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**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:  
TO CREATE AND SUPPORT VOCATIONAL AND RECREATIONAL PROGRAMS FOR ADULTS ON THE AUTISM SPECTRUM.

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 \$ 92,888 including grants of \$ 92,888 ) (Revenue \$ )  
\$79,452 GRANT TO HOPE AUTISM SOLUTIONS WHICH IS A DAY PROGRAM CREATED TO MEET THE SPECIFIC NEEDS OF INDIVIDUALS ON THE AUTISM SPECTRUM WHO HAVE AGED OUT OF THE EDUCATIONAL SYSTEM AT AGE 21.

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

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

4d Other program services (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ▶ 92,888.00

CIS5RC536C

0425874673  
Nov. 10, 2014 LTR 2694C 0 R  
27-3684401 201312 67  
00019881

HOPE AUTISM FOUNDATION  
55 S FINLEY AVENUE  
BASKING RIDGE NJ 07920



041067

DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

*ES 17*

\_\_\_\_\_  
Signature of officer or trustee

*11/25/14*  
\_\_\_\_\_  
Date

*Director*  
\_\_\_\_\_  
Title