

Return of Organization Exempt From Income Tax

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

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

A For the 2010 calendar year, or tax year beginning and ending

| | | |
|---|---|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization AUTISM SOCIETY OF AMERICA GROUP Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 4340 EAST WEST HIGHWAY, SUITE 350 City or town, state or country, and ZIP + 4 BETHESDA, MD 20814-4411 F Name and address of principal officer: SCOTT BADESCH SAME AS C ABOVE | D Employer identification number 58-2248889 E Telephone number 301-657-0881 G Gross receipts \$ 4,178,915. H(a) Is this a group return for affiliates? STMT 1 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶ 2497 |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | L Year of formation: 1965 M State of legal domicile: DC |
| J Website: ▶ WWW.AUTISM-SOCIETY.ORG | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | |

Part I Summary

| | | | |
|------------------------------------|--|--|--|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities. TO PROMOTE EDUCATION & PUBLIC AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH THIS 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) 3 288 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 288 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 32 6 Total number of volunteers (estimate if necessary) 6 288 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 7b 0. | | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) Prior Year 2,628,965. Current Year 2,835,101. 9 Program service revenue (Part VIII, line 2g) 1,228,578. 987,613. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -57,361. 11,540. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 324,131. 224,223. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 4,124,313. 4,058,477. | | |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 641,144. 583,190. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 5,109. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 694,708. 646,851. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 36,309. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 420,946. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 2,741,966. 2,716,697. 18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25) 4,077,818. 3,988,156. 19 Revenue less expenses - Subtract line 18 from line 12 46,495. 70,321. | | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) Beginning of Current Year 4,480,038. End of Year 4,383,395. 21 Total liabilities (Part X, line 26) 46,170. 49,875. 22 Net assets or fund balances - Subtract line 21 from line 20 4,433,868. 4,333,520. | | |

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 SCOTT BADESCH, PRESIDENT/COO Type or print name and title | Date | |
| Paid Preparer Use Only | Print/Type preparer's name NEIL E. BERGER | Preparer's signature NEIL E. BERGER | Date 11/18/11 |
| | Firm's name METRO METRO AND ASSOCIATES | Firm's EIN | Check if self-employed <input type="checkbox"/> PTIN |
| | Firm's address 3311 OLNEY SANDY SPRING ROAD OLNEY, MD 20832-1411 | Phone no. (301)929-9700 | |

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

G 30 24

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

X

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 X

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 X

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 \$ 2,396,962. including grants of \$) (Revenue \$ 1,029,000.)

CHAPTER SUPPORT/PARENT SERVICES - 150 LOCAL ASA CHAPTERS IN 40 STATES PROVIDE SUPPORT GROUPS, GATHERINGS, PARENT EDUCATION TALKS TO CONNECT PARENTS OF INDIVIDUALS W/ AUTISM, THESE PROGRAMS REACHED APPROXIMATE 15,000 PEOPLE.

4b (Code:) (Expenses \$ 63,919. 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 \$ 639,190. including grants of \$ 583,190.) (Revenue \$)

AWARDS/SCHOLARSHIPS/GRANTS - CHAPTERS OFFER HUNDREDS OF SMALL AWARDS, SCHOLARSHIPS & GRANTS TO PEOPLE WITH 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. APPROXIMATE 19,000 INDIVIDUALS ATTENDED THESE SESSIONS.

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

(Expenses \$ 95,879. including grants of \$) (Revenue \$)

4e Total program service expenses 3,195,950.

Part IV Checklist of Required Schedules

| | Yes | No |
|--|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 Is the organization required to complete 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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | | X |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | | |
| 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 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | X | |
| b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | | X |
| c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | | X |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | | X |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> | | X |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i> | | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i> | | X |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> | | 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 |
| 20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) | | |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---|-----|----|
| 21 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 | |
| 22 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 | |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | | X |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> | | X |
| 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| 24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 26 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 |
| 27 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 |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| 28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> | | X |
| 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? | | X |
| a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

Check if Schedule O contains a response to any question in this Part VI

X

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (288), 1b (288), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 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.
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: THE ORGANIZATION - 301-657-0881 4340 EAST WEST HIGHWAY, SUITE 350, BETHESDA, MD 20814-4411

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

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|-----------------------------|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| J. DAVIS PRESIDENT | 15.00 | X | | X | | | 0. | 0. | 0. | |
| W. SWARTZ VICE PRESIDENT | 9.00 | X | | X | | | 0. | 0. | 0. | |
| M. STEVENSON SECRETARY | 2.00 | X | | X | | | 0. | 0. | 0. | |
| K. SNELL TREASURER | 4.00 | X | | X | | | 0. | 0. | 0. | |
| J. MAUGER DIRECTOR | 0.60 | X | | | | | 0. | 0. | 0. | |
| K. PROUSE DIRECTOR | 0.60 | X | | | | | 0. | 0. | 0. | |
| S. RICE DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| K. MIKRONIS DIRECTOR | 1.50 | X | | | | | 0. | 0. | 0. | |
| M. HOGAN DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| M. BERNALDO DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| D. TOSTADO DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| D. RUSSOM DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| A. ARAIZA DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| D. MOORE DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| G. DAVIS DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| J. REYES DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| P. FODE PRESIDENT | 4.00 | X | | X | | | 0. | 0. | 0. | |

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

| (A) Name and title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| G. MCNEIL 1ST VICE PRESIDENT | 4.00 | X | | X | | | | 0. | 0. | 0. |
| J. HAYASHI 2ND VICE PRESIDENT | 4.00 | X | | X | | | | 0. | 0. | 0. |
| J. LIU TREASURER | 4.00 | X | | X | | | | 0. | 0. | 0. |
| T. KURSAR SECRETARY | 4.00 | X | | X | | | | 0. | 0. | 0. |
| R. RUBIN PAST PRESIDENT | 4.00 | X | | X | | | | 0. | 0. | 0. |
| O. ALFARO DIRECTOR | 4.00 | X | | | | | | 0. | 0. | 0. |
| B. ESTEPHAN DIRECTOR | 4.00 | X | | | | | | 0. | 0. | 0. |
| B. GUTHRIE DIRECTOR | 4.00 | X | | | | | | 0. | 0. | 0. |
| B. SPRAGUE DIRECTOR | 4.00 | X | | | | | | 0. | 0. | 0. |
| 1b Sub-total | | | | | | | | 0. | 0. | 0. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 351,545. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 351,545. | 0. | 0. |

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 or individual 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) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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

| (A) Name and title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---------------------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| E. MORENO DIRECTOR | 4.00 | X | | | | | | 0. | 0. | 0. |
| R. MORENO DIRECTOR | 4.00 | X | | | | | | 0. | 0. | 0. |
| C. O'CONNOR DIRECTOR | 4.00 | X | | | | | | 0. | 0. | 0. |
| B. RUBIN DIRECTOR | 4.00 | X | | | | | | 0. | 0. | 0. |
| T. SAWIRES DIRECTOR | 4.00 | X | | | | | | 0. | 0. | 0. |
| A. SIMMS DIRECTOR | 4.00 | X | | | | | | 0. | 0. | 0. |
| M. SULLIVAN DIRECTOR | 4.00 | X | | | | | | 0. | 0. | 0. |
| B. BURT PRESIDENT | 15.00 | X | | X | | | | 0. | 0. | 0. |
| L. VASQUEZ VICE PRESIDENT | 5.00 | X | | X | | | | 0. | 0. | 0. |
| R. GUITIERREZ SECRETARY | 1.00 | X | | X | | | | 0. | 0. | 0. |
| P. HANNAWI TREASURER | 2.00 | X | | X | | | | 0. | 0. | 0. |
| S. CONGDON DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| P. GENNARO DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| T. JOHNSON DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| J. JOHNSON DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| K. LONDENBERG DIRECTOR | 20.00 | X | | | | | | 0. | 0. | 0. |
| T. MCFARLAND DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| B. HALEY DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| R. PUGET PRESIDENT | 1.00 | X | | X | | | | 0. | 0. | 0. |
| A. B. HARRIS TREASURER | 1.50 | X | | X | | | | 0. | 0. | 0. |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |

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

| (A) Name and title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---------------------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| C. B. WILLEY SECRETARY | 1.00 | X | | X | | | 0. | 0. | 0. | |
| M. BHOGAL DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| P. YOUNG DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| T. BROWN VICE PRESIDENT | 1.00 | X | | X | | | 0. | 0. | 0. | |
| V. DODDASHI DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| M. ALVAREZ DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| I. KILLEBREW DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| N. LEWIS DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| A. MOHAN DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| S. RICE DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| H. ARBEIT DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| D. AUCH DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| V. SHUFTON DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| J. MARQUEZ PRESIDENT | 10.00 | X | | X | | | 0. | 0. | 0. | |
| A. WOLF VICE PRESIDENT | 10.00 | X | | X | | | 0. | 0. | 0. | |
| S. FRANCIS SECRETARY | 25.00 | X | | X | | | 0. | 0. | 0. | |
| W. BURKE TREASURER | 10.00 | X | | X | | | 0. | 0. | 0. | |
| K. NEWGASS PRESIDENT | 15.00 | X | | X | | | 0. | 0. | 0. | |
| B. PUTTERMAN VICE PRESIDENT | 5.00 | X | | X | | | 0. | 0. | 0. | |
| J. BROOKS SECRETARY | 1.00 | X | | X | | | 0. | 0. | 0. | |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |

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

| (A) Name and title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---------------------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| J. STEIN TREASURER | 2.00 | X | | X | | | | 0. | 0. | 0. |
| M. DUMONT DIRECTOR | 5.00 | X | | | | | | 0. | 0. | 0. |
| J. TWATCHMAN-REILLY DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| R. HAMPTON PRESIDENT | 20.00 | X | | X | | | | 0. | 0. | 0. |
| R. M. SMITH VICE PRESIDENT | 15.00 | X | | X | | | | 0. | 0. | 0. |
| D. STOCKTON SECRETARY | 15.00 | X | | X | | | | 0. | 0. | 0. |
| F. R. DAVIS, SR TREASURER | 25.00 | X | | X | | | | 0. | 0. | 0. |
| S. CUNNINGHAM PAST PRESIDENT | 25.00 | X | | X | | | | 0. | 0. | 0. |
| C. DIRCKS DIRECTOR | 20.00 | X | | | | | | 0. | 0. | 0. |
| S. GRAWE DIRECTOR | 20.00 | X | | | | | | 0. | 0. | 0. |
| D. MARTIN DIRECTOR | 20.00 | X | | | | | | 0. | 0. | 0. |
| M. HARTUNG DIRECTOR | 20.00 | X | | | | | | 0. | 0. | 0. |
| D. ROBINSON DIRECTOR | 20.00 | X | | | | | | 0. | 0. | 0. |
| J. CASE PRESIDENT | 15.00 | X | | X | | | | 0. | 0. | 0. |
| T. KEEGAN VICE PRESIDENT | 10.00 | X | | X | | | | 0. | 0. | 0. |
| S. STECKELBERG SECRETARY | 10.00 | X | | X | | | | 0. | 0. | 0. |
| S. MICHALSKI TREASURER | 10.00 | X | | X | | | | 0. | 0. | 0. |
| J. TURBES EX OFFICIO | 10.00 | X | | | | | | 0. | 0. | 0. |
| J. NIEBAUM DIRECTOR | 10.00 | X | | | | | | 0. | 0. | 0. |
| M. GALVIN DIRECTOR | 10.00 | X | | | | | | 0. | 0. | 0. |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |

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

| (A) Name and title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---------------------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| S. PIEPLES DIRECTOR | 5.00 | X | | | | | 0. | 0. | 0. | |
| A. TOMLIN DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| J. CARR DIRECTOR | 5.00 | X | | | | | 0. | 0. | 0. | |
| J. DILTS DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| M. A. NEINER DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| L. PADDACK DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| T. NEAL DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| J. GONZALEZ DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| B. CAHILL DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| S. KRAUTER DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| M. HICKS PRESIDENT | 3.00 | X | | X | | | 0. | 0. | 0. | |
| S. BARTLETT 1ST VICE PRESIDENT | 2.00 | X | | X | | | 0. | 0. | 0. | |
| J. JENSEN 2ND VICE PRESIDENT | 2.00 | X | | X | | | 0. | 0. | 0. | |
| P. GOODWIN SECRETARY | 2.00 | X | | X | | | 0. | 0. | 0. | |
| V. STROM TREASURER | 4.00 | X | | X | | | 0. | 0. | 0. | |
| A. MOTT DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| A. SPELL DIRECTOR | 3.00 | X | | | | | 0. | 0. | 0. | |
| B. POLOTZOLA DIRECTOR | 10.00 | X | | | | | 0. | 0. | 0. | |
| C. GREENE DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| D. LEBLANC DIRECTOR | 5.00 | X | | | | | 0. | 0. | 0. | |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |

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

| (A) Name and title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---------------------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| D. ANDRUS DIRECTOR | 30.00 | X | | | | | | 0. | 0. | 0. |
| E. KNIGHT DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| G. KELLY DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| H. SCHLICHER DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| H. CHAMPAGNE DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| H. BOURDIER DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| J. LEBLANC DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| J. MCCOY DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| M. OLIVIER DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| S. MCNAMARA DIRECTOR | 8.00 | X | | | | | | 0. | 0. | 0. |
| S. BOURGOIS DIRECTOR | 5.00 | X | | | | | | 0. | 0. | 0. |
| T. HARVEY-GRAS DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| T. PITRE DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| D. CONWAY PRESIDENT | 10.00 | X | | X | | | | 0. | 0. | 0. |
| K. FISCHER VICE PRESIDENT | 10.00 | X | | X | | | | 0. | 0. | 0. |
| K. BENEDICT SECRETARY | 10.00 | X | | X | | | | 0. | 0. | 0. |
| J. HENEGAN TREASURER | 10.00 | X | | X | | | | 0. | 0. | 0. |
| K. JEFFERSON DIRECTOR | 10.00 | X | | | | | | 0. | 0. | 0. |
| G. FOURROUX DIRECTOR | 10.00 | X | | | | | | 0. | 0. | 0. |
| I. JOHNSON DIRECTOR | 10.00 | X | | | | | | 0. | 0. | 0. |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |

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

| (A) Name and title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| A. GRINDOL PRESIDENT | 30.00 | X | | X | | | | 0. | 0. | 0. |
| M. O'BRIEN VICE PRESIDENT | 30.00 | X | | X | | | | 0. | 0. | 0. |
| K. HEURTEVANT SECERTARY | 30.00 | X | | X | | | | 0. | 0. | 0. |
| M. ADAMS TREASURER | 30.00 | X | | X | | | | 0. | 0. | 0. |
| C. BERNSTEIN DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| J. BRENNAN DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| J. COLLINS DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| M. DIBIASE DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| D. GILMER DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| M. LAMOREAU DIRECTOR | 3.00 | X | | | | | | 0. | 0. | 0. |
| L. MAZZOLA DIRECTOR | 4.00 | X | | | | | | 0. | 0. | 0. |
| N. PONZETTI-DYER DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| J. STONE DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| B. WHITEHOUSE DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| S. SPONSELLER DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| B. EDWARDS DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| K. CADENA DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| P. BEARDEN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| K. KEMERY VICE PRESIDENT | 5.00 | X | | X | | | | 0. | 0. | 0. |
| T. ROBBINS TRESURER | 10.00 | X | | X | | | | 0. | 0. | 0. |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |

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

| (A) Name and title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---------------------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| C. WHITFIELD BOARD CHAIR | 5.00 | X | | X | | | | 0. | 0. | 0. |
| S. HELLER SECRETARY | 5.00 | X | | X | | | | 0. | 0. | 0. |
| A. VINCENT DIRECTOR | 5.00 | X | | | | | | 0. | 0. | 0. |
| D. FIELDING DIRECTOR | 10.00 | X | | | | | | 0. | 0. | 0. |
| J. NOYES DIRECTOR | 10.00 | X | | | | | | 0. | 0. | 0. |
| K. BODINE DIRECTOR | 10.00 | X | | | | | | 0. | 0. | 0. |
| E. COSS DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| T. WOODS PRESIDENT | 20.00 | X | | X | | | | 0. | 0. | 0. |
| T. GABALIS PRESIDENT | 25.00 | X | | X | | | | 0. | 0. | 0. |
| A. DUDA VICE PRESIDENT | 12.00 | X | | X | | | | 0. | 0. | 0. |
| S. TARAVELLA TREASURER | 8.00 | X | | X | | | | 0. | 0. | 0. |
| A. WALLACE SECRETARY | 2.00 | X | | X | | | | 0. | 0. | 0. |
| R. SCHMIDT DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| A. FRANCHY DIRECTOR | 5.00 | X | | | | | | 0. | 0. | 0. |
| M. DUBIEL DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| L. ZANONI DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| L. GAYAN DIRECTOR | 5.00 | X | | | | | | 0. | 0. | 0. |
| M. E. KOWALSKI PRESIDENT | 25.00 | X | | X | | | | 0. | 0. | 0. |
| L. BROWN VICE PRESIDENT | 2.00 | X | | X | | | | 0. | 0. | 0. |
| K. BARNOWSKI TREASURER | 2.00 | X | | X | | | | 0. | 0. | 0. |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |

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

| (A) Name and title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---------------------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| S. HODESS SECRETARY | 3.00 | X | | X | | | | 0. | 0. | 0. |
| S. WELCOME SECRETARY | 1.00 | X | | X | | | | 0. | 0. | 0. |
| B. BAKER IMMEDIATE PAST PRESIDENT | 0.50 | X | | X | | | | 0. | 0. | 0. |
| R. BIHANI DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| S. MCINNES DIRECTOR | 10.00 | X | | | | | | 0. | 0. | 0. |
| A. PATRONIK DIRECTOR | 0.50 | X | | | | | | 0. | 0. | 0. |
| T. PICKTHORN DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| K. JONES PRESIDENT | 10.00 | X | | X | | | | 0. | 0. | 0. |
| N. BROMLEY VICE PRESIDENT | 5.00 | X | | X | | | | 0. | 0. | 0. |
| L. ELENBAAS SECRETARY | 5.00 | X | | X | | | | 0. | 0. | 0. |
| M. ANDERSON TREASURER | 5.00 | X | | X | | | | 0. | 0. | 0. |
| S. JUDD DIRECTOR | 5.00 | X | | | | | | 0. | 0. | 0. |
| P. PIERCE BOARD PRESIDENT | 5.00 | X | | X | | | | 0. | 0. | 0. |
| J. CAMPITO BOARD VICE PRESIDENT | 5.00 | X | | X | | | | 0. | 0. | 0. |
| C. RULISON SECRETARY | 5.00 | X | | X | | | | 0. | 0. | 0. |
| M. RYAN TREASURER | 5.00 | X | | X | | | | 0. | 0. | 0. |
| D. HICKEY PAST PRESIDENT | 5.00 | X | | X | | | | 0. | 0. | 0. |
| A. BREault DIRECTOR | 3.00 | X | | | | | | 0. | 0. | 0. |
| J. DEBELLIS DIRECTOR | 3.00 | X | | | | | | 0. | 0. | 0. |
| S. GONZALEZ DIRECTOR | 3.00 | X | | | | | | 0. | 0. | 0. |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |

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

| (A) Name and title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---------------------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| R. PAYNE DIRECTOR | 3.00 | X | | | | | 0. | 0. | 0. | |
| A. SANTABARBARA DIRECTOR | 3.00 | X | | | | | 0. | 0. | 0. | |
| M. SMITH DIRECTOR | 3.00 | X | | | | | 0. | 0. | 0. | |
| S. DELUKE DIRECTOR | 3.00 | X | | | | | 0. | 0. | 0. | |
| K. DIRECTOR | 0.00 | X | | | | | 0. | 0. | 0. | |
| M. STORCH DIRECTOR | 0.00 | X | | | | | 0. | 0. | 0. | |
| H. GONYEA DIRECTOR | 0.00 | X | | | | | 0. | 0. | 0. | |
| W. SCRIBNER DIRECTOR | 0.00 | X | | | | | 0. | 0. | 0. | |
| K. EISS PRESIDENT | 15.00 | X | | X | | | 0. | 0. | 0. | |
| G./A. SCHOENTHALER VICE PRESIDENT | 1.00 | X | | X | | | 0. | 0. | 0. | |
| S. MCGOVERN SECRETARY | 1.00 | X | | X | | | 0. | 0. | 0. | |
| K. SEIBOLD TREASURER | 1.00 | X | | X | | | 0. | 0. | 0. | |
| R. CABLE VICE PRESIDENT | 1.00 | X | | X | | | 0. | 0. | 0. | |
| J. BHEAM TREASURER | 2.00 | X | | X | | | 0. | 0. | 0. | |
| L. HOLDT SECRETARY | 2.00 | X | | X | | | 0. | 0. | 0. | |
| K. EVANGILISTI DIRECTOR | 5.00 | X | | | | | 0. | 0. | 0. | |
| B. ZIMMERMAN DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| M. SKYRM DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| S. B. WALSH CHAIR | 1.00 | X | | X | | | 0. | 0. | 0. | |
| L. WEAVER IMMEDIATE PAST PRESIDENT | 0.00 | X | | X | | | 0. | 0. | 0. | |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |

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

| (A) Name and title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---------------------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| L. CRAMER PRESIDENT | 10.00 | X | | X | | | | 0. | 0. | 0. |
| D. CARUSO PRESIDENT | 6.00 | X | | X | | | | 0. | 0. | 0. |
| M. ROOT TREASURER | 3.00 | X | | X | | | | 0. | 0. | 0. |
| J. SPOHN PRESIDENT | 25.00 | X | | X | | | | 0. | 0. | 0. |
| J. SHUMARD VICE PRESIDENT | 25.00 | X | | X | | | | 0. | 0. | 0. |
| T. LEVY TREASURER | 1.00 | X | | X | | | | 0. | 0. | 0. |
| P. SACHENIK SECRETARY | 10.00 | X | | X | | | | 0. | 0. | 0. |
| V. MASTERS DIRECTOR | 10.00 | X | | | | | | 0. | 0. | 0. |
| S. SWIGART DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| T. SWEIGART DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| T. WANNER DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| P. ERICKSON DIRECTOR | 15.00 | X | | | | | | 0. | 0. | 0. |
| I. FINGLES DIRECTOR | 5.00 | X | | | | | | 0. | 0. | 0. |
| P. LYONS DIRECTOR | 5.00 | X | | | | | | 0. | 0. | 0. |
| M. LUDWIG PRESIDENT | 10.00 | X | | X | | | | 0. | 0. | 0. |
| L. DESANTIS VICE PRESIDENT | 1.00 | X | | X | | | | 0. | 0. | 0. |
| T. BODNAR SECRETARY | 2.00 | X | | X | | | | 0. | 0. | 0. |
| T. CYR TREASURER | 10.00 | X | | X | | | | 0. | 0. | 0. |
| K. HEINRICHS DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| S. MILTENBERGER DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |

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

| (A) Name and title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---------------------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| D. BAER DIRECTOR | 15.00 | X | | | | | 0. | 0. | 0. | |
| M. BARBER-CAREY DIRECTOR | 0.20 | X | | | | | 0. | 0. | 0. | |
| R. BRUMAGIN DIRECTOR | 0.20 | X | | | | | 0. | 0. | 0. | |
| T. DIVECCHIO DIRECTOR | 0.50 | X | | | | | 0. | 0. | 0. | |
| J. FORMICHELLA DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| K. SNELL DIRECTOR | 0.10 | X | | | | | 0. | 0. | 0. | |
| T. BARTLETT DIRECTOR | 3.00 | X | | | | | 0. | 0. | 0. | |
| R. BOWLING PRESIDENT | 5.00 | X | | X | | | 0. | 0. | 0. | |
| A. LEWTER VICE PRESIDENT | 1.00 | X | | X | | | 0. | 0. | 0. | |
| B. TALBERT SECRETARY | 1.00 | X | | X | | | 0. | 0. | 0. | |
| S. HIRTZ TREASURER | 5.00 | X | | X | | | 0. | 0. | 0. | |
| J. THOMAS PAST PRESIDENT | 3.00 | X | | X | | | 0. | 0. | 0. | |
| C. GETINO DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| M. MASSIE DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| S. GENTRY DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| D. BUCK DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| S. MANKAD DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| D. SHIPLEY DIRECTOR | 20.00 | X | | | | | 0. | 0. | 0. | |
| S. CAMPBELL DIRECTOR | 10.00 | X | | | | | 0. | 0. | 0. | |
| P. DUFFY DIRECTOR | 5.00 | X | | | | | 0. | 0. | 0. | |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |

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

| (A) Name and title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---------------------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| R. NELSON DIRECTOR | 5.00 | X | | | | | | 0. | 0. | 0. |
| D. BRUINS DIRECTOR | 5.00 | X | | | | | | 0. | 0. | 0. |
| J. AGRAWAL DIRECTOR | 5.00 | X | | | | | | 0. | 0. | 0. |
| D. CORDELL DIRECTOR | 5.00 | X | | | | | | 0. | 0. | 0. |
| P. DIBARI DIRECTOR | 5.00 | X | | | | | | 0. | 0. | 0. |
| J. MEINEL DIRECTOR | 5.00 | X | | | | | | 0. | 0. | 0. |
| L. E. RANDALL DIRECTOR | 5.00 | X | | | | | | 0. | 0. | 0. |
| E. ANDERSON DIRECTOR | 15.00 | X | | | | | | 0. | 0. | 0. |
| K. BAROVIC DIRECTOR | 5.00 | X | | | | | | 0. | 0. | 0. |
| C. BRANDL DIRECTOR | 5.00 | X | | | | | | 0. | 0. | 0. |
| J. BRESETTE DIRECTOR | 10.00 | X | | | | | | 0. | 0. | 0. |
| J. FOSTER DIRECTOR | 5.00 | X | | | | | | 0. | 0. | 0. |
| J. HEIBEL DIRECTOR | 10.00 | X | | | | | | 0. | 0. | 0. |
| B. HELM DIRECTOR | 5.00 | X | | | | | | 0. | 0. | 0. |
| M. IMMENDORF DIRECTOR | 10.00 | X | | | | | | 0. | 0. | 0. |
| K. PIERICK DIRECTOR | 5.00 | X | | | | | | 0. | 0. | 0. |
| J. TEMPERLY DIRECTOR | 5.00 | X | | | | | | 0. | 0. | 0. |
| E. KOSKOVICH DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| S. TUTTLE DIRECTOR | 20.00 | X | | | | | | 0. | 0. | 0. |
| T. BROWN DIRECTOR | 3.00 | X | | | | | | 0. | 0. | 0. |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |

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

| (A) Name and title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---------------------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|---------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| L. REDMON DIRECTOR | 20.00 | X | | | | | 0. | 0. | 0. | |
| C. KOZEE DIRECTOR | 20.00 | X | | | | | 0. | 0. | 0. | |
| A. CHESSE DIRECTOR | 17.50 | X | | | | | 0. | 0. | 0. | |
| K. STEVENS DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| T. O'NEIL DIRECTOR | 10.00 | X | | | | | 0. | 0. | 0. | |
| S. M. KOEPPL DIRECTOR | 30.00 | X | | | | | 0. | 0. | 0. | |
| K. COOK DIRECTOR | 10.00 | X | | | | | 0. | 0. | 0. | |
| P. GAY DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| A. SCHAFFNIT DIRECTOR | 3.00 | X | | | | | 0. | 0. | 0. | |
| D. PACK DIRECTOR | 4.00 | X | | | | | 0. | 0. | 0. | |
| M. HOSKINS DIRECTOR | 3.00 | X | | | | | 0. | 0. | 0. | |
| J. ELSBERND DIRECTOR | 3.00 | X | | | | | 0. | 0. | 0. | |
| C. TUTTLE DIRECTOR | 3.00 | X | | | | | 0. | 0. | 0. | |
| C. DIONNE DIRECTOR | 40.00 | X | | | | | 42,174. | 0. | 0. | |
| V. BULTER SECRETARY | 30.00 | X | | X | | | 6,120. | 0. | 0. | |
| J. CONOVER CO/DIRECTOR | 25.00 | X | | | | | 4,717. | 0. | 0. | |
| K. STEINMETZ EXECUTIVE DIRECTOR | 0.00 | | | X | | | 0. | 0. | 0. | |
| D. RENAY EXECUTIVE DIRECTOR | 40.00 | | | X | | | 90,585. | 0. | 0. | |
| K. STEINMETZ EXECUTIVE DIRECTOR | 20.00 | | | X | | | 20,640. | 0. | 0. | |
| J. KRUISWIJK EXECUTIVE DIRECTOR | 40.00 | | | X | | | 68,000. | 0. | 0. | |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |

Part VIII Statement of Revenue

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 | |
|---|---|---|----------------------|----------------------|---|---|--|----------|
| Contributions, gifts, grants and other similar amounts | 1 a Federated campaigns | 1a | 151,625. | | | | | |
| | b Membership dues | 1b | 31,310. | | | | | |
| | c Fundraising events | 1c | | | | | | |
| | d Related organizations | 1d | | | | | | |
| | e Government grants (contributions) | 1e | 305,889. | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 234,627.7. | | | | | |
| | g Noncash contributions included in lines 1a-1f \$ | | 11,005. | | | | | |
| | h Total. Add lines 1a-1f | | | 283,510.1. | | | | |
| | Program Service Revenue | 2 a PROGRAM INCOME | Business Code | 900099 | 987,613. | 987,613. | | |
| b | | | | | | | | |
| c | | | | | | | | |
| d | | | | | | | | |
| e | | | | | | | | |
| f All other program service revenue | | | | | | | | |
| g Total. Add lines 2a-2f | | | | 987,613. | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 11,540. | | | 11,540. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | | |
| | 5 Royalties | | | | | | | |
| | 6 a Gross Rents | (i) Real | (ii) Personal | 12,300. | | | | |
| | | b Less: rental expenses | | | | | | |
| | | c Rental income or (loss) | | 12,300. | | | | |
| | | d Net rental income or (loss) | | | 12,300. | | | 12,300. |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | | |
| | | b Less: cost or other basis and sales expenses | | | | | | |
| | | c Gain or (loss) | | | | | | |
| | | d Net gain or (loss) | | | | | | |
| | 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a | | 245,758. | | | | |
| | | b Less: direct expenses | | 75,222. | | | | |
| | | c Net income or (loss) from fundraising events | | | 170,536. | | | 170,536. |
| | 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | | | |
| b Less: direct expenses | | | | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | | 65,473. | | | | | |
| | b Less: cost of goods sold | | 45,216. | | | | | |
| | c Net income or (loss) from sales of inventory | | | 20,257. | 20,257. | | | |
| Miscellaneous Revenue | | | Business Code | | | | | |
| 11 a OTHER INCOME | | 900099 | 21,130. | 21,130. | | | | |
| b | | | | | | | | |
| c | | | | | | | | |
| d All other revenue | | | | | | | | |
| e Total. Add lines 11a-11d | | | 21,130. | | | | | |
| 12 Total revenue. See instructions. | | | 405,847.7. | 102,900.0. | 0. | 194,376. | | |

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) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | 487,395. | 487,395. | | |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 | 95,795. | 95,795. | | |
| 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 | 5,109. | 5,109. | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 88,255. | 68,363. | 10,047. | 9,845. |
| 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 | 459,421. | 247,439. | 130,479. | 81,503. |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 20,480. | 9,814. | 5,211. | 5,455. |
| 10 Payroll taxes | 78,695. | 48,153. | 19,414. | 11,128. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 5,757. | 2,447. | 1,629. | 1,681. |
| c Accounting | 27,204. | 14,901. | 5,423. | 6,880. |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | 36,309. | | | 36,309. |
| f Investment management fees | | | | |
| g Other | 261,239. | 149,639. | 53,465. | 58,135. |
| 12 Advertising and promotion | 95,393. | 62,102. | 17,927. | 15,364. |
| 13 Office expenses | 213,482. | 132,275. | 40,251. | 40,956. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 144,404. | 89,466. | 28,681. | 26,257. |
| 17 Travel | 31,899. | 20,222. | 5,921. | 5,756. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 92,609. | 63,679. | 13,479. | 15,451. |
| 20 Interest | 8,339. | 4,169. | 834. | 3,336. |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 6,161. | 2,599. | 1,566. | 1,996. |
| 23 Insurance | 62,949. | 37,966. | 12,130. | 12,853. |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) | | | | |
| a PROGRAM EXPENSES | 1,547,650. | 1,547,650. | 0. | 0. |
| b PRINTING & PUBLICATIONS | 98,654. | 62,558. | 16,749. | 19,347. |
| c FUNDRAISING EXPENSES | 59,696. | 0. | 0. | 59,696. |
| d BOOKS/PUBLICATIONS | 23,908. | 16,880. | 3,105. | 3,923. |
| e MEMBERSHIP DUES | 13,194. | 9,470. | 1,894. | 1,830. |
| f All other expenses | 24,159. | 17,859. | 3,055. | 3,245. |
| 25 Total functional expenses. Add lines 1 through 24f | 3,988,156. | 3,195,950. | 371,260. | 420,946. |
| 26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). 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) Beginning of year | | (B) End of year | | |
|------------------------------------|--|---|------------|--------------------|------------|---------|
| Assets | 1 | Cash - non-interest-bearing | 548,196. | 1 | 1,144,650. | |
| | 2 | Savings and temporary cash investments | 3,475,443. | 2 | 2,952,762. | |
| | 3 | Pledges and grants receivable, net | | 3 | | |
| | 4 | Accounts receivable, net | 225,811. | 4 | 104,447. | |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | 5 | | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) | | 6 | | |
| | 7 | Notes and loans receivable, net | | 7 | | |
| | 8 | Inventories for sale or use | | 8 | | |
| | 9 | Prepaid expenses and deferred charges | | 9 | | |
| | 10a | Land, buildings, and equipment, cost or other basis Complete Part VI of Schedule D | 115,801. | | | |
| | b | Less: accumulated depreciation | 91,681. | 103,544. | 10c | 24,120. |
| | 11 | Investments - publicly traded securities | 77,140. | 11 | 114,835. | |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | | |
| | 13 | Investments - program-related See Part IV, line 11 | | 13 | | |
| | 14 | Intangible assets | | 14 | | |
| | 15 | Other assets See Part IV, line 11 | 49,904. | 15 | 42,581. | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 4,480,038. | 16 | 4,383,395. | | |
| Liabilities | 17 | Accounts payable and accrued expenses | 17,834. | 17 | 34,290. | |
| | 18 | Grants payable | | 18 | | |
| | 19 | Deferred revenue | | 19 | | |
| | 20 | Tax-exempt bond liabilities | | 20 | | |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | | |
| | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | | |
| | 25 | Other liabilities. Complete Part X of Schedule D | 28,336. | 25 | 15,585. | |
| | 26 | Total liabilities. Add lines 17 through 25 | 46,170. | 26 | 49,875. | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | | |
| | 27 | Unrestricted net assets | | 27 | | |
| | 28 | Temporarily restricted net assets | | 28 | | |
| | 29 | Permanently restricted net assets | | 29 | | |
| | Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34. | | | | | |
| | 30 | Capital stock or trust principal, or current funds | 4,433,868. | 30 | 4,333,520. | |
| | 31 | Paid-in or capital surplus, or land, building, or equipment fund | 0. | 31 | 0. | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | 0. | 32 | 0. | |
| 33 | Total net assets or fund balances | 4,433,868. | 33 | 4,333,520. | | |
| 34 | Total liabilities and net assets/fund balances | 4,480,038. | 34 | 4,383,395. | | |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

| | | | |
|---|--|---|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 4,058,477. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 3,988,156. |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 70,321. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 4,433,868. |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | -170,669. |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 4,333,520. |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

- 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 separate basis, consolidated 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** (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

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

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h

- a Type I b Type II c Type III - Functionally integrated d Type III - Other

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

| | Yes | No |
|--|--------------------------|--------------------------|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) A family member of a person described in (i) above? | <input type="checkbox"/> | <input type="checkbox"/> |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? | <input type="checkbox"/> | <input type="checkbox"/> |

h Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? | | (v) Did you notify the organization in col. (i) of your support? | | (vi) Is the organization in col. (i) organized in the U.S.? | | (vii) Amount of support |
|------------------------------------|----------|---|---|----|--|----|---|----|-------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4 | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 11 Total support. 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 <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|----|---|
| 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) | 14 | % |
| 15 Public support percentage from 2009 Schedule A, Part II, line 14 | 15 | % |
| 16a 33 1/3% support test - 2010. 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 <input type="checkbox"/> | | |
| b 33 1/3% support test - 2009. 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 <input type="checkbox"/> | | |
| 17a 10% -facts-and-circumstances test - 2010. 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 <input type="checkbox"/> | | |
| b 10% -facts-and-circumstances test - 2009. 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 <input type="checkbox"/> | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/> | | |

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|------------|------------|------------|------------|------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 1,453,770. | 2,072,276. | 2,494,975. | 2,628,965. | 2,835,101. | 11,485,087. |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 627,849. | 1,204,222. | 1,460,742. | 1,288,284. | 1,298,844. | 5,879,941. |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | 2,081,619. | 3,276,498. | 3,955,717. | 3,917,249. | 4,133,945. | 17,365,028. |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | 0. |
| 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. |
| c Add lines 7a and 7b | | | | | | 0. |
| 8 Public support (Subtract line 7c from line 6) | | | | | | 17,365,028. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|------------|------------|------------|------------|------------|-------------|
| 9 Amounts from line 6 | 2,081,619. | 3,276,498. | 3,955,717. | 3,917,249. | 4,133,945. | 17,365,028. |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 51,555. | 53,744. | 36,265. | 33,949. | 23,840. | 199,353. |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | 51,555. | 53,744. | 36,265. | 33,949. | 23,840. | 199,353. |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) | 323,032. | 237,389. | 184,488. | 17,723. | 21,130. | 783,762. |
| 13 Total support (Add lines 9, 10c, 11, and 12) | 2,456,206. | 3,567,631. | 4,176,470. | 3,968,921. | 4,178,915. | 18,348,143. |

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

Section C. Computation of Public Support Percentage

| | | |
|--|----|---------|
| 15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) | 15 | 94.64 % |
| 16 Public support percentage from 2009 Schedule A, Part III, line 15 | 16 | 93.04 % |

Section D. Computation of Investment Income Percentage

| | | |
|---|----|--------|
| 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) | 17 | 1.09 % |
| 18 Investment income percentage from 2009 Schedule A, Part III, line 17 | 18 | 1.29 % |

19a 33 1/3% support tests - 2010. 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 - 2009. 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 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

2010
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.

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 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 |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 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

9 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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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.

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 ▶ \$ _____

2 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 (ASC 958) 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 the 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(ii), 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 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 | | 115,801. | 91,681. | 24,120. |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 24,120. |

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| (I) | | |
| Total. (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. Cost or end-of-year market value |
|---|----------------|--|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| Total. (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 |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| Total. (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 |
|--|----------------|
| (1) Federal income taxes | |
| (2) LOAN PAYABLE | 2,197. |
| (3) OTHER LIABILITIES | 13,388. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| (11) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶ | |
| | 15,585. |

FIN 48 (ASC 740) 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 (ASC 740)

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

Table with 10 rows for reconciliation of net assets. Rows include: 1 Total revenue, 2 Total expenses, 3 Excess or (deficit) for the year, 4 Net unrealized gains, 5 Donated services, 6 Investment expenses, 7 Pnor period adjustments, 8 Other, 9 Total adjustments, 10 Excess or (deficit) for the year per audited financial statements.

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

Table with 5 main rows for revenue reconciliation. Sub-rows include: 2a Net unrealized gains, 2b Donated services, 2c Recoveries, 2d Other, 2e Add lines 2a through 2d, 4a Investment expenses, 4b Other, 4c Add lines 4a and 4b.

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

Table with 5 main rows for expense reconciliation. Sub-rows include: 2a Donated services, 2b Prior year adjustments, 2c Other losses, 2d Other, 2e Add lines 2a through 2d, 4a Investment expenses, 4b Other, 4c Add lines 4a and 4b.

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.

Multiple horizontal lines provided for entering supplemental information.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2010

Open To Public Inspection

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

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

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

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

2 a Did the organization have a written or oral agreement with any individual... key employees listed in Form 990, Part VII) or entry in connection with professional fundraising services? Yes No

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

Table with 6 columns: (i) Name and address of individual or entry (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization.

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

Blank lines for listing states and other information.

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

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) |
|-----------------|----|---|--------------|------------------------|--|
| | | MULTIPLE SMALL EVENTS (event type) | (event type) | NONE (total number) | |
| Revenue | 1 | Gross receipts | 245,758. | | 245,758. |
| | 2 | Less: Charitable contributions | | | |
| | 3 | Gross income (line 1 minus line 2) | 245,758. | | 245,758. |
| Direct Expenses | 4 | Cash prizes | | | |
| | 5 | Noncash prizes | | | |
| | 6 | Rent/facility costs | | | |
| | 7 | Food and beverages | | | |
| | 8 | Entertainment | | | |
| | 9 | Other direct expenses | 75,222. | | 75,222. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | (75,222) |
| | 11 | Net income summary. Combine line 3, column (d), and line 10 | | | 170,536. |

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

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 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? Yes No
- 13 Indicate the percentage of gaming activity operated in:

| | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

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? Yes No

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? Yes No

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 ▶ \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

**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" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No 1545-0047

2010

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. Part II can be duplicated 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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| TUCSON ALLIANCE FOR AUTISM 1002 N. COUNTRY CLUB RD. TUCSON, AZ 85716 | 20-2838597 | 501C3 | 5,000. | 0. | | | TO PROMOTE EDUCATION & PUBLIC AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH |
| TALK ABOUT CURING AUTISM /KRIS' CAMP - PO BOX 3715 - IDYLLWILD, CA 92549 | 33-0681553 | 501C3 | 6,000. | 0. | | | TO PROMOTE EDUCATION & PUBLIC AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH |
| CAMP CONSULTANTS CAMP CLAGGETT BUCKEYSTOWN, MD 21717 | 52-1869579 | | 14,800. | 0. | | | TO PROMOTE EDUCATION & PUBLIC AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH |
| CAMP HIGH HOPES 5804 CORRECTIONVILLE RD. SIOUX CITY, IA 51106 | 20-1314342 | 501C3 | 12,000. | 0. | | | TO PROMOTE EDUCATION & PUBLIC AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH |
| AUTISM SOCIETY OF ILLINOIS 2200 S. MAIN ST. SUITE 205 LOMBARD, IL 60148 | 93-1223160 | 501C3 | 6,000. | 0. | | | TO PROMOTE EDUCATION & PUBLIC AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH |
| MACOMB INTERMEDIATE SCHOOL DISTRICT - 44001 GARFIELD - CLINTON TWP, MI 48038 | 38-1714601 | | 6,920. | 0. | | | TO PROMOTE EDUCATION & PUBLIC AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH |

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

3 Enter total number of other organizations

▶ 16.
▶ 23.

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

AUTISM SOCIETY OF AMERICA GROUP

| Part II 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 |
| CAMP SPECTACULAR MANNING BLVD ALBANY, NY 12208 | 13-2937499 | 501C3 | 10,000. | 0. | | | TO PROMOTE EDUCATION & PUBLIC AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH |
| ROUNDOUT VALLEY HIGH SCHOOL PO BOX 9 ACCORD, NY 12404 | 14-6011242 | | 6,000. | 0. | | | TO PROMOTE EDUCATION & PUBLIC AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH |
| THE GOOD DOG FOUNDATION 915 TURKEY HILL RD RED HOOK, NY 12571 | 11-3466707 | 501C3 | 7,720. | 0. | | | TO PROMOTE EDUCATION & PUBLIC AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH |
| LIFESPIRE INC 40 W. BRIDGE ST GATSKILL, NY 12414 | 13-2526022 | 501C3 | 8,000. | 0. | | | TO PROMOTE EDUCATION & PUBLIC AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH |
| CENTER FOR SPECTRUM SERVICES 70 KUKUK LANE KINGSTON, NY 12401 | 14-1604884 | 501C3 | 8,523. | 0. | | | TO PROMOTE EDUCATION & PUBLIC AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH |
| PUTNAM NO. WESTCHESTER BOCES 200 BOCES DR YORKTOWN HIGHTS, NY 10598 | 13-3900612 | 501C3 | 10,000. | 0. | | | TO PROMOTE EDUCATION & PUBLIC AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH |
| ULSTER-GREENE ARC 471 ALBANY AVE KINGSTON, NY 12401 | 14-1721977 | 501C3 | 10,000. | 0. | | | TO PROMOTE EDUCATION & PUBLIC AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH |
| OCALI ESC, 2080 CITYGATE DR COLUMBUS, OH 43219 | 34-1694514 | 501C3 | 8,000. | 0. | | | TO PROMOTE EDUCATION & PUBLIC AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH |
| RAC 34TH STREET PHILADELPHIA, PA 19104 LHA | 31-1424116 | | 5,000. | 0. | | | TO PROMOTE EDUCATION & PUBLIC AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH |

AUTISM SOCIETY OF AMERICA GROUP

Part II 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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| THE KELLY O'LEARY CENTER 3430 BURNET AVENUE CINCINNATI, OH 45229 | 31-1424116 | | 5,300. | 0. | | | TO PROMOTE EDUCATION & PUBLIC AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH |
| ACHIEVEMENT CENTER 101 E 6TH STREET ERIE, PA 16501 | 25-0965336 | 501C3 | 5,000. | 0. | | | TO PROMOTE EDUCATION & PUBLIC AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH |
| ANN KUKLA SUMMER AUTISM CAMP 7351 WOOSLEY ROAD GIRARD, PA 16417 | 80-0440173 | | 5,000. | 0. | | | TO PROMOTE EDUCATION & PUBLIC AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH |
| BLUEROOF TECHNOLOGIES 400 SPRING STREET MCKEESPORT, PA 15132 | 06-1672491 | 501C3 | 6,000. | 0. | | | TO PROMOTE EDUCATION & PUBLIC AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH |
| KENNEDY KRIEGER INSTITUTE INC 707 NORTH BROADWAY BALTIMORE, MD 21205 | 52-1524965 | 501C3 | 5,000. | 0. | | | TO PROMOTE EDUCATION & PUBLIC AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH |
| USAAC S.P.E.A.K.PROGRAM 4371 NORTHERN PIKE MONROEVILLE, PA 15146 | 23-7350636 | | 5,000. | 0. | | | TO PROMOTE EDUCATION & PUBLIC AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH |
| BREAKTHROUGH CORPORATION 1805 MARYVILLE PIKE KNOXVILLE, TN 37920 | 62-1834568 | 501C3 | 37,246. | 0. | | | TO PROMOTE EDUCATION & PUBLIC AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH |
| CHATTANOOGA AUTISM CENTER 1000 EAST 3RD STREET SUITE 100 CHATTANOOGA, TN 37403 | 45-3179418 | 501C3 | 5,000. | 0. | | | TO PROMOTE EDUCATION & PUBLIC AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH |

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated 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 | 283 | 95,795. | 0. | | |
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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 283 RECIPIENTS OF SCHOLARSHIPS IS BASED UPON INFORMATION THAT WAS PROVIDED BY THE CHAPTERS THAT ARE INCLUDED IN THIS GROUP FILING.

Part IV Supplemental Information

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: TUCSON ALLIANCE FOR AUTISM

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROMOTE EDUCATION & PUBLIC

AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH THIS GOAL.

NAME OF ORGANIZATION OR GOVERNMENT: TALK ABOUT CURING AUTISM /KRIS' CAMP

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROMOTE EDUCATION & PUBLIC

AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH THIS GOAL.

NAME OF ORGANIZATION OR GOVERNMENT: CAMP CONSULTANTS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROMOTE EDUCATION & PUBLIC

AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH THIS GOAL.

NAME OF ORGANIZATION OR GOVERNMENT: CAMP HIGH HOPES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROMOTE EDUCATION & PUBLIC

AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH THIS GOAL.

NAME OF ORGANIZATION OR GOVERNMENT: AUTISM SOCIETY OF ILLINOIS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROMOTE EDUCATION & PUBLIC

AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH THIS GOAL.

NAME OF ORGANIZATION OR GOVERNMENT: MACOMB INTERMEDIATE SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROMOTE EDUCATION & PUBLIC

AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH THIS GOAL.

NAME OF ORGANIZATION OR GOVERNMENT: CAMP SPECTACULAR

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROMOTE EDUCATION & PUBLIC

AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH THIS GOAL.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: ROUNDOUT VALLEY HIGH SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROMOTE EDUCATION & PUBLIC

AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH THIS GOAL.

NAME OF ORGANIZATION OR GOVERNMENT: THE GOOD DOG FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROMOTE EDUCATION & PUBLIC

AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH THIS GOAL.

NAME OF ORGANIZATION OR GOVERNMENT: LIFESPIRE INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROMOTE EDUCATION & PUBLIC

AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH THIS GOAL.

NAME OF ORGANIZATION OR GOVERNMENT: CENTER FOR SPECTRUM SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROMOTE EDUCATION & PUBLIC

AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH THIS GOAL.

NAME OF ORGANIZATION OR GOVERNMENT: PUTNAM NO. WESTCHESTER BOCES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROMOTE EDUCATION & PUBLIC

AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH THIS GOAL.

NAME OF ORGANIZATION OR GOVERNMENT: ULSTER-GREENE ARC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROMOTE EDUCATION & PUBLIC

AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH THIS GOAL.

NAME OF ORGANIZATION OR GOVERNMENT: OCALI

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROMOTE EDUCATION & PUBLIC

AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH THIS GOAL.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: RAC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROMOTE EDUCATION & PUBLIC AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH THIS GOAL.

NAME OF ORGANIZATION OR GOVERNMENT: THE KELLY O'LEARY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROMOTE EDUCATION & PUBLIC AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH THIS GOAL.

NAME OF ORGANIZATION OR GOVERNMENT: ACHIEVEMENT CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROMOTE EDUCATION & PUBLIC AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH THIS GOAL.

NAME OF ORGANIZATION OR GOVERNMENT: ANN KUKLA SUMMER AUTISM CAMP

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROMOTE EDUCATION & PUBLIC AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH THIS GOAL.

NAME OF ORGANIZATION OR GOVERNMENT: BLUEROOF TECHNOLOGIES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROMOTE EDUCATION & PUBLIC AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH THIS GOAL.

NAME OF ORGANIZATION OR GOVERNMENT: KENNEDY KRIEGER INSTITUTE INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROMOTE EDUCATION & PUBLIC AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH THIS GOAL.

NAME OF ORGANIZATION OR GOVERNMENT: USAAC S.P.E.A.K.PROGRAM

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROMOTE EDUCATION & PUBLIC AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH THIS GOAL.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: BREAKTHROUGH CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROMOTE EDUCATION & PUBLIC

AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH THIS GOAL.

NAME OF ORGANIZATION OR GOVERNMENT: CHATTANOOGA AUTISM CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROMOTE EDUCATION & PUBLIC

AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH THIS GOAL.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

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. APPROXIMATE 19,000 INDIVIDUALS ATTENDED THESE SESSIONS.

EXPENSES \$ 95,879. 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.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 4,132.

AMOUNTS RELATED TO THE REPORTING OF FEWER CHAPTERS -174,801.

TOTAL TO FORM 990, PART XI, LINE 5 -170,669.

FORM 990 LINE H(B) - LIST OF AFFILIATED STATEMENT 1
 ORGANIZATIONS INCLUDED IN GROUP RETURN

| <u>NAME OF ORGANIZATION</u> | <u>ORGANIZATION'S ADDRESS</u> | <u>EMPLOYER ID</u> |
|---|--|--------------------|
| AUTISM SOCIETY NEBRASKA CHAPTER | PO BOX 83559 - LINCOLN, NE 68501-3559 | 14-1540002 |
| AUTISM SOCIETY ALBANY/GREATER CAPITAL REGION CHAPTER | 101 STATE ST - SCHENECTADY, NY 12305 | 14-1776927 |
| AUTISM SOCIETY HUDSON VALLEY CHAPTER | 58 JONES QUARRY RD - WOODSTOCK, NY 12498 | 14-1786557 |
| AUTISM SOCIETY FULTON/MONTGOMERY COUNTY CHAPTER | 43 HARRISON ST - GLOVERSVILLE, NY 12078-4708 | 14-1809489 |
| AUTISM SOCIETY WESTERN NEW YORK CHAPTER | 19 LIMESTONE DR STE 1 - BUFFALO, NY 14221-7091 | 16-1486535 |
| AUTISM SOCIETY CENTRAL NEW YORK CHAPTER | 4465 E. GENESEE ST., PMB 252 - DEWITT, NY 13214 | 16-1508687 |
| AUTISM SOCIETY NORTHERN ARIZONA CHAPTER | BOX 5630 - FLAGSTAFF , AZ 86011 | 20-3087226 |
| AUTISM SOCIETY LARIMER COUNTY CHAPTER | 921 PROVINCE RD - FORT COLLINS, CO 80525-6972 | 20-4482792 |
| AUTISM SOCIETY NORTHWEST HOUSTON CHAPTER | PO BOX 2796 - CYPRESS, TX 77410 | 20-4959853 |
| AUTISM SOCIETY NORTH DAKOTA CHAPTER | 628 6TH AVE - ALICE, ND 58031-5024 | 20-5192468 |
| AUTISM SOCIETY DAYTON CHAPTER | P. O. BOX 341395 - BEAVERCREEK, OH 45432 | 20-5769495 |
| AUTISM SOCIETY MONMOUTH COUNTY CHAPTER | 73 WICKAPECKO DR - OCEAN, NJ 07712-4100 | 22-1836216 |
| AUTISM SOCIETY SOUTHWEST NEW JERSEY CHAPTER | 10 SHADOW OAK CT - MOUNT LAUREL, NJ 08054-2113 | 22-3401874 |
| AUTISM SOCIETY LEHIGH VALLEY CHAPTER | PO BOX 90448 - ALLENTOWN, PA 18109-0448 | 23-2578768 |
| AUTISM SOCIETY BERKS COUNTY CHAPTER | PO BOX 6683 - WYOMISSING, PA 19610-0683 | 23-3070067 |
| AUTISM SOCIETY WAYNE COUNTY CHAPTER | P.O BOX 532564 - LIVONIA, MI 48153 | 23-7225512 |

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| AUTISM SOCIETY PITTSBURGH, INC. CHAPTER | 4371 NORTHERN PIKE - MONROEVILLE, PA 15146-2837 | 23-7350636 |
| AUTISM SOCIETY SOUTHWEST LOUISIANA CHAPTER | PO BOX 1805 - LAKE CHARLES, LA 70669 | 23-7350638 |
| AUTISM SOCIETY GREATER LONG BEACH/SAN GABRIEL VALLEY CHAPTER | PO BOX 15247 - LONG BEACH, CA 90815-0247 | 23-7350639 |
| AUTISM SOCIETY WESTMORELAND COUNTY CHAPTER | 544 HICKORY DR - GREENSBURG, PA 15601-4517 | 25-1494010 |
| AUTISM SOCIETY NORTHWESTERN PENNSYLVANIA CHAPTER | PO BOX 3923, 1128 STATE STREET 3RD FLOOR - ERIE, PA 16508-0923 | 25-1784145 |
| AUTISM SOCIETY NORTH CENTRAL MONTANA CHAPTER | PO BOX 2506 - GREAT FALLS, MT 59403-2506 | 26-0171873 |
| AUTISM SOCIETY GOLDEN HEART CHAPTER | 607 OLD STEESE, SUITE B #285 - FAIRBANKS , AK 99701 | 26-3028036 |
| AUTISM SOCIETY OF THE MID-SOUTH | PO BOX 382294 - GERMANTOWN, TN 38183-2294 | 26-3387065 |
| AUTISM SOCIETY HAWAII CHAPTER | 1600 KAPIOLANI BLVD, #620 - HONOLULU, HI 96814 | 26-4410135 |
| AUTISM SOCIETY CENTRAL OHIO CHAPTER | 286 WEYDON ROAD - WORTHINGTON, OH 43085 | 31-1339541 |
| AUTISM SOCIETY GREATER CINCINNATI CHAPTER | PO BOX 43027 - CINCINNATI , OH 45243-0027 | 31-1424116 |
| AUTISM SOCIETY INLAND EMPIRE CHAPTER | 2276 GRIFFIN WAY STE 105-194 - CORONA, CA 92879-8081 | 33-0597359 |
| AUTISM SOCIETY COACHELLA VALLEY CHAPTER | PO BOX 11052 - PALM DESERT, CA 92255-1052 | 33-0823647 |
| AUTISM SOCIETY OHIO CHAPTER | 470 GLENMONT AVE - COLUMBUS, OH 43214 | 34-1694514 |
| AUTISM SOCIETY GREATER AKRON CHAPTER | PO BOX 2831 - AKRON, OH 44309-2831 | 34-1764118 |
| AUTISM SOCIETY INDIANA CHAPTER | 13295 ILLINOIS ST. SUITE 110 - CARMEL, IN 46032 | 35-1924804 |
| AUTISM SOCIETY EAST CENTRAL INDIANA CHAPTER | P.O. BOX 1300 - MUNCIE, IN 47304 | 35-2038804 |
| AUTISM SOCIETY QUAD CITIES CHAPTER | PO BOX 472 - BETTENDORF, IA 52722-0008 | 36-2895204 |

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| AUTISM SOCIETY NORTH SUBURBAN ILLINOIS CHAPTER | 2546 WEST JEROME, UNIT C - CHICAGO, IL 60645 | 36-4233123 |
| AUTISM SOCIETY SOUTHEASTERN OHIO CHAPTER | C/O HAVAR, INC., PO BOX 460 - ATHENS, OH 45701-3337 | 36-4620137 |
| AUTISM SOCIETY SOUTHERN ILLINOIS CHAPTER | PO BOX 822 - O FALLON, IL 62269-0822 | 37-1342837 |
| AUTISM SOCIETY THE HEARTLAND CHAPTER | PO BOX 860984 - SHAWNEE, KS 66286-0984 | 37-1465199 |
| AUTISM SOCIETY WEST SHORE CHAPTER | PO BOX 39 - SPRING LAKE, MI 49464 | 38-2234014 |
| AUTISM SOCIETY KALAMAZOO BATTLE CREEK CHAPTER | 814 S WESTNEDGE STE 1 - KALAMAZOO, MI 49008 | 38-2591563 |
| AUTISM SOCIETY OAKLAND COUNTY CHAPTER | PO BOX 70207 - ROCHESTER HILLS, MI 48307 | 38-2908507 |
| AUTISM SOCIETY MACOMB/SAINT CLAIR CHAPTER | PO BOX 182186 - SHELBY TOWNSHIP, MI 48318-2186 | 38-2991240 |
| AUTISM SOCIETY OF GREATER MADISON CHAPTER | 2935 SOUTH FISH HATCHERY RD #101 - MADISON, WI 53711-6434 | 39-1785486 |
| AUTISM SOCIETY CHIPPEWA VALLY AUTISM SOCIETY | 711 BRIAR LANE - ALTOONA, WI 54702 | 39-1804061 |
| AUTISM SOCIETY LAKESHORE CHAPTER | 413 WALDO BLVD - MANITOWOC, WI 54220-2903 | 39-1850395 |
| AUTISM SOCIETY CENTRAL WISCONSIN CHAPTER | PO BOX 1832 - WAUSAU, WI 54402-1832 | 39-2005818 |
| AUTISM SOCIETY IOWA CHAPTER | 4549 WATERFORD DR - WEST DES MOINES, IA 50265-2059 | 42-1305731 |
| AUTISM SOCIETY EAST CENTRAL IOWA CHAPTER | 642 10TH ST SUITE 201 - MARION , IA 52302 | 42-1429640 |
| AUTISM SOCIETY CENTRAL SOUTH DAKOTA CHAPTER | 19304 ROBBS FLAT RD - MIDLAND, SD 57552 | 46-0410259 |
| AUTISM SOCIETY SIOUXLAND CHAPTER | PO BOX 1135 - SIOUX CITY, IA 51102-1135 | 72-1568127 |
| AUTISM SOCIETY GREATER TUCSON CHAPTER | P.O. BOX 44156 - TUCSON, AZ 85733-4156 | 51-0249523 |
| AUTISM SOCIETY MONTGOMERY COUNTY CHAPTER | 4125 QUEEN MARY DR - OLNEY, MD 20832-2109 | 52-1864360 |

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| AUTISM SOCIETY BALTIMORE-CHESAPEAKE CHAPTER | PO BOX 10822 - BALTIMORE, MD 21234-0822 | 52-1864361 |
| AUTISM SOCIETY DISTRICT OF COLUMBIA CHAPTER | 5167 7TH ST NE - WASHINGTON, DC 20011-2624 | 52-1869579 |
| AUTISM SOCIETY HARFORD COUNTY CHAPTER | PO BOX 545 - BEL AIR, MD 21014 | 52-1947268 |
| AUTISM SOCIETY FREDERICK COUNTY CHAPTER | PO BOX 456 - BUCKEYSTOWN, MD 21717 | 52-1949026 |
| AUTISM SOCIETY BLACK HILLS CHAPTER | 3022 W. ST. LOUIS ST. - RAPID CITY, SD 57702 | 52-2190755 |
| AUTISM SOCIETY NORTHERN VIRGINIA CHAPTER | 98 N. WASHINGTON ST. - FALLS CHURCH, VA 22046-4514 | 54-1698694 |
| AUTISM SOCIETY RIVER CITIES CHAPTER | PO BOX 1296 - HUNTINGTON, WV 25714-1296 | 55-0743739 |
| AUTISM SOCIETY WV NORTHERN AUTISM COMMUNITY CHAPTER (AS-HANCOCK COUNTY-WV) | 277 BENNETT DR - WEIRTON, WV 26047 | 55-0765843 |
| AUTISM SOCIETY NORTHEAST GEORGIA CHAPTER | PO BOX 48366 - ATHENS, GA 30604-8366 | 58-2137464 |
| AUTISM SOCIETY OF KENTUCKIANA CHAPTER | PO BOX 90 - PEWEE VALLEY, KY 40056-0090 | 61-0951851 |
| AUTISM SOCIETY BLUEGRASS CHAPTER | 453 ROOKWOOD PWY - LEXINGTON, KY 40515 | 61-1284444 |
| AUTISM SOCIETY EAST TENNESSEE CHAPTER | 2890 ALCOA HWY, PO BOX 30015 KNOXVILLE - KNOXVILLE, TN 37930 | 62-1518649 |
| AUTISM SOCIETY NORTH ALABAMA CHAPTER | 2619 GAWAIN RD SE - HUNTSVILLE, AL 35803 | 63-1112411 |
| AUTISM SOCIETY BROWARD COUNTY CHAPTER | PO BOX 450476 - SUNRISE, FL 33345-0476 | 65-0499566 |
| AUTISM SOCIETY OF PUERTO RICO NINOS Y ADULTOS CON AUTISMO, INC. | AUTISM SOCIETY PUERTO RICO CHAPTER, PO BOX 190594, SAN JUAN, PUERTO RICO 00 | 66-0740904 |
| AUTISM SOCIETY GREATER NEW ORLEANS CHAPTER | PO BOX 26057 - NEW ORLEANS, LA 70186-6057 | 72-0942376 |
| AUTISM SOCIETY LOUISIANA STATE CHAPTER | 5430 S. WOODCHASE CT - BATON ROUGE, LA 70808-5202 | 72-1041979 |

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| AUTISM SOCIETY ACADIANA CHAPTER | P.O. BOX 91553 - LAFAYETTE, LA 70509-1553 | 72-1265383 |
| AUTISM SOCIETY NORTHWEST LOUISIANA CHAPTER | 9118 SUMMER PL - GREENWOOD, LA 71033 | 72-1310470 |
| AUTISM SOCIETY GREATER AUSTIN CHAPTER | PO BOX 160841 - AUSTIN, TX 78716-0841 | 74-2353470 |
| AUTISM SOCIETY OF EL PASO (SOUTHWEST TEXAS) | PO BOX 12486 - EL PASO, TX 79913 | 74-2761401 |
| AUTISM SOCIETY TEXAS GULF COAST CHAPTER | PO BOX 57865 - WEBSTER, TX 77598-7865 | 76-0531010 |
| AUTISM SOCIETY VENTURA COUNTY CHAPTER | 900 CALLO PLANO SUITE K - CAMARILLO , CA 93012 | 77-0389090 |
| AUTISM SOCIETY KERN AUTISM NETWORK CHAPTER | 15401 LAKE BERRYESSA CT - BAKERSFIELD, CA 93314-5250 | 77-0451608 |
| AUTISM SOCIETY NORTHERN NEVADA CHAPTER | 3490 SOUTHAMPTON DR - RENO, NV 89509-8911 | 88-0312561 |
| AUTISM SOCIETY CENTRAL OKLAHOMA | PO BOX 720103 - NORMAN, OK 73070-4081 | 90-0291623 |
| AUTISM SOCIETY METROPOLITAN CHICAGO CHAPTER | 8950 S THROOP ST - CHICAGO, IL 60620 | 90-0291625 |
| AUTISM SOCIETY PEORIA REGIONAL CHAPTER | C/O EASTER SEALS, 507 E ARMSTRONG AVE - PEORIA, IL 61603 | 90-0345076 |
| AUTISM SOCIETY BAYOU LOUISIANA CHAPTER | 121 CALLIN CT - MORGAN CITY, LA 70380-7639 | 90-0345077 |
| AUTISM SOCIETY CENTRAL MICHIGAN CHAPTER | 502 E DEERFIELD RD - MOUNT PLEASANT, MI 48858-9547 | 90-0426793 |
| AUTISM SOCIETY GREATER BATON ROUGE CHAPTER | 12845 ARLINGFORD AVE - BATON ROUGE, LA 70815-6406 | 90-0426805 |
| AUTISM SOCIETY GREATER PHILADELPHIA CHAPTER | 1036 NASH AVE - LANSDALE, PA 19446 | 93-1223121 |
| AUTISM SOCIETY NORTHEAST ILLINOIS CHAPTER | 707 CROSSLAND DR - GRAYSLAKE, IL 60030-1697 | 93-1223160 |
| AUTISM SOCIETY GREATER HOUSTON CHAPTER | PO BOX 2871 - HOUSTON, TX 77252-2871 | 93-1223185 |
| AUTISM SOCIETY BROOKLYN CHAPTER | 225 AVENUE S - BROOKLYN, NY 11223-2745 | 11-3345993 |

AUTISM SOCIETY OF AMERICA GROUP

58-2248889

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| AUTISM SOCIETY CONNECTICUT CHAPTER | PO BOX 1404 - GUILFORD, CT 06437-0504 | 06-1393155 |
| AUTISM SOCIETY RHODE ISLAND CHAPTER | PO BOX 16603 - RUMFORD, RI 02916-0689 | 05-0381305 |
| AUTISM SOCIETY BUTLER COUNTY CHAPTER | PO BOX 275, 202 E. MAIN STREET - EVANS CITY, PA 16033-0275 | 04-3682447 |
| AUTISM SOCIETY NEW HAMPSHIRE CHAPTER | PO BOX 68 - CONCORD, NH 03302-0068 | 02-0476020 |
| AUTISM SOCIETY MAINE CHAPTER | 72B MAIN STREET - WINTHROP, ME 04361-1406 | 01-0407346 |
| AUTISM SOCIETY EMERALD COAST CHAPTER | 8668 NAVARRE PARKWAY, #216 - NAVARRE, FL 32566 | 59-3342762 |
| AUTISM SOCIETY SANTA BARBARA CHAPTER | PO BOX 30364 - SANTA BARBARA, CA 93130-0364 | 65-1223569 |
| AUTISM SOCIETY SAN FRANCISCO BAY AREA CHAPTER | PO BOX 249 - SAN MATEO, CA 94401 | 94-2978690 |
| AUTISM SOCIETY FLORIDA CHAPTER | PO BOX 970646 - COCONUT CREEK, FL 33097-0646 | 59-2910367 |

FORM 8868

LIST OF AFFILIATED
ORGANIZATIONS INCLUDED IN GROUP RETURN

STATEMENT 2

| NAME OF ORGANIZATION | ORGANIZATION'S ADDRESS | EMPLOYER ID |
|---|--|-------------|
| AUTISM SOCIETY NEBRASKA CHAPTER | PO BOX 83559 - LINCOLN, NE 68501-3559 | 14-1540002 |
| AUTISM SOCIETY ALBANY/GREATER CAPITAL REGION CHAPTER | 101 STATE ST - SCHENECTADY, NY 12305 | 14-1776927 |
| AUTISM SOCIETY HUDSON VALLEY CHAPTER | 58 JONES QUARRY RD - WOODSTOCK, NY 12498 | 14-1786557 |
| AUTISM SOCIETY FULTON/MONTGOMERY COUNTY CHAPTER | 43 HARRISON ST - GLOVERSVILLE, NY 12078-4708 | 14-1809489 |
| AUTISM SOCIETY WESTERN NEW YORK CHAPTER | 19 LIMESTONE DR STE 1 - BUFFALO, NY 14221-7091 | 16-1486535 |
| AUTISM SOCIETY CENTRAL NEW YORK CHAPTER | 4465 E. GENESEE ST., PMB 252 - DEWITT, NY 13214 | 16-1508687 |
| AUTISM SOCIETY NORTHERN ARIZONA CHAPTER | BOX 5630 - FLAGSTAFF , AZ 86011 | 20-3087226 |
| AUTISM SOCIETY LARIMER COUNTY CHAPTER | 921 PROVINCE RD - FORT COLLINS, CO 80525-6972 | 20-4482792 |
| AUTISM SOCIETY NORTHWEST HOUSTON CHAPTER | PO BOX 2796 - CYPRESS, TX 77410 | 20-4959853 |
| AUTISM SOCIETY NORTH DAKOTA CHAPTER | 628 6TH AVE - ALICE, ND 58031-5024 | 20-5192468 |
| AUTISM SOCIETY DAYTON CHAPTER | P. O. BOX 341395 - BEAVERCREEK, OH 45432 | 20-5769495 |
| AUTISM SOCIETY MONMOUTH COUNTY CHAPTER | 73 WICKAPECKO DR - OCEAN, NJ 07712-4100 | 22-1836216 |
| AUTISM SOCIETY SOUTHWEST NEW JERSEY CHAPTER | 10 SHADOW OAK CT - MOUNT LAUREL, NJ 08054-2113 | 22-3401874 |
| AUTISM SOCIETY LEHIGH VALLEY CHAPTER | PO BOX 90448 - ALLENTOWN, PA 18109-0448 | 23-2578768 |
| AUTISM SOCIETY BERKS COUNTY CHAPTER | PO BOX 6683 - WYOMISSING, PA 19610-0683 | 23-3070067 |
| AUTISM SOCIETY WAYNE COUNTY CHAPTER | P.O BOX 532564 - LIVONIA, MI 48153 | 23-7225512 |

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| AUTISM SOCIETY PITTSBURGH, INC. CHAPTER | 4371 NORTHERN PIKE - MONROEVILLE, PA 15146-2837 | 23-7350636 |
| AUTISM SOCIETY SOUTHWEST LOUISIANA CHAPTER | PO BOX 1805 - LAKE CHARLES, LA 70669 | 23-7350638 |
| AUTISM SOCIETY GREATER LONG BEACH/SAN GABRIEL VALLEY CHAPTER | PO BOX 15247 - LONG BEACH, CA 90815-0247 | 23-7350639 |
| AUTISM SOCIETY WESTMORELAND COUNTY CHAPTER | 544 HICKORY DR - GREENSBURG, PA 15601-4517 | 25-1494010 |
| AUTISM SOCIETY NORTHWESTERN PENNSYLVANIA CHAPTER | PO BOX 3923, 1128 STATE STREET 3RD FLOOR - ERIE, PA 16508-0923 | 25-1784145 |
| AUTISM SOCIETY NORTH CENTRAL MONTANA CHAPTER | PO BOX 2506 - GREAT FALLS, MT 59403-2506 | 26-0171873 |
| AUTISM SOCIETY GOLDEN HEART CHAPTER | 607 OLD STEESE, SUITE B #285 - FAIRBANKS , AK 99701 | 26-3028036 |
| AUTISM SOCIETY OF THE MID-SOUTH | PO BOX 382294 - GERMANTOWN, TN 38183-2294 | 26-3387065 |
| AUTISM SOCIETY HAWAII CHAPTER | 1600 KAPIOLANI BLVD, #620 - HONOLULU, HI 96814 | 26-4410135 |
| AUTISM SOCIETY CENTRAL OHIO CHAPTER | 286 WEYDON ROAD - WORTHINGTON, OH 43085 | 31-1339541 |
| AUTISM SOCIETY GREATER CINCINNATI CHAPTER | PO BOX 43027 - CINCINNATI , OH 45243-0027 | 31-1424116 |
| AUTISM SOCIETY INLAND EMPIRE CHAPTER | 2276 GRIFFIN WAY STE 105-194 - CORONA, CA 92879-8081 | 33-0597359 |
| AUTISM SOCIETY COACHELLA VALLEY CHAPTER | PO BOX 11052 - PALM DESERT, CA 92255-1052 | 33-0823647 |
| AUTISM SOCIETY OHIO CHAPTER | 470 GLENMONT AVE - COLUMBUS, OH 43214 | 34-1694514 |
| AUTISM SOCIETY GREATER AKRON CHAPTER | PO BOX 2831 - AKRON, OH 44309-2831 | 34-1764118 |
| AUTISM SOCIETY INDIANA CHAPTER | 13295 ILLINOIS ST. SUITE 110 - CARMEL, IN 46032 | 35-1924804 |
| AUTISM SOCIETY EAST CENTRAL INDIANA CHAPTER | P.O. BOX 1300 - MUNCIE, IN 47304 | 35-2038804 |
| AUTISM SOCIETY QUAD CITIES CHAPTER | PO BOX 472 - BETTENDORF, IA 52722-0008 | 36-2895204 |

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| AUTISM SOCIETY NORTH SUBURBAN ILLINOIS CHAPTER | 2546 WEST JEROME, UNIT C - CHICAGO, IL 60645 | 36-4233123 |
| AUTISM SOCIETY SOUTHEASTERN OHIO CHAPTER | C/O HAVAR, INC., PO BOX 460 - ATHENS, OH 45701-3337 | 36-4620137 |
| AUTISM SOCIETY SOUTHERN ILLINOIS CHAPTER | PO BOX 822 - O FALLON, IL 62269-0822 | 37-1342837 |
| AUTISM SOCIETY THE HEARTLAND CHAPTER | PO BOX 860984 - SHAWNEE, KS 66286-0984 | 37-1465199 |
| AUTISM SOCIETY WEST SHORE CHAPTER | PO BOX 39 - SPRING LAKE, MI 49464 | 38-2234014 |
| AUTISM SOCIETY KALAMAZOO BATTLE CREEK CHAPTER | 814 S WESTNEDGE STE 1 - KALAMAZOO, MI 49008 | 38-2591563 |
| AUTISM SOCIETY OAKLAND COUNTY CHAPTER | PO BOX 70207 - ROCHESTER HILLS, MI 48307 | 38-2908507 |
| AUTISM SOCIETY MACOMB/SAINT CLAIR CHAPTER | PO BOX 182186 - SHELBY TOWNSHIP, MI 48318-2186 | 38-2991240 |
| AUTISM SOCIETY OF GREATER MADISON CHAPTER | 2935 SOUTH FISH HATCHERY RD #101 - MADISON, WI 53711-6434 | 39-1785486 |
| AUTISM SOCIETY CHIPPEWA VALLY AUTISM SOCIETY | 711 BRIAR LANE - ALTOONA, WI 54702 | 39-1804061 |
| AUTISM SOCIETY LAKESHORE CHAPTER | 413 WALDO BLVD - MANITOWOC, WI 54220-2903 | 39-1850395 |
| AUTISM SOCIETY CENTRAL WISCONSIN CHAPTER | PO BOX 1832 - WAUSAU, WI 54402-1832 | 39-2005818 |
| AUTISM SOCIETY IOWA CHAPTER | 4549 WATERFORD DR - WEST DES MOINES, IA 50265-2059 | 42-1305731 |
| AUTISM SOCIETY EAST CENTRAL IOWA CHAPTER | 642 10TH ST SUITE 201 - MARION, IA 52302 | 42-1429640 |
| AUTISM SOCIETY CENTRAL SOUTH DAKOTA CHAPTER | 19304 ROBBS FLAT RD - MIDLAND, SD 57552 | 46-0410259 |
| AUTISM SOCIETY SIOUXLAND CHAPTER | PO BOX 1135 - SIOUX CITY, IA 51102-1135 | 72-1568127 |
| AUTISM SOCIETY GREATER TUCSON CHAPTER | P.O. BOX 44156 - TUCSON, AZ 85733-4156 | 51-0249523 |
| AUTISM SOCIETY MONTGOMERY COUNTY CHAPTER | 4125 QUEEN MARY DR - OLNEY, MD 20832-2109 | 52-1864360 |

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| AUTISM SOCIETY BALTIMORE-CHESAPEAKE CHAPTER | PO BOX 10822 - BALTIMORE, MD 21234-0822 | 52-1864361 |
| AUTISM SOCIETY DISTRICT OF COLUMBIA CHAPTER | 5167 7TH ST NE - WASHINGTON, DC 20011-2624 | 52-1869579 |
| AUTISM SOCIETY HARFORD COUNTY CHAPTER | PO BOX 545 - BEL AIR, MD 21014 | 52-1947268 |
| AUTISM SOCIETY FREDERICK COUNTY CHAPTER | PO BOX 456 - BUCKEYSTOWN, MD 21717 | 52-1949026 |
| AUTISM SOCIETY BLACK HILLS CHAPTER | 3022 W. ST. LOUIS ST. - RAPID CITY, SD 57702 | 52-2190755 |
| AUTISM SOCIETY NORTHERN VIRGINIA CHAPTER | 98 N. WASHINGTON ST. - FALLS CHURCH, VA 22046-4514 | 54-1698694 |
| AUTISM SOCIETY RIVER CITIES CHAPTER | PO BOX 1296 - HUNTINGTON, WV 25714-1296 | 55-0743739 |
| AUTISM SOCIETY WV NORTHERN AUTISM COMMUNITY CHAPTER (AS-HANCOCK COUNTY-WV) | 277 BENNETT DR - WEIRTON, WV 26047 | 55-0765843 |
| AUTISM SOCIETY NORTHEAST GEORGIA CHAPTER | PO BOX 48366 - ATHENS, GA 30604-8366 | 58-2137464 |
| AUTISM SOCIETY OF KENTUCKIANA CHAPTER | PO BOX 90 - PEWEE VALLEY, KY 40056-0090 | 61-0951851 |
| AUTISM SOCIETY BLUEGRASS CHAPTER | 453 ROOKWOOD PWY - LEXINGTON, KY 40515 | 61-1284444 |
| AUTISM SOCIETY EAST TENNESSEE CHAPTER | 2890 ALCOA HWY, PO BOX 30015 KNOXVILLE - KNOXVILLE, TN 37930 | 62-1518649 |
| AUTISM SOCIETY NORTH ALABAMA CHAPTER | 2619 GAWAIN RD SE - HUNTSVILLE, AL 35803 | 63-1112411 |
| AUTISM SOCIETY BROWARD COUNTY CHAPTER | PO BOX 450476 - SUNRISE, FL 33345-0476 | 65-0499566 |
| AUTISM SOCIETY OF PUERTO RICO NINOS Y ADULTOS CON AUTISMO, INC. | AUTISM SOCIETY PUERTO RICO CHAPTER, PO BOX 190594, SAN JUAN, PUERTO RICO 00 | 66-0740904 |
| AUTISM SOCIETY GREATER NEW ORLEANS CHAPTER | PO BOX 26057 - NEW ORLEANS, LA 70186-6057 | 72-0942376 |
| AUTISM SOCIETY LOUISIANA STATE CHAPTER | 5430 S. WOODCHASE CT - BATON ROUGE, LA 70808-5202 | 72-1041979 |

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| AUTISM SOCIETY ACADIANA CHAPTER | P.O. BOX 91553 - LAFAYETTE, LA 70509-1553 | 72-1265383 |
| AUTISM SOCIETY NORTHWEST LOUISIANA CHAPTER | 9118 SUMMER PL - GREENWOOD, LA 71033 | 72-1310470 |
| AUTISM SOCIETY GREATER AUSTIN CHAPTER | PO BOX 160841 - AUSTIN, TX 78716-0841 | 74-2353470 |
| AUTISM SOCIETY OF EL PASO (SOUTHWEST TEXAS) | PO BOX 12486 - EL PASO, TX 79913 | 74-2761401 |
| AUTISM SOCIETY TEXAS GULF COAST CHAPTER | PO BOX 57865 - WEBSTER, TX 77598-7865 | 76-0531010 |
| AUTISM SOCIETY VENTURA COUNTY CHAPTER | 900 CALLO PLANO SUITE K - CAMARILLO , CA 93012 | 77-0389090 |
| AUTISM SOCIETY KERN AUTISM NETWORK CHAPTER | 15401 LAKE BERRYESSA CT - BAKERSFIELD, CA 93314-5250 | 77-0451608 |
| AUTISM SOCIETY NORTHERN NEVADA CHAPTER | 3490 SOUTHAMPTON DR - RENO, NV 89509-8911 | 88-0312561 |
| AUTISM SOCIETY CENTRAL OKLAHOMA | PO BOX 720103 - NORMAN, OK 73070-4081 | 90-0291623 |
| AUTISM SOCIETY METROPOLITAN CHICAGO CHAPTER | 8950 S THROOP ST - CHICAGO, IL 60620 | 90-0291625 |
| AUTISM SOCIETY PEORIA REGIONAL CHAPTER | C/O EASTER SEALS, 507 E ARMSTRONG AVE - PEORIA, IL 61603 | 90-0345076 |
| AUTISM SOCIETY BAYOU LOUISIANA CHAPTER | 121 CALLIN CT - MORGAN CITY, LA 70380-7639 | 90-0345077 |
| AUTISM SOCIETY CENTRAL MICHIGAN CHAPTER | 502 E DEERFIELD RD - MOUNT PLEASANT, MI 48858-9547 | 90-0426793 |
| AUTISM SOCIETY GREATER BATON ROUGE CHAPTER | 12845 ARLINGFORD AVE - BATON ROUGE, LA 70815-6406 | 90-0426805 |
| AUTISM SOCIETY GREATER PHILADELPHIA CHAPTER | 1036 NASH AVE - LANSDALE, PA 19446 | 93-1223121 |
| AUTISM SOCIETY NORTHEAST ILLINOIS CHAPTER | 707 CROSSLAND DR - GRAYSLAKE, IL 60030-1697 | 93-1223160 |
| AUTISM SOCIETY GREATER HOUSTON CHAPTER | PO BOX 2871 - HOUSTON, TX 77252-2871 | 93-1223185 |
| AUTISM SOCIETY BROOKLYN CHAPTER | 225 AVENUE S - BROOKLYN, NY 11223-2745 | 11-3345993 |

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| AUTISM SOCIETY CONNECTICUT CHAPTER | PO BOX 1404 - GUILFORD, CT 06437-0504 | 06-1393155 |
| AUTISM SOCIETY RHODE ISLAND CHAPTER | PO BOX 16603 - RUMFORD, RI 02916-0689 | 05-0381305 |
| AUTISM SOCIETY BUTLER COUNTY CHAPTER | PO BOX 275, 202 E. MAIN STREET - EVANS CITY, PA 16033-0275 | 04-3682447 |
| AUTISM SOCIETY NEW HAMPSHIRE CHAPTER | PO BOX 68 - CONCORD, NH 03302-0068 | 02-0476020 |
| AUTISM SOCIETY MAINE CHAPTER | 72B MAIN STREET - WINTHROP, ME 04361-1406 | 01-0407346 |
| AUTISM SOCIETY EMERALD COAST CHAPTER | 8668 NAVARRE PARKWAY, #216 - NAVARRE, FL 32566 | 59-3342762 |
| AUTISM SOCIETY SANTA BARBARA CHAPTER | PO BOX 30364 - SANTA BARBARA, CA 93130-0364 | 65-1223569 |
| AUTISM SOCIETY SAN FRANCISCO BAY AREA CHAPTER | PO BOX 249 - SAN MATEO, CA 94401 | 94-2978690 |
| AUTISM SOCIETY FLORIDA CHAPTER | PO BOX 970646 - COCONUT CREEK, FL 33097-0646 | 59-2910367 |

• 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) | |
| Type or print File by the extended due date for filing your return See instructions | Name of exempt organization AUTISM SOCIETY OF AMERICA GROUP | Employer identification number 58-2248889 |
| | Number, street, and room or suite no. If a P.O. box, see instructions 4340 EAST WEST HIGHWAY, SUITE 350 | |
| | City, town or post office, state, and ZIP code For a foreign address, see instructions. BETHESDA, MD 20814-4411 | |

Enter the Return code for the return that this application is for (file a separate application for each return)

01

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|--------------------|-------------|
| Form 990 | 01 | | |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 990-EZ | 03 | Form 4720 | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

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

THE ORGANIZATION - 4340 EAST WEST HIGHWAY, SUITE 350 -

• The books are in the care of **BETHESDA, MD 20814-4411**

Telephone No. **301-657-0881**

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

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2011.**

5 For calendar year **2010**, or other tax year beginning _____, and ending _____

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension _____

ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE FORM 990.

| | | | |
|--|-----------|----|----|
| 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 | 8a | \$ | 0. |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 | 8b | \$ | 0. |
| c Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 8c | \$ | 0. |

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

Title **PRESIDENT / COO**

Date