

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# 2021

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>ASSOCIATION OF UNIVERSITY CENTERS ON DISABILITIES</b>		<b>D</b> Employer identification number  <b>23-7189098</b>
	Doing business as		
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>E</b> Telephone number <b>(301)588-8252</b>
	<b>1100 WAYNE AVENUE</b>	<b>1000</b>	
City or town, state or province, country, and ZIP or foreign postal code <b>SILVER SPRING, MD 20910</b>		<b>G</b> Gross receipts \$ <b>14,247,595.</b>	
<b>F</b> Name and address of principal officer: <b>JOHN TSCHIDA</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number	
<b>J</b> Website: <b>WWW.AUCD.ORG</b>		<b>L</b> Year of formation: <b>1971</b> <b>M</b> State of legal domicile: <b>DE</b>	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			

## Part I Summary

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE PART III, LINE 1.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>16</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>16</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>44</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>16</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year <b>9,871,628.</b>	Current Year <b>13,097,690.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>1,115,102.</b>	<b>975,051.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>64,764.</b>	<b>43,643.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>-22,079.</b>	<b>-16,382.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>11,029,415.</b>	<b>14,100,002.</b>
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>4,924,692.</b>	<b>7,778,313.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>3,243,206.</b>	<b>3,190,933.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>0.</b>	<b>0.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>2,050,935.</b>	<b>2,025,685.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>10,218,833.</b>	<b>12,994,931.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>810,582.</b>	<b>1,105,071.</b>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year <b>5,342,719.</b>	End of Year <b>6,068,219.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>2,322,567.</b>	<b>2,260,748.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>3,020,152.</b>	<b>3,807,471.</b>

## Part II Signature Block

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

<b>Sign Here</b>	Signature of officer	Date
	<b>JOHN TSCHIDA, EXECUTIVE DIRECTOR</b> Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>RICHARD J. LOCASTRO, CPA</b>	Preparer's signature <i>Richard J. Locastro</i>	Date <b>5/3/23</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00288314</b>
	Firm's name <b>GELMAN, ROSENBERG &amp; FREEDMAN</b>	Firm's EIN <b>52-1392008</b>			
	Firm's address <b>4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930</b>	Phone no. <b>301-951-9090</b>			

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

ASSOCIATION OF UNIVERSITY CENTERS ON  
DISABILITIES

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**Part III** Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

AUCD'S MISSION IS TO ADVANCE POLICIES AND PRACTICES THAT IMPROVE THE HEALTH, EDUCATION, SOCIAL AND ECONOMIC WELL-BEING OF ALL PEOPLE WITH DEVELOPMENTAL AND OTHER DISABILITIES, THEIR FAMILIES, AND THEIR COMMUNITIES BY SUPPORTING OUR MEMBERS IN RESEARCH, EDUCATION, HEALTH

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

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

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

4a (Code: ) (Expenses \$ 9,328,936. including grants of \$ 7,490,964. ) (Revenue \$ )  
CDC: A PROJECT OF AUCD, IN PARTNERSHIP WITH CDC, TO INCREASE THE PUBLIC HEALTH CAPACITY OF AUCD NETWORK CENTERS ACROSS THE COUNTRY. EFFORTS INCLUDE PROVIDING TECHNICAL ASSISTANCE TO THE ACT EARLY NETWORK; FACILITATING THE FRIENDS OF THE NATIONAL CENTER ON BIRTH DEFECTS AND DEVELOPMENTAL DISABILITIES; INFORMING NATIONAL, STATE, AND LOCAL PARTNERS THROUGH REGULAR COMMUNICATION AND TRAINING; AND FACILITATING MULTI-SITE PROJECTS THAT AIM TO IMPROVE THE HEALTH AND WELLNESS OF INDIVIDUALS WITH DISABILITIES.

4b (Code: ) (Expenses \$ 724,059. including grants of \$ 81,097. ) (Revenue \$ )  
HHS-AIDD: A PROJECT OF AUCD, IN PARTNERSHIP WITH ADMINISTRATION ON INTELLECTUAL AND DEVELOPMENTAL DISABILITIES (AIDD), TO STRENGTHEN AND SUPPORT THE NETWORK OF UNIVERSITY CENTERS OF EXCELLENCE IN DEVELOPMENTAL DISABILITIES (UCEDDS) THROUGH TRAINING AND TECHNICAL ASSISTANCE. THE PURPOSE OF THIS PROJECT IS FOR THE ADMINISTRATION OF COMMUNITY LIVING, ADMINISTRATION ON DISABILITIES, AND AIDD TO CONTRACT FOR A PERFORMANCE-BASED ARRANGEMENT FOR PROVIDING COORDINATED, COMPREHENSIVE, AND SPECIALIZED TRAINING AND TECHNICAL ASSISTANCE (T/TA) TO UCEDDS.

4c (Code: ) (Expenses \$ 607,082. including grants of \$ 63,646. ) (Revenue \$ )  
ITAC: THE PURPOSE OF THE INTERDISCIPLINARY TECHNICAL ASSISTANCE CENTER (ITAC) ON AUTISM AND DEVELOPMENTAL DISABILITIES AT AUCD IS TO IMPROVE THE HEALTH OF INFANTS, CHILDREN, AND ADOLESCENTS WHO HAVE, OR ARE AT RISK FOR DEVELOPING, ASDS AND OTHER DEVELOPMENTAL DISABILITIES. THE CENTER ACCOMPLISHES THIS BY PROVIDING TECHNICAL ASSISTANCE TO INTERDISCIPLINARY TRAINING PROGRAMS (I.E., THE LENDS AND DEVELOPMENTAL-BEHAVIORAL PEDIATRICS (DBP) PROGRAMS) TO BETTER TRAIN PROFESSIONALS TO UTILIZE VALID AND RELIABLE SCREENING TOOLS TO DIAGNOSE OR RULE OUT AND PROVIDE EVIDENCE-BASED INTERVENTIONS FOR CHILDREN WITH AUTISM SPECTRUM DISORDER (ASD) AND OTHER DEVELOPMENTAL DISABILITIES.

4d Other program services (Describe on Schedule O.)  
(Expenses \$ 1,391,147. including grants of \$ 142,606. ) (Revenue \$ 975,051. )

4e Total program service expenses 12,051,224.