

**Autism Society of the Regional Municipality of Wood Buffalo**

## 2020 Community Impact Grant Analysis

**CIP Grant Summary:**

| 2017 | 2018   | 2019 | 2020 Request | 2020 Recommended by CIP | Variance Recommended vs. Requested |
|------|--------|------|--------------|-------------------------|------------------------------------|
| -    | 20,000 | -    | 3,200        | 3,200                   | -                                  |

| Fiscal Year End   | Total Expenses | Unrestricted Net Assets |
|-------------------|----------------|-------------------------|
| December 31, 2018 | 71,859         | 51,932                  |

**Notes:**

**Autism Awareness Day/Toonie Swim** - Provide presentations, share information, toonie swim, bouncy castle.

| Budget Line Description         | 2020 Total Budget | 2020 Budget Request | 2020 Recommended |
|---------------------------------|-------------------|---------------------|------------------|
| <b>Revenues</b>                 |                   |                     |                  |
| RMWB Community Impact Grant     | 3,200             | 3,200               | 3,200            |
| Event Income                    | 500               | -                   | -                |
| Sponsorship from Local Business | 500               | -                   | -                |
| Fundraising                     | 500               | -                   | -                |
| <b>Total Revenues</b>           | <b>4,700</b>      | <b>3,200</b>        | <b>3,200</b>     |
| <b>Expenses</b>                 |                   |                     |                  |
| Pool Rental (10 hrs.)           | 1,100             | -                   | -                |
| Field House Rental (12 hrs.)    | 1,300             | 1,300               | 1,300            |
| Bouncy Castle Rental (8 hrs.)   | 1,100             | 1,100               | 1,100            |
| Face Painters                   | 800               | 800                 | 800              |
| Decorations                     | 500               | -                   | -                |
| Promotional Materials           | 1,000             | -                   | -                |
| Cupcakes/Cake                   | 400               | -                   | -                |
| <b>Total Expenses</b>           | <b>6,200</b>      | <b>3,200</b>        | <b>3,200</b>     |
| <b>Total Surplus (Deficit)</b>  | <b>\$ (1,500)</b> | <b>\$ -</b>         | <b>\$ -</b>      |

## 2020 Community Impact Grant - Community Events Application for Grant Funding

The grant program under which your organization is applying has specific eligibility requirements. The Application Form should clearly show how the proposed event meets these requirements. The Application Form, including all required attachments, must be received by the closing date. **Late or incomplete applications will not be processed (Community Investment Program Policy FIN-220, Section 3.1.5).**

In order to complete this application for funding, please read the following thoroughly:

- 2020 Community Impact Grant Guidelines
- 2020 Community Impact Grant - Community Events Application Checklist

If you have reviewed the 2020 Community Impact Grant Guidelines and have any questions regarding this application form or eligibility, please contact CIP@rmwb.ca.

Organization Name: Autism Society of the Regional Municipality of Wood Buffalo

**Declaration:** In making this application, we, the undersigned, confirm:

- that we have read the Community Impact Grant Guidelines;
- that we understand that this application form and all attachments shall be part of the **public** Council agenda and accessible through all methods that the Council agenda is available;
- that we understand that this application form and all required attachments must be completed in full and received before 4:30 p.m. MT on Monday, September 23, 2019;
- that we understand the term of the Community Impact Grant is January 1 to December 31, 2020 and that all expenditures must happen during this term; and
- that we are authorized by the applicant organization to complete the application and hereby represent to the Regional Municipality of Wood Buffalo's Community Investment Program and declare that to the best of our knowledge and belief, the information provided is truthful and accurate, and the application is made on behalf of the above-named organization and with the Board of Directors' full knowledge and consent.

Board Member(s) and/or  
Executive Director Initials:

CAF lf

CAF lf

CAF lf

CAF lf

CAF lf

Carinna Pitzel-O'Hanley

Signature of Board Member  
(must have signing authority)

Gerric Ann Fielder

Signature of Board Member or Executive Director  
(must have signing authority)

Carinna Pitzel-O'Hanley  
Print Name

Gerric Ann Fielder  
Print Name

2019-09-22  
Date: (YYYY-MM-DD)

2019-09-22  
Date: (YYYY-MM-DD)



## Community Events Part A - Organization Summary

### 1. Organization Details

|                              |   |
|------------------------------|---|
| <b>Organization Name:</b>    | Autism Society of the Regional Municipality of Wood Buffalo |
| <b>Street Address:</b>       | 25B- 10019 MacDonald Avenue                                 |
| <b>City/Hamlet:</b>          | Fort McMurray   |
| <b>Province:</b>             | Alberta   |
| <b>Postal Code:</b>          | T9K 1M4   |
| <b>Phone Number:</b>         | 587-452-9334  |
| <b>Email Address:</b>        | autismsupport@autismrmwb.org                                |
| <b>Act Registered Under:</b> | Canada Not-for-Profit Corporations Act                      |
| <b>Registration Number:</b>  | 707604492RR0001   |

*Note: Organization must be in good standing to receive funding.*

### 2. Main Contact

|                       |                              |
|-----------------------|------------------------------|
| <b>Title:</b>         | Financial Officer            |
| <b>Name:</b>          | Tina Delainey                |
| <b>Daytime Phone:</b> | 17(1)                        |
| <b>Email Address:</b> | autismsupport@autismrmwb.org |

### 3. Executive Director

|                       |  |
|-----------------------|--|
| <b>Name:</b>          |  |
| <b>Daytime Phone:</b> |  |
| <b>Email Address:</b> |  |

### 4. Board Chair / President

|                       |                         |
|-----------------------|-------------------------|
| <b>Name:</b>          | Corinna Pitzel-O'Hanley |
| <b>Daytime Phone:</b> | 17(1)                   |
| <b>Email Address:</b> | 17(1)                   |

*Note: Should any of the contact details in Questions 2 to 4 change before December 31, 2020, please advise the Community Investment Program at CIP@rmwb.ca*





## Community Programs and Projects Part B - Board Questionnaire

5. How often does the Board review the financial position of the agency? What efforts have been made in the past fiscal year to increase the number and types of financial support for your organization?

The board reviews monthly financial statements at each monthly board meeting. At the end of each fiscal year, two board-appointed auditors review the yearly financial statements. MNP audits and files charity status filing following Board review.

Before the board received our non-profit status in April 2018 we relied on fundraising efforts of our members and volunteers. We received one grant under the supervision of Autism Society Alberta who supported us by taking care of our finances while our society became established and applied for non-profit status.

6. Organization's most recent Fiscal Year End date (YYYY-MM-DD): 2018-12-31  
**Unrestricted** net assets from your Financial Statements ending 2018-12-31 \$ 51,931.59  
*(Accumulated surplus that the Board has not set aside for a particular purpose)*  
 Total Expenses from your Financial Statements Ending 2018-12-31 \$ 71,859.27

7. Does your organization have financial reserves greater than the last fiscal year's operating expenses? If so, explain why.

No. \$44,407.77  
 The only reserve we maintain is approximately \$44,407.77 for Camp Kids First Support Workers Pay as wages need to be paid before we receive reimbursement from Government of Alberta for those attending with an Family Supports for Children with Disabilities contract.

8. What are the restrictions (if any) on becoming a member of your organization and/or participating in programs or services?

There are no restrictions on becoming a member.  
 Although some events and programs are designed for individuals with complex needs we do endeavor to create inclusive opportunities and community events. Our specialized programming is not limited to individuals with Autism Spectrum Disorder, we support persons of all abilities and age.

9. Minimum number of board members according to bylaws: 3  
 Number of board members: Currently: 6 2018: 8 2017: 6  
 How often does the Board of Directors meet? Once monthly

**10. Please list your current Board of Directors:**

| Name                    | Board Position | Years on Board |
|-------------------------|----------------|----------------|
| Corinna Pitzel-O'Hanley | President      | 3.00           |
| Gerrie-Ann Fielder      | Vice-President | 3.00           |
| Katie Cooper            | Treasurer      | 0.50           |
| Natasha Bailey          | Secretary      | 2.00           |
| Karla Power             | Board Member   | 1.00           |
| Kirsti Mardell          | Board Member   | 0.50           |
|                         |                |                |
|                         |                |                |
|                         |                |                |
|                         |                |                |
|                         |                |                |
|                         |                |                |

**11. Are any Board members being paid, or receiving an honorarium for being on the Board or for other positions in the organization outside of their role on the Board?** Yes ☐ No ☒

If yes, complete the following table:

| Board member name | Paid role in the board / organization | Amount received |
|-------------------|---------------------------------------|-----------------|
|                   |                                       |                 |
|                   |                                       |                 |
|                   |                                       |                 |

The personal information collected in this application is collected under the authority of section 33(c) of Alberta's Freedom of Information and Protection of Privacy (FOIP) Act. It will be used to process the application and contact you if needed, during the review of this application. If you have any questions about the collection and use of the personal information you may contact the Manager, Community Investment Program, at 9909 Franklin Avenue, Fort McMurray, AB T9H 2K4 or at (780) 743-7918.

## Community Events Part C - Proposed Event Details

12. **Event Name:** Autism Awareness Day/Toonie Swim

13. **Beginning Date (YYYY-MM-DD):** 2020-04-01

14. **Completion Date (YYYY-MM-DD):** 2020-04-30

*Note: The term of the Community Impact Grant is January 1 - December 31, 2020. The event and all expenditures must occur during this term.*

15. **What type of event are you applying for?**

- ☐ Recreation/Sport
- ☐ Cultural
- ☐ Related to, or addresses, any one of the 94 Calls to Action in the Truth and Reconciliation Commission report
- ☐ Related to a National or Provincial Holiday
- ☒ Other: Community Awareness Day

16. **What activities will be part of the event? Please list and provide details:**

- a. Use headings if applying for more than one event;
- b. List specific activities of each event; and
- c. Include details such as event location(s), how each activity will appeal to general population, if the event will draw participants from outside the Municipality, etc.

*(additional space continues on next page)*

In previous years the Society has rented the pool at MacDonald Island for a day in April and invited the community to join us to celebrate autism acceptance in our region. A toonie donation for each person attending has been suggested but is not mandatory as we want to include everyone who would like to attend regardless of financial barriers.

During the event the Society has had a table at MacDonald Island to showcase to the community what we do and what programs we offer.

In 2020 we would like to rent a field house at MacDonald Island as well as the pool, rent bouncy castles and make the event bigger and better than ever.

We would be able to provide presentations and share more information about Autism Spectrum Disorder, how it impacts people in our community. The event would help to create awareness and acceptance of our neurodiverse community members and celebrate everyone's uniqueness.

The event will be a free event, open to everyone in the Regional Municipality of Wood Buffalo and surrounding areas.



16. (Continued from previous page)



**17. How many participants are you expecting to benefit from your event? Please identify them in the table below.**

|               |     |           |     |
|---------------|-----|-----------|-----|
| Ages 0 - 3:   | 100 | Adults:   | 500 |
| Ages 3 - 5:   | 250 | Seniors:  | 60  |
| Ages 5 - 12:  | 500 | Families: | 750 |
| Ages 12 - 18: | 500 |           |     |

**18. What is the community need that the event will address?**

This event will foster an inclusive community by inviting community members of all ages to join us to learn more about ASD and how impacts people's lives. We hope that families, educators and caregivers join us to learn more about how they can promote inclusion in our community as we strive for awareness and acceptance for neurodiverse individuals in our Municipality.

If a handful of people leave the event feeling a little more educated on the topic of autism then we will consider the day a success.

**19. How was the need determined?**

The need for the event to take place is determined by the growing numbers we've seen each year (approximatley 500 in 2017, 700 in 2018 and over 1000 in 2019). The numbers of individuals in our region being diagnosed with autism each year is rising therefore the need for us to promote an aware and accepting community is growing also.





**20. How will the event address this need?**

The event will address the need by inviting the community to spend the day with individuals with autism, to listen to them speak and to learn from shared experiences. Our information will be available in many different formats to foster different learning styles; visually and audibly.

We will have examples of all our sharing resources available for people to explore and learn about as well as board members, staff and volunteers to answer any questions people might have about autism or related disorders.

**21. What will be the positive impacts to the community?**

The positive impact to the community will be an increase in understanding, awareness and acceptance of individuals with autism therefore helping to create a safer, more secure community for neurodiverse individuals to live and work.

**22. Identify the Call to Action in the Truth and Reconciliation Commission report that the event addresses (if applicable).**

**23. If identified in question 22, describe and include:**

- a. *How the Call to Action will be addressed by the activities of the event;*
- b. *How the activities promote healing, language and/or cultural restoration; and*
- c. *How the Indigenous community is involved in the planning, execution, participation or follow up to the event.*

**24. What does/will a successful event look like?**

A high number of people attending the event and supporting us to increase awareness, and foster understanding of Autism Spectrum Disorder.

**25. How do/will you measure event success (e.g., surveys, evaluation, longitudinal studies)?**

We will measure quantitatively by tracking numbers of attendees and qualitatively by participant surveys and feedback.



**26. Does the event duplicate or overlap with other events offered in the community? How is this event unique?**

There are no other similar autism awareness events in the Regional Municipality of Wood Buffalo that we are aware of.

**27. How will the event be promoted/advertised?**

*(Successful events shall state "Funding considerations provided by the Regional Municipality of Wood Buffalo" on all print and digital advertisements and shall not use the Municipal logo.*

The event will be promoted on all social media platforms (Facebook, Twitter and Instagram) and on our website.

Programs will promoted at all community events the society attends.

Use of community radio spots.

In the society's news letter.

Distribute information to the schools through media relations.

Share with organizations through email, inter-agency committees and community calendars.



**28. The Community Events stream is intended to promote an allied social profit sector within the Municipality. What other community groups or organizations will be involved in the event?**

- a. List each community group or organization; and**
- b. Define each community group or organization's role.**

**29. The Community Events stream is intended to promote public/volunteer participation in the planning, delivering and governing of community events. How will volunteers be involved in the proposed event?**

The Society will need volunteers for planning and preparing for the event, for set-up and take-down of the event and be available throughout the event to share information and promote awareness of autism.

- 30. The Community Events stream requires at least one other source of funding (e.g., monetary donations or grants, sponsorships, significant in-kind contributions, etc.) aside from the Community Impact Grant. Describe any other funding initiatives the organization has taken or is planning to implement to support this requirement.**

There will be sponsorship opportunities for local businesses, participants often make donations during the event and we will have one or more fund-raising activities before the event.

- 31. Outline any expected in-kind contributions for this event:**



### Event Budget

32. a) Please be advised that although your organization's fiscal year may not run January - December, that is the funding period of the Community Impact Grant. The following content must only relate to the period of January 1 - December 31, 2020.
- b) Please include all anticipated sources of revenue for your event and whether or not it is in progress (e.g., applied for but not yet confirmed) or secured (confirmed).
- c) Please list all sources of funding separately and name the sources in the space provided.
- d) Do not include this grant application as a source of revenue.

| Source of Projected Income                   | Revenue<br>Jan - Dec 2020 | Revenue Status                      |                          |
|--|---------------------------|-------------------------------------|--------------------------|
|  |                           | In Progress                         | Secured                  |
| Event Income (Ticket sales, admission, etc.) | 500.00                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Government of Alberta Grant                  |                           | <input type="checkbox"/>            | <input type="checkbox"/> |
| Government of Canada Grant                   |                           | <input type="checkbox"/>            | <input type="checkbox"/> |
| Casinos/Bingos                               |                           | <input type="checkbox"/>            | <input type="checkbox"/> |
| Donation from:                               |                           | <input type="checkbox"/>            | <input type="checkbox"/> |
| Donation from:                               |                           | <input type="checkbox"/>            | <input type="checkbox"/> |
| Donation from:                               |                           | <input type="checkbox"/>            | <input type="checkbox"/> |
| Grant from:                                  |                           | <input type="checkbox"/>            | <input type="checkbox"/> |
| Grant from:                                  |                           | <input type="checkbox"/>            | <input type="checkbox"/> |
| Grant from:                                  |                           | <input type="checkbox"/>            | <input type="checkbox"/> |
| Sponsorship from: Local business             | 500.00                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Sponsorship from:                            |                           | <input type="checkbox"/>            | <input type="checkbox"/> |
| Sponsorship from:                            |                           | <input type="checkbox"/>            | <input type="checkbox"/> |
| Other: Fund-raising                          | 500.00                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Other:                                       |                           | <input type="checkbox"/>            | <input type="checkbox"/> |
| Other:                                       |                           | <input type="checkbox"/>            | <input type="checkbox"/> |
| Other:                                       |                           | <input type="checkbox"/>            | <input type="checkbox"/> |
| Other:                                       |                           | <input type="checkbox"/>            | <input type="checkbox"/> |
| Other:                                       |                           | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Total (A)</b>                             | <b>\$ 1,500.00</b>        |                                     |                          |





**34. Provide any additional information that may assist in developing a better understanding of the organization or its services/programs during the grant review:**

As a very new organization in our community, we struggle with fundraising. Until April 2018 we weren't able to apply for grants in our own right as we had not received our non-profit status. Throughout 2016 and 2017 we were very fortunate that Autism Society Alberta assisted us by providing administration services and grant applications under their society. Through ASA we received a grant to start the Ambassador Program in 2017; it has been very successful and feedback from the community is positive therefore we made the decision to build off this program and create a full-time position of Community Development Officer. There is an enormous gap in autism, special needs and neurodiverse supports in our region (many families choose to leave Fort McMurray and live elsewhere to have better access to supports for their families). Our Municipality needs to support and raise awareness and acceptance of neurodiverse individuals for inclusive growth of our community; and to better support the families that choose to live and raise children here.

**35. Attachments**

The following **MUST** accompany this application.

**Failure to submit the following will result in this application being deemed incomplete.**

- ☒ Financial Statements of **most recent** fiscal year end (Year end date must fall between July 1, 2018 and June 30, 2019)

**Completed and Signed Applications are to be submitted:**

**Preference is By Email:** CIP@rmwb.ca

**OR**

**In Person or By Mail:**

Community Investment Program  
Community Services  
Regional Municipality of Wood Buffalo  
9909 Franklin Avenue  
Fort McMurray, AB T9H 2K4

**LATE or INCOMPLETE applications will not be processed**  
**(Community Investment Program Policy FIN-220, Section 3.1.5)**



# Autism Society of the RMWB

## Balance Sheet As at 12/31/2018

### ASSET

|                                 |      |                         |
|---------------------------------|------|-------------------------|
| <b>Current Assets</b>           |      |                         |
| Petty Cash                      |      | 575.00                  |
| Common shares Savings Bank A... |      | 1.05                    |
| Chequing Bank Account           |      | 40,886.85               |
| Casino-Restricted Funds         |      | 0.00                    |
| Camp Kids First Account         |      | 44,407.77               |
| Respite Care Account            |      | 0.00                    |
| Gaming Bank Account             |      | 10,339.94               |
| Servus Rewards                  |      | 28.75                   |
| Respite Petty Cash              |      | 0.00                    |
| 50/50 Float                     |      | 100.00                  |
| PayPal Account                  |      | 0.00                    |
| Investments                     |      | 0.00                    |
| Accounts Receivable             |      | 0.00                    |
| Advances & Loans                |      | 0.00                    |
| Purchase Prepayments            |      | 0.00                    |
| Prepaid Expenses                |      | 0.00                    |
| <b>Total Current Assets</b>     |      | <u>96,339.36</u>        |
| <b>Capital Assets</b>           |      |                         |
| Office Furniture & Equipment    | 0.00 |                         |
| Accum. Amort. -Furn. & Equip.   | 0.00 |                         |
| Net - Furniture & Equipment     |      | 0.00                    |
| <b>Total Capital Assets</b>     |      | <u>0.00</u>             |
| <b>TOTAL ASSET</b>              |      | <u><u>96,339.36</u></u> |

### LIABILITY

|                                    |      |             |
|------------------------------------|------|-------------|
| <b>Current Liabilities</b>         |      |             |
| Accounts Payable                   |      | 0.00        |
| Credit Card Payable                |      | 0.00        |
| Vacation payable                   |      | 0.00        |
| EI Payable                         | 0.00 |             |
| CPP Payable                        | 0.00 |             |
| Federal Income Tax Payable         | 0.00 |             |
| Total Receiver General             |      | 0.00        |
| WCB Payable                        |      | 0.00        |
| Prepaid Sales/Deposits             |      | 0.00        |
| <b>Total Current Liabilities</b>   |      | <u>0.00</u> |
| <b>Long Term Liabilities</b>       |      |             |
| Bank Loans                         |      | 0.00        |
| Mortgage Payable                   |      | 0.00        |
| Loans from Owners                  |      | 0.00        |
| <b>Total Long Term Liabilities</b> |      | <u>0.00</u> |
| <b>TOTAL LIABILITY</b>             |      | <u>0.00</u> |

### EQUITY

|                                   |  |                         |
|-----------------------------------|--|-------------------------|
| <b>Society Equity</b>             |  |                         |
| Retained Earnings - Previous Year |  | 28,889.85               |
| Current Earnings                  |  | 67,449.51               |
| <b>Total Society Equity</b>       |  | <u>96,339.36</u>        |
| <b>TOTAL EQUITY</b>               |  | <u>96,339.36</u>        |
| <b>LIABILITIES AND EQUITY</b>     |  | <u><u>96,339.36</u></u> |

# Autism Society of the RMWB

## Income Statement 01/01/2018 to 12/31/2018

### REVENUE

#### Sales Revenue

|                           |           |
|---------------------------|-----------|
| Gift in Kind Donations    | 711.00    |
| Donations                 | 9,713.29  |
| Donation With Receipt     | 0.00      |
| Fundraising Income        | 50,493.25 |
| Casino Funds              | 0.00      |
| Grant Income              | 54,705.00 |
| Sale of Merchandise       | 14,606.72 |
| Interest Revenue          | 17.24     |
| Membership Income         | 219.12    |
| Tickets for Member Events | 8,817.16  |
| Respite Care              | 0.00      |
| Program Fees              | 0.00      |
| Miscellaneous Revenue     | 26.00     |

|                            |                   |
|----------------------------|-------------------|
| <b>Total Other Revenue</b> | <u>139,308.78</u> |
|----------------------------|-------------------|

|                      |                   |
|----------------------|-------------------|
| <b>TOTAL REVENUE</b> | <u>139,308.78</u> |
|----------------------|-------------------|

### EXPENSE

#### Cost of Operations and Fundra...

|                      |           |      |
|----------------------|-----------|------|
| Program Expense      |           | 0.00 |
| Advertising          | 568.26    |      |
| Entertainment        | 10,336.56 |      |
| Catering / Food      | 4,512.54  |      |
| Rentals              | 2,676.25  |      |
| Decorations          | 1,399.81  |      |
| Miscellaneous        | 909.73    |      |
| Educational Services | 770.53    |      |
| Fundraising Expense  | 0.00      |      |

|                         |  |                  |
|-------------------------|--|------------------|
| Total Fundraising Costs |  | <u>21,173.68</u> |
|-------------------------|--|------------------|

|                      |  |      |
|----------------------|--|------|
| Respite Care Expense |  | 0.00 |
|----------------------|--|------|

|                      |  |          |
|----------------------|--|----------|
| Merchandise for Sale |  | 6,712.57 |
|----------------------|--|----------|

|                 |  |       |
|-----------------|--|-------|
| Freight Expense |  | 14.19 |
|-----------------|--|-------|

|  |  |                  |
|--|--|------------------|
| <b>Total Cost of Operations and F...</b> |  | <u>27,900.44</u> |
|--|--|------------------|

#### Payroll Expenses

|                   |           |
|-------------------|-----------|
| Wages & Salaries  | 20,144.00 |
| EI Expense        | 306.78    |
| CPP Expense       | 580.08    |
| WCB Expense       | 200.00    |
| Employee Benefits | 0.00      |
| Subcontractor     | 0.00      |

|                              |                  |
|------------------------------|------------------|
| <b>Total Payroll Expense</b> | <u>21,230.86</u> |
|------------------------------|------------------|

#### General & Administrative Expe...

|                          |          |
|--------------------------|----------|
| Accounting & Legal       | 103.75   |
| Advertising & Promotions | 2,642.70 |
| Bad Debts                | 0.00     |
| Business Fees & Licenses | 27.39    |
| Cash Short/Over          | 70.10    |
| Courier & Postage        | 66.43    |
| Amortization Expense     | 0.00     |
| Insurance                | 1,025.00 |
| Interest & Bank Charges  | 158.14   |
| Paypal Charges           | 0.00     |
| Office Supplies          | 5,774.92 |
| Property Taxes           | 0.00     |
| Motor Vehicle Expenses   | 0.00     |
| Miscellaneous Expenses   | 59.47    |
| Rent                     | 2,548.43 |
| Repair & Maintenance     | 0.00     |

**Autism Society of the RMWB**  
**Income Statement 01/01/2018 to 12/31/2018**

|                       |          |
|-----------------------|----------|
| Gaming Expense        | 2,030.00 |
| Telephone             | 2,965.00 |
| Travel                | 3,162.34 |
| Utilities             | 2,094.30 |
| Charitable Activities | 0.00     |

|  |                  |
|--|------------------|
| <b>Total General &amp; Admin. Expen...</b> | <u>22,727.97</u> |
|--|------------------|

|                      |                  |
|----------------------|------------------|
| <b>TOTAL EXPENSE</b> | <u>71,859.27</u> |
|----------------------|------------------|

|                   |                  |
|-------------------|------------------|
| <b>NET INCOME</b> | <u>67,449.51</u> |
|-------------------|------------------|