

Patterson & Company CPAs PLLC
2297 Lexington Road Suite 102
Louisville, KY 40206-2818
502-276-0956

May 17, 2018

CONFIDENTIAL

BLUEGRASS CENTER FOR AUTISM, INC.
1250 Bardstown Road, Suite 15
Louisville, KY 40204

Dear :

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your federal and state exempt organization returns from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks and other data that form the basis of these returns. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your tax returns does not include any procedures designed to discover defalcations and/or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the tax returns.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, please inform us by noting so at the end of the return copy of this letter.

We want to express our appreciation for this opportunity to work with you.

Very truly yours,

Patterson & Company CPAs PLLC

Accepted By: _____

Date: _____

Critical Messages

None

Electronic Filing

None

Informational Messages

- Force field entered with data "1,200.00" on Screen Letter
- Force field entered with data "38,110" on Screen Exp-2
- Data accepted via Datasharing review and verify
- Books in Care of is using officer marked in the officer window; Organization phone number is used for contact
- Return does not qualify for electronic signature for the following reasons:
 - Officer social security number is missing
 - Form 990, Part X, line 27 end of year unrestricted net asset balance is calculated
 - Default tax-exempt status is 501(c)(3)
 - Preparer 'ROBERT W PATTERSON JR CPA', Reviewer 'BOB PATTERSON'

Missing Data

	Prior Year Data
Income, Analysis of Activities, Additional Information	
<input type="checkbox"/> Gov't contributions-cash	15,000
Governance, Management, and Disclosure	
<input type="checkbox"/> Copy provided to members	X
General Options, Prior Year Revenue and Expenses, Penalties	
<input type="checkbox"/> Prior year investment rev	124
<input type="checkbox"/> Number of volunteers	34
Functional Expenses Continued	
<input type="checkbox"/> Other exp F/R	319
Fundraising or Gaming Activities	
<input type="checkbox"/> Gaming with nonmembers	X
<input type="checkbox"/> Charitable gaming member	X
Balance Sheet - Liabilities and Equity	
<input type="checkbox"/> Temporarily restricted - BOY	13,891
<input type="checkbox"/> Other liabilities - EOY	30,000

Tick Data

Input Screen	Current Value	Prior (Ticked) Value	Difference
<input type="checkbox"/> ✓Screen Bal-2 - Not compiled or reviewed	2	1	

Forms 990 / 990-EZ Return Summary

For calendar year 2016, or tax year beginning **07/01/16** , and ending **06/30/17**

27-2279128

BLUEGRASS CENTER FOR AUTISM, INC.

Net Asset / Fund Balance at Beginning of Year		<u>190,537</u>
Revenue		
Contributions	<u>485,179</u>	
Program service revenue	<u>1,893,992</u>	
Investment income	<u> </u>	
Capital gain / loss	<u> </u>	
Fundraising / Gaming:		
Gross revenue	<u>146,752</u>	
Direct expenses	<u>33,222</u>	
Net income	<u>113,530</u>	
Other income	<u>0</u>	
Total revenue		<u>2,492,701</u>
Expenses		
Program services	<u>1,821,121</u>	
Management and general	<u>274,514</u>	
Fundraising	<u>47,847</u>	
Total expenses		<u>2,143,482</u>
Excess / (deficit)		<u>349,219</u>
Changes		<u> </u>
Net Asset / Fund Balance at End of Year		<u><u>539,756</u></u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>2,492,701</u>
Less:	
Unrealized gains	<u> </u>
Donated services	<u> </u>
Recoveries	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total revenue per return	<u><u>2,492,701</u></u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>2,143,482</u>
Less:	
Donated services	<u> </u>
Prior year adjustments	<u> </u>
Losses	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total expenses per return	<u><u>2,143,482</u></u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>317,148</u>	<u>647,134</u>	
Liabilities	<u>126,611</u>	<u>107,378</u>	
Net assets	<u><u>190,537</u></u>	<u><u>539,756</u></u>	<u><u>349,219</u></u>

Miscellaneous Information

Amended return _____
 Return / extended due date **05/15/18**
 Failure to file penalty _____

**Patterson & Company CPAs PLLC
2297 Lexington Road Suite 102
Louisville, KY 40206-2818
502-276-0956**

May 17, 2018

CONFIDENTIAL

BLUEGRASS CENTER FOR AUTISM, INC.
1250 Bardstown Road, Suite 15
Louisville, KY 40204

Dear :

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Patterson & Company CPAs PLLC

Filing Instructions

BLUEGRASS CENTER FOR AUTISM, INC.

Exempt Organization Tax Return

Taxable Year Ended June 30, 2017

Date Due: AS SOON AS POSSIBLE

Remittance: None is required. Your Form 990 for the tax year ended 6/30/17 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Sign the IRS e-file Authorization and mail it as soon as possible to:

Patterson & Company CPAs PLLC
2297 Lexington Road Suite 102
Louisville, KY 40206-2818

Other: Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing of your return.

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Form 8879-EO

For calendar year 2016, or fiscal year beginning 7/01, 2016, and ending 6/30, 2017

2016

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Name of exempt organization

BLUEGRASS CENTER FOR AUTISM, INC.

Employer identification number

27-2279128

Name and title of officer

PAUL KICHLER EXECUTIVE DIRECTOR

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

Table with 5 rows: 1a Form 990 check here, 2a Form 990-EZ check here, 3a Form 1120-POL check here, 4a Form 990-PF check here, 5a Form 8868 check here. Columns include checkboxes, descriptions, and amounts (e.g., 2,492,701).

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize PATTERSON & COMPANY CPAS PLLC to enter my PIN 40205 as my signature. Enter five numbers, but do not enter all zeros.

on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature }

Date } 05/14/18

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

61564940204

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } ROBERT W PATTERSON JR CPA

Date } 05/14/18

ERO Must Retain This Form — See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2016)

Form **990**

Department of the Treasury
Internal Revenue Service

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

u Do not enter social security numbers on this form as it may be made public.
u Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07/01/16, and ending 06/30/17

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
BLUEGRASS CENTER FOR AUTISM, INC.

Doing business as **BLUEGRASS CENTER FOR AUTISM INC**

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1250 BARDSTOWN ROAD, SUITE 15

City or town, state or province, country, and ZIP or foreign postal code
LOUISVILLE KY 40204

D Employer identification number
27-2279128

E Telephone number
502-473-7219

G Gross receipts \$ **2,525,923**

F Name and address of principal officer:
PAUL KICHLER
1250 BARDSTOWN RD
LOUISVILLE KY 40205

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () **t** (insert no.) 4947(a)(1) or 527

J Website: **u WWW.BLUEGRASSCENTERFORAUTISM.ORG**

H(c) Group exemption number **u**

L Year of formation: **2010** **M** State of legal domicile: **KY**

K Form of organization: Corporation Trust Association Other **u**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> u if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	202
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	549,328	485,179
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,253,403	1,893,992
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	73,400	113,530
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,876,131	2,492,701
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,492,119	1,734,782
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) u 47,847		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	398,373	408,700
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,890,492	2,143,482	
19 Revenue less expenses. Subtract line 18 from line 12	-14,361	349,219	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	317,148	647,134
	22 Net assets or fund balances. Subtract line 21 from line 20	126,611	107,378
		190,537	539,756

Part II Signature Block

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

Sign Here

Signature of officer: **PAUL KICHLER** Date: **EXECUTIVE DIRECTOR**

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **ROBERT W PATTERSON JR CPA** Preparer's signature: **ROBERT W PATTERSON JR CPA** Date: **05/14/18** Check if self-employed PTIN: **P01460765**

Firm's name: **PATTERSON & COMPANY CPAS PLLC** Firm's EIN: **27-5255182**

Firm's address: **2297 LEXINGTON ROAD SUITE 102 LOUISVILLE, KY 40206-2818** Phone no.: **502-276-0956**

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE MISSION OF THE BLUEGRASS CENTER FOR AUTISM IS TO PREPARE CHILDREN WITH AUTISM AND OTHER RELATED DISABILITIES ACADEMICALLY & PERSONALLY TO SUCCESSFULLY TRANSITION INTO THE ADULT WORLD.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$)
EDUCATION PROGRAM - OUR EDUCATIONAL PROGRAM FOCUSES ON THE KEY AREAS OF

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ **1,821,121** including grants of \$) (Revenue \$ **1,893,992**)

4e Total program service expenses **u 1,821,121**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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>		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>		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>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		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>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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 "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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 "Yes," complete Schedule G, Part I</i> (see instructions)		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules *(continued)*

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</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.	X	

Part 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

Input box for Schedule O

Table with columns for question number, question text, sub-column (1a-1b, 2a-2b, etc.), Yes, and No. Contains questions 1a through 14b regarding Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 501(c)(7), Form 501(c)(12), Form 4947(a)(1), and Form 501(c)(29).

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
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official		X
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u** **KY**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **u**
PAUL KICHLER **1250 BARDSTOWN RD**
LOUISVILLE **KY 40205** **502-473-7219**

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.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RACHEL BARR	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(2) JOSEPH CONELY	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(3) BRIAN DURBIN	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(4) MATT FREY	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(5) STEVE HUESTON	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(6) SAM JACKSON	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(7) JOANN JOLGREN	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(8) FOSTER MCCARL	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(9) DAVID METTS	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(10) MARGI SCHINDLER	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(11) TODD TRIPPLET	0.00									
BOARD MEMBER	0.00	X					0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) GENNY WENTA	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(13) BEN BYRNE	0.00									
PRESIDENT	0.00			X			0	0	0	
(14) ANNE GREGORY	0.00									
TREASURER	0.00			X			0	0	0	
(15) PAUL KICHLER	40.00									
EXECUTIVE DIRECTOR	0.00			X			74,723	0	0	
(16) LAURA LANDENWICH	0.00									
SECRETARY	0.00			X			0	0	0	
1b Sub-total							74,723			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							74,723			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u 0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u 0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line 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	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 485,179				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f	u 485,179				
Program Service Revenue	2a TUITION	Busn. Code 611600	1,893,992	1,893,992		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	u 1,893,992				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u				
	4 Income from investment of tax-exempt bond proceeds	u				
	5 Royalties	u				
	6a Gross rents	(i) Real				
		(ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)	u				
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)					
	d Net gain or (loss)	u				
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a 146,752				
		b Less: direct expenses	b 33,222			
c Net income or (loss) from fundraising events		u 113,530			17,398	
9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	u				
10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	u				
Miscellaneous Revenue		Busn. Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d	u					
12 Total revenue. See instructions.	u 2,492,701	1,893,992	0	17,398		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	1,550,676	1,372,412	137,202	41,062
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	47,289	41,853	4,184	1,252
10 Payroll taxes	136,817	121,089	12,105	3,623
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	1,645		1,645	
13 Office expenses	36,034		36,034	
14 Information technology				
15 Royalties				
16 Occupancy	243,090	237,360	3,820	1,910
17 Travel	337		337	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	941		941	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	38,110	19,055	19,055	
23 Insurance	14,421		14,421	
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 O.)				
a CONTRACT SERVICES	40,493	15,870	24,623	
b CLASSROOM & STUDENT EXP	10,836	10,836		
c REPAIRS & MAINTENANCE	9,786		9,786	
d TELEPHONE	5,299		5,299	
e All other expenses	7,708	2,646	5,062	
25 Total functional expenses. Add lines 1 through 24e	2,143,482	1,821,121	274,514	47,847
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	19,759	1	110,808
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	140,253	4	336,179
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	4,685	9	4,685
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 377,085		
	b	Less: accumulated depreciation	10b 181,623	10c 152,451	195,462
	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 line 34)	317,148	16	647,134	
Liabilities	17	Accounts payable and accrued expenses	61,361	17	60,800
	18	Grants payable		18	
	19	Deferred revenue	35,250	19	46,578
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	30,000	25	
	26	Total liabilities. Add lines 17 through 25	126,611	26	107,378
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	190,537	27	539,756
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	190,537	33	539,756	
34	Total liabilities and net assets/fund balances	317,148	34	647,134	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,492,701
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,143,482
3	Revenue less expenses. Subtract line 2 from line 1	3	349,219
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	190,537
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	539,756

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2016

Open to Public Inspection

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

u Attach to Form 990 or Form 990-EZ.

u Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization

BLUEGRASS CENTER FOR AUTISM, INC.

Employer identification number

27-2279128

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	467,244	555,573	462,363	549,328	485,179	2,519,687
2 Tax revenues levied for the organization'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	467,244	555,573	462,363	549,328	485,179	2,519,687
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						2,519,687

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	467,244	555,573	462,363	549,328	485,179	2,519,687
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	224	125	124			473
9 Net income from unrelated business activities, whether or not the business is regularly carried on			55,291	73,400	113,530	242,221
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						2,762,381

12 Gross receipts from related activities, etc. (see instructions) 12 2,020,846

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	91.21 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	94.67 %

16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2015.** 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%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	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?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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.</i>		
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? <i>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.</i>		

Section 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section 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 organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	<i>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</i>		
a	<input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c	<input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2	Activities Test. <i>Answer (a) and (b) below.</i>		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

1 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 other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
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	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

u Attach to Form 990, Form 990-EZ, or Form 990-PF.

u Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization

Employer identification number

BLUEGRASS CENTER FOR AUTISM, INC.

27-2279128

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization

BLUEGRASS CENTER FOR AUTISM, INC.

Employer identification number

27-2279128

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WHAS CRUSADE FOR CHILDREN 520 W CHESTNUT ST LOUISVILLE KY 40202	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	KOSAIR CHARITIES 982 EASTERN PARKWAY LOUISVILLE KY 40217	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	DREAM FOUNDATION 8216 LIMEHOUSE LN LOUISVILLE KY 40220	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	CARRIAGE HOUSE 13101 EASTPOINT PARK BLVD LOUISVILLE KY 40223	\$ 10,235	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	GHEENS FOUNDATION INC 401 W MAIN ST. #705 LOUISVILLE KY 40202	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	WOOSLEY FOUNDATION 239 S. 5TH STREET STE 900 LOUISVILLE KY 40202	\$ 19,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

u Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

BLUEGRASS CENTER FOR AUTISM, INC.

Employer identification number

27-2279128

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number, acreage, and monitoring details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **u**
 - b** Permanent endowment **u**
 - c** Temporarily restricted endowment **u**
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment			181,623	-181,623
e Other		377,085		377,085
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) u				195,462

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. (Column (b) must equal Form 990, Part X, col. (B) line 12.) u		

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. (Column (b) must equal Form 990, Part X, col. (B) line 13.) u		

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.) u	

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.) u		

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

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Schools

u Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
u Attach to Form 990 or Form 990-EZ.

u Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

BLUEGRASS CENTER FOR AUTISM, INC.

Employer identification number

27-2279128

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	<input checked="" type="checkbox"/>	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	<input checked="" type="checkbox"/>	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II OUR NON-DISCRIMINATION POLICY WAS PUBLISHED IN THE LOUISVILLE NEWSPAPER - THE COURIER JOURNAL.	<input checked="" type="checkbox"/>	
4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff?	<input checked="" type="checkbox"/>	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<input checked="" type="checkbox"/>	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<input checked="" type="checkbox"/>	
d Copies of all material used by the organization or on its behalf to solicit contributions?	<input checked="" type="checkbox"/>	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.		
5 Does the organization discriminate by race in any way with respect to: a Students' rights or privileges?		<input checked="" type="checkbox"/>
b Admissions policies?		<input checked="" type="checkbox"/>
c Employment of faculty or administrative staff?		<input checked="" type="checkbox"/>
d Scholarships or other financial assistance?		<input checked="" type="checkbox"/>
e Educational policies?		<input checked="" type="checkbox"/>
f Use of facilities?		<input checked="" type="checkbox"/>
g Athletic programs?		<input checked="" type="checkbox"/>
h Other extracurricular activities?		<input checked="" type="checkbox"/>
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		
6a Does the organization receive any financial aid or assistance from a governmental agency?		<input checked="" type="checkbox"/>
b Has the organization's right to such aid ever been revoked or suspended?		<input checked="" type="checkbox"/>
If you answered "Yes" on either line 6a or line 6b, explain on Part II.		
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	<input checked="" type="checkbox"/>	

**SCHEDULE G
(Form 990 or 990-EZ)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

U Attach to Form 990 or Form 990-EZ.

U Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

BLUEGRASS CENTER FOR AUTISM, INC.

Employer identification number

27-2279128

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>PUZZABILITIES F</u> (event type)	<u>BBB FUNDRAISER</u> (event type)	<u>NONE</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	126,854	19,898	146,752
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	126,854	19,898	146,752
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	30,722	2,500	33,222
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				113,530

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain:

SCHEDULE O
(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or 990-EZ.

u Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

BLUEGRASS CENTER FOR AUTISM, INC.

Employer identification number

27-2279128

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES

STUDENT-SPECIFIC STUDY PROGRAM TO HELP CHILDREN WITH DEVELOPMENTAL DISABILITES TRANSITION SUCCESSFULLY INTO THE ADULT WORLD. WORKING COOPERATIVELY WITH FAMILIES, BLUEGRASS ASPIRES TO REMEDIATE DEFICITS AND STRENGTHEN ABILITIES IN THE CRITICAL AREAS OF COMMUNICATION, SOCIAL INTERACTION, EMOTIONAL REGULATION AND ACADEMIC ACCOMPLISHMENT.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT

EDUCATION PROGRAM - OUR EDUCATIONAL PROGRAM FOCUSES ON THE KEY AREAS OF COMMUNICATION, SOCIALIZATION, SELF-REGULATION, AND ACADEMICS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE FINANCE COMMITTEE REVIEWS AND PRESENTS TO THE BOARD PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

BOARD MEMBERS SELF REPORT ANY CONFLICT OF INTEREST AND ARE EXLUDED FROM DISCUSSIONS AND VOTING WITH MATTERS THAT CONFLICT.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION UPON REQUEST.

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2016

Department of the Treasury
Internal Revenue Service (99)

u Attach to your tax return.
u Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Attachment Sequence No. **179**

Name(s) shown on return

BLUEGRASS CENTER FOR AUTISM, INC.

Identifying number
27-2279128

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,010,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2015 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	24,925

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2016	17	10,461
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/> u <input type="checkbox"/>		

Section B—Assets Placed in Service During 2016 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		81,122	5.0	HY	200DB	16,225
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	51,611
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2016)

Year Ended: June 30, 2017

27-2279128

BLUEGRASS CENTER FOR AUTISM, INC.
1250 Bardstown Road, Suite 15
Louisville, KY 40204

**Electing out of Bonus Depreciation Allowance for
All Eligible Depreciable Property**

The above named taxpayer elects out of the first-year bonus depreciation allowance under IRC Section 168(k)(7) for all eligible depreciable property placed in service during the tax year.

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv Meth	Prior	Current
5-year GDS Property:										
71	Countryside Play Structures	9/01/16	41,738				41,738	5 HY 200DB	0	8,348
72	Countryside Play Structures	10/01/16	39,384				39,384	5 HY 200DB	0	7,877
			<u>81,122</u>				<u>81,122</u>		<u>0</u>	<u>16,225</u>
Prior MACRS:										
69	Countryside Play Structure	12/08/15	37,036				37,036	7 HY 200DB	2,062	9,993
70	Technology Hardware	10/30/15	1,461				1,461	5 HY 200DB	292	468
			<u>38,497</u>				<u>38,497</u>		<u>2,354</u>	<u>10,461</u>
Other Depreciation:										
1	Computer	6/26/10	1,000				1,000	5 MO S/L	1,000	0
2	Phone System	6/28/10	3,539				3,539	5 MO S/L	3,539	0
3	Printer	8/17/10	955				955	5 MO S/L	955	0
4	Apple Computers	8/18/10	5,593				5,593	5 MO S/L	5,593	0
5	Apple Computers	9/07/10	2,314				2,314	5 MO S/L	2,314	0
6	Apple Computers	11/17/10	2,735				2,735	5 MO S/L	2,735	0
7	Projector	2/14/11	650				650	5 MO S/L	650	0
8	Furniture	5/28/10	3,736				3,736	7 MO S/L	3,234	502
9	Whiteboards	8/27/10	1,306				1,306	7 MO S/L	1,088	187
10	Furniture & Equipment	12/31/10	3,809				3,809	7 MO S/L	2,993	544
11	Leasehold Improvements	5/11/11	2,261				2,261	20 MO S/L	584	113
12	Furniture for Classroom	4/06/12	3,840				3,840	7 MO S/L	2,331	549
13	Reception desk & chair	5/29/12	2,385				2,385	7 MO S/L	1,391	341
14	Classroom chairs	5/31/12	2,703				2,703	7 MO S/L	1,577	386
15	Refrigerator	5/31/12	1,608				1,608	7 MO S/L	938	230
16	Wall Oven	5/31/12	1,753				1,753	7 MO S/L	1,023	250
17	Classroom furniture	6/01/12	1,434				1,434	7 MO S/L	836	205
18	Classroom furniture	6/06/12	1,236				1,236	7 MO S/L	721	177
19	Desk & Cabinets	3/16/12	1,450				1,450	7 MO S/L	880	207
20	Door Improvements	3/23/12	700				700	20 MO S/L	149	35
21	Drywall & Frame wall	5/01/12	4,110				4,110	20 MO S/L	856	206
22	Carpet	6/13/12	2,900				2,900	20 MO S/L	592	145
23	4 Mac Computers	7/29/11	5,711				5,711	5 MO S/L	5,616	95
24	Macbook	8/04/11	1,276				1,276	5 MO S/L	1,255	21
25	Smartboard	9/12/11	1,076				1,076	5 MO S/L	1,040	36
26	Macbook	3/01/12	1,580				1,580	5 MO S/L	1,369	211
27	Smartboards	6/28/12	9,758				9,758	5 MO S/L	7,807	1,951
28	Cabinets & Countertops	6/06/12	2,900				2,900	20 MO S/L	592	145
29	Used 2002 Ford Van	8/19/11	22,309				22,309	5 MO S/L	21,565	744
30	Smartboards	9/12/11	7,888				7,888	5 MO S/L	7,715	173
31	Smartboards	11/10/11	3,834				3,834	5 MO S/L	3,578	256
32	Vehicle logo wrap	1/13/12	2,600				2,600	5 MO S/L	2,340	260
33	Kitchen remodel	7/15/11	13,218				13,218	20 MO S/L	3,305	660
34	Website Design	5/22/12	5,000				5,000	5 MO S/L	4,083	917
35	Security System	8/01/12	8,988				8,988	10 MO S/L	3,520	899
36	Carpet/Flooring	8/01/12	23,745				23,745	20 MO S/L	4,650	1,187
37	Painting	8/01/12	727				727	3 MO S/L	727	0
38	Window Tint	8/01/12	2,417				2,417	20 MO S/L	473	121
39	Sink	8/01/12	445				445	20 MO S/L	87	22
40	Torginol	11/16/12	574				574	20 MO S/L	103	29
41	Software	7/08/12	676				676	3 MO S/L	676	0
42	Apple Computers	9/01/12	1,199				1,199	5 MO S/L	919	240
43	Banner Laminator	9/29/12	1,500				1,500	5 MO S/L	1,125	300
44	TV	12/30/12	545				545	5 MO S/L	382	109
45	iPads	1/07/13	1,566				1,566	5 MO S/L	1,096	313
46	iPads	4/07/13	3,552				3,552	5 MO S/L	2,309	710
47	Refrigerators	7/08/12	544				544	7 MO S/L	311	77
48	Furniture - IKEA	8/01/12	4,726				4,726	7 MO S/L	2,644	675
49	Furniture - CY Max	8/01/12	495				495	7 MO S/L	277	71
50	Smartboard Installation	12/31/12	1,230				1,230	7 MO S/L	615	176
51	Remodeling	8/01/12	4,259				4,259	20 MO S/L	834	213
52	XBox 360	1/07/13	424				424	5 MO S/L	297	85
53	3 Apple Computers	8/31/12	3,749				3,749	5 MO S/L	2,874	750
54	Software	2/04/13	1,272				1,272	3 MO S/L	1,272	0
55	Bookcase - Pediatric Therapy Ctr	7/22/13	10,000				10,000	7 MO S/L	4,167	1,428

Federal Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
56	Whiteboard	8/22/13	541			541	7 MO S/L	219	77
57	Dishwasher	9/04/13	577			577	7 MO S/L	234	82
58	3 Computers	9/09/13	3,974			3,974	5 MO S/L	2,252	795
59	4 Mac Computers	6/25/14	6,156			6,156	5 MO S/L	2,462	1,232
60	Range	9/04/13	582			582	7 MO S/L	236	83
61	6 Shapemaster (multi-func mach)	8/15/14	25,000			25,000	7 MO S/L	6,845	3,572
62	LHI - East Campus	8/15/14	6,023			6,023	20 MO S/L	577	301
63	Windows (East)	8/18/14	1,218			1,218	20 MO S/L	112	61
64	Mirazon Group (East)	4/23/15	3,647			3,647	20 MO S/L	213	182
65	Apple Computer MBP 13.3	6/17/15	1,234			1,234	5 MO S/L	247	247
66	MacAuthority (2 Apple Comp)	7/02/14	2,937			2,937	5 MO S/L	1,175	587
67	FEAT of Louisville	12/05/14	1,229			1,229	5 MO S/L	389	246
68	Apple Computer	4/23/15	2,548			2,548	5 MO S/L	595	509
Total Other Depreciation			<u>257,466</u>			<u>257,466</u>		<u>141,158</u>	<u>24,925</u>
Total ACRS and Other Depreciation			<u>257,466</u>			<u>257,466</u>		<u>141,158</u>	<u>24,925</u>
Grand Totals			377,085			377,085		143,512	51,611
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>377,085</u>			<u>377,085</u>		<u>143,512</u>	<u>51,611</u>

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
5-year GDS Property:									
71	Countryside Play Structures	9/01/16	41,738			41,738	5 HY 200DB	0	8,348
72	Countryside Play Structures	10/01/16	39,384			39,384	5 HY 200DB	0	7,877
			<u>81,122</u>			<u>81,122</u>		<u>0</u>	<u>16,225</u>
Prior MACRS:									
69	Countryside Play Structure	12/08/15	37,036			37,036	7 HY 150DB	2,062	7,494
70	Technology Hardware	10/30/15	1,461			1,461	5 HY 150DB	219	373
			<u>38,497</u>			<u>38,497</u>		<u>2,281</u>	<u>7,867</u>
Other Depreciation:									
1	Computer	6/26/10	0			0	0 HY	0	0
2	Phone System	6/28/10	0			0	0 HY	0	0
3	Printer	8/17/10	0			0	0 HY	0	0
4	Apple Computers	8/18/10	0			0	0 HY	0	0
5	Apple Computers	9/07/10	0			0	0 HY	0	0
6	Apple Computers	11/17/10	0			0	0 HY	0	0
7	Projector	2/14/11	0			0	0 HY	0	0
8	Furniture	5/28/10	0			0	0 HY	0	0
9	Whiteboards	8/27/10	0			0	0 HY	0	0
10	Furniture & Equipment	12/31/10	0			0	0 HY	0	0
11	Leasehold Improvements	5/11/11	0			0	0 HY	0	0
12	Furniture for Classroom	4/06/12	0			0	0 HY	0	0
13	Reception desk & chair	5/29/12	0			0	0 HY	0	0
14	Classroom chairs	5/31/12	0			0	0 HY	0	0
15	Refrigerator	5/31/12	0			0	0 HY	0	0
16	Wall Oven	5/31/12	0			0	0 HY	0	0
17	Classroom furniture	6/01/12	0			0	0 HY	0	0
18	Classroom furniture	6/06/12	0			0	0 HY	0	0
19	Desk & Cabinets	3/16/12	0			0	0 HY	0	0
20	Door Improvements	3/23/12	0			0	0 HY	0	0
21	Drywall & Frame wall	5/01/12	0			0	0 HY	0	0
22	Carpet	6/13/12	0			0	0 HY	0	0
23	4 Mac Computers	7/29/11	0			0	0 HY	0	0
24	Macbook	8/04/11	0			0	0 HY	0	0
25	Smartboard	9/12/11	0			0	0 HY	0	0
26	Macbook	3/01/12	0			0	0 HY	0	0
27	Smartboards	6/28/12	0			0	0 HY	0	0
28	Cabinets & Countertops	6/06/12	0			0	0 HY	0	0
29	Used 2002 Ford Van	8/19/11	0			0	0 HY	0	0
30	Smartboards	9/12/11	0			0	0 HY	0	0
31	Smartboards	11/10/11	0			0	0 HY	0	0
32	Vehicle logo wrap	1/13/12	0			0	0 HY	0	0
33	Kitchen remodel	7/15/11	0			0	0 HY	0	0
34	Website Design	5/22/12	0			0	0 HY	0	0
35	Security System	8/01/12	0			0	0 HY	0	0
36	Carpet/Flooring	8/01/12	0			0	0 HY	0	0
37	Painting	8/01/12	0			0	0 HY	0	0
38	Window Tint	8/01/12	0			0	0 HY	0	0
39	Sink	8/01/12	0			0	0 HY	0	0
40	Torginol	11/16/12	0			0	0 HY	0	0
41	Software	7/08/12	0			0	0 HY	0	0
42	Apple Computers	9/01/12	0			0	0 HY	0	0
43	Banner Laminator	9/29/12	0			0	0 HY	0	0
44	TV	12/30/12	0			0	0 HY	0	0
45	iPads	1/07/13	0			0	0 HY	0	0
46	iPads	4/07/13	0			0	0 HY	0	0
47	Refrigerators	7/08/12	0			0	0 HY	0	0
48	Furniture - IKEA	8/01/12	0			0	0 HY	0	0
49	Furniture - CY Max	8/01/12	0			0	0 HY	0	0
50	Smartboard Installation	12/31/12	0			0	0 HY	0	0
51	Remodeling	8/01/12	0			0	0 HY	0	0
52	XBox 360	1/07/13	0			0	0 HY	0	0
53	3 Apple Computers	8/31/12	0			0	0 HY	0	0
54	Software	2/04/13	0			0	0 HY	0	0
55	Bookcase - Pediatric Therapy Ctr	7/22/13	0			0	0 HY	0	0

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
56	Whiteboard	8/22/13	0			0	0 HY	0	0
57	Dishwasher	9/04/13	0			0	0 HY	0	0
58	3 Computers	9/09/13	0			0	0 HY	0	0
59	4 Mac Computers	6/25/14	0			0	0 HY	0	0
60	Range	9/04/13	0			0	0 HY	0	0
61	6 Shapemaster (multi-func mach)	8/15/14	0			0	0 HY	0	0
62	LHI - East Campus	8/15/14	0			0	0 HY	0	0
63	Windows (East)	8/18/14	0			0	0 HY	0	0
64	Mirazon Group (East)	4/23/15	0			0	0 HY	0	0
65	Apple Computer MBP 13.3	6/17/15	0			0	0 HY	0	0
66	MacAuthority (2 Apple Comp)	7/02/14	0			0	0 HY	0	0
67	FEAT of Louisville	12/05/14	0			0	0 HY	0	0
68	Apple Computer	4/23/15	0			0	0 HY	0	0
Total Other Depreciation			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
Grand Totals			119,619			119,619		2,281	24,092
Less: Dispositions and Transfers			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
Net Grand Totals			<u>119,619</u>			<u>119,619</u>		<u>2,281</u>	<u>24,092</u>

Bonus Depreciation Report

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity: Form 990, Page 1								
69	Countryside Play Structure	12/08/15	37,036		0	0	0	37,036
		Form 990, Page 1	<u>37,036</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>37,036</u>
		Grand Total	<u>37,036</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>37,036</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
MACRS Adjustments:						
Page 1	1	69	Countryside Play Structure	9,993	7,494	2,499
Page 1	1	70	Technology Hardware	468	373	95
Page 1	1	71	Countryside Play Structures	8,348	8,348	0
Page 1	1	72	Countryside Play Structures	7,877	7,877	0
				<u>26,686</u>	<u>24,092</u>	<u>2,594</u>

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
69	Countryside Play Structure	12/08/15	37,036	7,137	5,889
70	Technology Hardware	10/30/15	1,461	280	260
71	Countryside Play Structures	9/01/16	41,738	13,356	13,356
72	Countryside Play Structures	10/01/16	39,384	12,603	12,603
			<u>119,619</u>	<u>33,376</u>	<u>32,108</u>

Other Depreciation:

1	Computer	6/26/10	1,000	0	0
2	Phone System	6/28/10	3,539	0	0
3	Printer	8/17/10	955	0	0
4	Apple Computers	8/18/10	5,593	0	0
5	Apple Computers	9/07/10	2,314	0	0
6	Apple Computers	11/17/10	2,735	0	0
7	Projector	2/14/11	650	0	0
8	Furniture	5/28/10	3,736	0	0
9	Whiteboards	8/27/10	1,306	31	0
10	Furniture & Equipment	12/31/10	3,809	272	0
11	Leasehold Improvements	5/11/11	2,261	113	0
12	Furniture for Classroom	4/06/12	3,840	548	0
13	Reception desk & chair	5/29/12	2,385	340	0
14	Classroom chairs	5/31/12	2,703	386	0
15	Refrigerator	5/31/12	1,608	230	0
16	Wall Oven	5/31/12	1,753	251	0
17	Classroom furniture	6/01/12	1,434	205	0
18	Classroom furniture	6/06/12	1,236	176	0
19	Desk & Cabinets	3/16/12	1,450	208	0
20	Door Improvements	3/23/12	700	35	0
21	Drywall & Frame wall	5/01/12	4,110	205	0
22	Carpet	6/13/12	2,900	145	0
23	4 Mac Computers	7/29/11	5,711	0	0
24	Macbook	8/04/11	1,276	0	0
25	Smartboard	9/12/11	1,076	0	0
26	Macbook	3/01/12	1,580	0	0
27	Smartboards	6/28/12	9,758	0	0
28	Cabinets & Countertops	6/06/12	2,900	145	0
29	Used 2002 Ford Van	8/19/11	22,309	0	0
30	Smartboards	9/12/11	7,888	0	0
31	Smartboards	11/10/11	3,834	0	0
32	Vehicle logo wrap	1/13/12	2,600	0	0
33	Kitchen remodel	7/15/11	13,218	661	0
34	Website Design	5/22/12	5,000	0	0
35	Security System	8/01/12	8,988	899	0
36	Carpet/Flooring	8/01/12	23,745	1,188	0
37	Painting	8/01/12	727	0	0
38	Window Tint	8/01/12	2,417	121	0
39	Sink	8/01/12	445	23	0
40	Torginol	11/16/12	574	28	0
41	Software	7/08/12	676	0	0
42	Apple Computers	9/01/12	1,199	40	0
43	Banner Laminator	9/29/12	1,500	75	0
44	TV	12/30/12	545	54	0
45	iPads	1/07/13	1,566	157	0
46	iPads	4/07/13	3,552	533	0
47	Refrigerators	7/08/12	544	78	0
48	Furniture - IKEA	8/01/12	4,726	675	0
49	Furniture - CY Max	8/01/12	495	70	0
50	Smartboard Installation	12/31/12	1,230	175	0
51	Remodeling	8/01/12	4,259	213	0
52	XBox 360	1/07/13	424	42	0
53	3 Apple Computers	8/31/12	3,749	125	0
54	Software	2/04/13	1,272	0	0
55	Bookcase - Pediatric Therapy Ctr	7/22/13	10,000	1,429	0
56	Whiteboard	8/22/13	541	77	0
57	Dishwasher	9/04/13	577	83	0

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
58	3 Computers	9/09/13	3,974	795	0
59	4 Mac Computers	6/25/14	6,156	1,231	0
60	Range	9/04/13	582	83	0
61	6 Shapemaster (multi-func mach)	8/15/14	25,000	3,571	0
62	LHI - East Campus	8/15/14	6,023	301	0
63	Windows (East)	8/18/14	1,218	60	0
64	Mirazon Group (East)	4/23/15	3,647	182	0
65	Apple Computer MBP 13.3	6/17/15	1,234	246	0
66	MacAuthority (2 Apple Comp)	7/02/14	2,937	588	0
67	FEAT of Louisville	12/05/14	1,229	246	0
68	Apple Computer	4/23/15	2,548	510	0
	Total Other Depreciation		<u>257,466</u>	<u>17,849</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>257,466</u>	<u>17,849</u>	<u>0</u>
	Grand Totals		<u>377,085</u>	<u>51,225</u>	<u>32,108</u>

Form 990	Two Year Comparison Report	2015 & 2016
For calendar year 2016, or tax year beginning 07/01/16 , ending 06/30/17		

Name **BLUEGRASS CENTER FOR AUTISM, INC.** Taxpayer Identification Number **27-2279128**

		2015	2016	Differences
Revenue	1. Contributions, gifts, grants	1. 534,328	485,179	-49,149
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3. 15,000		-15,000
	4. Program service revenue	4. 1,253,403	1,893,992	640,589
	5. Investment income	5.		
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.		
	8. Net income or (loss) from fundraising events	8. 73,400	113,530	40,130
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11.		
	12. Total revenue. Add lines 1 through 11	12. 1,876,131	2,492,701	616,570
Expenses	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15.		
	16. Salaries, other compensation, and employee benefits	16. 1,492,119	1,734,782	242,663
	17. Professional fundraising fees	17.		
	18. Other professional fees	18.		
	19. Occupancy, rent, utilities, and maintenance	19. 262,842	243,090	-19,752
	20. Depreciation and Depletion	20. 35,723	38,110	2,387
	21. Other expenses	21. 99,808	127,500	27,692
	22. Total expenses. Add lines 13 through 21	22. 1,890,492	2,143,482	252,990
	23. Excess or (Deficit). Subtract line 22 from line 12	23. -14,361	349,219	363,580
Other Information	24. Total exempt revenue	24. 1,876,131	2,492,701	616,570
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 1,268,056	1,911,390	643,334
	27. Total assets	27. 317,148	647,134	329,986
	28. Total liabilities	28. 126,611	107,378	-19,233
	29. Retained earnings	29. 190,537	539,756	349,219
	30. Number of voting members of governing body	30. 13	15	
31. Number of independent voting members of governing body	31. 13	16		
32. Number of employees	32. 169	202		
33. Number of volunteers	33. 34			

Form 990	Tax Return History	2016
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Name BLUEGRASS CENTER FOR AUTISM, INC.	Employer Identification Number 27-2279128
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	2012	2013	2014	2015	2016	2017
Contributions, gifts, grants			462,363	549,328	485,179	
Membership dues						
Program service revenue			1,075,269	1,253,403	1,893,992	
Capital gain or loss						
Investment income			124			
Fundraising revenue (income/loss)			56,291	73,400	113,530	
Gaming revenue (income/loss)						
Other revenue						
Total revenue			1,594,047	1,876,131	2,492,701	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.			65,000			
Other compensation			1,268,219	1,492,119	1,734,782	
Professional fees			49,551			
Occupancy costs			268,013	262,842	243,090	
Depreciation and depletion			35,486	35,723	38,110	
Other expenses			126,097	99,808	127,500	
Total expenses			1,812,366	1,890,492	2,143,482	
Excess or (Deficit)			-218,319	-14,361	349,219	
Total exempt revenue			1,594,047	1,876,131	2,492,701	
Total unrelated revenue						
Total excludable revenue			1,131,684	1,268,056	1,911,390	
Total Assets			330,343	317,148	647,134	
Total Liabilities			125,445	126,611	107,378	
Net Fund Balances			204,898	190,537	539,756	

Federal Statements

Form 990, Part IX, Line 24e - All Other Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
BAD DEBT	\$ 3,739	\$	\$ 3,739	\$
STAFF DEVELOPMENT	2,646	2,646		
BANK CHARGES	1,323		1,323	
TOTAL	<u>\$ 7,708</u>	<u>\$ 2,646</u>	<u>\$ 5,062</u>	<u>\$ 0</u>

Schedule A, Part II, Line 12 - Current year

Description	Amount
TUITION	\$ 1,893,992
PUZZABILITIES FUNDRAISER	126,854
TOTAL	\$ <u>2,020,846</u>

Federal Statements

Puzzabilities Fundraiser

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
	\$ <u>30,722</u>
TOTAL	\$ <u><u>30,722</u></u>

Client Note

5/14/2018 11:23 AM [HALEY EDLIN]

5/10/2018 4:23 PM [Bob Patterson]

please look into pg 4 sec IV 21-23

does Pg 5 Q 8---need info?

5/9/2018 7:17 PM [Bob Patterson]

Haley- I changed year end to 6/30/17