

**Return of Organization Exempt From Income Tax**

**2009**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2009 calendar year, or tax year beginning and ending**

|  |  |   |   |   |
|--|--|---|---|---|
| <b>B</b> Check if applicable:<br><input checked="" type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | Please use IRS label or print or type<br><br>See Specific Instructions | <b>C Name of organization</b><br>AUTISM SOCIETY OF AMERICA GROUP<br>Doing Business As<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br>4340 EAST-WEST HWY, STE 350 350<br>City or town, state or country, and ZIP + 4<br>BETHESDA, MD 20814-4411 |   | <b>D Employer identification number</b><br>58-2248889   |
|  |  | <b>F Name and address of principal officer</b> LEE GROSSMAN<br>SAME AS C ABOVE  |   | <b>E Telephone number</b><br>(301) 657-0881   |
|  |  | <b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |   | <b>G Gross receipts \$</b> 4,553,100  |
|  |  | <b>J Website:</b> www.AUTISM-SOCIETY.ORG  |   | <b>H(a) Is this a group return for affiliates?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><b>H(b) Are all affiliates included?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions)<br><b>H(c) Group exemption number</b> ▶ 2497 |
| <b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶  |  |   | <b>L Year of formation:</b> 1965 <b>M State of legal domicile:</b> dc |   |

**Part I Summary**

|  |   |   |
|--|---|---|
| <b>Activities &amp; Governance</b>                                       | <b>1</b> Briefly describe the organization's mission or most significant activities: TO PROMOTE EDUCATION & PUBLIC AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH THIS |   |
|  | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.                                      |   |
|  | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)  | 3 214   |
|  | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)  | 4 214   |
|  | <b>5</b> Total number of employees (Part V, line 2a)  | 5 0   |
|  | <b>6</b> Total number of volunteers (estimate if necessary)   | 6 0   |
|  | <b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 3   | 7a 0  |
| <b>7b</b> Net unrelated business taxable income from Form 990-V, line 34 | 7b 0  |   |
| <b>Revenue</b>   | <b>8</b> Contributions and grants (Part VIII, line 1h)  | Prior Year 2,422,280 Current Year 2,628,965               |
|  | <b>9</b> Program service revenue (Part VIII, line 2g)   | 1,062,482 1,228,578                                       |
|  | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | 40,998 -57,361  |
|  | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 596,737 324,131   |
|  | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 4,122,497 4,124,313                                       |
|  | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | 532,745 641,144   |
| <b>Expenses</b>  | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)   |   |
|  | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | 583,972 694,708   |
|  | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)  | 10,353  |
|  | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 445,818  |   |
|  | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)  | 2,491,372 2,741,966                                       |
|  | <b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  | 3,618,442 4,077,818                                       |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12           | 504,055 46,495  |   |
| <b>Net Assets or Fund Balances</b>                                       | <b>20</b> Total assets (Part X, line 16)  | Beginning of Current Year 4,640,231 End of Year 4,480,038 |
|  | <b>21</b> Total liabilities (Part X, line 26)   | 476,576 46,170  |
|  | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20  | 4,163,655 4,433,868                                       |

**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: [Signature] Date: 11/9/10  
 LEE GROSSMAN, PRESIDENT  
 Type or print name and title

**Paid Preparer's Use Only**  
 Preparer's signature: [Signature] Date: OCT 27 2010  
 Firm's name (or yours if self-employed), address, and ZIP + 4: RSM MCGLADREY, INC., 9737 WASHINGTONIAN BLVD., #400, GAITHERSBURG, MD 20878-7340  
 Check if self-employed:   
 Preparer's identifying number (see instructions): EIN ▶  
 Phone no.: (301) 296-3600

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

916 21 20

SCANNED DEC 03 2010

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

TO PROMOTE EDUCATION & PUBLIC AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH THIS GOAL.

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 exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 2,396,019. including grants of \$ ) (Revenue \$ 1,228,578. )

CHAPTER SUPPORT/PARENT SERVICES - 187 LOCAL ASA CHAPTERS IN 48 STATES PROVIDE SUPPORT GROUPS, GATHERINGS, PARENT EDUCATION TALKS TO CONNECT PARENTS OF INDIVIDUALS W/ AUTISM, THESE PROGRAMS REACHED APPROX 15,000 PEOPLE.

4b (Code: ) (Expenses \$ 63,286. including grants of \$ ) (Revenue \$ )

PUBLICATIONS - CHAPTERS OFFER VARIOUS PUBLICATIONS SUCH AS, CHAPTER NEWSLETTERS, BROCHURES ON AUTISM, DIRECTORIES OF PROGRAMS & SERVICES, OVER 50,000 PIECES OF LITERATURE WERE DISTRIBUTED.

4c (Code: ) (Expenses \$ 641,144. including grants of \$ 641,144. ) (Revenue \$ )

AWARDS/SCHOLARSHIPS/GRANTS - CHAPTERS OFFER HUNDREDS OF SMALL AWARDS, SCHOLARSHIPS & GRANTS TO PEOPLE W/ AUTISM, AUTISM SERVICE ORGANIZATIONS WHICH OFFER SUPPORT. THESE AWARDS CAN RANGE FROM \$25 TO SEVERAL THOUSAND.

REGIONAL & LOCAL CONFERENCES, ONE-DAY WORKSHOPS & TRAINING SESSIONS FOR PARENTS & PROFESSIONALS. APPROX 19,000 INDIVIDUALS ATTENDED THESE SESSIONS.

4d Other program services (Describe in Schedule O.)

(Expenses \$ 87,271. including grants of \$ ) (Revenue \$ )

4e Total program service expenses \$ 3,187,720.

**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)?<br><i>If "Yes," complete Schedule A</i>  | x   |    |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors?   | 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   | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>  |     | x  |
| 5   | <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>  |     |    |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts where 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, 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 term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>  |     | x  |
| 11  | Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>   | x   |    |
|     | • 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>  |     |    |
|     | • 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>  |     |    |
|     | • 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>  |     |    |
|     | • 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>   |     |    |
|     | • Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>  |     |    |
|     | • 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? <i>If "Yes," complete Schedule D, Part X.</i>             |     |    |
| 12  | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>  |     | x  |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>   | Yes | No |
|     |  |     | 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, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>                             |     | x  |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>                                       |     | x  |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</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>  |     | 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  |
| 20  | Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>   |     | x  |

**Part IV Checklist of Required Schedules** (continued)

|   | Yes | No |
|---|-----|----|
| <b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>   | x   |    |
| <b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>  | x   |    |
| <b>23</b> 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  |
| <b>24a</b> 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 25</i> |     | x  |
| <b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  |     |    |
| <b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?   |     |    |
| <b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  |     |    |
| <b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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>25b</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  |
| <b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>   |     | x  |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>                 |     | x  |
| <b>28</b> 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).  |     |    |
| <b>28a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>   |     | x  |
| <b>28b</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  |
| <b>28c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>  |     | x  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>   |     | x  |
| <b>30</b> 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  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>   |     | x  |
| <b>32</b> 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  |
| <b>33</b> 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  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>  |     | x  |
| <b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>  |     | x  |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> 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  |
| <b>37</b> 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  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?   | x   |    |

**Note.** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

|            |  | Yes | No |
|------------|--|-----|----|
| <b>1a</b>  | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable   |     |    |
| <b>1b</b>  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  |     |    |
| <b>1c</b>  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   |     |    |
| <b>2a</b>  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  |     |    |
| <b>2b</b>  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)                               |     |    |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?   |     | x  |
| <b>3b</b>  | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O   |     |    |
| <b>4a</b>  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                                   |     | x  |
| <b>4b</b>  | If "Yes," enter the name of the foreign country: _____<br>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  |     |    |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |     | x  |
| <b>5b</b>  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   |     | x  |
| <b>5c</b>  | If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?   |     |    |
| <b>6a</b>  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  |     | x  |
| <b>6b</b>  | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  |     |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |     |    |
| <b>7a</b>  | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  |     | x  |
| <b>7b</b>  | If "Yes," did the organization notify the donor of the value of the goods or services provided?  |     |    |
| <b>7c</b>  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   |     | x  |
| <b>7d</b>  | If "Yes," indicate the number of Forms 8282 filed during the year  |     |    |
| <b>7e</b>  | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  |     | x  |
| <b>7f</b>  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   |     | x  |
| <b>7g</b>  | For all contributions of qualified intellectual property, did the organization file Form 8899 as required?   |     |    |
| <b>7h</b>  | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?  |     |    |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? |     |    |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>   |     |    |
| <b>9a</b>  | Did the organization make any taxable distributions under section 4966?  |     |    |
| <b>9b</b>  | Did the organization make a distribution to a donor, donor advisor, or related person?   |     |    |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter:   |     |    |
| <b>10a</b> | Initiation fees and capital contributions included on Part VIII, line 12   |     |    |
| <b>10b</b> | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  |     |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter:  |     |    |
| <b>11a</b> | Gross income from members or shareholders  |     |    |
| <b>11b</b> | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  |     |    |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  |     |    |
| <b>12b</b> | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  |     |    |

**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.

**Section A. Governing Body and Management**

|    |   | Yes | No  |
|----|---|-----|-----|
| 1a | Enter the number of voting members of the governing body  |     |     |
| 1a |   |     | 214 |
| b  | Enter the number of voting members that are independent   |     |     |
| 1b |   |     | 214 |
| 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 organizational documents since the prior Form 990 was filed?   |     | X   |
| 5  | Did the organization become aware during the year of a material diversion of the organization's assets?   |     | X   |
| 6  | Does the organization have members or stockholders?   |     | X   |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?   |     | X   |
| 7b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons?   |     | X   |
| 8  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |     |     |
| 8a | a The governing body?   | X   |     |
| 8b | 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 | Does the organization have local chapters, branches, or affiliates?  |     | X  |
| b   | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?   |     |    |
| 10b |  |     |    |
| 11  | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?   |     | X  |
| 11A | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |     |    |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13   |     | X  |
| b   | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  |     |    |
| 12b |  |     |    |
| c   | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done   |     |    |
| 12c |  |     |    |
| 13  | Does the organization have a written whistleblower policy?   |     | X  |
| 14  | Does 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  |
| 15a |  |     |    |
| b   | Other officers or key employees of the organization  |     | X  |
| 15b |  |     |    |
|     | If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)  |     |    |
| 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  |
| 16a |  |     |    |
| b   | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? |     |    |
| 16b |  |     |    |

**Section C. Disclosure**

|    |  |      |
|----|--|------|
| 17 | List the states with which a copy of this Form 990 is required to be filed   | NONE |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.<br><input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request |      |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public   |      |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization   |      |
|    | CHAPTER DIRECTORS - N/A  |      |
|    | SEE ATTACHED LIST OF CHAPTER DIRECTORS N/A   |      |

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

**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. Use Schedule J-2 if additional space is needed

- 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. 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 the organization did not compensate any current officer, director, or trustee

| (A)<br>Name and Title                  | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |         | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|-------------------------------|--|-----------------------|---------|--------------|------------------------------|---------|--|---|---|
|  |                               | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former  |  |   |   |
| JOELLE JENSEN<br>1ST VP                | 0.50                          | X                                      |                       | X       |              |                              | 0.      | 0.   | 0.  |   |
| GLORIA MCNEIL<br>1ST VP                | 4.00                          | X                                      |                       | X       |              |                              | 0.      | 0.   | 0.  |   |
| SUSAN BARTLETT<br>2ND VP               | 0.50                          | X                                      |                       | X       |              |                              | 0.      | 0.   | 0.  |   |
| MIMI LUDWIG<br>2ND VP                  | 5.00                          | X                                      |                       | X       |              |                              | 0.      | 0.   | 0.  |   |
| JOEY HAYASHI<br>2ND VP                 | 4.00                          | X                                      |                       | X       |              |                              | 0.      | 0.   | 0.  |   |
| KIMBERLY HENRICHS<br>ASST SEC          | 5.00                          | X                                      |                       | X       |              |                              | 0.      | 0.   | 0.  |   |
| DAN HICKEY<br>BOD IMMEDIATE PAST PRESI | 5.00                          | X                                      |                       | X       |              |                              | 0.      | 0.   | 0.  |   |
| MERYL EINBINDER<br>BOD PRESIDENT       | 5.00                          | X                                      |                       | X       |              |                              | 0.      | 0.   | 0.  |   |
| CHRISTINA RULISON<br>BOD SECRETARY     | 5.00                          | X                                      |                       | X       |              |                              | 0.      | 0.   | 0.  |   |
| KEITH DETERS<br>BOD TREASURER          | 5.00                          | X                                      |                       | X       |              |                              | 0.      | 0.   | 0.  |   |
| SUSAN DELUKE<br>BOD VICE PRESIDENT     | 5.00                          | X                                      |                       | X       |              |                              | 0.      | 0.   | 0.  |   |
| MRS. SUSAN HODESS<br>CORR. SEC.        | 3.00                          | X                                      |                       | X       |              |                              | 0.      | 0.   | 0.  |   |
| JOHN MCGREW<br>DIRECTOR                | 0.00                          | X                                      |                       |         |              |                              | 5,295.  | 0.   | 0.  |   |
| LOUI LORD NELSON<br>DIRECTOR           | 0.00                          | X                                      |                       |         |              |                              | 8,625.  | 0.   | 0.  |   |
| JILL CONOVER<br>DIRECTOR               | 0.00                          | X                                      |                       |         |              |                              | 24,894. | 0.   | 0.  |   |
| MELISSA STUART<br>DIRECTOR             | 0.00                          | X                                      |                       |         |              |                              | 27,116. | 0.   | 0.  |   |
| CATHY DIONNE<br>DIRECTOR               | 0.00                          | X                                      |                       |         |              |                              | 38,097. | 0.   | 0.  |   |

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

| (A)<br>Name and title      | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                            |                               | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| PATTY PROCTER<br>DIRECTOR  | 40.00                         | X                                      |                       |         |              |                              |        | 50,000.  | 0.  | 0.  |
| ART BREAUULT<br>DIRECTOR   | 3.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| JAN CAMPITO<br>DIRECTOR    | 3.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| JENNY DEBELLIS<br>DIRECTOR | 3.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| JOY GRIFFITH<br>DIRECTOR   | 3.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| PAIGE PIERCE<br>DIRECTOR   | 3.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| RAY PAYNE<br>DIRECTOR      | 3.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| MATT RYAN<br>DIRECTOR      | 3.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| MARK HOFFMAN<br>DIRECTOR   | 3.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| STEVE ANDERSON<br>DIRECTOR | 8.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| <b>1b Total</b>            |                               |  |                       |         |              |                              |        | <b>387,908.</b>  | <b>0.</b>   | <b>0.</b>   |

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

|  | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual   |     | 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? If "Yes," complete Schedule J for such individual |     | X  |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person                                     |     | 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. **NONE**

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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



**Part VIII Statement of Revenue**

|   |  |  | (A)<br>Total revenue | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections 512,<br>513, or 514 |  |
|---|--|--|----------------------|---|---|--|--|
| Contributions, gifts, grants and other similar amounts        | 1 a Federated campaigns  | 1a   | 293,169.             |   |   |  |  |
|   | b Membership dues  | 1b   |                      |   |   |  |  |
|   | c Fundraising events   | 1c   |                      |   |   |  |  |
|   | d Related organizations  | 1d   |                      |   |   |  |  |
|   | e Government grants (contributions)  | 1e   | 192,250.             |   |   |  |  |
|   | f All other contributions, gifts, grants, and similar amounts not included above   | 1f   | 2,143,546.           |   |   |  |  |
|   | g Noncash contributions included in lines 1a-1f \$   |  | 16,111.              |   |   |  |  |
|   | <b>h Total. Add lines 1a-1f</b>  |  | <b>2,628,965.</b>    |   |   |  |  |
|   | Program Service Revenue  | 2 a PROGRAM INCOME                             | Business Code        | 900099  | 1,190,738.                              | 1,190,738.   |  |
|   |  | b MEMBERSHIP DUES                              |                      | 900099  | 37,840.                                 | 37,840.  |  |
| c   |  |  |                      |   |   |  |  |
| d   |  |  |                      |   |   |  |  |
| e   |  |  |                      |   |   |  |  |
| f All other program service revenue                           |  |  |                      |   |   |  |  |
| <b>g Total. Add lines 2a-2f</b>                               |  |  | <b>1,228,578.</b>    |   |   |  |  |
| Other Revenue   | 3 Investment income (including dividends, interest, and other similar amounts)   |  |                      | 18,099.   |   | 18,099.  |  |
|   | 4 Income from investment of tax-exempt bond proceeds   |  |                      |   |   |  |  |
|   | 5 Royalties  |  |                      |   |   |  |  |
|   | 6 a Gross Rents  | (i) Real                                       | 15,850.              |   |   |  |  |
|   |  | (ii) Personal                                  |                      |   |   |  |  |
|   |  | b Less: rental expenses                        |                      |   |   |  |  |
|   |  | c Rental income or (loss)                      | 15,850.              |   |   |  |  |
|   | d Net rental income or (loss)  |  |                      | 15,850.   |   | 15,850.  |  |
|   | 7 a Gross amount from sales of assets other than inventory   | (i) Securities                                 |                      |   |   |  |  |
|   |  | (ii) Other                                     |                      |   | 210,029.                                |  |  |
|   |  | b Less: cost or other basis and sales expenses |                      |   | 285,489.                                |  |  |
|   |  | c Gain or (loss)                               |                      |   | -75,460.                                |  |  |
|   | d Net gain or (loss)   |  |                      | -75,460.  |   | -75,460.   |  |
|   | 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a  | 336,310.             |   |   |  |  |
|   |  | b Less: direct expenses                        | b                    | 113,033.  |   |  |  |
| c Net income or (loss) from fundraising events                |  |  |                      | 223,277.  |   | 223,277.   |  |
| 9 a Gross income from gaming activities. See Part IV, line 19 | a  |  |                      |   |   |  |  |
|   | b Less: direct expenses  | b  |                      |   |   |  |  |
|   | c Net income or (loss) from gaming activities  |  |                      |   |   |  |  |
| 10 a Gross sales of inventory, less returns and allowances    | a  | 97,546.  |                      |   |   |  |  |
|   | b Less: cost of goods sold   | b  | 30,265.              |   |   |  |  |
|   | c Net income or (loss) from sales of inventory   |  |                      | 67,281.   |   | 67,281.  |  |
| Miscellaneous Revenue   |  | Business Code                                  |                      |   |   |  |  |
| 11 a OTHER INCOME   |  | 900099   |                      | 17,723.   |   | 17,723.  |  |
|   | b  |  |                      |   |   |  |  |
|   | c  |  |                      |   |   |  |  |
|   | d All other revenue  |  |                      |   |   |  |  |
|   | e Total. Add lines 11a-11d   |  |                      | 17,723.   |   |  |  |
| <b>12 Total revenue. See instructions.</b>                    |  |  | <b>4,124,313.</b>    | <b>1,228,578.</b>                               | <b>0.</b>                               | <b>266,770.</b>  |  |

**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) but are not required to complete columns (B), (C), and (D).

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21   | 569,082.              | 569,082.                        |  |                             |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22   | 72,062.               | 72,062.                         |  |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16  |                       |                                 |  |                             |
| 4 Benefits paid to or for members   |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees  | 387,908.              | 163,884.                        | 89,198.                                | 134,826.                    |
| 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  | 235,987.              | 99,700.                         | 54,264.                                | 82,023.                     |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)   |                       |                                 |  |                             |
| 9 Other employee benefits   | 19,831.               | 9,699.                          | 5,180.                                 | 4,952.                      |
| 10 Payroll taxes  | 50,982.               | 25,492.                         | 13,902.                                | 11,588.                     |
| 11 Fees for services (non-employees):   |                       |                                 |  |                             |
| a Management  |                       |                                 |  |                             |
| b Legal   | 4,849.                | 2,623.                          | 684.                                   | 1,542.                      |
| c Accounting  | 23,843.               | 12,864.                         | 5,030.                                 | 5,949.                      |
| d Lobbying  |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| f Investment management fees  |                       |                                 |  |                             |
| g Other   | 224,792.              | 110,965.                        | 82,941.                                | 30,886.                     |
| 12 Advertising and promotion  | 114,780.              | 64,444.                         | 32,436.                                | 17,900.                     |
| 13 Office expenses  | 872,656.              | 768,764.                        | 49,380.                                | 54,512.                     |
| 14 Information technology   | 38,528.               | 23,179.                         | 8,324.                                 | 7,025.                      |
| 15 Royalties  |                       |                                 |  |                             |
| 16 Occupancy  | 111,149.              | 60,726.                         | 30,350.                                | 20,073.                     |
| 17 Travel   | 39,877.               | 21,800.                         | 10,989.                                | 7,088.                      |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings   | 343,651.              | 296,997.                        | 16,119.                                | 30,535.                     |
| 20 Interest   | 6,370.                | 2,548.                          | 3,185.                                 | 637.                        |
| 21 Payments to affiliates   |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization  | 13,742.               | 5,770.                          | 5,710.                                 | 2,262.                      |
| 23 Insurance  | 56,720.               | 32,662.                         | 11,120.                                | 12,938.                     |
| 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)  |                       |                                 |  |                             |
| a PROGRAM EXPENSES  | 718,823.              | 694,720.                        | 15,726.                                | 8,377.                      |
| b CAMP AND RECREATION   | 121,760.              | 121,760.                        |  |                             |
| c MEMBERSHIP DUES   | 30,486.               | 18,513.                         | 4,725.                                 | 7,248.                      |
| d SUBSCRIPTIONS AND PUBLI   | 19,940.               | 9,466.                          | 5,017.                                 | 5,457.                      |
| e _____   |                       |                                 |  |                             |
| f All other expenses _____  |                       |                                 |  |                             |
| 25 Total functional expenses. Add lines 1 through 24f   | 4,077,818.            | 3,187,720.                      | 444,280.                               | 445,818.                    |
| 26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation |                       |                                 |  |                             |

**Part X Balance Sheet**

|  |  | (A)<br>Beginning of year |                      | (B)<br>End of year  |
|--|--|--------------------------|----------------------|---------------------|
| <b>Assets</b>  | <b>1</b> Cash - non-interest-bearing   | 804,691.                 | <b>1</b>             | 548,196.            |
|  | <b>2</b> Savings and temporary cash investments  | 3,083,006.               | <b>2</b>             | 3,475,443.          |
|  | <b>3</b> Pledges and grants receivable, net  |                          | <b>3</b>             |                     |
|  | <b>4</b> Accounts receivable, net  | 5,887.                   | <b>4</b>             | 225,811.            |
|  | <b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L                   |                          | <b>5</b>             |                     |
|  | <b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L      |                          | <b>6</b>             |                     |
|  | <b>7</b> Notes and loans receivable, net   |                          | <b>7</b>             |                     |
|  | <b>8</b> Inventories for sale or use   |                          | <b>8</b>             |                     |
|  | <b>9</b> Prepaid expenses and deferred charges   |                          | <b>9</b>             |                     |
|  | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | <b>10a</b> 188,609.      |                      |                     |
|  | <b>b</b> Less: accumulated depreciation  | <b>10b</b> 85,065.       | 597,891.             | <b>10c</b> 103,544. |
|  | <b>11</b> Investments - publicly traded securities   | 37,493.                  | <b>11</b>            | 77,140.             |
|  | <b>12</b> Investments - other securities. See Part IV, line 11   |                          | <b>12</b>            |                     |
|  | <b>13</b> Investments - program-related. See Part IV, line 11  |                          | <b>13</b>            |                     |
|  | <b>14</b> Intangible assets  |                          | <b>14</b>            |                     |
|  | <b>15</b> Other assets. See Part IV, line 11   |                          | 111,263.             | <b>15</b> 49,904.   |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) |  | 4,640,231.               | <b>16</b> 4,480,038. |                     |
| <b>Liabilities</b>   | <b>17</b> Accounts payable and accrued expenses  | 15,624.                  | <b>17</b>            | 17,834.             |
|  | <b>18</b> Grants payable   |                          | <b>18</b>            |                     |
|  | <b>19</b> Deferred revenue   |                          | <b>19</b>            |                     |
|  | <b>20</b> Tax-exempt bond liabilities  |                          | <b>20</b>            |                     |
|  | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D  |                          | <b>21</b>            |                     |
|  | <b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L |                          | <b>22</b>            |                     |
|  | <b>23</b> Secured mortgages and notes payable to unrelated third parties   |                          | <b>23</b>            |                     |
|  | <b>24</b> Unsecured notes and loans payable to unrelated third parties   |                          | <b>24</b>            |                     |
|  | <b>25</b> Other liabilities. Complete Part X of Schedule D   | 460,952.                 | <b>25</b>            | 28,336.             |
|  | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25  |                          | 476,576.             | <b>26</b> 46,170.   |
| <b>Net Assets or Fund Balances</b>   | <b>Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>  |                          |                      |                     |
|  | <b>27</b> Unrestricted net assets  |                          | <b>27</b>            |                     |
|  | <b>28</b> Temporarily restricted net assets  |                          | <b>28</b>            |                     |
|  | <b>29</b> Permanently restricted net assets  |                          | <b>29</b>            |                     |
|  | <b>Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.</b>   |                          |                      |                     |
|  | <b>30</b> Capital stock or trust principal, or current funds   | 4,163,655.               | <b>30</b>            | 4,433,868.          |
|  | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund   | 0.                       | <b>31</b>            | 0.                  |
|  | <b>32</b> Retained earnings, endowment, accumulated income, or other funds   | 0.                       | <b>32</b>            | 0.                  |
| <b>33</b> Total net assets or fund balances                                | 4,163,655.   | <b>33</b>                | 4,433,868.           |                     |
| <b>34</b> Total liabilities and net assets/fund balances                   |  | 4,640,231.               | <b>34</b> 4,480,038. |                     |

Form 990 (2009)

**Part XI Financial Statements and Reporting**

1 Accounting method used to prepare the Form 990.  Cash  Accrual  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?

b Were the organization's financial statements audited by an independent accountant?

c 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

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both.

Separate basis  Consolidated basis  Both consolidated and separate basis

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?

b 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.

|    | Yes | No |
|----|-----|----|
| 2a |     | x  |
| 2b |     | x  |
| 2c |     |    |
| 3a |     | x  |
| 3b |     |    |

Form 990 (2009)



**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)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3  |          |          |          |          |          |           |
| <b>5</b> 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) |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>7</b> Amounts from line 4  |          |          |          |          |          |           |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources |          |          |          |          |          |           |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on                             |          |          |          |          |          |           |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                               |          |          |          |          |          |           |
| <b>11 Total support.</b> Add lines 7 through 10   |          |          |          |          |          |           |

**12** Gross receipts from related activities, etc. (see instructions) 12

**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**

|  |    |   |
|--|----|---|
| <b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))   | 14 | % |
| <b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14   | 15 | % |
| <b>16a 33 1/3% support test - 2009.</b> 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 <span style="float: right;"><input type="checkbox"/></span>  |    |   |
| <b>b 33 1/3% support test - 2008.</b> 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 <span style="float: right;"><input type="checkbox"/></span>   |    |   |
| <b>17a 10% -facts-and-circumstances test - 2009.</b> 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 IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <span style="float: right;"><input type="checkbox"/></span>     |    |   |
| <b>b 10% -facts-and-circumstances test - 2008.</b> 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <span style="float: right;"><input type="checkbox"/></span> |    |   |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <span style="float: right;"><input type="checkbox"/></span>   |    |   |

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2005   | (b) 2006   | (c) 2007   | (d) 2008   | (e) 2009   | (f) Total   |
|---|------------|------------|------------|------------|------------|-------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   | 1,663,648. | 1,453,770. | 2,072,276. | 2,494,975. | 2,628,965. | 10,313,634. |
| <b>2</b> 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 | 766,410.   | 627,849.   | 1,204,222. | 1,460,742. | 1,288,284. | 5,347,507.  |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |            |            |            |            |            |             |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |            |            |            |            |            |             |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |            |            |            |            |            |             |
| <b>6 Total.</b> Add lines 1 through 5   | 2,430,058. | 2,081,619. | 3,276,498. | 3,955,717. | 3,917,249. | 15,661,141. |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |            |            |            |            |            | 0.          |
| <b>b</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           |            |            |            |            |            | 0.          |
| <b>c</b> Add lines 7a and 7b  |            |            |            |            |            | 0.          |
| <b>8 Public support</b> (Subtract line 7c from line 6)  |            |            |            |            |            | 15,661,141. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2005   | (b) 2006   | (c) 2007   | (d) 2008   | (e) 2009   | (f) Total   |
|--|------------|------------|------------|------------|------------|-------------|
| <b>9</b> Amounts from line 6   | 2,430,058. | 2,081,619. | 3,276,498. | 3,955,717. | 3,917,249. | 15,661,141. |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  | 41,541.    | 51,555.    | 53,744.    | 36,265.    | 33,949.    | 217,054.    |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975   |            |            |            |            |            |             |
| <b>c</b> Add lines 10a and 10b   | 41,541.    | 51,555.    | 53,744.    | 36,265.    | 33,949.    | 217,054.    |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  |            |            |            |            |            |             |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  | 191,806.   | 323,032.   | 237,389.   | 184,488.   | 17,723.    | 954,438.    |
| <b>13 Total support</b> (Add lines 9, 10c, 11, and 12)   | 2,663,405. | 2,456,206. | 3,567,631. | 4,176,470. | 3,968,921. | 16,832,633. |
| <b>14 First five years.</b> 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**

|  |           |         |
|--|-----------|---------|
| <b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> | 93.04 % |
| <b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15                      | <b>16</b> | 91.36 % |

**Section D. Computation of Investment Income Percentage**

|   |           |        |
|---|-----------|--------|
| <b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> | 1.29 % |
| <b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17                        | <b>18</b> | 1.46 % |

**19a 33 1/3% support tests - 2009.** 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 - 2008.** 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

Schedule A (Form 990 or 990-EZ) 2009

**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009**

Open to Public Inspection

Name of the organization

AUTISM SOCIETY OF AMERICA GROUP

Employer identification number

58-2248889

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

|   | (a) Donor advised funds | (b) Funds and other accounts                             |
|---|-------------------------|--|
| 1 Total number at end of year   |                         |  |
| 2 Aggregate contributions to (during year)  |                         |  |
| 3 Aggregate grants from (during year)   |                         |  |
| 4 Aggregate value at end of year  |                         |  |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7

- Purpose(s) of conservation easements held by the organization (check all that apply).
 

|   |  |
|---|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat                                      | <input type="checkbox"/> Preservation of a certified historic structure      |
| <input type="checkbox"/> Preservation of open space   |  |
- Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
 

|    | Held at the End of the Tax Year |
|----|---------------------------------|
| 2a |                                 |
| 2b |                                 |
| 2c |                                 |
| 2d |                                 |
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No
- In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
 

|  |            |
|--|------------|
| (i) Revenues included in Form 990, Part VIII, line 1 | ▶ \$ _____ |
| (ii) Assets included in Form 990, Part X             | ▶ \$ _____ |
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items.
 

|  |            |
|--|------------|
| a Revenues included in Form 990, Part VIII, line 1 | ▶ \$ _____ |
| b Assets included in Form 990, Part X              | ▶ \$ _____ |



**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 XIV.

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 organization answered "Yes" to 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 XIV and complete the following table.

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

|    | Amount |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to 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 year end balance held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Term endowment  \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

|        | Yes | No |
|--------|-----|----|
| 3a(i)  |     |    |
| 3a(ii) |     |    |
| 3b     |     |    |

b If "Yes" to 3a(i), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

| Description of investment   | (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   |                                      |                                 |                              |                |
| e Other   |                                      | 188,609.                        | 85,065.                      | 103,544.       |
| <b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                                      |                                 |                              | 103,544.       |

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security) | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| Financial derivatives   |                |  |
| Closely-held equity interests   |                |  |
| Other   |                |  |
|   |                |  |
|   |                |  |
|   |                |  |
|   |                |  |
|   |                |  |
|   |                |  |
|   |                |  |
|   |                |  |
| <b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶ |                |  |

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

| (a) Description of investment type                                      | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
|   |                |  |
|   |                |  |
|   |                |  |
|   |                |  |
|   |                |  |
|   |                |  |
|   |                |  |
|   |                |  |
|   |                |  |
|   |                |  |
| <b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ |                |  |

**Part IX Other Assets.** See Form 990, Part X, line 15.

| (a) Description  | (b) Book value |
|--|----------------|
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶ |                |

**Part X Other Liabilities.** See Form 990, Part X, line 25

| 1. (a) Description of liability  | (b) Amount |
|--|------------|
| Federal income taxes   |            |
| <b>LOAN PAYABLE</b>  | 5,787.     |
| <b>OTHER LIABILITIES</b>   | 22,549.    |
|  |            |
|  |            |
|  |            |
|  |            |
|  |            |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶ |            |
|  | 28,336.    |

2. FIN 48 Footnote. In Part XIV, 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.

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

|    |  |    |  |
|----|--|----|--|
| 1  | Total revenue (Form 990, Part VIII, column (A), line 12)                                 | 1  |  |
| 2  | Total expenses (Form 990, Part IX, column (A), line 25)                                  | 2  |  |
| 3  | Excess or (deficit) for the year Subtract line 2 from line 1                             | 3  |  |
| 4  | Net unrealized gains (losses) on investments   | 4  |  |
| 5  | Donated services and use of facilities   | 5  |  |
| 6  | Investment expenses  | 6  |  |
| 7  | Prior period adjustments   | 7  |  |
| 8  | Other (Describe in Part XIV)   | 8  |  |
| 9  | Total adjustments (net). Add lines 4 through 8   | 9  |  |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 |  |

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

|   |   |    |  |
|---|---|----|--|
| 1 | Total revenue, gains, and other support per audited financial statements        | 1  |  |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |  |
| a | Net unrealized gains on investments   | 2a |  |
| b | Donated services and use of facilities  | 2b |  |
| c | Recoveries of prior year grants   | 2c |  |
| d | Other (Describe in Part XIV.)   | 2d |  |
| e | Add lines 2a through 2d   | 2e |  |
| 3 | Subtract line 2e from line 1  | 3  |  |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |    |  |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                | 4a |  |
| b | Other (Describe in Part XIV.)   | 4b |  |
| c | Add lines 4a and 4b   | 4c |  |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5  |  |

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

|   |  |    |  |
|---|--|----|--|
| 1 | Total expenses and losses per audited financial statements                       | 1  |  |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |  |
| a | Donated services and use of facilities   | 2a |  |
| b | Prior year adjustments   | 2b |  |
| c | Other losses   | 2c |  |
| d | Other (Describe in Part XIV.)  | 2d |  |
| e | Add lines 2a through 2d  | 2e |  |
| 3 | Subtract line 2e from line 1   | 3  |  |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |    |  |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a |  |
| b | Other (Describe in Part XIV.)  | 4b |  |
| c | Add lines 4a and 4b  | 4c |  |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5  |  |

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000

|                 |    | (a) Event #1  | (b) Event #2 | (c) Other events       | (d) Total events<br>(add col. (a) through<br>col. (c)) |
|-----------------|----|---|--------------|------------------------|--|
|                 |    | MULTIPLE SMALL<br>EVENTS<br>(event type)                    | (event type) | NONE<br>(total number) |  |
| Revenue         | 1  | Gross receipts  | 336,310.     |                        | 336,310.   |
|                 | 2  | Less: Charitable contributions                              |              |                        |  |
|                 | 3  | Gross income (line 1 minus line 2)                          | 336,310.     |                        | 336,310.   |
| Direct Expenses | 4  | Cash prizes   |              |                        |  |
|                 | 5  | Noncash prizes  |              |                        |  |
|                 | 6  | Rent/facility costs   |              |                        |  |
|                 | 7  | Food and beverages  |              |                        |  |
|                 | 8  | Entertainment   |              |                        |  |
|                 | 9  | Other direct expenses                                       | 113,033.     |                        | 113,033.   |
|                 | 10 | Direct expense summary. Add lines 4 through 9 in column (d) |              |                        | ( 113,033 )  |
|                 | 11 | Net income summary. Combine line 3, column (d), and line 10 |              |                        | 223,277.   |

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

|                 |   | (a) Bingo   | (b) Pull tabs/instant<br>bingo/progressive bingo                    | (c) Other gaming  | (d) Total gaming (add<br>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 _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |
|                 | 7 | Direct expense summary. Add lines 2 through 5 in column (d)       |   |   | ( )   |
|                 | 8 | Net gaming income summary. Combine line 1, column (d), and line 7 |   |   |   |

|  | Yes | No |
|--|-----|----|
| 9 Enter the state(s) in which the organization operates gaming activities: _____<br>a Is the organization licensed to operate gaming activities in each of these states?<br>b If "No," explain:<br>_____ | 9a  |    |
| 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?<br>b If "Yes," explain:<br>_____  | 10a |    |
| 11 Does the organization operate gaming activities with nonmembers?  | 11  |    |
| 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?   | 12  |    |

**13** Indicate the percentage of gaming activity operated in:

- a The organization's facility
- b An outside facility

|            |  |   |
|------------|--|---|
| <b>13a</b> |  | % |
| <b>13b</b> |  | % |

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records.

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?

**15a**

- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.

c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer     
  Employee     
  Independent contractor

**17** Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

**17a**

- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization AUTISM SOCIETY OF AMERICA GROUP Employer identification number 58-2248889

**Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

| 1 (a) Name and address of organization or government                                      | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| ANDERSON CENTER FOR AUTISM<br>4885 RT 9<br>STAATSBURG, NY 12580                           | 14-1786557 | 501(C)(3)                     | 12,688.                  | 0.                                |   |  |                                    |
| ASSOCIATION FOR RENEWAL IN<br>EDUCATION, INC. - 45 P STREET, NW<br>- WASHINGTON, DC 20001 | 52-1869579 |                               | 6,000.                   | 0.                                |   |  |                                    |
| AUTISM INSURANCE IN MICHIGAN<br>3460 FAIRWOOD<br>LAMBERTVILLE, MI 48144                   | 38-2908507 |                               | 10,100.                  | 0.                                |   |  |                                    |
| AUTISM SOCIETY OF ILLINOIS<br>4340 EAST WEST HIGHWAY<br>BETHESDA, MD 20814                | 93-1223160 | 501(C)(3)                     | 7,000.                   | 0.                                |   |  |                                    |
| BREAKTHROUGH CORPORATION<br>1805 MARYVILLE PIKE<br>KNOXVILLE, TN 37920                    | 62-1518649 | 501(C)(3)                     | 38,885.                  | 0.                                |   |  |                                    |
| CAMP SPECTACULAR<br>314 SOUTH MANNING BLVD<br>ALBANY, NY 12208                            | 14-1776927 |                               | 15,000.                  | 0.                                |   |  |                                    |

**2** Enter total number of section 501(c)(3) and government organizations 16.

**3** Enter total number of other organizations 6.

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

Schedule I (Form 990) 2009

**Part III** AUTISM SOCIETY OF AMERICA GROUP  
**Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22  
 Use Part IV and Schedule I-1 (Form 990) if additional space is needed

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| SCHOLARSHIPS                    | 179                      | 72,062.                  | 0.                                |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: ASA CHAPTERS GIVE HUNDREDS OF AWARDS, GRANTS AND SCHOLARSHIPS BASED ON INDIVIDUAL CRITERIA SET BY THEIR RESPECTIVE BOARD OF DIRECTORS. IN MOST CASES THE CHAPTERS ARE SMALL IN NUMBER AND THE ACTUAL REVIEW OF APPLICATIONS IS HANDLED BY THE BOARD ITSELF AGAINST SET OF CRITERIA.

THE ESTIMATE OF 179 RECIPIENTS OF SCHOLARSHIPS IS BASED UPON INFORMATION THAT WAS PROVIDED BY THE CHAPTERS THAT ARE INCLUDED IN THIS GROUP FILING.



Name of the organization

AUTISM SOCIETY OF AMERICA GROUP

Employer identification number  
58-2248889

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government                              | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| COMMUNITY HOUSING NETWORK, INC.<br>570 KIRTS BLVD., SUITE 231<br>TROY, MI 48084 | 38-2908507 | 501(C)(3)                     | 25,000.                  | 0.                                |   |  |                                    |
| FAR CONSERVATORY<br>1669 WEST MAPLE ROAD<br>BIRMINGHAM, MI 48009                | 38-2908507 | 501(C)(3)                     | 7,000.                   | 0.                                |   |  |                                    |
| INDIAN TRAILS CAMP<br>0-1859 LAKE MICHIGAN DRIVE NW<br>GRAND RAPIDS, MI 49534   | 51-0177914 |                               | 8,500.                   | 0.                                |   |  |                                    |
| JUDSON CENTER<br>4410 W. 13 MILE ROAD<br>ROYAL OAK, MI 48073                    | 38-2908507 | 501(C)(3)                     | 45,000.                  | 0.                                |   |  |                                    |
| KRIS' CAMP<br>3359 CREEK ROAD<br>SALT LAKE CITY, UT 84212                       | 33-0823647 | 501(C)(3)                     | 7,000.                   | 0.                                |   |  |                                    |
| LIFESPHERE INC<br>350 FIFTH AVE, SUITE 301<br>NEW YORK, NY 10118                | 14-1786557 | 501(C)(3)                     | 10,000.                  | 0.                                |   |  |                                    |
| MARANTHA HUMAN SERVICES<br>35 ACADEMY ST<br>POUGHKEEPSIE, NY 12601              | 14-1786557 | 501(C)(3)                     | 10,000.                  | 0.                                |   |  |                                    |
| OCALI<br>ESC, 2080 CITYGATE DRIVE<br>COLUMBUS, OH 43219                         | 34-1694514 |                               | 5,334.                   | 0.                                |   |  |                                    |

Name of the organization: **AUTISM SOCIETY OF AMERICA GROUP** Employer identification number: **58-2248889**

| Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| OFFERING ALTERNATIVE THERAPY WITH SMILES - 3090 WEIDEMANN DRIVE - CLARKSTON, MI 48848  | 38-2908507 | 501(C)(3)                     | 15,000.                  | 0.                                |   |  |                                    |
| OUCARES<br>420B PAWLEY HALL<br>ROCHESTER, MI 48309   | 38-2908507 | 501(C)(3)                     | 23,040.                  | 0.                                |   |  |                                    |
| PUTNAM/NO WESTCHESTER BOCES<br>200 BOCES DR<br>YORKTOWN HGTS, NY 10598   | 14-1786557 |                               | 10,000.                  | 0.                                |   |  |                                    |
| ST. JOHN'S COMM. SERVICES<br>2201 WISCONSIN AVENUE, NW<br>WASHINGTON, DC 20007   | 52-1869579 | 501(C)(3)                     | 9,000.                   | 0.                                |   |  |                                    |
| THE ARC OF OAKLAND COUNTY<br>1641 WEST BIG BEAVER ROAD<br>ROYAL OAK, MI 48073  | 38-2908507 | 501(C)(3)                     | 45,000.                  | 0.                                |   |  |                                    |
| TUCSON ALLIANCE FOR AUTISM<br>1002 N. COUNTRY CLUB RD.<br>TUCSON, AZ 85716   | 51-0249523 | 501(C)(3)                     | 15,000.                  | 0.                                |   |  |                                    |
| ULSTER GREENE ARC<br>471 ALBANY AVE<br>KINGSTON, NY 12401  | 14-1786557 | 501(C)(3)                     | 11,000.                  | 0.                                |   |  |                                    |
| UNITED CEREBRAL PALSY ULSTER CO<br>PO BOX 1488<br>KINGSTON, NY 12402   | 14-1786557 | 501(C)(3)                     | 6,700.                   | 0.                                |   |  |                                    |

**SCHEDULE J-2**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.  
▶ See the Instructions for Form 990.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the Organization

AUTISM SOCIETY OF AMERICA GROUP

Employer Identification number

58-2248889

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

| (A)<br>Name and title           | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---------------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                                 |                               | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| MARC SILVERMAN<br>DIRECTOR      | 1.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| SUSAN LEE<br>DIRECTOR           | 1.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| MELISSA MASSIE<br>DIRECTOR      | 1.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| SHARI GENTRY<br>DIRECTOR        | 1.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ANDY LEWTER<br>DIRECTOR         | 1.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| MR. RAJESH BIHANI<br>DIRECTOR   | 2.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| MRS. SALLY MCINNES<br>DIRECTOR  | 20.00                         | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| MRS. ANN PATRONIK<br>DIRECTOR   | 1.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| MRS TAMRA PICKTHORN<br>DIRECTOR | 1.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| OSCAR ALFARO<br>DIRECTOR        | 4.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| BRONWYN ESTEPHAN<br>DIRECTOR    | 4.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| BUNNID GUTHRIE<br>DIRECTOR      | 4.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| BARBARA SPRAGUE<br>DIRECTOR     | 4.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| EVA MORENO<br>DIRECTOR          | 4.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| REGINA MORENO<br>DIRECTOR       | 4.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| COLIN O'CONNOR<br>DIRECTOR      | 4.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| BOB RUBIN<br>DIRECTOR           | 4.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| TINA SAWIRES<br>DIRECTOR        | 4.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ANA SIMMS<br>DIRECTOR           | 4.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| MARGIE SULLIVAN<br>DIRECTOR     | 4.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |

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

Schedule J-2 (Form 990) 2009

**SCHEDULE J-2**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.  
▶ See the Instructions for Form 990.

OMB No 1545-0047

**2009**

Open to Public Inspection

Name of the Organization

AUTISM SOCIETY OF AMERICA GROUP

Employer Identification number

58-2248889

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

| (A)<br>Name and title              | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|------------------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                                    |                               | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| GREG FLETCHER<br>DIRECTOR          | 2.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| MARCIA EICHELBERGER<br>DIRECTOR    | 2.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| PENNE FODE<br>DIRECTOR             | 2.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| JENNIFER MCNULTY<br>DIRECTOR       | 2.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| DEAN WILSON<br>DIRECTOR            | 1.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| RHODA MCLEESE SMITH<br>DIRECTOR    | 15.00                         | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| DENISE STOCKTON<br>DIRECTOR        | 15.00                         | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| FRANKLIN R. DAVIS, SR.<br>DIRECTOR | 25.00                         | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| GAIL WILLIAMS<br>DIRECTOR          | 10.00                         | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| KATHLEEN EISS<br>DIRECTOR          | 15.00                         | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| DIANE BAER<br>DIRECTOR             | 15.00                         | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| MAUREEN BARBER-CAREY<br>DIRECTOR   | 0.10                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| REBECCA BRUMAGIN<br>DIRECTOR       | 0.10                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| TOM DIVECCHIO<br>DIRECTOR          | 0.80                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| SHELLY FERRETTI<br>DIRECTOR        | 0.10                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| JAN FORMICHELLA<br>DIRECTOR        | 3.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| MIKE KRUSZEWSKI<br>DIRECTOR        | 1.20                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| KYM SNELL<br>DIRECTOR              | 0.80                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| DEBBIE THOMPSON<br>DIRECTOR        | 1.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| BETH RACINE<br>DIRECTOR            | 1.50                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |

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

Schedule J-2 (Form 990) 2009

**SCHEDULE J-2**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.  
▶ See the Instructions for Form 990.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the Organization

AUTISM SOCIETY OF AMERICA GROUP

Employer Identification number

58-2248889

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

| (A)<br>Name and title                | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                                      |                               | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| GALE PROL<br>DIRECTOR                | 5.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| DENI DUROY-CUNNINGHAM<br>DIRECTOR    | 1.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| WENDY SWARTZ<br>DIRECTOR             | 2.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| CINDY BERNSTEIN<br>DIRECTOR          | 2.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| STEVEN BERRY<br>DIRECTOR             | 1.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| JANE BRENNAN<br>DIRECTOR             | 1.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| JENNIFER BROOKING<br>DIRECTOR        | 1.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| JANINE COLLINS<br>DIRECTOR           | 2.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ANNE GRAHAM<br>DIRECTOR              | 1.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| KIM HUMPHREY<br>DIRECTOR             | 3.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| MIKE LAMOREAU<br>DIRECTOR            | 2.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| LIZA LITTLE<br>DIRECTOR              | 1.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| LYNDA MAZZOLA<br>DIRECTOR            | 3.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| JOSEPH STONE<br>DIRECTOR             | 1.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| BETH WHITEHOUSE<br>DIRECTOR          | 1.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| MELISSA DUMONT<br>DIRECTOR           | 10.00                         | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| JENNIFER TWACHTMANN-REIL<br>DIRECTOR | 1.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| DON SHIPLEY<br>DIRECTOR              | 20.00                         | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| SCOTT CAMPBELL<br>DIRECTOR           | 10.00                         | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| DAVID BRUINS<br>DIRECTOR             | 5.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |

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

Schedule J-2 (Form 990) 2009

**SCHEDULE J-2**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.  
▶ See the instructions for Form 990.

OMB No 1545-0047

**2009**

Open to Public Inspection

Name of the Organization

AUTISM SOCIETY OF AMERICA GROUP

Employer Identification number

58-2248889

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

| (A)<br>Name and title            | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                                  |                               | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| RAY NELSON<br>DIRECTOR           | 5.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| JUGNU AGRAWAL<br>DIRECTOR        | 5.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| DAVID CORDELL<br>DIRECTOR        | 5.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| PAT DIBARI<br>DIRECTOR           | 5.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| MICHELLE HURST<br>DIRECTOR       | 5.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| JENNIFER MEINEL<br>DIRECTOR      | 5.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| LARRIE ELLEN RANDALL<br>DIRECTOR | 5.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| KRISTINE CASTER<br>DIRECTOR      | 1.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| JOCELYN LISTER<br>DIRECTOR       | 1.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| AMY FRECHETTE<br>DIRECTOR        | 1.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ANGELIQUE BULLOCK<br>DIRECTOR    | 5.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| EMILY ILAND<br>DIRECTOR          | 10.00                         | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| WILLIAM MANAHAN<br>DIRECTOR      | 5.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| KATHLEEN JERNIGAN<br>DIRECTOR    | 5.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| DEAN WILSON<br>DIRECTOR          | 5.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| LARS PERNER<br>DIRECTOR          | 5.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| SUSAN LEVY<br>DIRECTOR           | 5.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| DANIEL DELGADILLO<br>DIRECTOR    | 5.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| LUISA DELGADILLO<br>DIRECTOR     | 5.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| PATTI ERICKSON<br>DIRECTOR       | 5.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |

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

Schedule J-2 (Form 990) 2009

**SCHEDULE J-2**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.  
▶ See the Instructions for Form 990.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the Organization

AUTISM SOCIETY OF AMERICA GROUP

Employer Identification number

58-2248889

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

| (A)<br>Name and title         | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-------------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                               |                               | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| KAREN SIWIK<br>DIRECTOR       | 5.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| PATRICK LYONS<br>DIRECTOR     | 5.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| IRA FINGLES<br>DIRECTOR       | 5.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| KAREN KOSACK<br>DIRECTOR      | 20.00                         | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| MARK STORCH<br>DIRECTOR       | 10.00                         | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| HELEN GONYEA<br>DIRECTOR      | 20.00                         | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ROXANNE FERBER<br>DIRECTOR    | 10.00                         | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ANGIE MOTTE<br>DIRECTOR       | 2.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ANNIE SPELL<br>DIRECTOR       | 5.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| BAMBI POLOTZOLA<br>DIRECTOR   | 10.00                         | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| DAN KIBURZ<br>DIRECTOR        | 2.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| DARREL THIBODEAUX<br>DIRECTOR | 2.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| DAVID CHACHERE<br>DIRECTOR    | 2.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| DENISE LEBLANC<br>DIRECTOR    | 5.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| DONNA ANDRUS<br>DIRECTOR      | 20.00                         | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| HESTER BOURDIER<br>DIRECTOR   | 2.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| KATHY BOUDREAUX<br>DIRECTOR   | 2.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| MICHELE BIENVENU<br>DIRECTOR  | 2.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| MICHELLE MAYER<br>DIRECTOR    | 5.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| RON CHAUFFE<br>DIRECTOR       | 2.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |

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Schedule J-2 (Form 990) 2009

**SCHEDULE J-2**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.  
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OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the Organization

AUTISM SOCIETY OF AMERICA GROUP

Employer Identification number

58-2248889

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

| (A)<br>Name and title                     | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |                               | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| SARA MCNAMARA<br>DIRECTOR                 | 8.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| SCOTT BUSSEY<br>DIRECTOR                  | 2.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| STEPHANIE BOURGEOIS<br>DIRECTOR           | 5.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| TARA HARVEY-GROSS<br>DIRECTOR             | 5.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| TERRI PITRE<br>DIRECTOR                   | 2.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| DR. MADHU BHOGAL<br>DIRECTOR              | 1.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| DANIELLE BRESEE<br>DIRECTOR               | 1.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| THOMAS BROWN<br>DIRECTOR                  | 1.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| DR. VEENA DODDAKASHI<br>DIRECTOR          | 1.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ROBIN GRAHAM<br>DIRECTOR                  | 1.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| IMAN KILLEBREW<br>DIRECTOR                | 1.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| NIKKI LEWIS<br>DIRECTOR                   | 1.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ANU MOHAN<br>DIRECTOR                     | 1.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| SCOTT RICE<br>DIRECTOR                    | 1.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| LEANNE RUSSELL<br>DIRECTOR                | 1.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| DR. PENELOPE SUTER<br>DIRECTOR            | 1.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| PATRICIA YOUNG<br>DIRECTOR                | 1.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| HEATHER KAROLIAN<br>EXEC ASSISTANT        | 10.00                         | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| DAYNA WILLIAMS<br>EXECUTIVE ASSISTANT     | 0.00                          | X                                      |                       |         |              |                              |        | 9,879.   | 0.  | 0.  |
| MRS. BARBARA BAKER<br>IMM. PAST PRESIDENT | 3.00                          | X                                      |                       | X       |              |                              |        | 0.   | 0.  | 0.  |

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Schedule J-2 (Form 990) 2009



**SCHEDULE J-2**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**  
▶ **See the Instructions for Form 990.**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

Name of the Organization

**AUTISM SOCIETY OF AMERICA GROUP**

Employer Identification number

**58-2248889**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

| (A)<br>Name and title                      | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |         | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|-------------------------------|--|-----------------------|---------|--------------|------------------------------|---------|--|---|---|
|  |                               | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former  |  |   |   |
| ANGELA ARLINGTON<br>INFORMATION SPECIALIST | 5.00                          | X                                      |                       |         |              |                              | 22,182. | 0.   | 0.  |   |
| KARYN ALGEO<br>MEMBER                      | 10.00                         | X                                      |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| AMYBETH GULLA<br>MEMBER                    | 1.00                          | X                                      |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| PATRICIA HOFFMAN<br>MEMBER                 | 1.00                          | X                                      |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| TOM LEVY<br>MEMBER                         | 1.00                          | X                                      |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| TRISH LUBERDA<br>MEMBER                    | 1.00                          | X                                      |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| VIRGINIA MASTERS<br>MEMBER                 | 10.00                         | X                                      |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| STEVE SWIGART<br>MEMBER                    | 1.00                          | X                                      |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| CORAL GETINO<br>PAST PRES                  | 4.00                          | X                                      |                       | X       |              |                              | 0.      | 0.   | 0.  |   |
| RITA RUBIN<br>PAST PRESIDENT               | 4.00                          | X                                      |                       | X       |              |                              | 0.      | 0.   | 0.  |   |
| JACKIE SPOHN<br>PRESIDENT                  | 25.00                         | X                                      |                       | X       |              |                              | 10,000. | 0.   | 0.  |   |
| SONDRA CUNNINGHAM<br>PRESIDENT             | 25.00                         | X                                      |                       | X       |              |                              | 0.      | 0.   | 0.  |   |
| MICHELLE HICKS<br>PRESIDENT                | 0.50                          | X                                      |                       | X       |              |                              | 0.      | 0.   | 0.  |   |
| PETER EARHART<br>PRESIDENT                 | 15.00                         | X                                      |                       | X       |              |                              | 0.      | 0.   | 0.  |   |
| DENISE CARUSO<br>PRESIDENT                 | 6.00                          | X                                      |                       | X       |              |                              | 0.      | 0.   | 0.  |   |
| KIM NEWGASS<br>PRESIDENT                   | 15.00                         | X                                      |                       | X       |              |                              | 0.      | 0.   | 0.  |   |
| MICHELLE JARVIS<br>PRESIDENT               | 15.00                         | X                                      |                       | X       |              |                              | 0.      | 0.   | 0.  |   |
| ERIC L. SMITH<br>PRESIDENT                 | 3.00                          | X                                      |                       | X       |              |                              | 0.      | 0.   | 0.  |   |
| KIM FARLEY<br>PRESIDENT                    | 1.00                          | X                                      |                       | X       |              |                              | 0.      | 0.   | 0.  |   |
| JOHN THOMAS<br>PRESIDENT                   | 5.00                          | X                                      |                       | X       |              |                              | 0.      | 0.   | 0.  |   |

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Schedule J-2 (Form 990) 2009

**SCHEDULE J-2**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.  
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OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the Organization

AUTISM SOCIETY OF AMERICA GROUP

Employer Identification number

58-2248889

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

| (A)<br>Name and title                | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                                      |                               | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| MRS. ELIZABETH KOWALSKI<br>PRESIDENT | 40.00                         | X                                      |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| SHERRY CHRISTIAN<br>PRESIDENT        | 4.00                          | X                                      |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| SHERI MITENBERGER<br>PRESIDENT       | 15.00                         | X                                      |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| RAMONA PUGET<br>PRESIDENT            | 20.00                         | X                                      |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| PENNE FODE<br>PRESIDENT              | 4.00                          | X                                      |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| MRS SUE WELCOME<br>REC. SEC.         | 1.00                          | X                                      |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| TRACY BODNAR<br>SECRETARY            | 5.00                          | X                                      |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| PAULA GODWIN<br>SECRETARY            | 0.80                          | X                                      |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| HELEN CURTIS<br>SECRETARY            | 5.00                          | X                                      |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| JEAN BROOKS<br>SECRETARY             | 1.00                          | X                                      |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| JANET WRIGHT<br>SECRETARY            | 1.00                          | X                                      |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| CATHY HIGGINS<br>SECRETARY           | 1.00                          | X                                      |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| BARBARA TALBERT<br>SECRETARY         | 2.00                          | X                                      |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| PAM SACHENIK<br>SECRETARY            | 15.00                         | X                                      |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| ANETTE ELLIOT<br>SECRETARY           | 2.00                          | X                                      |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| CAROL BAKER WILLEY<br>SECRETARY      | 3.00                          | X                                      |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| TERRI KURSAR<br>SECRETARY            | 4.00                          | X                                      |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| SHARON MCGOVERN<br>SECRETARY         | 1.00                          | X                                      |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| CLARICE BURKGREN<br>TREASURER        | 2.50                          | X                                      |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| KAY SNELL<br>TREASURER               | 10.00                         | X                                      |                       | X       |              |                              |        | 0.   | 0.  | 0.  |

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Schedule J-2 (Form 990) 2009

**SCHEDULE J-2**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**  
▶ **See the Instructions for Form 990.**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

Name of the Organization

**AUTISM SOCIETY OF AMERICA GROUP**

Employer Identification number

**58-2248889**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

| (A)<br>Name and title                    | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |                               | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| MARLA ROTT<br>TREASURER                  | 2.00                          | X                                      |                       | X       |              |                              | 0.     | 0.   | 0.  |   |
| JONATHAN STEIN<br>TREASURER              | 2.00                          | X                                      |                       | X       |              |                              | 0.     | 0.   | 0.  |   |
| BRUNO DELGRECO<br>TREASURER              | 3.00                          | X                                      |                       | X       |              |                              | 0.     | 0.   | 0.  |   |
| BRENDA LAMKIN<br>TREASURER               | 1.00                          | X                                      |                       | X       |              |                              | 0.     | 0.   | 0.  |   |
| SARA HIRTZ<br>TREASURER                  | 5.00                          | X                                      |                       | X       |              |                              | 0.     | 0.   | 0.  |   |
| ANNE MARIE ENGLE<br>TREASURER            | 25.00                         | X                                      |                       | X       |              |                              | 0.     | 0.   | 0.  |   |
| MR. KEN BARNOWSKI<br>TREASURER           | 3.00                          | X                                      |                       | X       |              |                              | 0.     | 0.   | 0.  |   |
| JUDY CHABANIK<br>TREASURER               | 6.00                          | X                                      |                       | X       |              |                              | 0.     | 0.   | 0.  |   |
| TRACI CYR<br>TREASURER                   | 5.00                          | X                                      |                       | X       |              |                              | 0.     | 0.   | 0.  |   |
| ANGIE BERTRAN HARRIS<br>TREASURER        | 1.00                          | X                                      |                       | X       |              |                              | 0.     | 0.   | 0.  |   |
| JENNY LIU<br>TREASURER                   | 4.00                          | X                                      |                       | X       |              |                              | 0.     | 0.   | 0.  |   |
| KIM SEINBOLD<br>TREASURER                | 1.00                          | X                                      |                       | X       |              |                              | 0.     | 0.   | 0.  |   |
| BRUCE PUTTERMAN<br>VICE PRESIDENT        | 5.00                          | X                                      |                       | X       |              |                              | 0.     | 0.   | 0.  |   |
| MRS. LINDA BROWN<br>VICE PRESIDENT       | 2.00                          | X                                      |                       | X       |              |                              | 0.     | 0.   | 0.  |   |
| GINGER MCALLISTER<br>VICE PRESIDENT      | 1.00                          | X                                      |                       | X       |              |                              | 0.     | 0.   | 0.  |   |
| RON BOWLING<br>VICE PRESIDENT            | 2.00                          | X                                      |                       | X       |              |                              | 0.     | 0.   | 0.  |   |
| JENNIFER SHUMARD<br>VICE PRESIDENT       | 25.00                         | X                                      |                       | X       |              |                              | 0.     | 0.   | 0.  |   |
| LISA FULTON<br>VICE PRESIDENT            | 2.00                          | X                                      |                       | X       |              |                              | 0.     | 0.   | 0.  |   |
| LIZ DESANTIS<br>VICE PRESIDENT           | 5.00                          | X                                      |                       | X       |              |                              | 0.     | 0.   | 0.  |   |
| GARY /AMY SCHOENTHALER<br>VICE PRESIDENT | 1.00                          | X                                      |                       | X       |              |                              | 0.     | 0.   | 0.  |   |

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

Schedule J-2 (Form 990) 2009



**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

AUTISM SOCIETY OF AMERICA GROUP

Employer identification number

58-2248889

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

GOAL,

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

REGIONAL & LOCAL CONFERENCES, ONE-DAY WORKSHOPS & TRAINING SESSIONS FOR

PARENTS & PROFESSIONALS, APPROX 19,000 INDIVIDUALS ATTENDED THESE

SESSIONS,

EXPENSES \$ 87271, INCLUDING GRANTS OF \$ 0, REVENUE \$ 0,

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED BY THE

SENIOR MANAGEMENT OF THE SOCIETY, THE FORM 990 IS ALSO REVIEWED BY THEIR

OUTSIDE ACCOUNTING CONTRACTORS,

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING

DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE

AVAILABLE UPON REQUEST.

| Chapter information   | EIN            | 58-2248889                    |
|---|----------------|-------------------------------|
| Autism Society of America Group Return  |                |                               |
| Attached to the 2009 Form 990, Group Filing                                   |                |                               |
| 01-0407346 Autism Society of Maine  | 800-273-5200   | Winthrop, ME 04564            |
| 02-0476020 Autism Society of New Hampshire                                    | (603) 679-2424 | Concord, NH 03301             |
| 06-1393155 ASCONN - Autism Society of Connecticut                             | (888) 453-4975 | Gulford, CT 06437             |
| 14-1500002 Autism Society of Nebraska   | (402) 488-8106 | Lincoln, NE                   |
| 14-1776927 Albany New York Chapter of the ASA                                 | (518) 357-4968 | Schanectady, NY 12305         |
| 14-1786557 Hudson Valley Autism Society                                       | (845) 338-0419 | Xingston, NY 12401            |
| 16-1486335 Autism Society of America Western New York Chapter                 | (716) 633-6300 | Williamsville, New York 14212 |
| 16-1508687 ASA - Central New York Chapter, Inc                                | (315) 447-4466 | Dewitt, NY 13214              |
| 23-2578768 Lehigh Valley Autism Society of America                            | 610-867-4729   | Bethlehem, PA 18017           |
| 23-7350636 Autism Society of America Berks County Chapter                     | (610) 736-3739 | Wyomissing, PA 19610          |
| 23-7350639 ASA, Greater Long Beach/South Bay Chapter                          | (562) 804-5558 | Claremont, CA 91711           |
| 25-1784145 Northwestern Pennsylvania Autism Society of America                | (717) 774-3350 | Lemoyne, PA 17043             |
| 30-0243340 Autism Society of Greater Cincinnati                               | (513) 509-0527 | Erie, PA 16508                |
| 31-1424116 Autism Society of California, Inc                                  | 805-492-8743   | Los Angeles, CA 90045         |
| 33-0599454 Coachella Valley ASA   | 760-772-1000   | Cincinnati, OH 45206          |
| 34-1684514 Autism Society of Ohio   | (740) 666-2018 | Thousand Oaks, CA 91362       |
| 35-1924804 Autism Society of Indiana  | (317) 685-0252 | Columbus, OH 43215            |
| 38-2591563 Autism Society of Kalamazoo/Battle Creek                           | (268) 688-5111 | Indianapolis, IN 46206        |
| 38-2908507 Autism Society of America - Oakland County Chapter                 | (248) 878-8717 | Kalamazoo, MI 49008           |
| 38-2909240 Wacomb / St. Clair County Chapter of the Autism Society of America | (608) 845-6260 | Troy, MI 48065                |
| 39-1789486 Autism Society of Greater Madison                                  | (608) 845-6260 | Chesterfield, Michigan 48045  |
| 42-1305731 Autism Society of Iowa   | (515) 505-1550 | Waunakee, WI 53597            |
| 51-0249523 Autism Society of America Plma County Chapter                      | (319) 390-4654 | La Porte City, IA 50651       |
| 52-1869579 Autism Society of America  | (520) 770-1541 | Cedar Rapids, IA 52405        |
| 54-1689894 Autism Society of West Virginia                                    | (202) 726-2088 | Tucson, AZ 85733              |
| 55-0735004 Huntington Area Chapter - ASA                                      | 703-912-1264   | Washington, DC 20011          |
| 62-1518649 ASA - East Tennessee Chapter                                       | (608) 845-6260 | Falls Church, VA 22046        |
| 72-0940237 Greater New Orleans Chapter ASA                                    | (337) 297-2872 | Huntington, WV 25706          |
| 72-1041979 Louisiana State Autism Chapter                                     | (504) 654-8748 | Huntington, WV 25714          |
| 72-1265383 Acadian Society for Autistic Citizens                              | (865) 866-0422 | Huntington, WV 25714          |
| 93-1223160 Autism Society of America - Greater Phila Chapter                  | (206) 984-5760 | Knoxville, TN 37934           |
| 95-1223121 Autism Society of America - ASA Chapter                            | (337) 896-0866 | New Orleans, Louisiana 70150  |
| 97-0451608 Autism Society of America - Dayton Chapter                         | (337) 297-2872 | Carencro, LA 70520            |
| 20-5768495 Autism Society of America - Northeast Illinois                     | (610) 458-9725 | Lafayette, LA 70501           |
| 93-1223160 Autism Society of Kent County                                      | (661) 588-4235 | Downingtown, PA 19335         |
| 51-0177914 Autism Society of North Dakota                                     | (206) 984-5760 | Bakersfield, CA 93314         |
| 20-5192488 Anne Arundel County Chapter of ASA                                 | 847-543-4502   | Miamisburg, OH 45343          |
| 52-1858938 Autism Society of Florida, Inc                                     | 616-632-8082   | Grayslake, IL 60030           |
| 59-2910387 Autism Society of Hawaii   | 701-281-8254   | Hudsonville, MI 49426         |
| 26-0410135 Autism Society of Larimer County                                   | 410-647-0114   | Alice, ND 58031               |
| 20-4482792 Baltimore Chesapeake Chapter of the ASA                            | 305-525-9322   | Severna Park, MD 21146        |
| 52-1864361 Autism Chapter of the Black Hills                                  | 808-282-3876   | Melbourne, FL 32940           |
| 52-1020149 Autism Society of the Bluegrass                                    | 970-577-9640   | Fort Collins, CO 80525        |
| 61-1284444 Autism Society of America, Inc                                     | 985-518-9766   | Baltimore, MD 21234           |
| 82-0499440 ESPD-erony Chapter Autism Society of America @NCBH                 | 605-415-3739   | Morgan City, LA 70380         |
| 13-3274147 Brooklyn Chapter Autism Society of America                         | 855-271-0618   | Rapid City, SD 57701          |
| 11-3345993 Autism Society of America - Broward County Chapter                 | 208-336-5676   | Lexington, KY 40515           |
| 65-0367622 Autism Society of Butler County, PA                                | 718-519-4797   | Boise, Idaho 83711            |
| 04-3682447 Central Michigan Autism Society of America                         | 718-256-1623   | Brooklyn, NY 11204            |
| 26-1776221 Autism Society of America - Central Oklahoma Chapter               | 954-577-4141   | Sunrise, Florida 33345        |
| 90-0291623 Central South Dakota Autism Society                                | 724-539-4425   | Evens City, PA 16033          |
| 46-0410259 Central Wisconsin Autism Society                                   | 989-847-2704   | Avon, Michigan 48806          |
| 39-2005918 Chippewa Valley Autism Society                                     | 405-370-3220   | Norman, OK 73070              |
| 90-0291626 Autism Society of America - Dallas Chapter                         | 715-886-4149   | Fort Pierre, SD 57532         |
| 35-2038804 East Central Indiana Chapter of ASA                                | 715-205-1129   | Nekoosa, WI 54457             |
|   | 214-208-0792   | Rice Lake, WI 54888           |
|   | 317-774-8664   | Dallas, TX 75243              |
|   |                | Noblesville, IN 46060         |

|             |  |                                 |                              |                       |
|-------------|--|---------------------------------|------------------------------|-----------------------|
| 59-3342762  | Emerald Coast Autism Society                               | 8668 Navarre Parkway /216       | Navarre, FL 32566            | 850-426-1910          |
| 52-1949026  | ASA - Frederick County MD Chapter                          | 6595 Ewald Court                | Frederick, MD 21703          | 301-476-8080          |
| 26-5028036  | Autism Society of America Golden Heart Chapter             | 607 Old Steele Hwy, Ste B       | Fairbanks, AK 99701          | 907-374-4421          |
| 34-1764118  | Autism Society of America Greater Akron Chapter            | PO Box 2831                     | Akron, OH 44309              | 330-618-0085          |
| 74-2353470  | Autism Society of Greater Austin                           | 11120 Callianish Park Drive     | Austin, TX 78750             | 512-257-7130          |
| 90-0426805  | Greater Baton Rouge Chapter Autism Society of America      | 5430 South Woodchase Court      | Baton Rouge, LA 70895        | 225-757-8890          |
| 95-1225185  | Greater Houston Chapter ASA                                | P.O. Box 2871                   | Houston, TX 77252-2871       | 713-513-7575          |
| 20-5087226  | Northern Arizona Chapter, ASA                              | PO Box 50247                    | Parks, AZ 86018              |                       |
| 55-0765943  | ASA Hancock County, WV Chapter                             | 277 Bennett Drive               | Weirton, WV 26062            | 304-748-1331          |
| 52-1947268  | Hartford County Chapter of Autism Society of America       | 1315 Vanderbilt Road            | Bel Air, MD 21014            | 410-879-4643          |
| 33-3306650  | Autism Society of America - Inland Empire Chapter          | 2276 Griffin Way, Suite 105-194 | Corona, CA 92879             | 909-204-4142 Ext. 339 |
| 61-0951651  | Autism Society of kentuckiana                              | 8715 Brown Austin Road          | Fairdale, KY 40118           | 502-367-2432          |
| 26-3387065  | Autism Society of America Mid-South Chapter                | P.O. Box 382294                 | Germanatown, TN 33183-2294   | 901-542-2767          |
| 52-1864360  | Montgomery County Maryland Chapter                         | 11820 Pittston Road             | Silver Spring, MD 20906      | 301-929-0952          |
| 55-0765943  | Newaibo County Autism Society                              | PO Box 61                       | Grant, MI 49327              | 231-831-0384          |
| 63-1112411  | North Alabama Chapter                                      | 2619 Cahwin Road SE             | Huntsville, AL 35803         | 256-880-0414          |
| 90-0345076  | Peoria Regional Chapter of ASA                             | 507 E Armstrong Ave             | Peoria, IL 61606             | 309-686-1155          |
| 36-4620137  | Autism Society of Southeastern Ohio                        | PO Box 480                      | Athens, OH 45701             | 740-592-6500          |
| 58-2137464  | Autism Society of the Quad Cities                          | PO Box 472                      | Bettendorf, Iowa             | 563-343-1057          |
| 52-1029149  | Autism Society of America Northeast Georgia Chapter        | 120 Telfair Place               | Piano, TX 75026              | 706-540-3621          |
| 20-0945561  | Autism Society of West Shore, Inc                          | PO Box 261975                   | Athens, Georgia 30606        | 972-365-8708          |
| 23-7225512  | North Suburban Autism Chapter A S I                        | 2546 West Jerome Unit C         | Chicago, Illinois 60645      | 773-428-8195          |
| 38-2769213  | Metropolitan Chicago Chapter 714                           | 9453 S Ashland Ave #10,         | Chicago, Illinois 60620      | 773-445-0929          |
| 77-0989090  | Autism Society of America - Westmoreland Co Chapter        | 1440 Colony Drive               | Greensburg, PA 15601         | 724-850-9763          |
| 26-2396098  | Autism Society of the Treasure Coast                       | PO Box 39                       | Spring Lake, MI 49456        | 616-395-3222          |
| 22-3401874  | Wayne County Autism Society (WAYSAC)                       | 15927 Sunbury                   | Livonia, MI 48154-3327       | 734-634-4120          |
| 37-750638   | Ventura County Autism Chapter                              | 3810 Tremont Place              | Ann Arbor, MI 48105          | 734-332-3396          |
| 37-1342837  | Autism Society of Westchester County                       | 900 Calle Plano, Suite K        | Camarillo, CA 93012          | 819-597-3084          |
| 30-0389824  | Autism Society of Southern Illinois                        | 3535 SE Bonita Street           | Stuart, FL 34997             | 772-486-8207          |
| 52-1020149  | Autism Society of Southeast Texas                          | 10 Shadow Oak Court             | Mount Laurel, NJ 08054       | 856-234-1294          |
| 84-1344902  | Autism Society of The Pikes Peak Region                    | P.O. Box 1805                   | Lake Charles, LA 70602       | 337-885-2068          |
| 23-2846261  | Autism Society of Pennsylvania (PENNSAC)                   | P.O. Box 822                    | O'Fallon, IL 62269           | 618-530-7894          |
| 36-4010038  | NW Suburban of Illinois                                    | 18977 Hallett Ct                | Brownstown, MI 48174         | 734-250-1114          |
| 52-1020149  | Northwest Louisiana Autism Chapter                         | 6438 A dams                     | Groves, TX 771619            | 409-984-5188          |
| 20-4859853  | Northwest Houston Chapter of ASA                           | 871 Oxford Lane                 | Colorado Springs, CO 80905   | 719-635-7300          |
| 88-0312561  | Northern Nevada  | 900 North Fourth Street         | Jeanette, PA                 | 724-837-8120x160      |
| Applied For | Autism Society of Utah                                     | PO Box 681362                   | Schaumburg, IL 60168         | 630-488-8441          |
| 22-165216   | Monmouth Cty Chapter Autism Society of America             | 214 Douglas Drive               | Stonewall, LA 71078          | 318-925-6083          |
| 31-1339541  | Central Ohio Chapter, Autism Society of America            | PO Box 2799                     | Cypress, TX 77410-1363       | 832-341-3394          |
| 55-0743533  | Autism Society of WV, South Central Chapter                | 3490 Southampton Drive          | Reno, NV 89509               | 775-786-9315          |
| 39-1850395  | Autism Society of the Lakeshore                            | 3545 W Maynard St               | Riverton, UT 84065           |                       |
| 26-0171873  | North Central Montana Chapter of Autism Society of America | 73 Wickapecko Drive             | Ocean, NJ 07712              | 732-531-0454          |
| 65-1223569  | Autism Society of America - Santa Barbara Chapter          | 286 Weydon Road                 | Worthington, OH 43085        | 614-888-4017          |
| 76-0531010  | The Gulf Coast Chapter of ASA                              | P.O. Box 550396                 | Institute, WV 25112-0005     | 304-586-4165          |
| 52-1020149  | Autism Society of America - Manhattan Chapter              | 413 Mansoor Shariff             | Manitowoc, WI 54220          | 920-683-9351          |
| 74-2761401  | Southwest Texas Chapter of the Autism Society              | 2501 Central Avenue             | Great Falls, MT 59401        | 406-452-1556          |
| 66-0502847  | Autism Society of Puerto Rico                              | P.O. Box 30364                  | Santa Barbara, CA 93130-0305 | 805-560-3762          |
|             |  | 1125 28th Street                | Santa Fe, TX 77510           | 409-925-1869          |
|             |  | 370 E 76th St, Apt C            | New York, NY 10021           | 212-628-0669          |
|             |  | 1340 Murchison                  | El Paso, TX 79902            | 915-772-9100          |
|             |  | PO box 190594                   | San Juan, PR 00919           | 787-723-0822          |

# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

## **Part I** Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

|  |   |   |
|--|---|---|
| Type or print<br><br>File by the due date for filing your return. See instructions | Name of Exempt Organization<br><b>AUTISM SOCIETY OF AMERICA GROUP</b>   | Employer identification number<br><b>58-2248889</b> |
|  | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>4340 EAST-WEST HWY, STE 350, NO. 350</b>     |   |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions<br><b>BETHESDA, MD 20814-4411</b> |   |
|  |   |   |

Check type of return to be filed (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

### CHAPTER DIRECTORS

- The books are in the care of ▶ **SEE ATTACHED LIST OF CHAPTER DIRECTORS - N/A**  
Telephone No. ▶ **N/A** FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **2497**. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year **2009** or

▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**2** If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

|  |           |    |            |
|--|-----------|----|------------|
| <b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.   | <b>3a</b> | \$ |            |
| <b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  | <b>3b</b> | \$ |            |
| <b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions. | <b>3c</b> | \$ | <b>N/A</b> |

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)



If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Form with fields: Name of Exempt Organization (AUTISM SOCIETY OF AMERICA GROUP), Employer identification number (58-2248889), Number, street, and room or suite no. (4340 EAST-WEST HWY, STE 350, NO. 350), City, town or post office, state, and ZIP code (BETHESDA, MD 20814-4411).

Check type of return to be filed (File a separate application for each return):

- Form 990 (checked), Form 990-EZ, Form 990-T (sec. 401(a) or 408(a) trust), Form 1041-A, Form 5227, Form 8870, Form 990-BL, Form 990-PF, Form 990-T (trust other than above), Form 4720, Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

CHAPTER DIRECTORS

The books are in the care of SEE ATTACHED LIST OF CHAPTER DIRECTORS - N/A

Telephone No. N/A

FAX No.

If the organization does not have an office or place of business in the United States, check this box

If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 2497. If this is for the whole group, check this box. If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

I request an additional 3-month extension of time until NOVEMBER 15, 2010.

For calendar year 2009, or other tax year beginning, and ending

If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period

State in detail why you need the extension

INFORMATION REQUIRED TO FILE A COMPLETE AND ACCURATE RETURN WILL NOT BE AVAILABLE UNTIL AFTER THE FIRST EXTENDED DUE DATE.

Table with 3 columns: Description, 8a, 8b, 8c. Row 1: 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. Row 2: 8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Row 3: 8c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFIPS (Electronic Federal Tax Payment System). See instructions.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature: [Handwritten Signature] Title: ACCOUNTANT

Date: AUG 11 2010 Form 8868 (Rev. 4-2009)