

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

OMB No 1545-0047

2014
Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 09/01/14, and ending 08/31/15


B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>AUTISTIC TREATMENT CENTER INC.</u>		D Employer identification number <u>75-1518193</u>
	Doing business as		E Telephone number <u>972-644-2076</u>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>10503 METRIC DRIVE</u>		
	City or town, state or province, country, and ZIP or foreign postal code <u>DALLAS TX 75243</u>		G Gross receipts \$ <u>13,693,532</u>
F Name and address of principal officer <u>NANCY TAYLOR</u> <u>10503 METRIC DRIVE</u> <u>DALLAS TX 75243</u>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◆ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ◆	
J Website: ◆ <u>WWW.ATCOFTEXAS.ORG</u>		L Year of formation: <u>1976</u> M State of legal domicile: <u>TX</u>	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ◆			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TRAIN/EDUC/HOUSE DEVELOPMENTALLY DISABLED AND PROVIDE DIAGNOSTIC AND THERAPEUTIC CLINICS</u>			
	2 Check this box <input type="checkbox"/> 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	<u>24</u>	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>24</u>	
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	<u>276</u>	
	6 Total number of volunteers (estimate if necessary)	6	<u>50</u>	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	<u>0</u>	
	7b Net unrelated business taxable income from Form 990-T, line 34	7b	<u>0</u>	
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
		9 Program service revenue (Part VIII, line 2g)	<u>920,850</u>	<u>965,405</u>
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<u>11,566,300</u>	<u>12,743,282</u>	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<u>253,898</u>	<u>-15,155</u>	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<u>12,741,048</u>	<u>13,693,532</u>	
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<u>0</u>
	14 Benefits paid to or for members (Part IX, column (A), line 4)		<u>0</u>	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>8,179,365</u>	<u>9,101,999</u>	
	16a Professional fundraising fees (Part IX, column (A), line 11e)		<u>0</u>	
	b Total fundraising expenses (Part IX, column (D), line 25) ◆ <u>362,982</u>			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>3,845,833</u>	<u>3,917,588</u>	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>12,025,198</u>	<u>13,019,587</u>		
19 Revenue less expenses. Subtract line 18 from line 12	<u>715,850</u>	<u>673,945</u>		
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)	<u>12,778,401</u>	<u>13,466,840</u>	
	22 Net assets or fund balances. Subtract line 21 from line 20	<u>4,463,477</u>	<u>4,477,971</u>	
		<u>8,314,924</u>	<u>8,988,869</u>	

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	<u>7/8/16</u> Date			
	<u>NANCY TAYLOR</u> Type or print name and title	<u>CFO</u>			
Paid Preparer Use Only	Print/Type preparer's name <u>W SCOTT WEISMANN, III</u>	Preparer's signature	Date <u>07/08/16</u>	Check <input type="checkbox"/> if PTIN self-employed	<u>P01236444</u>
	Firm's name <u>WEISMANN & COMPANY, P.C.</u>	Firm's EIN <u>75-2207381</u>			
	Firm's address <u>13601 PRESTON RD STE 106W DALLAS, TX 75240</u>	Phone no <u>972-404-0608</u>			

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

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:

TRAIN/EDUC/HOUSE DEVELOPMENTALLY DISABLED AND PROVIDE DIAGNOSTIC AND THERAPEUTIC CLINICS

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 \$ 8,916,332 including grants of \$) (Revenue \$)
EDUCATIONAL PROGRAMS AND RESIDENTIAL FACILITIES FOR AUTISTIC AND DEAF BLIND INDIVIDUALS FOR SCHOOL DISTRICTS AND STATE MENTAL HEALTH AND HUMAN SERVICES AGENCIES - 110 INDIVIDUALS

4b (Code:) (Expenses \$ 2,561,163 including grants of \$) (Revenue \$)
DIAGNOSTIC AND THERAPUTIC CLINICS

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 11,477,495