0.	0.	0.
(12) FRANK PIAZZA, JR. SECRETARY/TRUSTEE	2.00	x		x				0.	0.	0.
(13) WILLIAM JOHNSTON	4.00			Δ				0.	0.	0.
TREASURER/TRUSTEE	2.00	x		x				0.	0.	0.
(14) SCOTT KENT	4.00								•	
VICECHAIR/TRUSTEE	2.00	x		x				0.	0.	0.
(15) JEFFREY VAMOS	4.00							· · ·	••	
VICECHAIR/TRUSTEE	2.00	x		x				0.	0.	0.
(16) JOHN AMIRANTE	2.00									
TRUSTEE	1.00	x						0.	0.	0.
(17) ANTHONY CANCRO	2.00									
TRUSTEE	1.00	x						0.	0.	0.
232007 12-13-22										Form <b>990</b> (2022)

232007 12-13-22

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06943R01

Form	990	(2022)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	d Hi	ighes	st C	Compensated Employee	es (continued)			
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average	(-1		Pos				Reportable	Reportable	1	Estimate	ed
	hours per	box	, unles	ss pe	rson	than d is both	n an	compensation	compensation	4	amount	of
	week	offic	cer an	d a d	irecto	or/trus	ee)	from	from related		other	
	(list any	ector						the	organizations	со	mpensa	tion
	hours for	or director				ted		organization	(W-2/1099-MISC	;/	from the	е
	related	stee o	rustee			en sa		(W-2/1099-MISC/	1099-NEC)		rganizat	
	organizations	al tru	onal t		loyee	e comp		1099-NEC)			nd relat	
	below line)	In divid ual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			or	ganizati	ons
	,	Inc	L S	Off	Key	en <u>Fi</u> c	ē					
(18) MADELINE CHADEHUMBE, MD	2.00											•
TRUSTEE	1.00	Х				$\square$		0.		0.		0.
(19) MARC CITRON, ESQ.	2.00									_		_
TRUSTEE	1.00	Х						0.		0.		0.
(20) JEFF GARY, CPA	2.00											
TRUSTEE	1.00	Х						0.		0.		0.
(21) DR. CLAUDE GEORGE, MD, MSC	2.00											
TRUSTEE	1.00	Х						0.		0.		0.
(22) RAJIV DEVULAPALLI	2.00					$\square$						
TRUSTEE	1.00	х						0.		0.		0.
(23) MANASA GOPAL, ESQ.	2.00											
TRUSTEE	1.00	х						0.		0.		0.
(24) JAYNE O'CONNOR	2.00					$\left  \right $				••		••
TRUSTEE	1.00	х						0.		0.		0.
	2.00	Δ				$\left  - \right $		0.		••		0.
(25) TARA PALAMARIK		37										0
TRUSTEE	1.00	Х						0.		0.		0.
(26) CHARLETTE HAYES GRAY, CPA	2.00											•
TRUSTEE	1.00	Х						0.		0.		0.
1b Subtotal								1,928,243.			95,0	
c Total from continuation sheets to Part VI	I, Section A							0.		0.		0.
d Total (add lines 1b and 1c)								1,928,243.		0. 1	95,0	71.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d al	oove	e) wh	o r	eceived more than \$100	,000 of reportable			
compensation from the organization												10
											Yes	No
3 Did the organization list any <b>former</b> officer,	director, trust	ee, k	key e	empl	love	e, or	hic	hest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J for s										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	-				-		Siai	led organization of indivi				Х
Section B. Independent Contractors	piele Scheduk	- 0 1	UI SL	icii j	Ders	5011 .				] 5		
				-	t				100 000 of comm			
1 Complete this table for your five highest co	-									ensation	1 Troff1	
the organization. Report compensation for	the calendar y	ear e	enair	ng w	lith	or w	thii	*	ear.		(0)	
(A) Name and business	addraga							<b>(B)</b> Description of s	nuicos		(C) Densation	n
	auuress						_			Comp	ensatio	
STEVEN GROSSCUP				. – –	_			CONSTRUCTION			~ ~ -	- 4
242 KENWOOD DR. S, LEVIT	L'OWN, PA	7 ]	190	155	)			SERVICES		1.	98,5	51.
SHARYN RUDOFSKY												
219 WALL STREET, PRINCETO						-		THERAPY SERV	ICES	1	58,9	98.
PLAINSBORO PLAZA OWNER, 1					3 3	9						
NORTH SUITE 400, WOODBRII		07	709	95				REAL ESTATE	SERVICES	1	37,9	34.
GRANITE TELECOMMUNICATION	NS, LLC							COMMUNICATIO	N			
PO BOX 983119, BOSTON, MA	A 02298							SOLUTIONS SE	RVICES	1	34,4	30.
IVC PFV, LLC												
107 ROCKINGHAM ROW, PRING	CETON. N	IJ	08	354	10			INSURANCE SE	RVICES	1	18,6	53.
2 Total number of independent contractors (i						se lis						
\$100,000 of compensation from the organi	-	J. 11				5						
SEE PART VII, SECTION		ידי	JUA	T1			H	EETS		For	n <b>990</b> (2	2022)
					-					1 011		)

SEE	PART	VII,	SECTION	А	CONTINUATION	SHEETS	Form <b>990</b> (20
232008 12-13-22					_		

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Form 990 EDEN AUT	ISM SERV	710	CES	5,	II	NC .	•		22-206	9597
Part VII Section A. Officers, Directors, Tru	istees, Key Er	nplo	byee			ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cł	neck	all	that	app	ly)	compensation	compensation	amount of
	per					0		from	from related	other
	week (list any	JO				ploye		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				d em		(W-2/1099-MISC)	(1099-10130)	organization
	related	ee or	stee			en sate				and related
	organizations	l trust	nal tru		oyee	ompe				organizations
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former			
	line)	Indi	Inst	Officer	Key	Hig	For			
(27) NANCY WIELER FISHMAN	2.00									_
TRUSTEE		Х						0.	0.	0.
(28) STACIE SHERMAN	2.00									_
TRUSTEE	1.00	Х						0.	0.	0.
(29) HELEN HOENS, ESQ.	2.00									_
TRUSTEE	1.00	Х						0.	0.	0.
(30) KISHORE YALAMANCHILI, PHD, CFA	2.00									_
TRUSTEE		Х						0.	0.	0.
(31) KATERINA BUBNOVKSY, OD	2.00									_
TRUSTEE	1.00	Х						0.	0.	0.
Total to Dark VIII. Constinue A. Brander										
Total to Part VII, Section A, line 1c										

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Form 990 (2	022)
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 Form 990 (2022)
 EDEN AUTISM SERVICES, INC.
 22-2069597
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 Part VIII
 Statement of Revenue
 Page 9

			Check if Schedule O co	nta	ins a res	oonse	or note to any lin	e in this Part VIII			
								(A)	(B)	(C)	<b>(D)</b> Revenue excluded
								Total revenue	Related or exempt function revenue	Unrelated business revenue	for a set of a set of a set of a set
									lanetion revenue		sections 512 - 514
nts nts	1	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues		1b						
Am (		с	c Fundraising events 1c								
Gift		d	Related organizations		1d		400,279.				
ini,		е	Government grants (contrib	utic	ons) 1e		257,937.				
rior S		f	All other contributions, gifts, gra	ants	s, and						
the			similar amounts not included at	oove	e   1f						
dutr		g	Noncash contributions included in lin	nes 1	la-1f <b>1g</b>	\$					
an		h	Total. Add lines 1a-1f					658,216.			
							Business Code				
e	2	а	MEDICAID REVENUE				611600	29,739,124.	29,739,124.		
e vi		b	TUITION AND CLIENT FE	EES			611600	11,153,954.	11,153,954.		
S une		с	CLIENT HOUSING				611600	1,054,999.	1,054,999.		
Program Service Revenue		d	OTHER FEES AND PROGRA	M	SERVICE	IS	611600	761,778.	761,778.		
ogi		е									
۲,		f	All other program service re-	ven	nue						
			Total. Add lines 2a-2f					42,709,855.			
	3		Investment income (includin								
			other similar amounts)	-				347,889.			347,889.
	4		Income from investment of tax-exempt bond proceeds								
	5		Royalties								
			Γ		(i) Re		(ii) Personal				
	6	а	Gross rents 6	6a							
		b		66							
				) Sc							
			Net rental income or (loss)								
			Gross amount from sales of		(i) Secu	rities	(ii) Other				
			assets other than inventory <b>7</b>	7a	4,603	,511.					
		b	Less: cost or other basis			-					
ne			and sales expenses 7	ъ	5,111	,326.					
)ther Revenue		с		7c	-507	,815.					
Be			Net gain or (loss)					-507,815.			-507,815.
Jer			Gross income from fundraising								
đ			including \$		of						
			contributions reported on lir	ne 1	Ic). See						
			Part IV, line 18		,	8a					
		b	Less: direct expenses								
			Net income or (loss) from fu								
			Gross income from gaming								
			Part IV, line 19			. 9a					
		b	Less: direct expenses								
			Net income or (loss) from ga								
			Gross sales of inventory, les								
			and allowances			10a					
		b	Less: cost of goods sold								
			Net income or (loss) from sa								
s							Business Code				
Miscellaneous Revenue	11	а									
ane		b									
evel 8		с									
Mis( B		d	All other revenue								
~			Total. Add lines 11a-11d								
	12		Total revenue. See instructions	<u>s</u> .				43,208,145.	42,709,855.	0.	-159,926.
23200	9 12-	13									Form <b>990</b> (2022)

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EDEN AUTISM SERVICES, INC. Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do	Check if Schedule O contains a respor	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	20,991.	20,991.		
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	1,222,355.	265,599.	956,756.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	26,027,026.	24,179,082.	1,847,944.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	385,926.	351,620.	34,306.	
9	Other employee benefits	4,207,716.	3,771,116.	436,600.	
10	Payroll taxes	2,401,634.	2,186,694.	214,940.	
11	Fees for services (nonemployees):				
а	Management	40.045	1 051		
b	Legal	49,817.	1,271.	48,546.	
С	Accounting	109,875.	40,750.	69,125.	
d	, , , , , , , , , , , , , , , , , , , ,				
е	<b>.</b>				
f	Investment management fees				
g		<u> </u>	500 004		
	column (A), amount, list line 11g expenses on Sch O.)	609,263.	533,984.	75,279.	
12	Advertising and promotion	231,152.	103,770.	127,382.	
13	Office expenses	865,249.	784,335.	80,914.	
14	Information technology	940,670.	759,090.	181,580.	
15	Royalties		0 501 000	146 471	
16	Occupancy	2,738,360.	2,591,889.	146,471.	
17	Travel	769,388.	715,306.	54,082.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	102 002	100 501	2 /11	
22	Depreciation, depletion, and amortization	403,992. 200,531.	400,581. 150,644.	<u>3,411.</u> 49,887.	
23		200,331.	10,044.	49,00/.	
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	PARTICPANTS' MEALS AND	787,280.	787,280.		
b	STAFF TRAINING AND CONF	296,198.	245,167.	51,031.	
с	COMMUNITY EXPERIENCE FO	291,058.	291,058.		
d	COVID-19 EXPENSES	69,705.	38,947.	30,758.	
е	All other expenses	20,537.	20,044.	493.	
25	Total functional expenses. Add lines 1 through 24e	42,648,723.	38,239,218.	4,409,505.	(
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 if following SOP 98-2 (ASC 958-720)				

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Form 990 (2022)

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EDEN AUTISM SERVICES, INC.

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	990 (2	Balance Sheet		44-	2069597 Page 11
1 al		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
l	2	Savings and temporary cash investments	8,479,857.	2	13,603,826.
l	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	3,710,258.	4	2,546,674.
l	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
l	6	Loans and other receivables from other disqualified persons (as defined			
l		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	284 106	8	
٩	9	Prepaid expenses and deferred charges	374,186.	9	538,117.
	10a	Land, buildings, and equipment: cost or other			
l		basis. Complete Part VI of Schedule D 10a 12,771,265.	0 572 206		0 600 514
l		Less: accumulated depreciation 10b 3,082,751.	8,573,386.	10c	9,688,514.
l	11	Investments - publicly traded securities	6,653,391.	11	3,001,380.
l	12	Investments - other securities. See Part IV, line 11	412,382.	12	
l	13	Investments - program-related. See Part IV, line 11		13	
l	14	Intangible assets	10 000 000	14	
l	15	Other assets. See Part IV, line 11	10,066,892.	15	9,445,562.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	38,270,352.	16	38,824,073.
l	17	Accounts payable and accrued expenses	3,025,392.	17	2,906,937.
l	18	Grants payable	26,040.	18	20,765.
l	19	Deferred revenue	20,040.	19	20,705.
l	20	Tax-exempt bond liabilities	80,654.	20	58,525.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	00,054.	21	50,525.
Liabilities	22	Loans and other payables to any current or former officer, director,			
bili		trustee, key employee, creator or founder, substantial contributor, or 35%		00	
Lia	00	controlled entity or family member of any of these persons		22	
l	23 24	Secured mortgages and notes payable to unrelated third parties	804,880.	23 24	794,880.
l	24 25	Unsecured notes and loans payable to unrelated third parties	001,000.	24	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
l	25	parties, and other liabilities not included on lines 17-24). Complete Part X			
l			9,587,460.	25	8,893,119.
l	26	Total liabilities. Add lines 17 through 25	13,524,426.	26	12,674,226.
	20	Organizations that follow FASB ASC 958, check here	10,011,1200	20	
ses		and complete lines 27, 28, 32, and 33.			
and	27	Net assets without donor restrictions	24,745,926.	27	26,149,847.
Bal	28	Net assets with donor restrictions	, -,	28	
pu		Organizations that do not follow FASB ASC 958, check here			
Εu		and complete lines 29 through 33.			
s or	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
ہ ب			24,745,926.	32	26,149,847.
Ne	32	Total net assets or fund balances			,,,

Form **990** (2022)

13

10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       26,149,84         Part XII       Financial Statements and Reporting       Check if Schedule O contains a response or note to any line in this Part XII       Yes	12
1       Total revenue (must equal Part VIII, column (A), line 12)       1       43, 208, 14         2       Total expenses (must equal Part IX, column (A), line 25)       2       42, 648, 72         3       Revenue less expenses. Subtract line 2 from line 1       3       559, 42         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       24, 745, 92         5       Net unrealized gains (losses) on investments       5       865, 19         6       6       6         7       nevenue expenses at each of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       9         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       26, 149, 84	
2       Total expenses (must equal Part IX, column (A), line 25)       2       42, 648, 72         3       Revenue less expenses. Subtract line 2 from line 1       3       559, 42         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       24, 745, 92         5       Net unrealized gains (losses) on investments       5       865, 19         6       6       7       -20, 69         7       r-20, 69       9       10         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       26, 149, 84	
2       Total expenses (must equal Part IX, column (A), line 25)       2       42, 648, 72         3       Revenue less expenses. Subtract line 2 from line 1       3       559, 42         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       24, 745, 92         5       Net unrealized gains (losses) on investments       5       865, 19         6       6       7       -20, 69         7       r-20, 69       9       10         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       26, 149, 84	_
3       Revenue less expenses. Subtract line 2 from line 1       3       559,42         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       24,745,92         5       Net unrealized gains (losses) on investments       5       865,19         6       6       7       -20,69         7       -20,69       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       26,149,84          Part XII       Financial Statements and Reporting       10       26,149,84	
4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       24,745,92         5       Net unrealized gains (losses) on investments       5       865,19         6       6       6         7       Investment expenses       7       -20,69         8       9       Other changes in net assets or fund balances (explain on Schedule O)       9         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       26,149,84          Part XII       Financial Statements and Reporting       10       26,149,84	
5       Net unrealized gains (losses) on investments       5       865,19         6       6       6         7       Investment expenses       7       -20,69         8       9       Other changes in net assets or fund balances (explain on Schedule O)       9         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       26,149,84         Part XII Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       Yes	
6       6         7       10         8       7         9       0 ther changes in net assets or fund balances (explain on Schedule O)         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))         10       26,149,84         Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII	
7       Investment expenses       7       -20,69         8       9       Other changes in net assets or fund balances (explain on Schedule O)       9         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       26,149,84         Part XII       Financial Statements and Reporting       Check if Schedule O contains a response or note to any line in this Part XII       Yes	6.
7       Investment expenses       7       -20,69         8       9       Other changes in net assets or fund balances (explain on Schedule O)       9         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       26,149,84         Part XII       Financial Statements and Reporting       Check if Schedule O contains a response or note to any line in this Part XII       Yes	
8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       26,149,84         Part XII       Financial Statements and Reporting       Check if Schedule O contains a response or note to any line in this Part XII       Yes       Yes	7.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       26,149,84         Part XII       Financial Statements and Reporting       Check if Schedule O contains a response or note to any line in this Part XII       Yes	
column (B))       10       26,149,84         Part XII       Financial Statements and Reporting       Image: Check if Schedule O contains a response or note to any line in this Part XII       Image: Check if Schedule O contains a response or note to any line in this Part XII	0.
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes	
Check if Schedule O contains a response or note to any line in this Part XII	7.
	X
	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other	
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.	
2a    Were the organization's financial statements compiled or reviewed by an independent accountant?    2a	<u>X</u>
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?	
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	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	
review, or compilation of its financial statements and selection of an independent accountant?	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	
	X
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	
or audits, explain why on Schedule O and describe any steps taken to undergo such audits	

Form **990** (2022)

232012 12-13-22

SCH	EDU	LE	Α
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(Form 990)

## 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. Attach to Form 990 or Form 990-EZ.

tructions and the latest information.

OMB No. 1545-0047
2022
Open to Public Inspection

Department of the Treasury	Attach to Form 99
Internal Revenue Service	Go to www.irs.gov/Form990 for ins
Name of the organizati	on

Nam	e of t	he organization							identification number	
				RVICES, INC.					2-2069597	
Pa	rt I	Reason for Public	Charity Status.	All organizations must c	complete tl	nis part.) S	See instruction	ıs.		
The	organ	ization is not a private found	lation because it is: (	For lines 1 through 12, o	check only	one box.)				
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2	Χ	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990).)								
3		A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>								
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,								
		city, and state:								
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental	unit describ	bed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local gov	vernment or governn	nental unit described in a	section 17	70(b)(1)(A)	(v).			
7		An organization that norma	lly receives a substa	ntial part of its support f	from a gov	ernmental	unit or from t	he general	public described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community trust describe	ed in section 170(b)(	(1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	(ix) operate	ed in conju	inction with a	land-grant	college	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	. Enter the	name, city	y, and state o	f the colleg	e or	
		university:								
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its sup	port from	contributic	ons, members	hip fees, a	nd gross receipts from	
		activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more than	n 33 1/3% of	its support	from gross investment	
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	iired by the oi	rganization	after June 30, 1975.	
		See section 509(a)(2). (Cor	mplete Part III.)							
11		An organization organized a	and operated exclusion	ively to test for public sa	afety. See	section 50	)9(a)(4).			
12		An organization organized a	and operated exclusi	ively for the benefit of, to	o perform	the functio	ons of, or to c	arry out the	e purposes of one or	
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See <b>section</b> &	509(a)(3). C	heck the box on	
		lines 12a through 12d that	describes the type o	f supporting organizatio	n and con	nplete lines	s 12e, 12f, an	d 12g.		
а		<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s),	typically by	giving	
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or truste	ees of the s	upporting	
		organization. You must o	omplete Part IV, Se	ections A and B.						
b		<b>Type II.</b> A supporting org	anization supervised	l or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	ving	
		control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported	
		organization(s). You mus	t complete Part IV,	Sections A and C.						
с		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functiona	Ily integrate	ed with,	
		its supported organization	n(s) (see instructions	). You must complete I	Part IV, Se	ections A,	D, and E.			
d		Type III non-functionally	<b>/ integrated.</b> A supp	orting organization oper	rated in co	nnection v	vith its suppo	rted organi	zation(s)	
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement an	d an attent	iveness	
		requirement (see instruct	ions). <b>You must con</b>	nplete Part IV, Sections	s A and D,	and Part	V.			
е		Check this box if the orga	anization received a v	written determination fro	om the IRS	that it is a	а Туре I, Туре	II, Type III		
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi	zation.				
f		er the number of supported o								
g		vide the following information				ninghing links d				
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10		nization listed ng document?	(v) Amount of	,	(vi) Amount of other	
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)	
Tata										
Tota							1			

Sch	edule A (Form 990) 2022 E3	DEN AUTIS	M SERVICE	S, INC.		22-206	9597 Page 2
					(b)(1)(A)(iv) an	d 170(b)(1)(A)(v	/i)
		port Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(iv)         nplete 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 for qualify under the tests listed below, please complete Part III.)         bbits Support         iscal year beginning in)       (a) 2018       (b) 2019       (c) 2020       (d) 2021       (e) 2022       (f) Total         contributions, and fees received. (Do not unusual grants.")       (a) 2018       (b) 2019       (c) 2020       (d) 2021       (e) 2022       (f) Total         on its behalf       services or facilities       a governmental unit to a final dether paid to on the organization for thorage       a governmental unit to a final dether paid to on thorage       a governmental unit to a final dether paid to on the organization included         or (other than a al unit or publicly granization included       (a) 2018       (b) 2019       (c) 2020       (d) 2021       (e) 2022       (f) Total         ort. Subtact line 5 from line 4       intervest, synaphilis, from similar sources       intervest, synaphilis, second, third, fourth, or fifth ta					
	-	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(iv)         (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 failed to qualify under Part III. If the organization failed to qualify under Part III.         Aublic Support       (a) 2018 (b) 2019 (c) 2020 (d) 2021 (c) 2022 (f) Total ranks, contributions, and ranks, contributions and ranks, contributions are ranks, contributions and ranks, contrelated ranks, contributions and ranks, contributions a					
Se	ction A. Public Support		-				
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(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						
3	The value of services or facilities						
5							
	• · · ·						
6							
	ction B. Total Support						
		(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
		(4) 2010		(0) 2020	(4) 2021	(0) 2022	
	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 corriad 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	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
	organization, check this box and stop						
	-						
14							%
15							
16a		-					
	stop here. The organization qualifies a	as a publicly supp	orted organization	۱			

**b 33 1/3% support test - 2021.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ....

Schedule A (Form 990) 2022

11410503 784010 06943R001

#### 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.)

Sec	ction A. Public Support							
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	22 (f) Total	
	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							
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
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 $\dots$							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disgualified persons that							
	exceed the greater of \$5,000 or 1% of the							
	amount on line 13 for the year	L						
	Add lines 7a and 7b						_	
	Public support. (Subtract line 7c from line 6.)							
	ction B. Total Support	1	<i><i>и</i> <b>р с с</b> <i>с</i> <b>с</b></i>			1		
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 202	22 (f) Total	
	Amounts from line 6							
108	dividends, payments received on							
	securities loans, rents, royalties,							
h	and income from similar sources						<u>_</u>	
L.	(less section 511 taxes) from businesses							
	, , , , , , , , , , , , , , , , , , ,							
	Add lines 10a and 10b							
	Net income from unrelated business							
	activities not included on 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							
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)				1			
	First 5 years. If the Form 990 is for t	Le organization's fi	rst. second third	fourth, or fifth tax	vear as a section	501(c)(3) org	I	
	check this box and stop here	e e		-			Γ ·	
Sec	ction C. Computation of Pub							
	Public support percentage for 2022			column (f))		15		%
	Public support percentage from 202					16		%
	ction D. Computation of Inve							
17	Investment income percentage for 2	022 (line 10c, colur	nn (f), divided by l	ine 13, column (f))	)	17		%
	Investment income percentage from					18		%
<b>1</b> 9a	1 33 1/3% support tests - 2022. If the	e organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and	d line 17 is not	
	more than 33 1/3%, check this box a	and <b>stop here.</b> The	organization qual	ifies as a publicly	supported organiz	ation		
b	33 1/3% support tests - 2021. If the							
	line 18 is not more than 33 1/3%, ch	eck this box and <b>st</b>	<b>op here.</b> The orga	nization qualifies	as a publicly supp	orted organiz	zation	
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	this box and see in	structions	[	
23202	23 12-09-22			4 8		Sche	edule A (Form 990) 2	2022
		01 00		17	a	<b>n</b> a	a 0.0010-	o 4
4 I (	)503 784010 06943R0	UT 205	44.05090	EDEN AUTI	SM SERVIC	es, in(	C. 06943R	JΤ

11410503 784010 06943R001

#### EDEN AUTISM SERVICES, INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes

No

### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on 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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10b | Schedule A (Form 990) 2022

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2022.05090 EDEN AUTISM SERVICES, INC.

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06943R01

Schedule A	(Form 990)	) 2022	EDEN	AUTISM	SERVICES,	INC.	
Part IV	Suppor	ting Organiz	ations <sub>((</sub>	continued)			

2

			Yes	No		
11	<ul> <li>a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?</li> <li>b A family member of a person described on line 11a above?</li> <li>c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide</li> </ul>					
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and					
	11c below, the governing body of a supported organization?	11a				
b	A family member of a person described on line 11a above?	11b				
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide					
	detail in Part VI.	11c				
Sec	tion B. Type I Supporting Organizations					
			Yes	No		
1	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					

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

000	cition of Type in Supporting Organizations			
			Yes	No
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		

Sec	cion D. An Type in Supporting 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 on 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 that the organization used to satisfy the Integral Part Test during the yeatse	e instructions).
---	------------------

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С
- 2 Activities Test. Answer lines 2a and 2b below.

Section D. All Type III Supporting Organizations

- 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 on 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. 232025 12-09-22

3b Schedule A (Form 990) 2022

INC.

2a

2b

3a

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Yes No

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Section A - Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain		1		
2 Recoveries of prior-year distributions		2		
<b>3</b> 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 incu	rred for production or			
collection of gross income or for managem	ent, conservation, or			
maintenance of property held for production	on 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		
Section B - Minimum Asset Amount	· ·		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exem	npt-use assets (see			
instructions for short tax year or assets hel	d for part of year):			
a Average monthly value of securities		1a		
<b>b</b> Average monthly cash balances		1b		
c Fair market value of other non-exempt-use	assets	1c		
d Total (add lines 1a, 1b, and 1c)		1d		
e Discount claimed for blockage or other fac	tors			
(explain in detail in <b>Part VI</b> ):				
2 Acquisition indebtedness applicable to nor	n-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 (subtra	act 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	9 6)	8		
Section C - Distributable Amount				Current Year
1 Adjusted net income for prior year (from Se	ection 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	n line 4, unless subject to			
emergency temporary reduction (see instru	ictions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

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Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations <sub>(continu</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 exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsiv	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(ii) Underdistributior Pre-2022	າຣ	(iii) Distributable Amount for 2022	
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
с	Excess from 2020				
d	Excess from 2021				
-	Excess from 2022				

Schedule A (Form 990) 2022

232027 12-09-22

	(Form 990) 2022			SERVIC					9597 <sub>P</sub>	age
Part VI	Part IV, Section A, line 1; Part IV, Sect	<b>Information.</b> Prolines 1, 2, 3b, 3c, 4b tion D, lines 2 and 3;	o, 4c, 5a, 6, Part IV, Se	9a, 9b, 9c, 1 <sup>-</sup> ction E, lines	1a, 11b, a 1c, 2a, 2b	nd 11c; Part IV o, 3a, and 3b; F	, Section B, lines 1 Part V, line 1; Part V,	and 2; Part I Section B, I	V, Section C ine 1e; Part '	;, V,
	Section D, lines 5, (See instructions.)	6, and 8; and Part V	, Section E,	lines 2, 5, an	d 6. Also	complete this p	part for any addition	al informatio	n.	
										_
32028 12-09-2	22				22			Schedule	A (Form 990	) 2
10503	784010 069	943R001	2022	.05090		AUTISM	SERVICES,	INC.	06943	R(

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.



Employer identification number

22-2069597

Name of the organization

### EDEN AUTISM SERVICES, INC.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
	Did the organization inform all donors and donor advisors in	writing that the assets held in donor ad	vised funds
	are the organization's property, subject to the organization's	-	
	Did the organization inform all grantees, donors, and donor a for charitable purposes and not for the benefit of the donor of impermissible private benefit?	advisors in writing that grant funds can or donor advisor, or for any other purpo	be used only se conferring Yes
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990	0, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	tion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education)	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the for	
	day of the tax year.		Held at the End of the Ta
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
с	Number of conservation easements on a certified historic str	ructure included in (a)	
d	Number of conservation easements included in (c) acquired	after July 25,2006, and not on a	
	historic structure listed in the National Register		2d
	Number of conservation easements modified, transferred, re		
	year		
4	Number of states where property subject to conservation ea	asement is located	_
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling	of
	violations, and enforcement of the conservation easements i	it holds?	Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing c	onservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conser	rvation easements during the year
8	Does each conservation easement reported on line 2(d) abor	ve satisfy the requirements of section 1	70(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes
	In Part XIII, describe how the organization reports conservat		
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial state	ements that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections o	of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statemer	nt and balance sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research ir	n furtherance of public
	service, provide in Part XIII the text of the footnote to its fina	incial statements that describes these if	tems.
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement ar	nd balance sheet works of
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB A		
	Revenue included on Form 990, Part VIII, line 1		\$
d			
b	Assets included in Form 990, Part X		
b HA	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990

	dule D (Form 990) 2022 EDEN AU	TISM SERVI			0011500	or Othe				7 Page <b>2</b>
										uea)
3	Using the organization's acquisition, access	ion, and other record	ds, check a	ny of the fo	blowing the	at make s	ignificant	use of its		
-	collection items (check all that apply):									
a		c			ange progra					
b	Scholarly research	e		ier						
c	Preservation for future generations			ماله سطام مسلم	;;;					
4	Provide a description of the organization's c							ose in Par	t XIII.	
5	During the year, did the organization solicit of								Vee	
Dai	to be sold to raise funds rather than to be m t IV Escrow and Custodial Arran								Yes	No No
1 0	reported an amount on Form 990, Pa	•	ete li trie or	ganization	answered	res on	F0111 990	J, Part IV,	line 9, or	
10	Is the organization an agent, trustee, custod		diany for co	atributions	or other as	scote not	included			
Ia									Yes	X No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII								165	
b		and complete the id	nowing tab	ю.					Amount	
с	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on F							X	Yes	No
	If "Yes," explain the arrangement in Part XIII									X
Par										
		(a) Current year	(b) Prior	i	(c) Two yea			ears back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
с	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the cur		ce (line 1g, o	column (a))	held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
с	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiz	ation that a	re held and	d administe	ered for th	ne		-	
	organization by:									Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations									
b	If "Yes" on line 3a(ii), are the related organization								3b	
4	Describe in Part XIII the intended uses of the		owment fun	ıds.						
Par	t VI Land, Buildings, and Equipn									
	Complete if the organization answere		<u> </u>			D, Part X,	line 10.			
	Description of property	(a) Cost or c		(b) Cost o			cumulate	ed	(d) Bool	k value
		basis (investr	ment)	basis (o	,	dep	preciation		1 80.	
	Land			1,783						3,005.
	Buildings			9,481	.,222.	2,3	384,5	92.	7,096	5,630.
	Leasehold improvements				1.0	ļ,		-	1.0	1 0 0 0
	Equipment				162.	6	598,1	59.		4,003.
	Other				,876.					4,876.
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column	(B), line 10	с.)				9,688	3,514.

Schedule D (Form 990) 2022

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	(Form 990) 2022			SERVICES,	INC.
Part VII	Investments - O	ther Sec	curities.		

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
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	(c) Method of valuation: Cost or end	of year market value
	(b) DOOK value	(c) Method of Valdation. Cost of end	oryear 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 990, Part X, line 15.	
(a)	Description		(b) Book value
(1) RIGHT OF USE ASSET - OPER.	ATING LEASE		9,003,861
(2) DUE FROM RELATED ENTITY			441,701
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		9,445,562
Part X Other Liabilities.	, 10.)		J,443,302
Complete if the organization answered "Yes"	on Form 000 Part IV line	110 or 11f Soo Form 000 Part V line 25	
(a) Description of lightlifts	on Form 990, Fart IV, inte	The of This See Form 990, Fart A, line 25:	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			0 002 110
(2) LEASE LIABILITY			8,893,119
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)		8,893,119.

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... 🗴

Schedule D (Form 990) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 EDEN AUTISM SERVICES, I	NC.		22-	2069597 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Sta	tements With			
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	44,052,644.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	865,196.		
b	Donated services and use of facilities				
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	865,196.
3	Subtract line 2e from line 1			3	43,187,448.
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	20,697.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	20,697.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	43,208,145.
Da					
га	t XII Reconciliation of Expenses per Audited Financial Sta		n Expenses per	Retu	ırn.
Га	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			
1		e 12a.		Retu 1	ırn. 42,648,723.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			
1	Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements	e 12a.			
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	e 12a. 			
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, lin 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	e 12a. 			
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, lin 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	e 12a. <b>2a</b> <b>2b</b> <b>2c</b>			
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, lin 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	e 12a. 2a 2b 2c 2d			42,648,723.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, lin 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.)	e 12a. 2a 2b 2c 2d		1	
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, lin 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 <b>2a</b> through <b>2d</b>	e 12a. 2a 2b 2c 2d		1 2e	42,648,723.
1 2 b c d 3	Complete if the organization answered "Yes" on Form 990, Part IV, lin 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 <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b>	e 12a. 2a 2b 2c 2d		1 2e	42,648,723.
1 2 a b c d e 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, lin 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 <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:	e 12a. 2a 2b 2c 2d 4a		1 2e	42,648,723.
1 2 d c 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, lin 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 <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> 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	e 12a. 2a 2b 2c 2d 4a 4b		1 2e	42,648,723. 0. 42,648,723. 0.
1 2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, lin 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 <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> 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.)	e 12a. 2a 2b 2c 2d 4a 4b		1 2e 3	42,648,723.

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 IV, LINE 2B:

THE ORGANIZATION MAINTAINS CLIENT FUNDS IN ESCROW ACCOUNTS.

PART X, LINE 2:

THE ORGANIZATION IS A NOT-FOR-PROFIT CORPORATION THAT IS EXEMPT FROM

INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND

CLASSIFIED BY THE INTERNAL REVENUE SERVICE AS OTHER THAN A PRIVATE

FOUNDATION. THE ORGANIZATION IS ALSO EXEMPT UNDER TITLE 15 OF THE STATE OF

NEW JERSEY, CORPORATIONS AND ORGANIZATIONS NOT-FOR-PROFIT ACT.

ACCORDINGLY, NO PROVISION FOR FEDERAL OR STATE INCOME TAX HAS BEEN

PRESENTED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

232054 09-01-22

11410503 784010 06943R001

Schedule D (Form 990) 2022	EDEN AUTISM SERVICES, INC.	22-2069597 Page 5
Part XIII Supplemental Info		<u> </u>
THE ORGANIZATION F	OLLOWS THE PROVISIONS OF FASB ASC	INCOME TAXES. THE
STANDARD PRESCRIBE	S A MINIMUM RECOGNITION THRESHOLD	AND MEASUREMENT
METHODOLOGY THAT A	TAX POSITION TAKEN OR EXPECTED T	O BE TAKEN IN A TAX
RETURN IS REQUIRED	TO MEET BEFORE BEING RECOGNIZED	IN THE FINANCIAL
STATEMENTS. IT ALS	O PROVIDES GUIDANCE FOR DERECOGNI	TION, CLASSIFICATION,
INTEREST AND PENAL	TIES, ACCOUNTING IN INTERIM PERIO	DS, DISCLOSURE, AND

TRANSITION AS THEY RELATE TO THOSE TAX POSITIONS.

AS REQUIRED BY LAW, THE ORGANIZATION FILES INFORMATIONAL RETURNS WITH BOTH THE FEDERAL AND NEW JERSEY STATE GOVERNMENTS ON AN ANNUAL BASIS - FORM 990 WITH THE INTERNAL REVENUE SERVICE, AND FORM CRI-300R WITH THE STATE. THESE RETURNS ARE SUBJECT TO EXAMINATION BY THESE AUTHORITIES WITHIN CERTAIN STATUTORILY DEFINED PERIODS FOR FEDERAL AND FOR NEW JERSEY. THE ORGANIZATION'S FEDERAL EXEMPT ORGANIZATION RETURNS ARE NO LONGER SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR YEARS PRIOR TO 2020.

232055 09-01-22

11410503 784010 06943R001

SC	HEDULE E	Schools	0	MB No.	1545-00	147
(For	m 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 13, c	r	20	22	
		Form 990-EZ, Part VI, line 48.		LU		•
	ment of the Treasury I Revenue Service	Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.		pen to spect		ic
Name	e of the organizatio	-	Employer iden	•		mber
	5	EDEN AUTISM SERVICES, INC.	22-2			
Pa	rt I	·				
					YES	NO
1	•	tion have a racially nondiscriminatory policy toward students by statement in its charter,				
-		erning instrument, or in a resolution of its governing body?		1	X	
2	-	tion include a statement of its racially nondiscriminatory policy toward students in all its bro			x	
2	0	ther written communications with the public dealing with student admissions, programs, and	•	2		<u> </u>
3	•	on publicized its racially nondiscriminatory policy on its primary publicly accessible Internet mes during its tax year in a manner reasonably expected to be noticed by visitors to the				
		bugh newspaper or broadcast media during the period of solicitation for students, or during	the			
		l if it has no solicitation program, in a way that makes the policy known to all parts of the ger				
	÷ .	es? If "Yes," please describe. If "No," please explain. If you need more space, use Part II		3		Х
		NONDISCRIMINATORY POLICY: THE ORGANIZATION REC				
		NT REFERRALS FROM SCHOOL DISTRICTS, THEREFORE	, IT IS			
		SARY TO ADVERTISE TO THE GENERAL PUBLIC. THE				
		ION HAS A WRITTEN POLICY REGARDING RACIAL				
	DISCRIMIN	ATION.				
4	•	tion maintain the following?				
		g the racial composition of the student body, faculty, and administrative staff?		4a	X	<u> </u>
		nting that scholarships and other financial assistance are awarded on a racially nondiscrimin	• • • • • • • • • • • • • • • • • • • •	4b	X	
С	-	ogues, brochures, announcements, and other written communications to the public dealing			v	
		ssions, programs, and scholarships?		4c	X X	
a		rial used by the organization or on its behalf to solicit contributions? No" to any of the above, please explain. If you need more space, use Part II.		4d		
	ii you answered ii	to any of the above, please explain. If you need more space, use Part II.				
5	-	tion discriminate by race in any way with respect to:				37
		r privileges?		5a		X
b	Admissions policie	25?		5b		X
c	Employment of fac	culty or administrative staff?		5c		X
		ther financial assistance?		5d		X
e 4		es?		5e 5f		X
						X
				5g 5h		X
		lar activities? Yes" to any of the above, please explain. If you need more space, use Part II.		511		
	n you answered	res to any of the above, please explain. If you need more space, use I at it.				
6a	Does the organiza	tion receive any financial aid or assistance from a governmental agency?		6a	Х	
		ion's right to such aid ever been revoked or suspended?		6b		X
		Yes" on either line 6a or line 6b, explain on Part II.				
7	•	tion certify that it has complied with the applicable requirements of sections 4.01 through				
	4.05 of Rev. Proc.	75-50, 1975-2 C.B. 587, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering				
	racial nondiscrimir	nation? If "No," explain on Part II		7	X	
		eduction Act Notice see the Instructions for Form 990 or 990-F7	Schedul	e E (Eo	rm 99	1) 202

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

Schedule E (Form 990) 2022

232061 10-18-22

EDEN AUTISM SERVICES, INC.

**Part II** Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

THE ORGANIZATION RECEIVES FUNDING FROM THE NEW JERSEY DEPARTMENT OF

EDUCATION, THE NEW JERSEY DEPARTMENT OF HUMAN SERVICES, DIVISION OF

DEVELOPMENTAL DISABILITIES (DDD), THE NEW JERSEY DEPARTMENT OF

AGRICULTURE, AND THE NEW JERSEY DEPARTMENT OF CHILDREN & FAMILIES TO RUN

THE PROGRAMS THEY PROVIDE TO INDIVIDUALS WITH AUTISM.

232062 10-18-22

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service		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. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.	s and Other Assistance to Organizal ments, and Individuals in the United ne organization answered "Yes" on Form 990, Part IV, Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.	ce to Organ Is in the Uni on Form 990, Pau the latest informa	<b>izations,</b> <b>ted States</b> ±1V, line 21 or 22. <sup>ation.</sup>		OMB No. 1545-0047 <b>2022</b> Open to Public Inspection
L He	SM SERVICES					<u> </u>	Employer identification number 22–2069597
Part I         General Information on Grants and Assistance           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?	ind Assistance to substantiate th stance?	e amount of the grants	or assistance, the	grantees' eligibility	/ for the grants or ass	istance, and the selecti	
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for moni	oring the use of grant	funds in the United	d States.			]
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "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.	Domestic Organi \$5,000. Part II car	zations and Domestic be duplicated if additi	omestic Governments. Com	omplete if the orga	Inization answered "Y	es" on Form 990, Part I	V, line 21, for any
<b>1 (a)</b> Name and address of organization or government	( <b>q</b> )	(c) IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<ul> <li>Enter total number of section 501(c)(3) and government organizations listed in the line 1 table</li> <li>3 Enter total number of other organizations listed in the line 1 table</li> </ul>	Ind government or s listed in the line	ganizations listed in th 1 table	le line 1 table				
1	, see the Instruct	ions for Form 990.					Schedule I (Form 990) 2022

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Schedule I (Form 990) 2022 EDEN AUTISM SER	AVICES, I	NC.			22-2069597 Page 2
Part III       Grants and Other Assistance to Domestic Individuals.       Complete if the organization answered "Yes" on Form 990, Part IV, line 22.         Part III       Campion answered and the organization and the o	s. Complete if the	organization answe	sred "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) 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
RESPITE FUNDING PROGRAM	-	20,991.	. 0		
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	l quired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
SCHEDULE I, PART 1, LINE 2					
EDEN MONITORS THE USE OF GRANT FUNDS	NDS IN THE	U.S. IN	ACCORDANCE	WITH THE	
INDIVIDUAL GRANT MAKERS' REQUIREMENTS		REPORTING	FOR REPORTING ON THE USE	ОF ТНЕ	
FUNDS THEY HAVE GRANTED. A CONTRACT	CT RENEWAL	L IS SUBMITTED	TTED ANNUALLY	LLY FOR	
APPROVAL.					
232102 10-31-22		35			Schedule I (Form 990) 2022
					. ,

SCH	EDULE J	Compensation Information	1	OMB No. 1	545-00	47
(For	m 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	22	)
		Compensated Employees		LU		
Departe	nent of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Name	of the organization	1	Employer id			mber
		EDEN AUTISM SERVICES, INC.	22-2	06959	7	
Par	t I Question	s Regarding Compensation				
					Yes	No
<b>1a</b> (	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	ı 990,			
F	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
L	First-class or c	harter travel Housing allowance or residence for perso	nal use			
L	Travel for com	panions Payments for business use of personal re	sidence			
L	Tax indemnific	ation and gross-up payments	S			
	Discretionary s	spending account Personal services (such as maid, chauffe	ur, chef)			
b li	f any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
r	eimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		1b		X
2 [	Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
t	rustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	Х	
3 I	ndicate which, if ar	ny, of the following the organization used to establish the compensation of the organization'	S			
(	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organizat	ion to			
e	establish compensat	ation of the CEO/Executive Director, but explain in Part III.				
	Compensatior	committee X Written employment contract				
	Independent o	compensation consultant Compensation survey or study				
	X Form 990 of o	ther organizations X Approval by the board or compensation of	committee			
<b>4</b> [	During the year, dic	l any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	•	lated organization:				
		e payment or change-of-control payment?				X
		eive payment from a supplemental nonqualified retirement plan?				X
сF	Participate in or rec	eive payment from an equity-based compensation arrangement?		<b>4c</b>		X
l	f "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
		)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r					37
a T	The organization?			<b>5</b> a		X
		ation?		<b>5b</b>		X
		or 5b, describe in Part III.				
		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r	-			v	
					Х	37
		ation?		6b		X
		or 6b, describe in Part III.				
		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment				v
		nes 5 and 6? If "Yes," describe in Part III		7		X
	-	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				v
		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
		id the organization also follow the rebuttable presumption procedure described in				
		1 53.4958-6(c)?				
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedu	ıle <b>J (Fo</b> rn	n 990)	) 2022 (

Schedule J (Form 990) 2022 EDEN 1	AUTISM SERVICES	CES, INC.		22-2069597	597		Page 2
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed	nployees, and Highest	Compensated Emp	Ioyees. Use duplica	te copies if additional s	pace 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.	e reported on Schedule rm 990, Part VII.	J, report compensa	tion from the organi	zation on row (i) and fro	m related organizatior	ns, described in the ins	tructions, on row (ii).
Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the tot	d individual must equal	the total amount of F	<sup>-</sup> orm 990, Part VII, S	al amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual	able column (D) and (	E) amounts for that inc	lividual.
	(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MICHAEL DECKER	(i) 501,886.	.0	.0	11,327.	19,897.	533,110.	.0
CHIEF EXECUTIVE OFFICER			.0	.0	•0	•0	•0
(2) JENNIFER BIZUB	(i) 195,232.		.0	6,102.	28,803.	230,137.	.0
CHIEF OPERATING OFFICER							.0
(3) RACHEL TAIT	(i) 181,114.			5,41	18,030.	204,56	•0
CHIEF PROGRAM OFFICER			.0		0.		.0
(4) JORGE DIAZ	(i) 189,781.			5,66	1,777.	197,226.	•0
CHIEF FINANCIAL OFFICER		•0			• 0		•0
(5) DANNICIOUS ROGERS	(i) 171,018.		.0	1,636.	10,293.	182,947.	•0
SENIOR DIRECT SUPPORT PROFESSIONAL	(ii) 0.				•0		•0
(6) MELINDA MCALEER	(i) 152,206.	•0	•0	2,311.	17,645.	172,162.	•0
CHIEF DEVELOPMENT OFFICER		•0	.0	•0			•0
(7) EUGENIA GORE	(i) 134,381.	•0	.0	4,239.	28,479.	167,099.	•0
DIRECTOR OF REAL ESTATE	(ii) 0.	•0	.0	•0	• 0	• 0	•0
(8) GBENGA ALABA	(i) 140,647.	•0	.0	.0	18,488.	159,135.	•0
DIRECT SUPPORT PROFESSIONAL-AWAKE	(ii) 0.	.0	0.	.0	.0	.0	0.
	(1)						
	(ii)						
	(i)						
1	(ii)						
	(i)						
-	(ii)						
	(i)						
1	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
			77			Schedu	Schedule J (Form 990) 2022

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232112 10-18-22

Schedule J (Form 990) 2022 EDEN AUTISM SERVICES, INC.	22-2069597 Page 3
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.	s part for any additional information.
PART I, LINE 1B:	
THE AGENCY PAID \$2,000 TO THE NASSAU CLUB OF PRINCETON FOR THE	
PRESIDENT/CEO'S "RESIDENT MEMBERSHIP" FEE WHICH ALSO ALLOWS THE	
ORGANIZATION TO HOLD EVENTS AT THE VENUE.	
PART I, LINE 6:	
THE PRESIDENT/CEO IS ELIGIBLE FOR PAY CONTINGENT ON ATTAINING ANNUAL GOALS	
INCLUDING MEETING BUDGETED NET EARNINGS.	
	Schedule J (Form 990) 2022

 SCHEDULE O (Form 990)

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



22-2069597

EDEN AUTISM SERVICES, INC.

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

INDIVIDUAL AT A TIME; ONE FAMILY AT A TIME; ONE COMMUNITY AT A TIME.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

EVERY STUDENT AT EDEN HAS AN INDIVIDUALIZED EDUCATION PROGRAM (IEP),

UNIQUE TO HIS OR HER SPECIFIC NEEDS AND ABILITIES BASED ON ANNUAL

ASSESSMENTS. OUR STUDENT-TEACHER RATIO RANGES FROM 1:1 TO 3:1, BASED ON

STUDENT NEED. CLASSROOM INSTRUCTION IS PROVIDED IN THE SAME

STUDENT-TEACHER RATIOS, ALONG WITH SMALL GROUPS TO FACILITATE PEER

INTERACTION. THE ACQUISITION OF LIFE AND VOCATIONAL SKILLS AS WELL AS

ENGAGEMENT IN THE COMMUNITY ARE AT THE CORE OF THE EDEN SCHOOL'S GOALS

FOR EVERY STUDENT.

IN ADDITION TO BEING A NEW JERSEY STATE-LICENSED PRIVATE SCHOOL FOR CHILDREN WITH DISABILITIES, THE EDEN SCHOOL IS ALSO ACCREDITED BY THE NATIONAL COMMISSION FOR THE ACCREDITATION OF SPECIAL EDUCATION SERVICES (NCASES), THE COUNTRY'S LEADING ACCREDITATION PROGRAM FOR PRIVATE SPECIAL EDUCATION SERVICES AND THE NATIONAL ASSOCIATION OF SPECIAL EDUCATION TEACHERS (NASET).

 FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

 EDEN'S RESIDENTIAL PROGRAM CONTINUES TO STRENGTHEN LIFE SKILLS SUCH AS

 COOKING, LAUNDRY, AND PERSONAL HYGIENE THAT ARE TAUGHT IN THE EDEN

 SCHOOL. THE ADULT PARTICIPANTS WHO RESIDE IN AN EDEN GROUP HOME ARE

 SUPPORTED BY HIGHLY TRAINED STAFF BASED ON A 1:1 OR 2:1 PARTICIPANT TO

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

 232211 10-28-22

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 11410503 784010 06943R001
 2022.05090 EDEN AUTISM SERVICES, INC. 06943R01

Schedule O (Form 990) 2022	Page <b>2</b>
Name of the organization EDEN AUTISM SERVICES, INC.	Employer identification number 22-2069597
STAFF RATIO. DIRECT SUPPORT PROFESSIONALS (DSPS) ASSIST W	ITH DAILY
ACTIVITIES INCLUDING DRIVING PARTICIPANTS TO AND FROM THE	DAY AND
EMPLOYMENT PROGRAM, SHOPPING, RECREATIONAL AND LEISURE AC	TIVITIES AS
WELL AS DOCTORS' APPOINTMENTS.	
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHME	NTS:
THROUGH SUPPORTED EMPLOYMENT, PARTICIPANTS WORK IN THE CO	MMUNITY UNDER

THE SUPERVISION OF AN EDEN JOB COACH. EXAMPLES INCLUDE WORKING IN A

CONVENIENCE STORE, PROVIDING CLERICAL SUPPORT IN A PHYSICIAN'S OFFICE,

CARRYING OUT CLEANING SERVICES, PERFORMING DATA ENTRY, ETC.

COMPETITIVE EMPLOYMENT IS AN OPTION FOR PARTICIPANTS WHO HAVE

DEMONSTRATED THE ABILITY TO WORK INDEPENDENTLY WITH MINIMAL

SUPERVISION.

COMMUNITY EXPERIENCES INCLUDE TRIPS TO THE LIBRARY, VISITS TO PARKS,

ATTENDANCE AT SPORTS EVENTS, MOVIES AND SHOPPING.

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

EDEN AUTISM SERVICES INC. MEMBERS CONSIST OF THE PARENTS OR LEGAL GUARDIANS OF THOSE INDIVIDUALS EDEN SERVES, AND COMMUNITY BOARD MEMBERS.

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

MEMBERS OR STOCKHOLDERS OR OTHERS WITH THE POWER TO ELECT OTHERS: THESE

MEMBERS ELECT THE MEMBERS OF THE GOVERNING BODY ANNUALLY.

FORM	990,	PART	VI,	SECTION	в,	LINE	11B	:				
232212 10-	28-22										Schedule C	) (Form 990) 2022
								40				
141050	3 784	010 0	6943	R001	20	22.05	090	EDEN	AUTISM	SERVICES,	INC.	06943R01

Schedule O (Form 990) 2022	Page 2
Name of the organization EDEN AUTISM SERVICES, INC.	Employer identification number 22-2069597
EDEN AUTISM SERVICES, INC. HAS ITS FORM 990 PREPARED BY A	N OUTSIDE
ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW	PROCESS TO ENSURE
THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. W	HEN THE FORM 990
HAS BEEN PREPARED, REVIEWED BY MANAGEMENT AND THE AUDIT C	OMMITTEE OF THE
BOARD AND IS READY TO BE FILED WITH THE INTERNAL REVENUE	SERVICE, IT IS
PROVIDED TO THE MEMBERS OF THE ORGANIZATION'S GOVERNING B	ODY FOR ANY
COMMENTS PRIOR TO ITS SUBMISSION. THE GOVERNING BODY IS P	ROVIDED WITH A
REASONABLE AMOUNT OF TIME TO REVIEW THE FORM 990. ANY COM	MENTS ARE THEN
GROUPED, SUMMARIZED AND PROVIDED THROUGH MANAGEMENT TO TH	E OUTSIDE
ACCOUNTING FIRM. ANY APPLICABLE ISSUES ARE ADDRESSED PRIO	R TO THE RETURN
BEING FINALIZED AND APPROVED FOR FILING.	

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

1

EDEN AUTISM SERVICES, INC. CURRENTLY HAS IN PLACE A CONFLICT OF INTEREST POLICY WHICH IT REGULARLY MONITORS AND ENFORCES. THE BOARD MANDATES THAT ALL MEMBERS OF MANAGEMENT AND THE GOVERNING BODY ANNUALLY SIGN A CONFLICT OF INTEREST POLICY AND DISCLOSE ANY POTENTIAL OR ACTUAL CONFLICTS THAT MAY EXIST. IF A POTENTIAL OR ACTUAL CONFLICT OF INTEREST EXISTS, GOVERNING BODY AND MANAGEMENT WILL INVESTIGATE THE ISSUE. IF A CONFLICT OF INTEREST IS DETERMINED TO EXIST MANAGEMENT AND THE GOVERNING BODY WILL BE NOTIFIED IMMEDIATELY. THE MEMBER WILL NOT BE ALLOWED TO VOTE OR BE A PART OF ANY DECISIONS ABOUT ANY SUCH TRANSACTIONS THAT HAVE TO DO WITH THE CONFLICT UNTIL SUCH TIME THAT THERE IS NO LONGER A CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15: PROCESS FOR DETERMINING COMPENSATION OF THE CHIEF EXECUTIVE OFFICER:

	THE	PRI	ESIDENT	AND	CEO	RECEIVES	AN	ANNUAL	PE	RFORMANC	E EVALUAT	ION	COMPLETED	
	232212 1	10-28-2	2									Sched	ule O (Form 990) 2022	
								4	1					
11	4105	03	784010	0694	3R00	1 202	2.0	5090 ED	$\mathbf{EN}$	AUTISM	SERVICES,	INC	. 06943R01	

Schedule O (Form 990) 2022	Page 2
Name of the organization EDEN AUTISM SERVICES, INC.	Employer identification number 22-2069597
BY THE CHAIR OF THE BOARD OF TRUSTEES. THE PRESIDENT AND	CEO'S PERFORMANCE
AND COMPENSATION ARE ALSO REVIEWED AAT A MEETING OF THE F	ULL BOARD OF
DIRECTORS. ONLY THOSE MEMBERS OF THE BOARD WHO ARE FREE O	F CONFLICTS OF
INTEREST MAY BE INVOLVED IN THE EVALUATION OF CEO'S COMPE	INSATION.

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 THE NON-PROFIT SECTOR HAVE BEEN USED TO BENCHMARK SALARIES WITH COMPARABLE ORGANIZATIONS.

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

11410503 784010 06943R001

EDEN AUTISM SERVICES, INC. MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE UPON WRITTEN REQUEST AT THE ORGANIZATION'S OFFICE AT 2 MERWICK ROAD PRINCETON, NJ 08540. IN ADDITION THE FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON WRITTEN REQUEST AT THE ORGANIZATIONS OFFICE AT 2 MERWICK ROAD PRINCETON, NJ 08540.

FORM 990, PART VII RELATED HOURS: EDEN AUTISM SERVICES INC AND EDEN AUTISM SERVICES FOUNDATION INC ARE RELATED ORGANIZATIONS WHICH SHARE THE SAME MANAGEMENT. A NUMBER OF INDIVIDUALS PROVIDE SERVICES TO THE RELATED ORGANIZATION. IN GENERAL, THE OFFICERS AND KEY EMPLOYEES OF EDEN AVERAGE IN EXCESS OF 40 HOURS PER WEEK SERVING THE TWO ENTITIES. 232212 10-28-22 42

2022.05090 EDEN AUTISM SERVICES, INC.

06943R01

Name of the organization	Employer identification num 22-2069597
EDEN AUTISM SERVICES, INC.	22-200959/
FORM 990, PART XII, LINE 2C	
NO CHANGE FROM THE PRIOR YEAR.	
O CHANGE FROM THE FRIOR TEAR.	
32212 10-28-22	Schedule O (Form 990)
43 10503 784010 06943R001 2022.05090 EDEN AUTISM	M SERVICES, INC. 06943R

SCHEDULE R (Form 990) Department of the T Internal Revenue Se	easury rvice	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.	ons and Unrelated Pa ed "Yes" on Form 990, Part IV, lii Attach to Form 990. 90 for instructions and the lates'	r <b>tnerships</b> e 33, 34, 35b, 36, information.	or 37.	ō <b>o</b>	OMB No. 1545-0047 2022 Open to Public Inspection	
Name of	ation EDEN AUTISM	SERVICES, INC.				Employer identification number 22-2069597	cation number 5 9 7	,
Part I	Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	e if the organization answered "Yes"	on Form 990, Part IV, line 3					
	(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	ne End-of-year assets		(f) Direct controlling entity	I
								I
								l
								I
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.	tions. Complete if the organization a	answered "Yes" on Form 990	, Part IV, line 34, t	ecause it had one	or more related tax-exe	empt	I
	<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled entity?	) <sub>@</sub>
EDEN AUTISM 22-4215005, 08540	2 MERWICK ROAD, PRINCETON, NJ	SUPPORT	NEW JERSEY	501(C)(3)	LINE 12B, II	EDEN AUTISM SERVICES, INC.		I
								I
								I
								l
For Pap	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	s for Form 990.				Schedule R	Schedule R (Form 990) 2022	ន

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Page 2	(k)	Percentage ownership			related	(i) Section 512(b)(13) controlled entity? <b>Yes No</b>			90) 2022
597 e related	()	General or Percentage managing partner? Yes No			le or more	(h) Percentage 5 ownership c			R (Form 9
22-2069597 t had one or more relate	(1)	Code V-UBI amount in box 20 of Schedule EX-1 (Form 1065)			on Form 990, Part IV, line 34, because it had one or more related	(g) ( Share of Perce end-of-year own- assets			Schedule R (Form 990) 2022
4, because i	(4)	Disproportionate allocations? Yes No H			: IV, line 34, l				
art IV, line 3.	(6)	Share of Di end-of-year assets			m 990, Part	(f) Share of total income			
orm 990, P.					Yes" on For	(e) Type of entity (C corp, S corp, or trust)			
"Yes" on F	(f)	Share of total income			answered "				
zation answered "\	(e)	Predominant income St (related, unrelated, excluded from tax under sections 512-514)			ne organization a	(d) Direct controlling entity			
the organiz		Predomin (related, excluded fr sections			omplete if th	(c) Legal domicile (state or foreign country)			45
, INC. ership. Complete if	(q)	Direct controlling entity			<b>iration or Trust.</b> Co /ear.	(b) Primary activity			
SERVICES , (able as a Partner	ax year.	Legal domicile (state or foreign country)			as a Corpo	Prime			
AUTISM SEF	tnership during the t	Primary activity			Janizations Taxable	Ze			
Schedule R (Form 990) 2022 EDEN AUTISM SERVICES, INC. 22–2069597 Documentation 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		Name, address, and EIN of related organization			Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" organizations treated as a corporation or trust during the tax year.	(a) Name, address, and EIN of related organization			-14-22
Schedule		2			Part IV				232162 09-14-22

INC.
SERVICES,
AUTISM
EDEN
Schedule R (Form 990) 2022

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		sotoil concitoriaceano kontele			Yes	٩
During the tax year, but the organization engage in any or the following transactions with one or more related organizations instead in ratio inversion and the properties of the properties or find rate from a controlled entity.		alared organizations instea		4		×
				2 4	┢	
				+	×	
				╋	>	
d Loans or loan guarantees to or for related organization(s)				- -	4	
e Loans or loan guarantees by related organization(s)				<del>1</del> e	1	×
					_	;
f Dividends from related organization(s)				₽		×
g Sale of assets to related organization(s)				<b>1</b> g		X
Purchase of assets from related organize				1h		×
i Exchange of assets with related organization(s)				÷		×
j Lease of facilities, equipment, or other assets to related organization(s)				į		×
k. Lease of facilities equinment, or other assets from related organization(s)				ŧ	×	
	oi-otion(0)			╋		×
Performance of services or membership or fundralsing solicitations for related organization(s) m Derformance of services or membership or fundralsing solicitations by related organization(s)	ated organization(s) ated organization(s)			+	$\mathbf{x}$	4
Sharing of facilities actuined to the line of other action actions with related	medici)			+		
	(e)IIO			╋	1 Þ	
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				۰ ٩	4	
<ul> <li>Baimhursement naid to related organization(s) for exnences</li> </ul>				ę		×
<ul> <li>Reimbursement paid by related organization(s) for expenses</li> </ul>					×	
						Þ
r Other transfer of cash or property to related organization(s)				F	╈	4
s Other transfer of cash or property from related organization(s)				1s		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	ho must complete t	nis 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	volved		
(1) EDEN AUTISM SERVICES FOUNDATION INC	IJ	400,279.	ACTUAL VALUE			
(2) EDEN AUTISM SERVICES FOUNDATION INC	К	729,272.	272. ACTUAL VALUE			
(3) EDEN AUTISM SERVICES FOUNDATION INC	0	310,202.	310,202. ACTUAL VALUE			
(4) EDEN AUTISM SERVICES FOUNDATION INC	D	441,701.	. ACTUAL VALUE			
(5)						
(6)						
232163 09-14-22	46		Schedule	Schedule R (Form 990) 2022	; (066	2022

Page 4		(enue)	(k) Percentage ownership					Schedule R (Form 990) 2022
5		is rev						orm
959		gros	(j) General or managing partner? Yes No					R (F
22-2069597		by total assets or	(i) (j) (j) (j) (j) (j) (j) (j) (j) (j) (j					Schedule
		asured	(h) Dispropor- tionate allocations? Yes No				 	
	37.	t of its activities (me	(g) Share of end-of-year assets					
	n 990, Part IV, line	e than five percen	<b>(f)</b> Share of total income					
	on Form	cted mor	(e) Are all 501(c)(3) orgs.? Yes No					
	"Yes"	onduc ips.	d, d, (†					
	ization answered	he organization c estment partnersh	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)					
ES, INC.	mplete if the organ	hip through which t ision for certain inve	(c) Legal domicile (state or foreign country)					
AUTISM SERVICES	<b>le as a Partnership.</b> Co	ntity taxed as a partners ructions regarding exclu	<b>(b)</b> Primary activity					
Schedule R (Form 990) 2022 EDEN A	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					

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Part VI		Supplemental Information	
I alt vi	· I	Supplemental information	

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

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