			EXTENDED TO AUGUST 15, 201		
	Ω	00	Return of Organization Exempt From		OMB No. 1545-0047
Form 990		90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		≥ 2017
Department of the Treasury			Do not enter social security numbers on this form as it may		Open to Public
-		enue Service	► Go to www.irs.gov/Form990 for instructions and the lat		Inspection
				SEP 30, 2018	
	Check if applicab		f organization ICAN AUTOIMMUNE RELATED DISEASES	D Employer identifica	tion number
	Addre		CIATION		
F	Chang Name Chang		usiness as	38-30	27574
F	Initial			suite E Telephone number	2,3,1
	Final	2210	0 GRATIOT AVENUE		76-3900
	termir	n-	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,184,606.
	Amen return		POINTE, MI 48021	H(a) Is this a group retu	
	Applic tion	^{ca-} F Name a	nd address of principal officer: VIRGINIA LADD	for subordinates?	
	pendi		AS C ABOVE	H(b) Are all subordinates inclu	uded? Yes No
			X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or	527 If "No," attach a lis	st. (see instructions)
			AARDA.ORG	H(c) Group exemption	
				Year of formation: 1992 M	State of legal domicile: MI
P	art I	Summary			
ø	1		be the organization's mission or most significant activities: AMERICAN		
Governance			S ASSOCIATION WORKS TO SUPPORT RESEARC		
ern	2	Check this bo			
200	3				<u> 11</u> 10
			dependent voting members of the governing body (Part VI, line 1b)		9
Activities &	6		of volunteers (estimate if necessary)		400
tivi	7a		d business revenue from Part VIII, column (C), line 12		0.
Ă	b		business taxable income from Form 990-T, line 34		0.
				Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)	1,380,407.	1,178,814.
nue	9	Program servi	ce revenue (Part VIII, line 2g)	0.	0.
Revenue	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)	3,675.	4,147.
£	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-6,583.	-16,694.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,377,499.	1,166,267.
			milar amounts paid (Part IX, column (A), lines 1-3)	14,500.	309,300.
			to or for members (Part IX, column (A), line 4)	0.	0.
ses	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) • 78,803.	415,090.	530,648.
Expenses	16a	Professional f	undraising fees (Part IX, column (A), line 11e)	0.	0.
Ц Х Ц Х Ц			in the second	515,792.	545,157.
	1 "	•	es (Part IX, column (A), lines 11a-11d, 11f-24e) es. Add lines 13-17 (must equal Part IX, column (A), line 25)	945,382.	1,385,105.
	19		expenses. Subtract line 18 from line 12	432,117.	-218,838.
L.				Beginning of Current Year	End of Year
t Assets or	20	Total assets (F	Part X, line 16)	1,491,645.	1,522,656.
Ass	21		s (Part X, line 26)	54,929.	304,778.
Net			fund balances. Subtract line 21 from line 20	1,436,716.	1,217,878.
	art II	Signature	e Block	· · · · · · · · · · · · · · · · · · ·	
Unc	der pena	alties of perjury,	I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of my k	nowledge and belief, it is
true	e, corre	ct, and complete	. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
			- of efficer	D-1-	
Sin	n	Signatur	e of officer	Date	

Sign								
Here	VIRGINIA LADD, PRESIDENT							
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN				
Paid	KEVIN E. KLEIN, CPA			self-employed P00539501				
Preparer	Firm's name 🕒 GORDON ADVISORS,	PC	Firi	m's EIN ▶ 38-2656556				
Use Only	Firm's address 1301 W LONG LAKE ROAD, STE 200							
TROY, MI 48098				one no. 248 - 952 - 0200				
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)							
732001 11-28	V32001 11-28-17LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2017)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Pai	ASSOCIATION 38-3027574 Page Television 38-3027574 Page Television 1990 (2017) 38-3027574 Page Te
1 41	
_	
1	Briefly describe the organization's mission:
	DEDICATED TO THE ERADICATION OF AUTOIMMUNE DISEASES AND THE
	ALLEVIATION OF SUFFERING AND THE SOCIOECONOMIC IMPACT OF AUTOIMMUNITY
	THROUGH FOSTERING AND FACILITATING COLLABORATION IN THE AREAS OF
	EDUCATION, PUBLIC AWARENESS, RESEARCH AND PATIENT SERVICES IN AN
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
	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 \$472,993. including grants of \$950.) (Revenue \$
iu.	AMERICAN AUTOIMMUNE RELATED DISEASES ASSOCIATION INC.'S EDUCATION
	PROGRAM FOCUSES ON PUBLIC, PATIENT, AND PHYSICIAN EDUCATION THROUGH THE
	SPONSORSHIP AND CO-SPONSORSHIP OF PUBLIC FORUMS ("WHAT EVERY AMERICAN
	NEEDS TO KNOW ABOUT AUTOIMMUNE DISEASE), PATIENT WORKSHOPS, SCIENTIFIC
	MEEDS TO KNOW ABOUT AUTOIMMONE DISEASE , FATHENT WORKSHOPS, SCIENTIFIC MEETINGS, AND SCIENTIFIC CONFERENCES. THE OBJECTIVE OF AMERICAN
	AUTOIMMUNE RELATED DISEASES ASSOCIATION INC.'S EDUCATIONAL PROGRAMMING
	IS TO IMPROVE EARLY AND CORRECT DIAGNOSIS OF ALL AUTOIMMUNE DISEASES.
	THE SCIENTIFIC MEETINGS PROVIDE OPPORTUNITIES FOR VALUABLE
	CROSS-FERTILIZATION OF RESEARCH INFORMATION. AMERICAN AUTOIMMUNE
	RELATED DISEASES ASSOCIATION INC. CONTINUES TO CONDUCT PUBLIC AWARENESS
	CAMPAIGNS AND PUBLISH PATIENT EDUCATION INFORMATION AND A QUARTERLY
	LAYFRIENDLY NEWSLETTER. IT SPONSORS AN AWARD-WINNING WEB SITE,
4b	(Code:) (Expenses \$ 429,764. including grants of \$ 20,250.) (Revenue \$ 100000000000000000000000000000
	AMERICAN AUTOIMMUNE RELATED DISEASES ASSOCIATION INC. CONTINUES ITS
	NATIONAL FOCUS ON AUTOIMMUNE ADVOCACY AND EDUCATION THROUGH CAPITOL
	HILL BRIEFINGS CONCERNING ISSUES SURROUNDING PATIENT CARE, SUCH AS,
	ACCESS TO MEDICINES, PATIENT AND FAMILY MEASURES OF COPING WITH
	AUTOIMMUNE DISEASE, AND OTHER TOPICS PERTINENT TO AUTOIMMUNE DISEASE
	(AS MENTIONED IN PROGRAM 2). AMERICAN AUTOIMMUNE RELATED DISEASES
	ASSOCIATION INC. SPONSORS AUTOIMMUNE SUMMIT MEETINGS FOCUSING ON TOPICS
	RELATING TO AUTOIMMUNITYFOR EXAMPLE, THE MARCH 21, 2018, MEETING
	DISCUSSING ADVOCACY (MORNING) AND "CANCER IMMUNOTHERAPY AND AUTOIMMUNE
	DISEASE" (AFTERNOON). AMERICAN AUTOIMMUNE RELATED DISEASES ASSOCIATION
	INC. CONTINUES TO FACILITATE THE NATIONAL COALITION OF AUTOIMMUNE
	PATIENT GROUPS (NCAPG), AN ORGANIZATION COMPRISED OF 38 NATIONAL
4c	
40	(Code:) (Expenses \$356,940. including grants of \$288,100.) (Revenue \$ AMERICAN AUTOIMMUNE RELATED DISEASES ASSOCIATION INC. CONTINUES SUPPORT
	FOR AUTOIMMUNE DISEASE RESEARCH THROUGH GRANTS FOR THE "YOUNG
	INVESTIGATORS" PROGRAM (AVAILABLE FOR UP TO SEVEN CAREFULLY SCREENED
	APPLICANTS PER YEAR) AND FOR RESEARCH AT SEVERAL MAJOR UNIVERSITIES,
	INCLUDING JOHNS HOPKINS, UNIVERSITY OF CALIFORNIA, FEINSTEIN INSTITUTE
	FOR MEDICAL RESEARCH, MASSACHUSETTS GENERAL HOSPITAL, HARVARD
	UNIVERSITY, AND THE NATIONAL INSTITUTES OF HEALTH. THROUGH
	PARTICIPATION IN THE JOHNS HOPKINS UNIVERSITY SUMMER DIVERSITY INTERNS
	PROGRAM, AMERICAN AUTOIMMUNE RELATED DISEASES ASSOCIATION INC. SUPPORTS
	THREE TO SIX MENTORED AUTOIMMUNE RESEARCH STUDENTS EACH SUMMER.
	AMERICAN AUTOIMMUNE RELATED DISEASES ASSOCIATION INC.'S AUTOIMMUNE
	REGISTRY NETWORK (ARNET) CONTINUES TO OFFER OUTSTANDING SUPPORT TO
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses > 1,259,697.
	Form 990 (201

38-3027574	Page 3
------------	--------

Part IV Checklist of Required Schedules Yes No. 1 Is the organization described in section 501(k)(3) or 4847(a)(1) (other than a private foundation)? 1 X 2 Is the organization required to complete Schedule 8, Schedule of Contributors? 2 X 3 Did the organization required to complete Schedule 6, Part II 3 X 4 Section 501(b) didection in effect 4 X 5 In the organization required to complete Schedule C, Part II 3 X 6 Uthe organization and vised transmuth on arounds in sch Mindo and anouths in sch Mindo and anouths in sch Mindo anouth in sch Mindo ano	Form	<u>990 (2017)</u> ASSOCIATION 38-3027	574	Р	age 3
1 Is the organization described in section 501(q)(3) or 4947(q)(1) (other than a private foundation)? 1 X 2 Is the organization enguined to complete Schedule B, Schedule C Contributors? 2 X 3 Did the organization enguined to complete Schedule B, Part I 3 X 4 Section 501(q)(3) organizations. Did the organization enguine to complete Schedule C, Part I 3 X 5 It the organization enguined to complete Schedule C, Part I 4 X 5 It the organization as electrical to enguine Schedule C, Part I 4 X 6 Did the organization as electrical thereave Proceedure C, Part II 8 X 7 Did the organization as electrical thereave Proceedure C, Part II 8 X 7 Did the organization reave or hold a conservation esamernt, including esamernts to pressive open space, the evolution relevance report an amount no thank of the organization services? 7 X 7 Did the organization reave or hold a conservation esamers, or hold conservation esamers, or hol	Pa	t IV Checklist of Required Schedules			
# "Yes," complete Schedule A 1 X 2 Is the organization engage in direct or indirect pulltical campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II 3 3 3 Did the organization engage in direct or indirect pulltical campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II 4 X 4 Section 501(c)[30) organizations. Did the organization integrates in the schedule C, Part II 5 5 X 5 Is the organization method in any donor advised funds or any similar inuls or accounts? If "Yes," complete Schedule D, Part II 6 X 6 Did the organization method in the schedule C, Part II 7 X 7 Did the organization method in answer that of an ounts in such funds or accounts? If "Yes," complete Schedule D, Part II. 7 X 8 Did the organization report an amount in Part X, line 21, for secrow or custodial account liability, sarve as a custodian service? 7 X 9 Did the organization report an amount for lined conganization, hold assess in temporarily restricted endowments, prunamization alterio and tracket organization, hold assess in temporarily restricted endowments, prunamization answer to any other following questions is "Yes," then complete Schedule D, Part V 10 X 9 Did				Yes	No
2 Is the organization required to complete Schedule 9, Schedule 7, Contributor? 2 X 3 Did the organization required to complete Schedule 0, Part 1 3 X 4 Section 501(p(3) organizations. Did the organization angage in licibitying activities on behalf of or in opposition to candidates for similar amounts as defined in thereuse Proceeding. C, Part 11 4 X 5 Is the organization activity 501(p(3), or 501(p(6)) organization that receives membership dues, assessments, or similar amounts as defined in thereuse Proceeding 21.1% (2), complete Schedule 0, Part 1 5 X 6 Did the organization maintain any doon advised funds or any similar funds or accounts for which donors have the right to provide active on the distribution or investment of amounts in such charter of amounts in such as defined in theoreuse, or their samilar assets? 11.1% (2), (2), (2), (2), (2), (2), (2), (2),	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Det the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? In Yes," complete Schedule C, Part II 3 X Section 501(c)[3) organizations. Did the organization engage in holbying activities, or have a section 501(h) election in effect during the tax year? If Yes," complete Schedule C, Part II 4 X 5 Is the organization assettion 501(c)[3, 501(c)[6), 501(c)[6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 99-197 If Yes," complete Schedule C, Part II 6 X 6 Dot the organization neutrino relation or investment of amounts in such funds or accounts? If Yes," complete Schedule D, Part II 7 X 7 Dot the organization report an amount in Part X, line 21, for secrew or custodial account liability, serve as a custodian tor amounts notified in Part X, complete Schedule D, Part II 7 X 9 Dot the organization memory of thoog a netated organization, hold assets in temporarily restricted endowments, or runs as indownents? If Yes, 'complete Schedule D, Part V 7 X 9 Dot the organization organization and the rank of the following questions is Yes, 'then complete Schedule D, Part V, UI, UI, UI, VI, X 8 X 9 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 167 If Yes, 'co		If "Yes," complete Schedule A	1		
3 Did the organization engage in direct or indirect policial campaign activities on behalf of or in opposition to candidates for public officer (3 m/ss, "campiete 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 during the tax year? II "yes," compilete Schedule C, Part II 4 X 5 Is the organization a section 501(b)(s) or 501(c)(8) organization that receives membership dues, assessments, or similar amounts as difficult in dus or any similar indus or account? If wrs, "compilete Schedule C, Part II 5 X 5 Did the organization residue on this out builds or any similar indus or account? If wrs, "compilete Schedule D, Part II 6 X 7 X 8 Did the organization residue on thold a conservation account lability, seve as a cutodian for anount or for the situation at the secure or cutodial account lability. Seve as a cutodian for anounts not listed in Part X, ine 71, for escore or cutodial account lability, seve as a cutodian for anount or for west or data count lability, seve as a cutodian for anount or for west or data count lability, seve as a cutodian for anount or for west or data count lability, seve as a cutodian for anount or for west or data count lability, seve as a cutodian for anount or for west or data count lability, seve as a cutodian for a mount for fart, kine 12, for escore or cutodial account lability, seve as a cutodian for the anount or for west or anount for fark, then compilete Schedule D, Part X, in 21, for escore or a sament any or the fole owners for west anount for investments - other	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(b) election in effect during the tax year? If Y'es," complete Schedule C, Part II. 4 X 5 Is the organization a section 501(c)(b), 501(c)(b) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 96.197 // Yes," complete Schedule C, Part III. 5 X 6 Did the organization maintain any donar advised funds or any similar hunds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Y'es," complete Schedule D, Part II. 6 X 7 X 8 Did the organization receiver or hold a conservation assemet, including assements to preserve open space, the environment, historic land areas, or historic structures? If Yes," complete Schedule D, Part II. 7 X 9 Did the organization receiver or provide credit consenling, deth management, credit repair, or deth medotian for amounts no listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts nor listed in Part X, line 10, Part V 9 X 10 Did the organization report an amount for investments - other securities in temporarity restricted endowments, permanet endowments, or quasi-endowments? If 'Yes, "complete Schedule D, Part X 10 X 11 If the organization report an amount for investiments - othere securities in Part X, line 107 If	3				
9 Section 501(c)(3) equalizations. Did the organization engage in lobbying activities, or have a section 501(b) election in effect during the tay synt? II "vas, "complete Schedule C, Part II 4 X 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? II "vas," complete Schedule C, Part II 6 X 5 Dot the organization maintain any donor advised elunds or any similar indus or accounts? II "Yes," complete Schedule D, Part II 6 X 7 X 8 Dot the organization report on robid a conservation easement, including assemments to preserve open space. 7 X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account lability, serve as a custodian for amounts no listed in Part X, or provide credit consening, debt management, credit regolation services? 9 X 9 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? II "res," complete Schedule D, Part II 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? II "res," complete Schedule D, Part II 11 X 12 If the organization report an amount for land ASS are program related in Part X, line 10? II "res," complete Schedule D, Part X 11 X <		public office? If "Yes," complete Schedule C, Part I	3		X
5 Is the arganization a section 501(c)(4), 501(c)(6), or 501(c)(6) or ganization that receives membership dues, assessments, or similar amounts and defined in Revenue Procedure 98:91? If "Yes," complete Schedule C, Part III. 5 X 5 Did the organization maintain any donor advised funds or any similar 'undo or accounts' or If "Yes," complete Schedule D, Part II 6 X 7 X 0 Did the organization nearbins or hold or conservation easement, including assements to preserve open space, the environment, historic and areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization nearbox or provide order conseling, defin management, credit repair, or defin tergotation services? 7 X 9 Did the organization origination, differ to report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts on listed in Part X, line 10, Part IV 8 X 9 Did the organization asswer to any of the following questions is "Yes," then complete Schedule D, Part V 10 X 11 If the organization report an amount for land X, line 13, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part X 11 X 12 Did the organization report an amount for land X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes," complete Schedule D, Part X 11 <t< td=""><td>4</td><td></td><td></td><td></td><td></td></t<>	4				
6 Is the organization assection 501(c)(4), 501(c)(5), or 501(c)(8) organization that receives membership dues, assessments, or similar numbers as defined in Revenue. Proceeding C Part II 5 X 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of anounts in such funds or accounts? If "Yes," complete Schedule D, Part II 6 X 7 Z 2 D of the organization receive or hold a conservation assembli, including assemblic to preserve open space, the environment, historic at resources, or other similar assets? If "Yes," complete Schedule D, Part II 7 X 9 D of the organization relation of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 7 X 9 D of the organization free of the organization, field assets in temporarity restricted endowments, permanent endowments, or quasi-indowments? If "Yes," complete Schedule D, Part V 10 X 10 D of the organization creport an amount in Part X, line 10? If Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for lend by buildings, and equipment in Part X, line 10? If Yes," complete Schedule D, Part V 11 X 12 If the organization report an amount for lend statements of the stat sis for ormore of its total assets reported in Part X,		during the tax year? If "Yes." complete Schedule C. Part II	4		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice or hold a constraion casement. Including assements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 6 X 7 X X 7 X 8 Did the organization nearboard or hold a constraion of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 7 X 9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization, direct counseling, det thanagement, credit repair, or debt negotiation services? 9 X 10 Did the organization report an amount for investments. Pregrament, credit repair, or debt negotiation services? 9 X 11 If the organization report an amount for investments. Pregrament, credit repair, or debt negotiation services? 9 X 12 Did the organization report an amount for investments. Pregramment in Part X, line 10? If "Yes," complete Schedule D, Part VI 10 X 13 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X	5				
 G bid the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II D bid the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes, "complete Schedule D, Part III. D bid the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes, "complete Schedule D, Part III. D bid the organization, maintain collections of works of art, historical treasures, or other similar assets? If 'Yes, "complete Schedule D, Part III. D bid the organization, directed counseling, debt management, credit repair, or debt negotiation services? If 'Yes, "complete Schedule D, Part VI D bid the organization, directed troumseling, debt management, credit repair, or debt negotiation services? Y 'Yes, "complete Schedule D, Part VI If the organization report an amount for investments - organization, field assets in temporarily restricted endowments, permanet endowments, orquis-endowments, permanet endowments, permanet for the following questions in Yes," complete Schedule D, Part VII If the organization report an amount for investments - orpera related 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 X VIII D dit the organization ineport an amount for investments - orpera related in Part X, line		similar amounts as defined in Revenue Procedure 98-19? If "Yes." complete Schedule C. Part III	5		X
provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 6 X 7 Did the organization receive or hold a conservation easement, including assements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization report an amount in Part X, line 11, for escrow or custodial account liability, save as a custodian for amounts not listed in Part X, ione 21, for escrow or custodial account liability, save as acustodian for amounts not indexted organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 0 X 10 Did the organization report an amount for investments - other securities in Part X, line 12? If "Yes," complete Schedule D, Part VI 10 X 11 Did the organization report an amount for investments - other securities in Part X, line 16? If "Yes," complete Schedule D, Part VI 11 X 11 Did the organization report an amount for unvestments - other securities in Part X, line 16? If "Yes," complete Schedule D, Part VI 11 X 11 Did the organization report an amount for unvestments - other securities in Part X, line 16? If "Yes," complete Schedule D, Part VI	6				
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. X 8 Did the organization maintain collections of works of at, historical treasures, or other similar assels? If "Yes," complete Schedule D, Part II. 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, vine 21, for escrow or custodial account liability, serve as a custodian for another to through a related organization, hold assets in temporanly restricted endowments, permanent endowments, or quasi-endowments? If "yes," complete Schedule D, Part V 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "yes," complete Schedule D, Part V 10 X 11 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 116 X 12 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 VII 116 X 13 Did the organization report an amount for ther asset in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X VIII 116 <td></td> <td></td> <td>6</td> <td></td> <td>x</td>			6		x
the environment, historic and areas, or historic structures? If 'Yes,' complete Schedule D, Part II. 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part II. 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts no tilster in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-indowments? in yes, complete Schedule D, Part V 10 X 11 the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI 11 X 12 Did the organization report an amount for investments - orber 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 VI 11 X 13 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VI 11 11 X 14 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part X	7				
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization or ganization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization asset to any of the following questions is "Yes," then complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII 11 X 12 Did the organization report an amount for three steps 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 VIII 11 X 13 Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 116 X 14 Did the organization report an amount for other lassities in Part X, line 25? If "Yes," complete Schedule D, Part X 116 X 14 Di			7		x
Schedule D, Part III 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counselling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments; or quasi-endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 10 X 12 Did the organization report an amount for investments - other securities in Part X, line 12? If "Yes," complete Schedule D, Part VIII 11a X 13 Did the organization report an amount for investments - other securities in Part X, line 13? If "Yes," complete Schedule D, Part VIII 11a X 14 Did the organization report an amount for investments - other securities in Part X, line 13? If "Yes," complete Schedule D, Part VIII 11c X 14 Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part X 11e X 15 Did the organization is schedule D, Part X 11e X 11e X 16 Did the organization report an amount f	8				
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>II</i> 'Yes,' complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is 'Yes,'' temporarily restricted endowments, permanent as applicable. 10 X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>II</i> 'Yes,'' complete Schedule D, Part VII 11 X b Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 <i>II</i> 'Yes,'' complete Schedule D, Part VII 116 X d Did the organization report an amount for investments - program related in Part X, line 150 <i>II</i> 'Yes,'' complete Schedule D, Part XIII 116 X d Did the organization aspearate or consolidated financial statements for the tax year include a footnote that addresses the organization aspearate in chependent audited financial statements for the tax year? 111 X 12a Did the organization aspearate, independent audited financial statements for the tax year? 114 X<			8		x
amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? g X ID dit dre organization, inclued y or through a related organization, hold assets in temporarily restricted endowments, permanent 10 X II if the organization, inclued y or through a related organization, hold assets in temporarily restricted endowments, permanent 10 X II if the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X II bid the organization report an amount for investments - other securities in Part X, line 12? If "Yes," complete Schedule D, Part VII 11a X II bid 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 VIII 11a X II bid the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11d X II bid the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X II bid the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X II bid the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X III bid the organization insubation	9				
# "Yes," complete Schedule D, Part IV 9 X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 X 12 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 11a X 13 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 14 Did the organization report an amount for three starts in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11d X 11d X 11d X 11d X	•				
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11a X 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X 13 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 11a X 14 Did the organization report an amount for investments - other securities 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 VII 11d X 14 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11e X 14 Did the organization is lability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11e X 14 X Did the organization obtain separate, independent audited financial statements for the tax year? 11f X 14 Did the organizati			9		x
endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, VII, VII, VII, VII,	10				<u> </u>
11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? /f 'Yes," complete Schedule D, Parts VI, VII, VII, VII, VIX, or X as applicable. 11a X a 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? /f 'Yes," complete Schedule D, Part VI 11a X b Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? /f 'Yes," complete Schedule D, Part VII 11b X c Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? /f 'Yes," complete Schedule D, Part VII 11c X d Did the organization report an amount for other assets in Part X, line 25? /f 'Yes," complete Schedule D, Part X 11t X e Did the organization report an amount for other liabilities in Part X, line 25? /f 'Yes," complete Schedule D, Part X 11t X 12a X 11t X 11t X 11d X 11e X 11t X 12a X 11t X 11t X 12a X 11t X 11t X 12a X 11t X 11			10		x
as applicable. In the organization report an amount for land, buildings, and equipment in Part X, line 10? /f "Yes," complete Schedule D, Part VI Inta X bid 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? /f "Yes," complete Schedule D, Part VII Inta X c Did the organization report an amount for investments - other securities in Part X, line 13? If "Yes," complete Schedule D, Part VII Inta X d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Inte X d Did the organization report an amount for other lassets in Part X, line 15? If "Yes," complete Schedule D, Part X Inte X e Did the organization's separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X Inte X 12a Did the organization included in consolidated, independent audited financial statements for the tax year? Inte X 14a X Inte organization aschol described in section TO(b(I)(I)(A)(A))" "Yes," complete Schedule D, Part X I and XII Inte X 14a X Inte organization aschol described in section TO(b(I)(I)(A)(A))" "Yes," complete Schedule E Inte X 14a X Inte organization	11				
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b X c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11t X d Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 11t X e Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11t X f Did the organization separate, independent audited financial statements for the tax year include a tootnote that addresses the organization obtain separate, independent audited financial statements for the tax year? 11t X 12a X 11t X 11t X 13 Is the organization naintain an office, employees, or agents outside of the United States? 11t X 14a Did the organization naintain an office, Parts I and IV 14a X 15 Did the organization naintain an office, Parts I and IV 14a X 15	••				
Part VI 11a X b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 11b X c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 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 Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> 11d X e Did the organization report an amount for other assets in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 11te X f Did the organization bil ability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> 11tf X 12a Did the organization included in consolidated financial statements for the tax yea? <i>If "Yes," complete Schedule D, Part X</i> 11tf X 13 Is the organization maintain an office, employees, or agents outside of the United States? 12a X 11td X 14 X 11d X 11d X 11d X 15 Did the organization maintain an office, employees, or agents outside of the United States? 11td X 11td X <td>а</td> <td></td> <td></td> <td></td> <td></td>	а				
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> 11b X c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> 11b X d Did the organization report an amount for investments - program related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IVI</i> 11d X e Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X. 11td X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? 11t X 12 Did the organization obtain separate, independent audited financial statements for the tax year? 11t X 13 Is the organization aschool described in section 170(b(V)(A)(ii)? 11t X 11t X 14 Did the organization nantain an office, employees, or agents outside the United States? 11t X 11t X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gants or othe	a		110	x	
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b X c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? 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 Part X, line 16? If "Yes," complete Schedule D, Part VII 11d X e Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X f Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization bilability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11t X 12a Did the organization included in consolidated, independent audited financial statements for the tax year? 11t X 13 Is the organization naintain an office, employees, or agents outside of the United States? 13 X 14a 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 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II an	h				<u> </u>
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? 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 Part X, line 16? If "Yes," complete Schedule D, Part X 11d X d Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X f Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X f Did the organization silability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11e X f Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII is optional 11e X 13 Is the organization aschool described in section 170(b)(1)/(4)(ii)? If "Yes," complete Schedule D, Part X and XII is optional 13 X 14a X Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or or or or or or or port b x column (A), l	b		116		x
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 11c X e 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 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X 11d X 11e X 11e X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? 11f X 12a Did the organization answered "No" to line 12a, then completing Schedule D, Parts X and XII is optional 12a X 13 Is the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization report on Part IX, column (A), line 3, 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 X 15 Did the organization report non Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assista	~				
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> . 11d X e Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> . 11e X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization is liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> . 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>and if the organization aschool described in section</i> 170(b)(1)(A)(0)? <i>If</i> "Yes," <i>complete Schedule D, Parts XI and XII</i> 12a X Was the organization aschool described in section 170(b)(1)(A)(0)? <i>If</i> "Yes," <i>complete Schedule E</i> 13 X 14a X 14a X b 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 report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 16 X 17 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 16 X<	C		110		x
Part X, line 16? /f "Yes," complete Schedule D, Part IX 11d X e Did the organization report an amount for other liabilities in Part X, line 25? /f "Yes," complete Schedule D, Part X 11e X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? 11f X 12a Did the organization included in consolidated, independent audited financial statements for the tax year? 11f X b Was the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII 12a X 12a b Was the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a 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 II and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for rany foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X<	A				
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a X 13 Is the organization askwered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 X 14a 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 X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule G, Part II 16 X 18 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 G, Part II 16 X	u		114		x
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> 111 X 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Part X and XII</i> 12a X 111 X 12b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Part X and XII</i> 12a X 12a X 12a X 12a X 12a X 12b <i>Was the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 112b X 12a X 14a Did the organization aschool described in section 170(b)(1/4)(iii)? <i>If "Yes," complete Schedule E</i> 13 X 14a 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 individuals? <i>If "Yes," complete Schedule F, Parts II and IV</i> 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts II and IV</i> 15 X 16 <					
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 111 X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a X 12b Was the organization included in consolidated, independent audited financial statements for the tax year? 111 X 13 Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule D, Parts XI and XII is optional 13 X 14a Did the organization nawered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Ye			Tie		
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a X 12b X 12a X 12 Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization report on Part IX, column (A), line 3, more than \$10,000 form 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 II and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign 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 15 X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 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 G, Part I 17 X 18 Did the organization re	т			v	
Schedule D, Parts XI and XII 12a X b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b X If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization 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 II and IV 16 X 16 X 17 X 17 X 17 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 II and IV 16 X </td <td>40-</td> <td></td> <td></td> <td>Λ</td> <td><u> </u></td>	40-			Λ	<u> </u>
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization nave 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 X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization 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 II and IV 15 X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, line 9a? If "Yes," 18 X 19 Did the organization	12a		10-	v	
If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X 15 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 X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization 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 II and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X			12a		<u> </u>
 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 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 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 II and IV 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 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 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," and the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," and the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," and the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," and the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," and the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," and the organization report more than \$15,000 of gross income from g	b		40		
14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14a X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 14b X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 15 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 X 18 Did the organization report more than \$15,000 of gross income and contributions on Part VIII, lines 1 c 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," 19 X					
 b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> 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 report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>19</i> X 					
 investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> 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 report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1e Ar 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 19 Did the organization report III 			14a		<u> </u>
or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 15 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 16 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 c 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," 19 X	b				
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 15 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> 16 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 19 X					
foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 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," 19 X			14b		
 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 19 X 	15			77	
or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 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," 19 X			15	X	<u> </u>
 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 19 X 	16				
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X			16		
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 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Late that the schedule G, Part III	17				
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," 1 complete Schedule G, Part III 19 X			17		
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X	18				
complete Schedule G. Part III			18	Х	<u> </u>
	19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
		complete Schedule G. Part III		000	L

Form **990** (2017)

732003 11-28-17

Form		027574	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)		_	
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
2 4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			<u> </u>
210	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		x
L	Schedule K. If "No", go to line 25a			
D	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24 d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<u>25a</u>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? // "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
•••	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			<u> </u>
0L		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<u> </u>
55		33		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		- 23
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	04		x
0E -	Part V, line 1			X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization			v
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	I	X

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38

Х Form 990 (2017)

732004 11-28-17

17330515 131861 02060.000

Form	990 (2017) ASSOCIATION 38-3027	574	Р	age 5
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			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 13			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	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 11a	4		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
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		
	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 13b	-		
	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form	990	(2017)
------	-----	--------

732005 11-28-17

Form 990 (2017) ASSOCIATION

38-3027574 Page 6

X

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 in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

					Yes	No
10	Enter the number of victing members of the governing body at the and of the tax year	10	11		res	No
Ia	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	<u> </u>			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated bread authority to an avaeutive committee or similar committee avaluation in Schedule O					
L	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.	46	10			
b	Enter the number of voting members included in line 1a, above, who are independent	1b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			2		v
•	officer, director, trustee, or key employee?					X
3						v
	of officers, directors, or trustees, or key employees to a management company or other person?					X X
4						X
5						X
6	Did the organization have members or stockholders?			6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app			_		x
	more members of the governing body?			7a		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	осклої	ders, or			х
•	persons other than the governing body?			7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			0.	v	
	The governing body?			8a	X X	
b	Each committee with authority to act on behalf of the governing body?			8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac					v
800	organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	enue (Code.)		Y.	
10-				10-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?			10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such cha			101		
	· · · · · · · · · · · · · · · · · · ·		filing at the statement O	10b 11a	Х	
	Ia Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?				~	
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.			10-	Х	
12a				12a 12b	X	
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?					
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Ye	,		10-	х	
40	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13 14	X	
14 15	Did the organization have a written document retention and destruction policy?			14	Λ	
15	Did the process for determining compensation of the following persons include a review and approval	by inc	lependent			
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			150	х	
	The organization's CEO, Executive Director, or top management official			15a	X	
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			15b	- 23	
160		ont wi	th a			
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem taxable entity during the year?			16a		х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			104		
U	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of evaluate		-			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed MI , CA, CT, FL, II	Г. МI	.MO.NY.PA	тх	VA	WA
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (
.0	for public inspection. Indicate how you made these available. Check all that apply.			anabit	•	
	X Own website Another's website X Upon request Other (explain)	in Cal	adula O			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cont		,	financ	ial	
13	statements available to the public during the tax year.		morest policy, and	manu		
20	State the name, address, and telephone number of the person who possesses the organization's book	ke and	records:			
20	VIRGINA LADD - 586-776-3900					
	22100 GRATIOT, EASTPOINTE, MI 48021					
730000	11-28-17 SEE SCHEDULE O FOR FULL LIST OF STATES			Form	990	(2017)
, 02000				1 0111		(2017)

2017.05060 AMERICAN AUTOIMMUNE RELAT 02060.01

Form 990 (2	017) ASSOCIATION	38-3027574	Page 7			
Part VII	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					
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.

(A)

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

(P)

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

 (\mathbf{C})

(D)

_ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average	(do	(do not check more than one		Reportable	Reportable	Estimated			
	hours per	box,	, unle	ss pei	rson i	is both	n an	compensation	compensation	amount of
	week	offic	cer ar I	ndad I	irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	r dir				ted		organization	(W-2/1099-MISC)	from the
	related	stee c	uster			ensa		(W-2/1099-MISC)		organization
	organizations	al trus	nal ti		loyee	dino. e				and related
	below	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	Indi	Inst	Offi	Key	E Hig	For			
(1) VIRGINIA LADD	40.00									
PRESIDENT		Х		X				150,673.	0.	7,767.
(2) REV. HERBERT G. FORD, D. MIN	4.00									
CHAIRMAN		Х		Х				0.	0.	0.
(3) STANLEY M. FINGER, PH.D.	2.00									
VICE CHAIR		Х		Х				0.	0.	0.
(4) MICHELLE OUELLET	1.00									
BOARD MEMBER		Х						0.	0.	0.
(5) JOHN P. KAISER, JR, CPA	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) NONA BEAR	2.00									
SECRETARY		Х		Х				0.	0.	0.
(7) RICHARD M. HODGE	1.00									
TREASURER		Х		Х				0.	0.	0.
(8) MICHAEL J. LINN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) ROBERT H. PHILLIPS, PH.D	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) SCOTT EDWARD SELBY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) LILLY STAIRS	1.00									
BOARD MEMBER		Х						0.	0.	0.
732007 11-28-17										Form 990 (2017)

7

732007 11-28-17

Form 990 (2017)

(E)

17330515 131861 02060.000

AMERICAN		IUN	ΙE	RE	LA	TE	D	DISEASES	20.20	0 0 7 1		_	0
Form 990 (2017) ASSOCIAT			000	200		abor	+ 0	Componented Employee	38-30	<u>JZ/:</u>	5/4	Р	age 8
(A) Name and title	(B) Average hours per week	(do box	not c , unle	Pos heck	C) itior ^{more} rson i		one 1 an	(D) Reportable compensation from	(continued) (E) Reportable compensatic from related	on	an	(F) timate nount other	of
	(list any hours for related uppoint uppoint				organization (W-2/1099-MIS	s	compensation from the organization and related organizations		ation le tion ted				
		-											
		-											
		-											
		-											
		-											
1b Sub-total c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)								150,673. 0. 150,673.		0.0.			67. 0. 67.
2 Total number of individuals (including but n compensation from the organization ▶	ot limited to th	ose	liste	ed ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	;			1
												Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	-			-	•	•		•			3		x
4 For any individual listed on line 1a, is the su and related organizations greater than \$150											4	х	
5 Did any person listed on line 1a receive or a	iccrue comper	nsati	on fi	rom	any	unre	elat	ed organization or individ	lual for services				v
rendered to the organization? <i>If</i> "Yes." corr Section B. Independent Contractors	plete Schedule	e <i>J f</i>	or si	ich i	bers	on				<u></u>	5		X
1 Complete this table for your five highest co the organization. Report compensation for	-									pensat	ion fro	m	
(A)			- Tun	<u>ig w</u>		51 101		(B)			(C		~
Name and business CONTEXT STRATEGIES, 1940 200, ALEXANDRIA, VA 22314	DUKE ST	,	SU	IT	E			Description of s STRATEGIC COMMUNICATIO			omper		00.
2 Total number of independent contractors (ii	ncluding but no	ot lir	niteo	d to	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organized	•				1	L		-			- 1	000	(0017)

732008 11-28-17

AMERICAN AUTOIMMUNE RELATED DISEASES ASSOCIATION

38-3027574 Page 9

Pa	rt VII	Statement of Reven	lue					
		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a b c d f f h	Fundraising events Related organizations Government grants (contributi All other contributions, gifts, gran similar amounts not included abov Noncash contributions included in lines	1b 1c 1d ions) 1e ts, and ve 1a-1f: \$	139,319. 039,495.	1,178,814.			
				Business Code				
Program Service Revenue	2a b c f g		nue					
	3	Investment income (including						
	4 5	other similar amounts) Income from investment of tax Royalties	k-exempt bond p	proceeds	4,147.			4,147.
	6a b	Gross rents Less: rental expenses		(ii) Personal				
	С	(/						
	d	Net rental income or (loss)		🕨				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses						
		Gain or (loss) Net gain or (loss)						
venue		Gross income from fundraising including \$139,3 contributions reported on line	g events (not 19. of					
Other Revenue		Part IV, line 18 Less: direct expenses	a b	18,339.	16 604			16 604
-		Net income or (loss) from fund	-	>	-16,694.			-16,694.
		Gross income from gaming ac Part IV, line 19 Less: direct expenses	а					
		Net income or (loss) from gam						
		Gross sales of inventory, less and allowances	returns					
		Less: cost of goods sold Net income or (loss) from sale	b					
		Miscellaneous Revenue		Business Code				
	11 a							
	b							
	c							<u> </u>
		All other revenue						
	е 12	Total. Add lines 11a-11d Total revenue. See instructions.			1,166,267.	0.	0.	-12,547.
73200	9 11-28			►	,,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Form 990 (2017)

17330515 131861 02060.000

Form 990 (2017)

9

AMERICAN AUTOIMMUNE RELATED DISEASES ASSOCIATION Part IX Statement of Functional Expenses

	otatement of randitional Expense				
<u>Secti</u>	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	X
	Check if Schedule O contains a respon	se or note to any line in t (A)	this Part IX	(C)	<u>A</u> (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	297,300.	297,300.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	12,000.	12,000.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	165,101.	148,591.	4,953.	11,557.
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	305,639.	252,492.	13,594.	39,553.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	2,518.	2,313.	168.	37.
9	Other employee benefits	23,516.	18,535.	1,038.	37. 3,943.
10	Payroll taxes	33,874.	30,814.	1,020.	2,040.
11	Fees for services (non-employees):				
	Management				
b	Legal	2,500.		2,500.	
	Accounting	9,200.		9,200.	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
3	column (A) amount, list line 11g expenses on Sch 0.)	250,551.	246,556.	307.	3,688.
12	Advertising and promotion	59,119.	56,527.		2,592.
13	Office expenses	49,318.	44,973.	897.	3,448.
14	Information technology	12,539.	12,045.	250.	244.
15	Royalties	,			
16	Occupancy	3,861.	3,630.	154.	77.
17	Troyol	36,848.	35,296.	73.	1,479.
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	40,034.	38,711.		1,323.
20	Interest	,•••_•			_,
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,885.	6,266.	275.	344.
23	Insurance	7,043.	3,832.	1,439.	1,772.
24	Other expenses. Itemize expenses not covered	· ·			
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PUBLIC RELATIONS	20,599.	20,599.		
b	DUES AND SUBSCRIPTIONS	9,760.	9,002.	546.	212.
с С	OPERATING SUPPLIES	9,320.	7,590.	64.	1,666.
d	BOARD EXPENSES	8,803.	.,	8,803.	_,
	All other expenses	18,777.	12,625.	1,324.	4,828.
25	Total functional expenses. Add lines 1 through 24e	1,385,105.	1,259,697.	46,605.	78,803.
26	Joint costs. Complete this line only if the organization	_,,	_,, , , , , , , , , , , , , , , , , ,		,
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Fight following SOP 98-2 (ASC 958-720)				
					Earm 990 (2017)

10

732010 11-28-17

Form 990 (2017)

17330515 131861 02060.000

Form 990 (2017)

AMERICAN AUTOIMMUNE RELATED DISEASES ASSOCIATION

Form 990 (2017)
Part X Balance Sheet

Fail			to or the	a in this Dart V			
		Check if Schedule O contains a response or note	to any lin	ie in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			526,058.	1	883,875.
	2	Savings and temporary cash investments	660,096.	2	493,412.		
	3	Pledges and grants receivable, net		153,237.	3		
	4	Accounts receivable, net		4			
	5	Loans and other receivables from current and form					
		trustees, key employees, and highest compensate	ed emplo	yees. Complete			
		Part II of Schedule L		5			
	6	Loans and other receivables from other disqualifie	d person	is (as defined under			
		section 4958(f)(1)), persons described in section 4	958(c)(3)	(B), and contributing			
		employers and sponsoring organizations of sectio					
s		employees' beneficiary organizations (see instr). C	Part II of Sch L		6		
Assets	7	Notes and loans receivable, net				7	
¥	8	Inventories for sale or use		I		8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	294,515. 149,146.			
	b	Less: accumulated depreciation		149,146.	152,254.	10c	145,369.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal			1,491,645.	16	1,522,656
	17	Accounts payable and accrued expenses	54,929.	17	304,778.		
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
:	21	Escrow or custodial account liability. Complete Pa		I		21	
s l	22	Loans and other payables to current and former o	fficers, d	irectors, trustees,			
litie		key employees, highest compensated employees,	and disc	qualified persons.			
Liabilities		Complete Part II of Schedule L				22	
⊐ :	23	Secured mortgages and notes payable to unrelate	ed third p	arties		23	
:	24	Unsecured notes and loans payable to unrelated t	hird part	ies		24	
:	25	Other liabilities (including federal income tax, paya	ables to r	elated third			
		parties, and other liabilities not included on lines 1	7-24). Co	omplete Part X of			
		Schedule D		·····		25	
:	26				54,929.	26	304,778.
		Organizations that follow SFAS 117 (ASC 958),	check h	ere 🕨 🚺 and			
es		complete lines 27 through 29, and lines 33 and					
Net Assets or Fund Balances	27	Unrestricted net assets			1,241,362.	27	973,252.
; 3ala	28	Temporarily restricted net assets	····· -	195,354.	28	244,626.	
÷ ق	29			L		29	
<u>n</u>		Organizations that do not follow SFAS 117 (AS	C 958), c	heck here			
2		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or equ		Г		31	
; et	32	Retained earnings, endowment, accumulated inco			1 400 840	32	
_ '	33	Total net assets or fund balances		······ -	1,436,716.	33	1,217,878.
;	34	Total liabilities and net assets/fund balances			1,491,645.	34	1,522,656.

Form 990 (2017)

732011 11-28-17

AMERICAN AUTOIMMUNE RELA	ATED DISEASES
--------------------------	---------------

Form 99	00 (2017) ASSOCIATION	38-30	27574	Page	e 12
Part 2	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			[
1 To	otal revenue (must equal Part VIII, column (A), line 12)	1	1,166		
2 To	otal expenses (must equal Part IX, column (A), line 25)	2	1,385		
3 R	evenue less expenses. Subtract line 2 from line 1	3	-218		
4 N	et assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,436	,71	6.
5 N	et unrealized gains (losses) on investments	5			
6 D	onated services and use of facilities	6			
7 In	vestment expenses	7			
8 Pi	rior period adjustments	8			
9 O	ther changes in net assets or fund balances (explain in Schedule O)	9			0.
10 N	et assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	olumn (B))	10	1,217	,87	8.
Part	XII Financial Statements and Reporting			_	
	Check if Schedule O contains a response or note to any line in this Part XII			<u> L</u>	
				Yes	No
1 A	ccounting method used to prepare the Form 990: 🗌 Cash 🛛 X Accrual 🗌 Other		-		
	the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
2 a W	ere the organization's financial statements compiled or reviewed by an independent accountant?		2 a	_	X
lf	"Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
se	eparate basis, consolidated basis, or both:				
L	Separate basis Consolidated basis Both consolidated and separate basis				
b W	ere the organization's financial statements audited by an independent accountant?		2 b	X	
lf	"Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
_	presolidated basis, or both:				
L	X Separate basis Consolidated basis 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,			
re	view, or compilation of its financial statements and selection of an independent accountant?		2c	X	
lf	the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
	s a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
A	ct and OMB Circular A-133?		3 a		X
b If	"Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requir	ed audit			
or	audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2017)

732012 11-28-17

SCHEDULE A			Dublic Cha	OMB No. 1545-0047								
(Form 990 oi	r 990-EZ)			rity Status an					2017			
		C		ization is a section 501 17(a)(1) nonexempt cha			or a section		ZU I /			
Department of the	Treasury			Attach to Form 990 or F					Open to Public			
Internal Revenue Se	ervice		Go to www.irs.gov	/Form990 for instruction	ons and th	e latest ir	formation.		Inspection			
Name of the	organizatio	n AMER	ICAN AUTOI	MMUNE RELATEI) DISE	EASES		Employer	identification number			
		ASSO	CIATION					3	8-3027574			
Part I F	Reason f	or Public (Charity Status 🖟	All organizations must co	mplete thi	is part.) Se	e instructions	i.				
				or lines 1 through 12, cl								
				n of churches described)(A)(i).					
				Attach Schedule E (Form			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~					
				nization described in se			i).					
	-	-		njunction with a hospital			-	(iiii). Enter	the hospital's name,			
	y, and state	-	·						· /			
	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
	-	-	Complete Part II.)	0 ,	•	, 0						
				nental unit described in	section 17	70(b)(1)(A)	(v).					
			-	ntial part of its support fr				e general r	public described in			
	-		complete Part II.)		5			5				
	-			1)(A)(vi). (Complete Parl	: 11.)							
	•			in section 170(b)(1)(A)(i	,	ed in coniu	nction with a	land-orant	college			
	-	-	-	ulture (see instructions).		-		-	-			
	iversity:		5 5 5			, ,		5				
		on that norma	ally receives: (1) more	than 33 1/3% of its supp	port from c	ontributio	ns. membersh	nip fees. an	d aross receipts from			
				t to certain exceptions,								
				(less section 511 tax) fro								
			mplete Part III.)	,		•	, .		,			
			-	vely to test for public saf	ety. See	section 50)9(a)(4).					
	-	-		vely for the benefit of, to	•			rry out the	purposes of one or			
	-	-		d in section 509(a)(1) o	-			•				
			-	f supporting organization								
		-	• •	upervised, or controlled	-			-	giving			
				gularly appoint or elect a	• • • •	-						
c	organizatior	. You must o	complete Part IV, Se	ctions A and B.								
b 🗌 1	Type II. A si	upporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ring			
c	control or m	anagement c	of the supporting orga	anization vested in the sa	ame persoi	ns that co	ntrol or manag	ge the supp	ported			
		-	st complete Part IV,		·							
	-			g organization operated	in connect	ion with, a	nd functional	ly integrate	d with,			
				. You must complete F								
d 🗌 1	Гуре III nor	-functionally	y integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppor	ted organiz	zation(s)			
t	hat is not fu	unctionally int	tegrated. The organiz	ation generally must sati	sfy a distri	ibution rec	uirement and	an attentiv	veness			
r	equirement	: (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.					
				vritten determination from				I, Type III				
f	unctionally	integrated, o	r Type III non-functior	nally integrated supportir	ng organiza	ation.						
f Enter th	e number c	of supported of	organizations									
g Provide	the followir	ng informatio	n about the supporte									
	ame of suppo	rted	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of		(vi) Amount of other			
	organization			above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)			
Total												
LHA For Pape	erwork Rec	luction Act N	lotice, see the Instru	uctions for Form 990 or	990-EZ.	732021 10-	06-17 Schee	dule A (For	m 990 or 990-EZ) 2017			

17330515 131861 02060.000

¹³ 2017.05060 AMERICAN AUTOIMMUNE RELAT 02060.01

Schedule A (Form 990 or 990-EZ) 2017 ASSOCIATION Part II

38-302<u>7574 Page 2</u>

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support		[I	1		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectior	n 501(c)(3)	
_	organization, check this box and stop	here					
	ction C. Computation of Publi					I I	
14	Public support percentage for 2017 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	%
	Public support percentage from 2016					15	%
16a	33 1/3% support test - 2017. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2016. If the o				line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2017. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	is box and stop l	nere. Explain in Pa	rt VI how the orgar	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	organization		▶□]
b	10% -facts-and-circumstances test	- 2016. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cł	neck this box and	stop here. Explair	n in Part VI how the	e
	organization meets the "facts-and-circ	cumstances" test.	The organization o	jualifies as a public	ly supported orga	nization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	s >
					Sche	edule A (Form 990	or 990-EZ) 2017

732022 10-06-17

Schedule A (Form 990 or 990-EZ) 2017 ASSOCIATION

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.)

38-3027574 Page 3

Section A. Public Support

Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	744,208.	787,599.	1152478.	1380407.	1178814.	5243506.			
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-		CE 504		0 0	1 645	122 224			
	iness under section 513	55,420.	65,531.	7,333.	8,275.	1,645.	138,204.			
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	700 600	052 120	1150011	1200600	1100450	F 2 0 1 7 1 0			
	Total. Add lines 1 through 5	799,628.	853,130.	1159811.	1388682.	1180459.	5381710.			
7a	Amounts included on lines 1, 2, and		254 000			455 500	0401525			
	3 received from disqualified persons	326,000.	354,800.	565,000.	698,237.	457,500.	2401537.			
b	Amounts included on lines 2 and 3 received from other than disqualified persons that									
	exceed the greater of \$5,000 or 1% of the						0			
	amount on line 13 for the year	226 000	254 000		600 007		0.			
	Add lines 7a and 7b	326,000.	354,800.	565,000.	698,237.	457,500.	2401537.			
	Public support. (Subtract line 7c from line 6.)						2980173.			
		() 22/2	(1) 00 ()	() 00/7	()) 00 (0	() 00/7	(2)			
	ndar year (or fiscal year beginning in)	(a) 2013 799,628.	(b) 2014 853,130.	(c)2015 1159811.	(d)2016 1388682.	(e)2017 1180459.	(f) Total 5381710.			
	Amounts from line 6 Gross income from interest,	199,020.	055,150.	1139011.	1300002.	1100459.	5561/10.			
108	dividends, payments received on									
	securities loans, rents, royalties,	790.	202.		3,675.	4,147.	8,814.			
Ŀ	and income from similar sources	790.	202.		5,075.	4,14/•	0,014.			
C	Unrelated business taxable income (less section 511 taxes) from businesses									
	acquired offer lune 20, 1075									
_		790.	202.		3,675.	4,147.	8,814.			
	Add lines 10a and 10b Net income from unrelated business	190.	202.		5,075.	4,14/•	0,014.			
••	activities not included in line 10b,									
	whether or not the business is									
12	regularly carried on Other income. Do not include gain									
	or loss from the sale of capital									
12	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	800,418.	853 332	1159811.	1392357.	1184606.	5390524.			
	First five years. If the Form 990 is for									
17	check this box and stop here	0	, ,		,	0	,			
Sec	ction C. Computation of Publi									
	Public support percentage for 2017 (I		•	olumn (f))		15	55.29 %			
	Public support percentage from 2016					16	58.44 %			
	ction D. Computation of Inves					10				
	Investment income percentage for 20			e 13. column (f)		17	.16 %			
	Investment income percentage from 2					18	.14 %			
	33 1/3% support tests - 2017. If the									
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b									
b	b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and									
	line 18 is not more than 33 1/3%, che	•								
20	Private foundation. If the organizatio									
	23 10-06-17					edule A (Form 990				
			15			-	-			

17330515 131861 02060.000

2017.05060 AMERICAN AUTOIMMUNE RELAT 02060.01

Schedule A (Form 990 or 990-EZ) 2017 ASSOCIATION Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 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.)

16

732024 10-06-17

Schedule A (Form 990 or 990-EZ) 2017

38-3027574 Page 4

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

AMERICAN AUTOIMMUNE RELATED DISEASES Schedule A (Form 990 or 990-EZ) 2017 ASSOCIATION

38-3027574 Page 5

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in</i> Part VI. tion B. Type I Supporting Organizations	11c		
000			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	NO
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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.	2		
Sec	tion C. Type II 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			
<u></u>	the supported organization(s).	1		
Sec	tion D. All Type III 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	4		
2	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			
		2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a	-		
U	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		
Sec	tion 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 year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а				
	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.	2a		
b				
	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	Oh		
•	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? <i>Provide details in</i> Part VI.	3a		
b		Jd		
U	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
73202	5 10-06-17 Schedule A (Form 9)0-EZ)	2017

17

Schedule A (Form 990 or 990-EZ) 2017

17330515 131861 02060.000

2017.05060 AMERICAN AUTOIMMUNE RELAT 02060.01

Schedule A (Form 990 or 990-EZ) 2017 ASSOCIATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All 1 other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a 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 factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 **3** Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 4 see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 2 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 3 Enter greater of line 2 or line 3 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6

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

Schedule A (Form 990 or 990-EZ) 2017

732026 10-06-17

Sche	dule A (Form 990 or 990-EZ) 2017 ASSOCIATION			8-3027574 _F	⁵ age 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	-	
Sect	on D - Distributions			Current Year	
1	Amounts paid to supported organizations to accomplish exer	mpt purposes			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6		
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which the				
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2017 from Section C, line 6				
10	Line 8 amount divided by line 9 amount				
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 201	
1	Distributable amount for 2017 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2017 (reason-				
	able cause required- explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2017				
а					
b	From 2013				
	From 2014				
d	From 2015				
е	From 2016				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
	Applied to 2017 distributable amount				
i	Carryover from 2012 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2017 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2017 distributable amount				
с	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2018. Add lines 3j				
_	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2013				
	Excess from 2014				
с	Excess from 2015				
	Excess from 2016				
е	Excess from 2017				

Schedule A (Form 990 or 990-EZ) 2017

732027 10-06-17

	AMERICAN AUTOIMMUNE RELATED DISEASES	
Schedule A	(Form 990 or 990-EZ) 2017 ASSOCIATION	38-3027574 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section E line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any (See instructions.)	B, lines 1 and 2; Part IV, Section C, 1: Part V. Section B. line 1e: Part V.
732028 10-06-	-17	Schedule A (Form 990 or 990-EZ) 2017
	20	-

		Our mail a management	l Firen siel Oteters ente		OMB No. 1545-0047
	SCHEDULE D Supplemental Financial Statements				
(Forn	Form 990) 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.				
	epartment of the Treasury ternal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.				
	e of the organizatio			Emp	bloyer identification number $38 - 3027574$
Par	t I Organiza		d Funds or Other Similar Funds or Ac	cour	
		n answered "Yes" on Form 990, Part IV, lin			
			(a) Donor advised funds (b) Fun	ds and other accounts
1	Total number at er	nd of year			
2	Aggregate value of	f contributions to (during year)			
3		f grants from (during year)			
4		end of year			
5	-		writing that the assets held in donor advised func		
			exclusive legal control?		Yes No
6	•		dvisors in writing that grant funds can be used or	-	
			r donor advisor, or for any other purpose conferri	Ũ	
Par	impermissible priva		ganization answered "Yes" on Form 990, Part IV,		Yes No
1		ervation easements held by the organization		nne 7.	
•		of land for public use (e.g., recreation or e		impor	tant land area
		f natural habitat	Preservation of a certified his	•	
		of open space			
2			ied conservation contribution in the form of a cor	nserva	tion easement on the last
_	day of the tax year	v v .			Held at the End of the Tax Year
а	, ,			2a	
b				2b	
с	Number of conserv		ucture included in (a)	2c	
d	Number of conserv	vation easements included in (c) acquired a	after 7/25/06, and not on a historic structure		
	listed in the Nation	al Register		2d	
3			eased, extinguished, or terminated by the organiz	zation	during the tax
	year 🕨				
4		where property subject to conservation eas			
5	° °	tion have a written policy regarding the per			
_		orcement of the conservation easements it			
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservatio	n ease	ments during the year
-					and a large the survey
7		es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservation eas	emen	s during the year
8		vation assemble toported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)	:)	
0			• • • • • • • • • • • • • • • • • • • •		Yes No
9			on easements in its revenue and expense statem		
5		•	tion's financial statements that describes the orga		
	conservation ease			an nzati	
Par			Art, Historical Treasures, or Other S	imila	r Assets.
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.		
1 a	If the organization	elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statement and	d balar	nce sheet works of art,
	historical treasures	s, or other similar assets held for public ext	nibition, education, or research in furtherance of p	oublic	service, provide, in Part XIII,
	the text of the foot	note to its financial statements that descri	bes these items.		
b	If the organization	elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement and ba	lance	sheet works of art, historical
	treasures, or other	similar assets held for public exhibition, ed	ducation, or research in furtherance of public serv	vice, p	ovide the following amounts
	relating to these ite				
					\$
	. ,				\$
2	•		asures, or other similar assets for financial gain, p	provide	
	-	ints required to be reported under SFAS 1		•	^
a					
			for Form 000		Debadula D (Farm 000) 0017
	For Paperwork Re	eduction Act Notice, see the Instructions	5 IOI FUIII 330.		Schedule D (Form 990) 2017
10200	10-00-17				

29 2017.05060 AMERICAN AUTOIMMUNE RELAT 02060.01

AMERICAN AUTOIMMUN	NE RELATED DISEAS	SES
--------------------	-------------------	-----

Sche	dule D (Form 990) 2017 ASSOCIA	TION			0101110		38-30	27574	1 Page 2
	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	asures, or	Other S			
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the f	ollowing that	are a sign	ificant use of its o	collection	items
	(check all that apply):								
а	Public exhibition	d		Loan or exc	hange progra	ms			
b	Scholarly research	е		Other					
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explair	n how th	ney further th	e organizatio	n's exemp	t purpose in Part	XIII.	
5	During the year, did the organization solicit of	r receive donations o	of art, hi	storical treas	sures, or othe	r similar as	ssets	_	
	to be sold to raise funds rather than to be ma							Yes	No
Par			ete if the	e organizatio	n answered "	Yes" on Fo	orm 990, Part IV,	line 9, or	
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custodi							_	
	on Form 990, Part X?						L	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing t	table:					
								Amoun	t
с	Beginning balance						1c		
d	Additions during the year						1d		
е	Distributions during the year						1e		
f	Ending balance								
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or cu	istodial accou	unt liability	?	Yes	No
_	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete	if the organization an	swered	"Yes" on Fo	rm 990, Part	IV, line 10.		1	
		(a) Current year	(b) F	Prior year	(c) Two year	s back (d	I) Three years back	(e) Four	years back
1a	Beginning of year balance								
b	Contributions								
с	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1	g, column (a)) held as:				
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	t are held ar	nd administer	ed for the	organization	r	
	by:								Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	ed on S	chedule R?				3b	
	Describe in Part XIII the intended uses of the		wment f	funds.					
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 990), Part I\	/, line 11a. S	ee Form 990,	Part X, lin	ne 10.		
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Acc	umulated	(d) Boo	k value
		basis (investr	nent)	basis	, ,	depre	eciation		
1a	Land				5,000.				5,000.
	Buildings			23	3,339.	11	14,641.	11	8,698.
	Leasehold improvements								
	Equipment			3	6,176.		34,505.		1,671.
	Other								
Tota	Add lines 1a through 1e. (Column (d) must e	oual Form 990 Part	X colun	nn (B) line 1)			14	5,369.

Schedule D (Form 990) 2017

AMERICAN	AUTOIMMUNE	RELATED	DISEASES

	(Form 990) 2017	ASSOCIATION
Part VII	Investments -	• Other Securities.

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
(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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

732053 10-09-17

Schedule D (Form 990) 2017

AMERICAN	AUTOIMMUNE	RELATED	DISEASES
ACCOCTATI	ON		

	ASSOCIATION				
Pa	rt XI Reconciliation of Revenue per Audited Financial State	ements Witl	h Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,254,011.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	1,069,405.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	18,339.		
е	Add lines 2a through 2d			2e	1,087,744.
3	Subtract line 2e from line 1			3	1,166,267.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
					1 1 7 7 9 7 7
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,166,267.
5 Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	tements Wi	th Expenses per F		<u>1,166,26/.</u> n.
5 Pa	rt XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line	e ments Wi 12a.	th Expenses per F		n.
5 Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	e ments Wi 12a.	th Expenses per F		1,166,267. n. 2,472,849.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	tements Wi 12a.	th Expenses per F	letur	n.
Pa 1	Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements	tements Wi 12a.	th Expenses per F	letur	n.
Pa 1 2	rt XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line 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	tements Wir 12a. 2a	th Expenses per F	letur	n.
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line 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	2a 2b 2c	th Expenses per F	letur	n.
Pa 1 2 a b	rt XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line 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	2a 2b 2c	th Expenses per F	letur	n. 2,472,849.
Pa 1 2 a b	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	th Expenses per F 1,069,405. 18,339.	letur	n. 2,472,849. 1,087,744.
Par 1 2 a b c d	rt XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	th Expenses per F 1,069,405. 18,339.	1	n. 2,472,849.
Part 1 2 b c d e	rt XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	th Expenses per F 1,069,405. 18,339.	1 2e	n. 2,472,849. 1,087,744.
Part 1 2 b c d e 3	rt XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	th Expenses per F 1,069,405. 18,339.	1 2e	n. 2,472,849. 1,087,744.
Pa 1 2 a b c d e 3 4	rt XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 4a	th Expenses per F 1,069,405. 18,339.	1 2e	n. 2,472,849. 1,087,744.
Pa 1 2 a b c d e 3 4	rt XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	th Expenses per F	1 2e	n. 2,472,849. 1,087,744. 1,385,105. 0.
Pa 1 2 a b c d e 3 4 a b c 5	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2a 2b 2c 2d 4a 4b	th Expenses per F	1 2e 3	n. 2,472,849. 1,087,744. 1,385,105.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

INCOME TAXES THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE SECTION 501 (C)(3). AS A RESULT, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

THE ORGANIZATION'S CONTINUED STATUS AS AN EXEMPT ORGANIZATION IS

CONSIDERED TO BE A "TAX POSITION" IN THAT THE ORGANIZATION MUST ADHERE TO

VARIOUS REQUIREMENTS IN ORDER TO REMAIN TAX-EXEMPT. IN ADDITION, ANY

ORGANIZATION ACTIVITIES THAT MAY SUBJECT IT TO "UNRELATED BUSINESS TAXABLE

INCOME" ARE ALSO TAX POSITIONS. MANAGEMENT HAS ANALYZED THE ORGANIZATION'S

MATERIAL TAX POSITIONS AS OF SEPTEMBER 30, 2018 AND HAS DETERMINED THAT NO

M	ATERIAL	UNCERTAIN	TAX	POSITIONS	EXIST	$\mathbf{T}\mathbf{H}\mathbf{A}\mathbf{T}$	REQUIRE	RECOGNITION	OR	

Schedule D (Form 990) 2017

32

Schedule D (Form 990) 2017 ASSOCIATION	38-3027574 Page 5
Part XIII Supplemental Information (continued)	
DISCLOSURE IN THE ACCOMPANYING FINANCIAL STATEMENTS.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSE	18,339.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
	10 220
FUNDRAISING EXPENSE	18,339.

Schedule D (Form 990) 2017

732055 10-09-17

(Form 990) A table to Form 980, Part IV, line 14b, 15, or 6. A table to Form 980. A table table to Form 980. A table table	SC		Stateme	nt of Act	ivities Outside the Un	ited Sta	ites	OMB No. 1545-0047
between the experimental methods of the state of the state information. bypection bypection manual states and the states information approximation AMERICAN AUTOIMMUNE RELATED DISEASES Second the states Second								2017
Name of the organization Employer identification number AMERTCAN AUTOTIMUNE RELATED DISEASES 38-3027574 Part II General Information on Activities Outside the United States. Complete if the organization maintain records to substantiate the amount of its grants and other assistance. If years and the region assistance is assistance. If years are assistance in the grantex assistance, and the selection criteria used to award the grants or assistance in the grantex assistance outside the United States. 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. (9) Region (10) Number of (10) Aumber of (10) (20) (20) (20) (20) (20) (20) (20) (2			Co to y	www.ire.gov/Ec	-	information		
ASSOCTATION 13-3027574 Part1 General Information on Activities Outside the United States. Complete if the organization maintain records to substantiate the amount of its grants and other assistance. In the grante set substantiate the amount of its grants and other assistance outside the United States. 1 For grantmakers. Describe in Part V the organization 's procedures for monitoring the use of its grants and other assistance outside the United States. 2. For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed). (a) Region (b) Number of grant or assistance' (d) Activities conducted in the region in the region of the region in the region of the region in the region. (a) Region (b) Number of grant organization's procedures for monitoring the use of its grants and other assistance' or of and investments grants to in the region of the region in the region of the region in the region of the region of the region in the region of the region in the region of the	-			www.ii 3.900/1 C			Employer id	•
Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, Ine 14b. I For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance. If the grants are "sightly for the grants or assistance, and the selection criteria used to award the grants or assistance outside the United States. 2 For grantmakers. Describe in Part V the organization's procedures for montioning the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed) (a) Region (b) Mumber of (a) (b) mumb			DIMMUNE RELA	ATED DIS	EASES		20 200	
For grantmakers. Desk the organization maintain records to substantiate the amount of its grants and other assistance. Image: Control of the grants or assistance and the selection criteria used to award the grants or assistance autide the United States. 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance autide the United States. 3 Activities grant (p) in the region (e) Number of its grants and part is and other assistance autide the United States. 4 (b) Number of its grants or assistance autide in the region in the region (e) It activity listed in (c) is a program service, investments, grants to organization is procedures in services, investments, grants to organization in the region in the region (f) Total expendence in the region (f) Total expendence in the region in			nformation on A	ctivities Out	side the United States Comple	to if the organ		
the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?						te il the organ		eu res on
For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region The following Part I, line 3 table can be duplicated if additional space is needed. (a) Region (b) Number of (c) (d) Activities conducted in the region (by type) (such as, fundraising, proc of service(s) in the region (contractors in the region (contractors in the region (contractors in the region) (by type) (such as, fundraising, proc of service(s) in the region (contractors in the region (contractors in the region) (a) Region (b) Number of (c) (d) Activities conducted in the region (contractors in the region (contractors in the region) (b) the region (contractors in the region (contractors in the region) (contractors in the region (contractors in the region (contractors in the region) (contractors in the region (contr	1			n maintain record	ds to substantiate the amount of its grar	nts and other a	assistance,	
United States. 3 Activities per Region. (The following Part I, line 8 table can be duplicated if additional space is needed.) (a) Region (b) Number of contractors in the region (c) Yupe) (such as, fundralising, pro- describe specific type of service(s) in the region of service(se		the grantees' eligibi	ility for the grants or a	ssistance, and t	he selection criteria used to award the g	grants or assis	tance?	Yes X No
(a) Region (b) Number of offices in the region (c) Number of employees agents, and copensation in the region (d) Activities conducted in the region region service, investments, grants to recipients located in the region (e) I attrivity listed in (d) as arogram service, describe spacific type of service(s) in the region (f) Total expenditures for and investments in the region Image: Im	2	-	Describe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	her assistance	outside the
in the region imply type (such as, fundraising, pro- in the region) is a program service, in the region explain(three for and investments in the region) in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region <td< td=""><td>_3</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	_3							
in the region in		(a) Region	. ,	émplovees.	, , , , , , , , , , , , , , , , , , ,			expenditures
in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region in the region			in the region	independent contractors				investments
b Total from continuation sheets to Part I 0 0 0. 0. c Totals (add lines 3a and 3b) 0 0 0. 0.				in the region			., .	
b Total from continuation sheets to Part I 0 0 0. 0. c Totals (add lines 3a and 3b) 0 0 0. 0.								
b Total from continuation sheets to Part I 0 0 0. 0. c Totals (add lines 3a and 3b) 0 0 0. 0.								
b Total from continuation sheets to Part I 0 0 0. 0. c Totals (add lines 3a and 3b) 0 0 0. 0.								
b Total from continuation sheets to Part I 0 0 0. 0. c Totals (add lines 3a and 3b) 0 0 0. 0.								
b Total from continuation sheets to Part I 0 0 0. 0. c Totals (add lines 3a and 3b) 0 0 0. 0.								
b Total from continuation sheets to Part I 0 0 0. 0. c Totals (add lines 3a and 3b) 0 0 0. 0.								
b Total from continuation sheets to Part I 0 0 0. 0. c Totals (add lines 3a and 3b) 0 0 0. 0.								
b Total from continuation sheets to Part I 0 0 0. 0. c Totals (add lines 3a and 3b) 0 0 0. 0.								
b Total from continuation sheets to Part I 0 0 0. 0. c Totals (add lines 3a and 3b) 0 0 0. 0.								
b Total from continuation sheets to Part I 0 0 0. 0. c Totals (add lines 3a and 3b) 0 0 0. 0.								
b Total from continuation sheets to Part I 0 0 0. 0. c Totals (add lines 3a and 3b) 0 0 0. 0.								
b Total from continuation sheets to Part I 0 0 0. 0. c Totals (add lines 3a and 3b) 0 0 0. 0.								
b Total from continuation sheets to Part I 0 0 0. 0. c Totals (add lines 3a and 3b) 0 0 0. 0.								
b Total from continuation sheets to Part I 0 0 0. 0. c Totals (add lines 3a and 3b) 0 0 0. 0.								
b Total from continuation sheets to Part I 0 0 0. 0. c Totals (add lines 3a and 3b) 0 0 0. 0.								
b Total from continuation sheets to Part I 0 0 0. 0. c Totals (add lines 3a and 3b) 0 0 0. 0.								
b Total from continuation sheets to Part I 0 0 0. 0. c Totals (add lines 3a and 3b) 0 0 0. 0.								
b Total from continuation sheets to Part I 0 0 0. 0. c Totals (add lines 3a and 3b) 0 0 0. 0.								
b Total from continuation sheets to Part I 0 0 0. 0. c Totals (add lines 3a and 3b) 0 0 0. 0.								
b Total from continuation sheets to Part I 0 0 0. 0. c Totals (add lines 3a and 3b) 0 0 0. 0.								
b Total from continuation sheets to Part I 0 0 0. 0. c Totals (add lines 3a and 3b) 0 0 0. 0.								
b Total from continuation sheets to Part I 0 0 0. 0. c Totals (add lines 3a and 3b) 0 0 0. 0.								
b Total from continuation sheets to Part I 0 0 0. 0. c Totals (add lines 3a and 3b) 0 0 0. 0.								
b Total from continuation sheets to Part I 0 0 0. 0. c Totals (add lines 3a and 3b) 0 0 0. 0.								
sheets to Part I 0 0 0. 0. c Totals (add lines 3a and 3b) 0 0 0 0.				0				0.
c Totals (add lines 3a and 3b) 0 0 0 0.	u			0				0.
	с	Totals (add lines 3a	a					
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule F (Form 990) 2017	<u> </u>				tions for Form 990		Schody	0. lle F (Form 990) 2017

732071 10-06-17

AMERICAN AUTOIMMUNE RELATED DISEASES ASSOCIATION

Schedule F (Form 990) 2017

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND &						
		GREENLAND)	ILS SUPPORT	12,000.	СНЕСК	0.		
	h the grantee or cou	insel has provided a sect	recognized as charities by the f tion 501(c)(3) equivalency letter					

Page 2

38-3027574

Schedule F (Form 990) 2017

ASSOCIATION

38-3027574

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.								
Part III can be duplicated if a	dditional space is needed (b) Region	d. (c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)	
			-		assistance		(book, FMV, appraisal, other)	

Schedule F (Form 990) 2017

Page 3

Schedu	ule F (Form 990) 2017 ASSOCIATION	38-3027574	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2017

732074 10-06-17

AMERICAN AUTOIMMUNE RELATED	DISEASES
-----------------------------	----------

Schedule F	(Form 990) 2017	ASSOCIATION	38-302	27574 Page
Part V	Supplementa	I Information		
			iunds); Part I, line 3, column (f) (accounting method; an	ounts of
			ing method); Part III (accounting method); and Part III,	
	(estimated numb	er of recipients), as applicable. Also complete t	his part to provide any additional information. See inst	ructions.
732075 10-06-	17	-	Schedul	le F (Form 990) 20
		3	8	

SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Complete if the	ntal Information Regarding e organization answered "Yes" on organization entered more than \$1 Attach to Form 990 Go to www.jrs.gov/Form990	Form 9 5,000 c or Foi	990, F on Foi rm 99	Part IV, line 17, 18, o m 990-EZ, line 6a. 0-EZ.			OMB No. 1545-0047
Name of the organization		N AUTOIMMUNE RELAT					Employer id	entification number
Part I Fundrais	ASSOCIA' ing Activities.	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, li	ine 17		
 Indicate whether the a Mail solicitat b Internet and c Phone solicit d In-person sol 2 a Did the organizatio key employees listed 	ions email solicitations ations licitations n have a written o ed in Form 990, Pa highest paid indiv	ed funds through any of the followin e Solicita f Solicita g Special r oral agreement with any individual art VII) or entity in connection with p riduals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover iising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		🗌 Ye	
(i) Name and address or entity (fund		(ii) Activity	(iii) fundr have cr or con contribu	aiser ustody trol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes					
Total 3 List all states in white or licensing.	ch the organizatio	n is registered or licensed to solicit o	contribu	Lutions	or has been notified	it is e	exempt from n	egistration
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form §	90 or 1	990-E	Z. S	Schee	lule G (Form	990 or 990-EZ) 2017

732081 09-13-17

Schedule G (Form 990 or 990 EZ) 2017 ASSOCIATION

38-3027574 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

Gross receipts Less: Contributions Gross income (line 1 minus line 2) Cash prizes Noncash prizes Noncash prizes Rent/facility costs Food and beverages Food and beverages Entertainment Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li III Gaming. Complete if the organization of	COMMON THREA (event type) 79,287. 77,642. 1,645.		1 (total number)	(d) Total events (add col. (a) through col. (c)) 140,964 139,319 1,645
Less: Contributions Gross income (line 1 minus line 2) Cash prizes Noncash prizes Rent/facility costs Food and beverages Entertainment Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from line	(event type) 79,287. 77,642. 1,645.	(event type) 61,677.		col. (c))
Less: Contributions Gross income (line 1 minus line 2) Cash prizes Noncash prizes Rent/facility costs Food and beverages Entertainment Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from line	79,287. 77,642. 1,645.	61,677.	(total number)	140,964 139,319
Less: Contributions Gross income (line 1 minus line 2) Cash prizes Noncash prizes Rent/facility costs Food and beverages Entertainment Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from line	77,642.			139,319
Gross income (line 1 minus line 2) Cash prizes Noncash prizes Rent/facility costs Food and beverages Entertainment Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li	1,645.	61,677.		
Cash prizes Noncash prizes Rent/facility costs Food and beverages Entertainment Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li				1,645
Noncash prizes Rent/facility costs Food and beverages Entertainment Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li				
Rent/facility costs Food and beverages Entertainment Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li				
Food and beverages Entertainment Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li				
Entertainment Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li				
Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li				1
Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li				
Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li	LO, JJJ.			18,339
Net income summary. Subtract line 10 from li		•	•	18,339
				-16,694
	(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
Gross revenue				
Cash prizes				
Noncash prizes				
Rent/facility costs				
Other direct expenses				
Volunteer labor	Yes%	└── Yes % └── No	Yes %	
Net gaming income summary. Subtract line 7				
				Yes N
		states ?		
ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax ye	ear?	Yes N
"Yes," explain:				
	Cash prizes	(a) Bingo Gross revenue	(a) Bingo (b) Pull tabs/instant bingo/progressive bingo Gross revenue	(a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming Gross revenue

	AMERICAN AUTOIMMUNE RELATED DISEASES		
Sch		3027574	Page 3
11		Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
12	to administer charitable gaming? Indicate the percentage of gaming activity conducted in:	Yes	└── No
	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address 🕨		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No No
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party \blacktriangleright \$		
C	If "Yes," enter name and address of the third party:		
	Name		
	Address 🕨		
16	Gaming manager information:		
	Name		
	Gaming manager compensation 🕨 💲		
	Description of services provided 🕨		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		—
	retain the state gaming license?	Yes	└── No
	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$		
Pa	IT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III,	lines 9, 9b, 10	o. 15b.
_	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		, , ,
_			

732083 09-13-17

		AMERICAN	AUTOIMMUNE	RELATED	DISEASES		
Schedule G	(Form 990 or 990-EZ) Supplemental Infor	ASSOCIAT:	ION			38-3027574	Page 4
Failly	Supplemental infor	mation (continue	ed)				
						Sabadula O (Farma 000 -	000 53
732084 04-01-	17					Schedule G (Form 990 or	990-EZ)

732084 04-01-17

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.								
Internal Revenue Service			Go to www.ir	s.gov/Form990 fo		nation.		Open to Public Inspection	
Name of the organization	n AMERICAN A ASSOCIATIO		E RELATED D	ISEASES				Employer identification number $38 - 3027574$	
Part I General Info	ormation on Grants ar	d Assistance							
criteria used to aw	tion maintain records to vard the grants or assist / the organization's pro	ance?							
	Other Assistance to E					anization answered "V	es" on Form 990 Part	IV line 21 for any	
	at received more than \$	•			1 0	anization answered T			
1 (a) Name and add		(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
MASSACHUSETTS GENEI BUILDING 149, 13TH CHARLESTOWN, MA 02:	STREET, ROOM 360			10,000.	0.			SUPPORT OF THE STUDY TO REVERSE TYPE 1 DIABETES	
THE BRIGHAM AND WO 116 HUNTINGTON AVE BOSTON, MA 02116				20,000.	0.			SUPPORT THE RESEARCH EFFORTS OF DR. ROSE	
JOHN HOPKINS SCHOOL HEALTH - 615 NORTH SUITE W1600 - BALT: 21205-2179	WOLFE STREET,			18,000.	0.			RESEARCH SUPPORT FOR THREE DSIP INTERNS	
FOUNDATION FOR THE INSTITUTE - 4800 FI - PITTSBURGH, PA 1	RIENDSHIP AVENUE		501-C-3	125,000.	0.			SUPPORT THE RESEARCH EFFORTS OF AHN AUTOIMMUNITY INSTITUTE	
JOHN HOPKINS UNIVE 12529 COLLECTIONS (CHICAGO, IL 60693				20,000.	0.			RESEARCH	
REGENTS OF THE UNIT MICHIGAN - FLEMING BLDG, 503 THOMPSON ARBOR, MI 48109	ADMINISTRATION			40,000.	0.			RESEARCH	
2 Enter total number	ا r of section 501(c)(3) an r of other organizations		, 	e line 1 table			I	<u> </u>	

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

Schedule I (Form 990) (2017)

Schedule I (Form 990) ASSOCIATION

38-3027574 Page 1

(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
		20,000.	٥.			RESEARCH
		20,000.	0.			RESEARCH
		(b) EIN (c) IHC section if applicable	if applicable cash grant	if applicable cash grant non-cash assistance	if applicable cash grant non-cash assistance valuation (book, FMV, appraisal, other)	if applicable cash grant non-cash assistance valuation (book, FMV, appraisal, other) non-cash assistance 20,000. 0.

Schedule I (Form 990)

Schedule I (Form 990) (2017)

ASSOCIATION

38-3027574

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 can be duplicated if additional space is needed.

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

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

sc	HEDULE J	Compensation Information		OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		ົງ	17	,
		Compensated Employees		20		
Depa	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	al Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nan	e of the organizatio			identificatio		mber
		ASSOCIATION	38-3	302757	4	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o					
	Travel for com					
		ation and gross up payments				
	Discretionary	spending account Personal services (such as, maid, chauffer	ur, chef)			
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
		provision of all of the expenses described above? If "No," complete Part III to explain		1 b		
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3		ny, of the following the filing organization used to establish the compensation of the organiza				
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
	establish compens	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation	n committee Written employment contract				
	Independent of	compensation consultant Compensation survey or study				
	Form 990 of o	ther organizations X Approval by the board or compensation c	ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	lated organization:				
а		e payment or change-of-control payment?				X
b		ceive payment from, a supplemental nonqualified retirement plan?				X
С	Participate in, or re	ceive payment from, an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lin	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.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r					
						X
b		ation?		5b		X
		or 5b, describe in Part III.				
6	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r	-				
						X
	Any related organiz	ation?			_	X
	If "Yes" on line 6a of	or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		nes 5 and 6? If "Yes," describe in Part III		7		X
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	1e			
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in				
	Regulations section	n 53.4958-6(c)?		9		
LHA		eduction Act Notice, see the Instructions for Form 990.		dule J (Forn	n 990)	2017

732111 10-17-17

Schedule J (Form 990) 2017

ASSOCIATION

38-3027574

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(b)(i) ⁻ (D)	reported as deferred on prior Form 990
(1) VIRGINIA LADD	(i)	140,673.	10,000.	0.	0.	7,767.	158,440.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	<u>(ii)</u>							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	<u>(ii)</u>							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2017

AMERICAN	AUTOIMMUNE	RELATED	DISEASES
ASSOCIAT	ION		

Schedule J (Form 990) 2017

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2017

SCHEDULE O

(Form 990 or 990-EZ)

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

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. AMERICAN AUTOIMMUNE RELATED DISEASES Employer identification number 38-3027574

OMB No. 1545-0047

ASSOCIATION

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

AWARENESS, PATIENT EDUCATION AND ADVOCATES FOR AUTOIMMUNE PATIENTS.

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

EFFECTIVE, ETHICAL AND EFFICIENT MANNER.

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

MAINTAINS SOCIAL NETWORKING SITES, AND PROVIDES A 24-HOUR TOLL-FREE

REQUEST LINE. THROUGH A COMMUNITY OUTREACH PROGRAM, AMERICAN AUTOIMMUNE

RELATED DISEASES ASSOCIATION INC. PROVIDES FREE EDUCATIONAL BROCHURES

AND NEWSLETTERS TO NUMEROUS HEALTH-CENTERED MEETINGS AND COMMUNITY

SERVICES (E.G., LIBRARIES, CHURCHES, ETC.). AMERICAN AUTOIMMUNE

RELATED DISEASES ASSOCIATION INC. CONTINUES TO OFFER AN EDUCATIONAL

CURRICULUM TARGETING GRADE-SCHOOL-AGE CHILDREN, WITH THE OBJECTIVE OF

EDUCATING THE STUDENTS AND THEIR FAMILIES ON THE "FAMILY CONNECTION" OF

AUTOIMMUNE DISEASES, THUS HELPING THEM TO UNDERSTAND THAT MULTIPLE

AUTOIMMUNE DISEASES CAN RUN IN FAMILIES. THIS PROGRAM IS OFFERED TO

SCHOOLS AT NO CHARGE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: AUTOIMMUNE DISEASE-SPECIFIC GROUPS WHICH COLLABORATES IN CO-SPONSORING CONGRESSIONAL BRIEFINGS AND OTHER EDUCATIONAL AND ADVOCACY PROGRAMS. ALSO FUNCTIONING AS AWARENESS, ADVOCACY, AND EDUCATION OPPORTUNITIES ARE TWO MAJOR FUNDRAISING EVENTS: THE ACROSS-THE-COUNTRY AUTOIMMUNE WALK PROGRAM, "LINKED TOGETHER FOR A CURE"; AND THE ANNUAL NATIONAL FUND RAISER, "BOUND BY A COMMON THREAD."

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2017)

 732211 09-07-17
 10

49

Schedule O (Form 990 or 9	990-EZ) (2017)				Page 2
Name of the organization	AMERICAN	AUTOIMMUNE	RELATED	DISEASES	Employer identification number
	ASSOCIATI	ION			38-3027574

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

RESEARCHERS. A MAJOR GOAL WAS MET IN THE NEW COLLABORATIVE PARTNERSHIP

WITH THE ALLEGHENY HEALTH NETWORK AUTOIMMUNITY INSTITUTE. KYLE

MARCELLI, INTERNATIONALLY KNOWN RACE CAR DRIVER, HAS BEEN ENGAGED AS A

NATIONAL AMBASSADOR TO GAIN AWARENESS FOR THIS AFFILIATION WHICH OFFERS

MULTIDISCIPLINARY PATIENT CARE AND AUTOIMMUNE RESEARCH. AMERICAN

AUTOIMMUNE RELATED DISEASES ASSOCIATION INC. IS CONTRIBUTING SEED FUNDS

TO INITIATE A STUDY ON THE COSTS OF AUTOIMMUNE DISEASE AND THE

OBTAINING OF A DIAGNOSIS.

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

THE FORM 990 IS GIVEN TO ALL BOARD MEMBERS FOR THEIR REVIEW PRIOR TO THE

FILING OF THE ORGANIZATION'S FORM IN COMPLIANCE WITH THE ORGANIZATION'S

POLICIES.

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

BOARD MEMBERS AS WELL AS EMPLOYEES ANNUALLY SIGN WRITTEN DISCLOSURES

REGARDING THEIR KNOWLEDGE OF ANY CONFLICTS OF INTEREST.

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

AN EXECUTIVE EVALUATION AND COMPENSATION COMMITTEE, MEMBERS OF WHICH DO NOT

HAVE A CONFLICT OF INTEREST, HAS BEEN DELEGATED FOR THE REVIEW AND

EVALUATION OF THE COMPENSATION OF THE PRESIDENT. COMPARABLE POSITIONS AT

SIMILARLY SITUATED NON-PROFIT ORGANIZATIONS ARE EVALUATED AND THE COMMITTEE

ESTABLISHED AN OVERALL STRATEGY FOR THE COMPENSATION OF THE PRESIDENT.

	FORM 990,	PART VI	, LINE 17,	LIST (OF STATES	RECEIVING	COPY OF	F FORM 9	990:
--	-----------	---------	------------	--------	-----------	-----------	---------	----------	------

50

732212 09-07-17

Schedule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990-EZ) (2017) Name of the organization AMERICAN AUTOIMMUNE RELATED DISEASES	Page Employer identification number
ASSOCIATION	38-3027574
MI, CA, CT, FL, IL, MD, MO, NY, PA, TX, VA, WA, WI	
FORM 990, PART VI, SECTION C, LINE 19:	
AVAILABLE UPON REQUEST	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	246,556.
MANAGEMENT AND GENERAL EXPENSES	307.
FUNDRAISING EXPENSES	3,688.
TOTAL EXPENSES	250,551.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	250,551.
732212 09-07-17 Sc 51	hedule O (Form 990 or 990-EZ) (20

17330515 131861 02060.000