

# 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 2011 calendar year, or tax year beginning and ending

<b>B</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	<b>C</b> Name of organization <b>AUTISM SOCIETY OF AMERICA GROUP</b>		<b>D</b> Employer identification number <b>58-2248889</b>
	Doing Business As		<b>E</b> Telephone number <b>301-657-0881</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>4,123,173.</b>
	<b>4340 EAST WEST HIGHWAY</b>	<b>350</b>	<b>H(a)</b> Is this a group return for affiliates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. (see instructions)
City or town, state or country, and ZIP + 4 <b>BETHESDA, MD 20814-4411</b>		<b>H(c)</b> Group exemption number ▶ <b>2497</b>	
<b>F</b> Name and address of principal officer: <b>SCOTT BADESCH</b> <b>SAME AS C ABOVE</b>		<b>J</b> 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	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1965</b> <b>M</b> State of legal domicile: <b>DC</b>	
<b>J</b> Website: ▶ <b>WWW.AUTISM-SOCIETY.ORG</b>			

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO IMPROVE THE LIVES OF ALL AFFECTED BY AUTISM.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>548</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>548</b>
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>5</b>	<b>28</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>3085</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year <b>2,835,101.</b>	Current Year <b>2,694,120.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>987,613.</b>	<b>911,332.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>11,540.</b>	<b>8,421.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>224,223.</b>	<b>331,397.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>4,058,477.</b>	<b>3,945,270.</b>
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>583,190.</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>5,109.</b>	<b>2,082.</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>646,851.</b>	<b>611,774.</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>36,309.</b>	<b>0.</b>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>375,100.</b>			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<b>2,716,697.</b>	<b>2,455,485.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>3,988,156.</b>	<b>3,669,486.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>70,321.</b>	<b>275,784.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year <b>4,383,395.</b>	End of Year <b>4,184,725.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>49,875.</b>	<b>69,424.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>4,333,520.</b>	<b>4,115,301.</b>

**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.

<b>Sign Here</b>	Signature of officer 	Date <b>11/14/12</b>			
	<b>SCOTT BADESCH, PRESIDENT/COO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/type preparer's name <b>NEIL E. BERGER</b>	Preparer's signature <b>NEIL E. BERGER</b>	Date <b>11/14/12</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00102223</b>
	Firm's name ▶ <b>METRO METRO AND ASSOCIATES</b>	Firm's EIN ▶ <b>52-1884940</b>	Firm's address ▶ <b>3311 OLNEY SANDY SPRING ROAD OLNEY, MD 20832-1411</b>		
Phone no. <b>(301)929-9700</b>					

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO IMPROVE THE LIVES OF ALL AFFECTED BY AUTISM.

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 1,878,178. including grants of \$ 99,298. ) (Revenue \$ 923,094. ) 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 \$ 500,847. 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 \$ 500,847. including grants of \$ 500,847. ) (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 \$ 75,128. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 2,955,000.

**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 <i>Schedule B, Schedule of Contributors</i> ? .....	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, 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> .....		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 temporarily restricted endowments, permanent endowments, 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <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 hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> 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
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> 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> .....		X
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? .....	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O response

Main table with columns for question number, description, sub-questions (1a-1b, 2a-2b, 3a-3b, 4a-4a, 5a-5c, 6a-6b, 7a-7d, 7e-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b), Yes, and No. Includes entries like '49', '0', '28', and 'X' marks.

**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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a		548
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	1b		548
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
<b>6</b>	Did the organization have members or stockholders?	6	X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	8a	X
<b>b</b>	Each committee with authority to act on behalf of the governing body?	8b	X
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	10a	X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
<b>13</b>	Did the organization have a written whistleblower policy?	13	X
<b>14</b>	Did the organization have a written document retention and destruction policy?	14	X
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	15a	X
<b>b</b>	Other officers or key employees of the organization	15b	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) HEIDI HAAS PRESIDENT	30.00	X		X				0.	0.	0.
(2) JOANNE HEALY VICE-PRESIDENT	10.00	X		X				0.	0.	0.
(3) MICHELLE BENNETT TREASURER	5.00	X		X				0.	0.	0.
(4) NICOLE CREEK SECRETARY	2.00	X		X				0.	0.	0.
(5) AARON STIRLE DIRECTOR	4.00	X						0.	0.	0.
(6) JANIS MALTOS DIRECTOR	2.00	X						0.	0.	0.
(7) TONJA UPDIKE DIRECTOR	2.00	X						0.	0.	0.
(8) BETSY KRUTH DIRECTOR	2.00	X						0.	0.	0.
(9) AMANDA MITCHELL DIRECTOR	2.00	X						0.	0.	0.
(10) JENNIFER DAVIS PRESIDENT	15.00	X		X				0.	0.	0.
(11) WENDY SWARTZ VICE PRESIDENT	9.50	X		X				0.	0.	0.
(12) JASMINE TAKETA- TRAN TREASURER	5.00	X		X				0.	0.	0.
(13) MARY STEVENSON SECRETARY	5.00	X		X				0.	0.	0.
(14) JAN BRYCHTA DIRECTOR	0.50	X						0.	0.	0.
(15) DR. SYNDNEY RICE DIRECTOR	2.00	X						0.	0.	0.
(16) ALEJANDRA DELA TORRE DIRECTOR	3.50	X						0.	0.	0.
(17) LAUA LANNING DIRECTOR	2.00	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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) NIZAR SUKKAR DIRECTOR	2.00	X						0.	0.	0.
(19) KIM PROUSE DIRECTOR	0.50	X						0.	0.	0.
(20) ALBA SUKKAR DIRECTOR	0.50	X						0.	0.	0.
(21) MONICA BERNALDO CO-PRESIDENT	5.00	X		X				0.	0.	0.
(22) SHINE NISSAR CO-PRESIDENT	5.00	X		X				0.	0.	0.
(23) JANNETTE REYES SECRETARY/VICE PRESIDENT	5.00	X		X				0.	0.	0.
(24) DIANA TOSTADO TREASURER	5.00	X		X				0.	0.	0.
(25) MISTY HOGAN BOARD MEMBER	5.00	X						0.	0.	0.
(26) DR. BENTON DORMAN BOARD MEMBER	5.00	X						0.	0.	0.
<b>1b Sub-total</b> .....								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								508,559.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								508,559.	0.	0.

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

	Yes	No
3 Did the organization list any <b>former</b> 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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
USAAC, INC. 4371 NORTHERN PIKE, MONROEVILLE, PA 15146	PROGRAM	125,456.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

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			
(27) MARIA HAIGH BOARD MEMBER	5.00	X						0.	0.	0.
(28) BETH BURT PRESIDENT	30.00	X		X				0.	0.	0.
(29) LILLIAN VASQUEZ VICE PRESIDENT	5.00	X		X				0.	0.	0.
(30) RICK GUITIERREZ SECRETARY	1.00	X		X				0.	0.	0.
(31) PHILIP HANNAWI TREASURER	3.00	X		X				0.	0.	0.
(32) STEPHANI CONGDON BOARD MEMBER	1.00	X						0.	0.	0.
(33) PETE GENNARO BOARD MEMBER	1.50	X						0.	0.	0.
(34) JJ JOHNSOTON BOARD MEMBER	1.00	X						0.	0.	0.
(35) KELLY LONDENBERG BOARD MEMBER	20.00	X						0.	0.	0.
(36) THERESA MCFARLAND BOARD MEMBER	1.00	X						0.	0.	0.
(37) BETH HALEY BOARD MEMBER	0.50	X						0.	0.	0.
(38) ERIC OCHS BOARD MEMBER	5.00	X						0.	0.	0.
(39) CONNIE FRENZEL CHAIRMAN OF THE BOARD	20.00	X		X				0.	0.	0.
(40) SUE SWEEZY SECRETARY	5.00	X		X				0.	0.	0.
(41) IRMA VELASQUEZ TREASURER	10.00	X		X				0.	0.	0.
(42) VALERIE RYNNE BOARD MEMBER	5.00	X						0.	0.	0.
(43) MARCIA EICHELBERGER PRESIDENT	15.00	X		X				0.	0.	0.
(44) SANDRA SHOVE VICE PRESIDENT	12.00	X		X				0.	0.	0.
(45) CANDYCE ESTAVE SECRETARY	10.00	X		X				0.	0.	0.
(46) JOE MARQUEZ PRESIDENT	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			
(47) SHARON FRANCIS VICE PRESIDENT	30.00	X		X				0.	0.	0.
(48) ANGIE MOSS SECRETARY	10.00	X		X				0.	0.	0.
(49) WILLIAM BURKE TREASURER	10.00	X		X				0.	0.	0.
(50) TIFFANY WILSON BOARD MEMBER	5.00	X						0.	0.	0.
(51) JANELLE BAUER BOARD MEMBER	5.00	X						0.	0.	0.
(52) SHAMIM HALDANKAR BOARD MEMBER	5.00	X						0.	0.	0.
(53) REGINA MORENO PRESIDENT	30.00	X		X				0.	0.	0.
(54) EVA MORENO SECRETARY	3.00	X		X				0.	0.	0.
(55) RITA RUBIN CONFERENCE COORDINATOR	25.00	X						0.	0.	0.
(56) JOE MCNIEL TREASURER	5.00	X		X				0.	0.	0.
(57) TINA SAWIRES BOARD MEMBER	1.00	X						0.	0.	0.
(58) ANA SIMMS BOARD MEMBER	2.00	X						0.	0.	0.
(59) GLORIA MCNIEL BOARD MEMBER	2.00	X						0.	0.	0.
(60) BUNNIE GUTHRIE BOARD MEMBER	2.00	X						0.	0.	0.
(61) MARGIE SULLIVAN BOARD MEMBER	3.00	X						0.	0.	0.
(62) BOB RUBIN BOARD MEMBER	4.00	X						0.	0.	0.
(63) JOEY HAYASHI 2ND VICE PRESIDENT	4.00	X		X				0.	0.	0.
(64) OSCAR ALEX ALFARO BOARD MEMBER	4.00	X						0.	0.	0.
(65) BRONWYN ESTEPHAN VICE PRESIDENT	6.00	X		X				0.	0.	0.
(66) PENNE FODE BOARD MEMBER	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			
(67) MARCIA EICHELBERGER PRESIDENT	5.00	X		X				0.	0.	0.
(68) BETH BURT 1ST VICE PRESIDENT	5.00	X		X				0.	0.	0.
(69) SANDY SHORE 2ND VICE PRESIDENT	1.00	X		X				0.	0.	0.
(70) JENNIFER MCNULTY TREASURER	2.00	X		X				0.	0.	0.
(71) PENNE FODE SECRETARY	3.00	X		X				0.	0.	0.
(72) GREGORY FLETCHER PAST PRESIDENT	3.00	X						0.	0.	0.
(73) CONNIE FRENZEL DIRECTOR	0.50	X						0.	0.	0.
(74) MARGIE SULLIVAN DIRECTOR	0.50	X						0.	0.	0.
(75) RAMONA PUGET DIRECTOR	0.50	X						0.	0.	0.
(76) CAROLINE WILSON DIRECTOR	0.50	X						0.	0.	0.
(77) SHIRLEY FETT DIRECTOR	0.50	X						0.	0.	0.
(78) TIFFANY MANDELBAUM DIRECTOR	0.50	X						0.	0.	0.
(79) MISTY HOGAN DIRECTOR	0.50	X						0.	0.	0.
(80) RAMONA PUGET PRESIDENT	20.00	X		X				0.	0.	0.
(81) THOMAS BROWN VICE PRESIDENT	1.00	X		X				0.	0.	0.
(82) ANGELINA BERTRAN HARRIS TREASURER	1.00	X		X				0.	0.	0.
(83) MARIO ALVAREZ BOARD MEMBER	1.00	X						0.	0.	0.
(84) HOLLEY ARBEIT BOARD MEMBER	1.00	X						0.	0.	0.
(85) CONCETTA ARGENTINO BOARD MEMBER	1.00	X						0.	0.	0.
(86) DR. MADHU BHOGAL BOARD OF DIRECTOR	1.00	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			
(87) CAROL BAKER WILLEY SECRETARY	1.50	X		X				0.	0.	0.
(88) SETH COLEBROOK DIRECTOR	1.00	X						0.	0.	0.
(89) LISA DAVENPORT DIRECTOR	1.00	X						0.	0.	0.
(90) DR. VEENA DODDASHI DIRECTOR	1.00	X						0.	0.	0.
(91) NIKKI GARCIA DIRECTOR	1.00	X						0.	0.	0.
(92) IMAN KILLEBREW DIRECTOR	1.00	X						0.	0.	0.
(93) ART LINDSAY DIRECTOR	1.00	X						0.	0.	0.
(94) LAURA MAGANA DIRECTOR	1.00	X						0.	0.	0.
(95) ANU MOHAN DIRECTOR	1.00	X						0.	0.	0.
(96) SCOTT RICE DIRECTOR	1.00	X						0.	0.	0.
(97) MARIO URESTI DIRECTOR	1.00	X						0.	0.	0.
(98) JEROD WEIMER DIRECTOR	1.00	X						0.	0.	0.
(99) PATRICIA YOUNG DIRECTOR	1.00	X						0.	0.	0.
(100) PHYLLIS ZIMMERMAN PRESIDENT	40.00	X		X				0.	0.	0.
(101) JESSICA GIPSON SECRETARY	2.00	X		X				0.	0.	0.
(102) TINA BOYER VICE PRESIDENT	2.00	X		X				0.	0.	0.
(103) JENNIFER COTTON TREASURER	2.00	X		X				0.	0.	0.
(104) META VANSKIVER DIRECTOR OF FUNDRAISING	2.00	X						0.	0.	0.
(105) JULIE KIRKPATRICK DIRECTOR	2.00	X						0.	0.	0.
(106) RONALD HAMPTON PRESIDENT	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			
(107) RHODA MCLEESE-SMITH VICE PRESIDENT	15.00	X		X				0.	0.	0.
(108) DENISE STOCKTON SECRETARY	15.00	X		X				0.	0.	0.
(109) FRANKLIN R. DAVIS, SR. TREASURER	25.00	X		X				0.	0.	0.
(110) SONDRRA CUNNINGHAM PAST PRESIDENT	25.00	X						0.	0.	0.
(111) LAMONT WILLIAMS MEMBERSHIP CHAIRMAN	5.00	X						0.	0.	0.
(112) HUGH J. KEOUGH, JR., ESQ. PRESIDENT	25.00	X		X				0.	0.	0.
(113) FABIOLA ANA TORREZ VICE PRESIDENT	25.00	X		X				0.	0.	0.
(114) BILLIE MORGAN RECORDING SECRETARY	25.00	X		X				0.	0.	0.
(115) CINDY SMITH CORRESPONDING SECRETARY	10.00	X		X				0.	0.	0.
(116) ELAINE TURNER BOARD MEMBER	20.00	X						0.	0.	0.
(117) DR. BRIAN UDELL BOARD MEMBER	10.00	X						0.	0.	0.
(118) LUIS GRANA, M.S. BOARD MEMBER	10.00	X						0.	0.	0.
(119) ROBERTO VALERA BOARD MEMBER	10.00	X						0.	0.	0.
(120) DR. GALEN CHUN BOARD MEMBER	10.00	X						0.	0.	0.
(121) BROOKE MAHLER BOARD MEMBER	10.00	X						0.	0.	0.
(122) MYRA FOWLER PRESIDENT	16.00	X		X				0.	0.	0.
(123) KRISTEN BOWEN VICE PRESIDENT	2.00	X		X				0.	0.	0.
(124) GREG HASTY TREASURER	4.00	X		X				0.	0.	0.
(125) VEN SEQUENZIA, JR. PRESIDENT	20.00	X		X				0.	0.	0.
(126) ROBERT DEMARIA VICE PRESIDENT	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			
(127) DONALD WARDY TREASURER	2.50	X		X				0.	0.	0.
(128) PATRICE BYERLY SECRETARY	10.00	X		X				0.	0.	0.
(129) ANN REYNOLDS BOARD MEMBER	1.00	X						0.	0.	0.
(130) STACEY HOAGLUND BOARD MEMBER	5.00	X						0.	0.	0.
(131) TERESA BECERRA BOARD MEMBER	20.00	X						0.	0.	0.
(132) MARILYN HAYS BOARD MEMBER	1.00	X						0.	0.	0.
(133) CHRISTINE GOULBOURNE BOARD MEMBER	1.00	X						0.	0.	0.
(134) JILL FANE BOARD MEMBER	1.00	X						0.	0.	0.
(135) JOHN MILLER BOARD MEMBER	1.00	X						0.	0.	0.
(136) RENEE FELDMAN PRESIDENT	5.00	X		X				0.	0.	0.
(137) KATHY ROMANO SECRETARY	0.50	X		X				0.	0.	0.
(138) RENEE FELDMAN TREASURER	0.50	X		X				0.	0.	0.
(139) JILL BOYD BOARD MEMBER	0.50	X						0.	0.	0.
(140) JOE ROMANO BOARD MEMBER	0.50	X						0.	0.	0.
(141) D. JEROME EVANS BOARD MEMBER	0.50	X						0.	0.	0.
(142) CINDY DIRCKS CO-PRESIDENT	20.00	X		X				0.	0.	0.
(143) SHERRI GRAWE VICE PRESIDENT	20.00	X		X				0.	0.	0.
(144) DANA MARTIN SECRETARY	20.00	X		X				0.	0.	0.
(145) MARK HARTUNG TREASURER	20.00	X		X				0.	0.	0.
(146) DEBBIE ROBINSON BOARD MEMBER	20.00	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			
(147) JENNIFER BOHN CO-PRESIDENT	20.00	X		X			0.	0.	0.	
(148) KRIS STEINMETZ EXECUTIVE DIRECTOR	20.00	X		X			20,251.	0.	0.	
(149) SUZANNE BARTLETT PRESIDENT	2.00	X		X			0.	0.	0.	
(150) JOELLE JENSEN 1ST VP	2.00	X		X			0.	0.	0.	
(151) EVELYN HORTON 2ND VP	2.00	X		X			0.	0.	0.	
(152) PAULA GOODWIN SECRETARY	2.00	X		X			0.	0.	0.	
(153) VICKY STROM TREASURER	4.00	X		X			0.	0.	0.	
(154) MEREDITH ADAMS PRESIDENT	12.00	X		X			0.	0.	0.	
(155) JEANINE BARKAN VICE PRESIDENT	12.00	X		X			0.	0.	0.	
(156) JO ANN MILLER TREASURER	1.00	X		X			0.	0.	0.	
(157) RICHELLE TIERNEY BOARD MEMBER	5.00	X					0.	0.	0.	
(158) LISA GERONTES-BOWE PRESIDENT	3.00	X		X			0.	0.	0.	
(159) ERYNN DYKSTRA CO-VICE PRESIDENT	3.00	X		X			0.	0.	0.	
(160) KRISTI BLUMENSHINE SECRETARY	4.00	X		X			0.	0.	0.	
(161) DONNA CADY TREASURER	4.00	X		X			0.	0.	0.	
(162) ERIN FAW BOARD MEMBER	2.00	X					0.	0.	0.	
(163) SHELLY HANCOCK BOARD MEMBER	2.00	X					0.	0.	0.	
(164) JOSH CARR BOARD CHAIR	5.00	X		X			0.	0.	0.	
(165) JOE GONZALEZ BOARD MEMBER	2.00	X					0.	0.	0.	
(166) KYLEE HOPE VICE PRESIDENT	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			
(167) ROB HUNTER BOARD MEMBER	2.00	X						0.	0.	0.
(168) SHARON KRAUTER BOARD MEMBER	5.00	X						0.	0.	0.
(169) KELLIE MCKINZIE TREASURER	5.00	X		X				0.	0.	0.
(170) WILLIAM MOORE BOARD MEMBER	2.00	X						0.	0.	0.
(171) TIFFANY NEAL BOARD MEMBER	2.00	X						0.	0.	0.
(172) MARY ANNE NEINER SECRETARY	2.00	X		X				0.	0.	0.
(173) LESA PADDACK BOARD MEMBER	2.00	X						0.	0.	0.
(174) CATHY PRATT BOARD MEMBER	2.00	X						0.	0.	0.
(175) JOBY SEMMLER BOARD MEMBER	2.00	X						0.	0.	0.
(176) JANETTE SMITH BOARD MEMBER	2.00	X						0.	0.	0.
(177) ANGELA TOMLIN BOARD MEMBER	2.00	X						0.	0.	0.
(178) CARIN VITTORIO BOARD MEMBER	2.00	X						0.	0.	0.
(179) CARY WOODS BOARD MEMBER	2.00	X						0.	0.	0.
(180) DANA RENAY EXECUTIVE DIRECTOR	40.00	X		X				94,410.	0.	0.
(181) SARA SPRAGENS PRESIDENT	25.00	X		X				0.	0.	0.
(182) PATTI PARSONS VICE PRESIDENT	10.00	X		X				0.	0.	0.
(183) MEL TYNER WILSON PROGRAM DIRECTOR	25.00	X		X				0.	0.	0.
(184) VIBERT FORSYTHE CO-TREASURER	5.00	X		X				0.	0.	0.
(185) TODD PAGE CO-TREASURER	5.00	X		X				0.	0.	0.
(186) VICKI ROARK 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			
(187) HAZEL FORSYTHE DIRECTOR	5.00	X						0.	0.	0.
(188) WENDY WHEELER MULLINS SECRETARY	5.00	X		X				0.	0.	0.
(189) REBECCA THOMPSON TREASURER	5.00	X		X				0.	0.	0.
(190) MELANIE HASENSTAB PRESIDENT	2.00	X		X				0.	0.	0.
(191) VONYA GRESHAM SECRETARY	5.00	X		X				0.	0.	0.
(192) LAURIE SPEZANNO VICE PRESIDENT	5.00	X		X				0.	0.	0.
(193) AMANDA REED DIRECTOR	5.00	X						0.	0.	0.
(194) ANDREE SCHLICHER DIRECTOR	5.00	X						0.	0.	0.
(195) ANNIE SPELL DIRECTOR	5.00	X						0.	0.	0.
(196) BAMBI POLOTZOLA DIRECTOR	5.00	X						0.	0.	0.
(197) CHERRY GREENE SECRETARY	5.00	X		X				0.	0.	0.
(198) DONNA ANDRUS TREASURER	10.00	X		X				0.	0.	0.
(199) GINNY KELLY DIRECTOR	5.00	X		X				0.	0.	0.
(200) HEIDI CHAMPAGNE PRESIDENT & CHAIRPERSON	10.00	X		X				0.	0.	0.
(201) HESTER BOURDIER DIRECTOR	5.00	X						0.	0.	0.
(202) JANICE MOSS VICE PRESIDENT	10.00	X		X				0.	0.	0.
(203) JEFF LEBLANC DIRECTOR	2.00	X						0.	0.	0.
(204) JOSIE TOUPS DIRECTOR	2.00	X						0.	0.	0.
(205) JOSLYN MCCOY DIRECTOR	2.00	X						0.	0.	0.
(206) LYNN PELLISIER 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			
(207) MICHAEL MOITY DIRECTOR	2.00	X						0.	0.	0.
(208) ROBYN BLACKWELL DIRECTOR	2.00	X						0.	0.	0.
(209) STEPHANIE BOURGEOIS DIRECTOR	5.00	X						0.	0.	0.
(210) SUZIE HARGRODER DIRECTOR	5.00	X						0.	0.	0.
(211) TARA HARVEY-GROS DIRECTOR	2.00	X						0.	0.	0.
(212) VICKIE BRIGNAC DIRECTOR	5.00	X						0.	0.	0.
(213) SABRINA HAGAN DIRECTOR	2.00	X						0.	0.	0.
(214) MRS. DAWN SPINELLA PRESIDENT	25.00	X		X				0.	0.	0.
(215) MR. KELLY GOOLSBY VICE PRESIDENT	15.00	X		X				0.	0.	0.
(216) MRS. NANCY GOOLSBY TREASURER	15.00	X		X				0.	0.	0.
(217) MRS. GWEN HEBERT SECRETARY	15.00	X		X				0.	0.	0.
(218) MR. DAVID SPINELLA BOARD MEMBER	10.00	X						0.	0.	0.
(219) BERYL K HEBERT PRESIDENT	7.50	X		X				0.	0.	0.
(220) PRANAB CHOUDHURY VICE PRESIDENT	2.50	X		X				0.	0.	0.
(221) CHARLES G GIAMANCO TREASURER	5.00	X		X				0.	0.	0.
(222) DONNICA CONWAY/PRES. PRESIDENT	10.00	X		X				0.	0.	0.
(223) KELLY FISCHER/VP VICE-PRESIDENT	10.00	X		X				0.	0.	0.
(224) KELLY BENEDICT, SEC SECRETARY	10.00	X		X				0.	0.	0.
(225) JENNIE HENEGAN TREASURER	10.00	X		X				0.	0.	0.
(226) GEORGE FOURROUX BOARD MEMBER	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			
(227) BRIDGETTE FOURROUX BOARD MEMBER	10.00	X					0.	0.	0.	
(228) IEESHA JOHNSON BOARD MEMBER	10.00	X					0.	0.	0.	
(229) MR. DAVID SPINELLA PRESIDENT	10.00	X		X			0.	0.	0.	
(230) MR. GREG GIAMANCO VICE PRESIDENT	8.00	X		X			0.	0.	0.	
(231) MRS. DAWN SPINELLA SECRETARY	5.00	X		X			0.	0.	0.	
(232) MRS. CAROLYN TATE TREASURER	10.00	X		X			0.	0.	0.	
(233) STACY CAMP PRESIDENT	10.00	X		X			0.	0.	0.	
(234) LELA ROBICHAUX VICE PRESIDENT	10.00	X		X			0.	0.	0.	
(235) ANNE SUSMAN SECRETARY	4.00	X		X			0.	0.	0.	
(236) DIANE WARD TREASURER	2.00	X		X			0.	0.	0.	
(237) AUDRA GRINDOL PRESIDENT	20.00	X		X			0.	0.	0.	
(238) MONA O'BRIEN VICE PRESIDENT	20.00	X		X			0.	0.	0.	
(239) MELISSA ADAMS TREASURER	20.00	X		X			0.	0.	0.	
(240) KRISTI HEURTEVANT SECRETARY	20.00	X		X			0.	0.	0.	
(241) MRS. DEBORAH PAGE CO-PRESIDENT	6.00	X		X			0.	0.	0.	
(242) MR. DAVID SAVICK CO-PRESIDENT	6.00	X		X			0.	0.	0.	
(243) MRS. KAY HOLMAN VICE PRESIDENT	2.00	X		X			0.	0.	0.	
(244) MRS. MARY ELLEN CURTIS TREASURER	4.00	X		X			0.	0.	0.	
(245) MRS. HELEN SHAFER SECRETARY	1.00	X		X			0.	0.	0.	
(246) MRS. HEATHER THOMS-CHESLEY PAST-PRESIDENT	0.50	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			
(247) MR. ANDY PARSLEY BOARD MEMBER	1.00	X						0.	0.	0.
(248) MRS. CAROL BROWN BOARD MEMBER	1.00	X						0.	0.	0.
(249) MRS. STEPHANIE SAVICK BOARD MEMBER	1.00	X						0.	0.	0.
(250) MR. P.J. SHAFER BOARD MEMBER	1.00	X						0.	0.	0.
(251) MRS. MAUREEN RUSHTON BOARD MEMBER	1.00	X						0.	0.	0.
(252) MS. ERICA SOLLIDAY BOARD MEMBER	1.00	X						0.	0.	0.
(253) SHAUNA CAPOTOSTO PRESIDENT	15.00	X		X				0.	0.	0.
(254) CORBY FOWLER TREASURER	2.00	X		X				0.	0.	0.
(255) MICHELE CLUNE SECRETARY	2.00	X		X				0.	0.	0.
(256) BRETT TARR PRESIDENT	4.00	X		X				0.	0.	0.
(257) RHONDA CREECY CO-PRESIDENT	4.00	X		X				0.	0.	0.
(258) CAREY WHITFIELD BOARD CHAIR	1.00	X		X				0.	0.	0.
(259) TRINA WOOD PRESIDENT	1.00	X		X				0.	0.	0.
(260) KRIS BODINE VICE PRESIDENT	1.00	X		X				0.	0.	0.
(261) DANNY FELDING TREASURER	1.00	X		X				0.	0.	0.
(262) KARRIE KEMERY SECRETARY	1.00	X		X				0.	0.	0.
(263) KRISTI WATSON DIRECTOR	1.00	X						0.	0.	0.
(264) CARISSA HANSON DIRECTOR	1.00	X						0.	0.	0.
(265) MARY CONNORS DIRECTOR	1.00	X						0.	0.	0.
(266) JESSIE NOYES DIRECTOR	1.00	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			
(267) AMANDA VINCENT DIRECTOR	1.00	X						0.	0.	0.
(268) NATALIE HOSBEIN DIRECTOR	1.00	X						0.	0.	0.
(269) ELIZABETH COSS DIRECTOR	1.00	X						0.	0.	0.
(270) KARMEL PUZZOULI DIRECTOR	1.00	X						0.	0.	0.
(271) THERESA GABALIS PRESIDENT	25.00	X		X				0.	0.	0.
(272) ANNETTE DUDA VICE PRESIDENT	12.00	X		X				0.	0.	0.
(273) ROBERT AUTEN TREASURER	8.00	X		X				0.	0.	0.
(274) AMY WALLACE SECRETARY	2.00	X		X				0.	0.	0.
(275) MICHELLE DUBIEL DIRECTOR	2.00	X						0.	0.	0.
(276) LAURA GAYAN DIRECTOR	5.00	X						0.	0.	0.
(277) BARB STIERS DIRECTOR	2.00	X						0.	0.	0.
(278) LISA ZANONI DIRECTOR	2.00	X						0.	0.	0.
(279) MRS. ELIZABETH KOWALSKI PRESIDENT	25.00	X		X				0.	0.	0.
(280) MRS. LINDA BROWN VICE PRESIDENT	5.00	X		X				0.	0.	0.
(281) MR. KENNETH BARNOWSKI TREASURER	2.00	X		X				0.	0.	0.
(282) MRS. TAMRA PICKTHORN RECORDING SECRETARY	10.00	X		X				0.	0.	0.
(283) MRS. BARBARA BRENNAN CORRESPONDING SECRETARY	1.00	X		X				0.	0.	0.
(284) MRS. SUSAN HODESS DIRECTOR	4.00	X						0.	0.	0.
(285) MRS. SALLY MCINNES DIRECTOR	3.00	X						0.	0.	0.
(286) MRS. CATHY SCHMIDT DIRECTOR	0.50	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			
(287) MRS. SUE WELCOME DIRECTOR	7.00	X					0.	0.	0.	
(288) PATRICIA CONTI PRESIDENT	20.00	X		X			0.	0.	0.	
(289) AILEEN MOZUG TREASURER	2.00	X		X			0.	0.	0.	
(290) EDITH MICHELLE LOYD VICE-PRESIDENT	15.00	X		X			0.	0.	0.	
(291) ERICA LOYD SECRETARY	2.00	X		X			0.	0.	0.	
(292) RACHELLE LOYD BOARD MEMBER	2.00	X					0.	0.	0.	
(293) LINDA ELENBAAS EXECUTIVE	10.00	X		X			0.	0.	0.	
(294) JESSICA DOMINGUES BOARD MEMBER	10.00	X					0.	0.	0.	
(295) APRIL DEWITT BOARD MEMBER	5.00	X					0.	0.	0.	
(296) AMANDA DOBROC BOARD MEMBER	5.00	X					0.	0.	0.	
(297) DANNA BOHACH BOARD MEMBER	5.00	X					0.	0.	0.	
(298) AARON JOHNSON BOARD MEMBER	5.00	X					0.	0.	0.	
(299) NANNETTE BROMLEY BOARD MEMBER	5.00	X					0.	0.	0.	
(300) MIRANDA ANDERSON TREASURER	10.00	X		X			0.	0.	0.	
(301) SUE JUDD BOARD MEMBER	5.00	X					0.	0.	0.	
(302) JENNIFER HEFTER PRESIDENT	5.00	X		X			0.	0.	0.	
(303) RENIE CHADWELL VICE-PRESIDENT	2.00	X		X			0.	0.	0.	
(304) MARK SLOAN TREASURER	3.00	X		X			0.	0.	0.	
(305) JENNIFER STROH SECRETARY	1.00	X		X			0.	0.	0.	
(306) MEGAN MISEGADIS PRESIDENT	8.00	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			
(307) BECKY RUSSELL SECRETARY	2.00	X		X				0.	0.	0.
(308) DAN KOSMICKI TREASURER	10.00	X		X				0.	0.	0.
(309) DEBBIE HAGLER BOARD MEMBER	0.50	X						0.	0.	0.
(310) WENDY HAMILTON BOARD MEMBER	1.00	X						0.	0.	0.
(311) ROBYN ROBERTS BOARD MEMBER	2.00	X						0.	0.	0.
(312) SUZI VANBOENING BOARD MEMBER	1.00	X						0.	0.	0.
(313) KRISTINE CASTER PRESIDENT	40.00	X		X				0.	0.	0.
(314) MICHELLE JARVIS VICE-PRESIDENT	15.00	X		X				1,500.	0.	0.
(315) ELLEN BOUDREAU TREASURER	5.00	X		X				0.	0.	0.
(316) JOCELYN LISTER SECRETARY	0.50	X		X				0.	0.	0.
(317) SUSAN YARDLEY, PHD BOARD MEMBER	0.50	X						0.	0.	0.
(318) KIM KEARNEY BOARD MEMBER	0.50	X						0.	0.	0.
(319) AMY FRECHETTE BOARD MEMBER	0.50	X						0.	0.	0.
(320) KIRSTEN MURPHY INTERIM PRESIDENT	5.00	X		X				0.	0.	0.
(321) STEPHEN ANDERSON WEBMASTER	5.00	X						0.	0.	0.
(322) JENNIFER HOHEISEL PRESIDENT	10.00	X		X				0.	0.	0.
(323) JENNIFER NADDEO VICE PRESIDENT	5.00	X		X				0.	0.	0.
(324) DAWN OLSON TREASURER	15.00	X		X				0.	0.	0.
(325) ALEXA GOLUB MEMBER - BOARD	15.00	X						0.	0.	0.
(326) PATRICIA WEINDORFER MEMBER - BOARD	15.00	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			
(327) MARGO MORRISON MEMBER - BOARD	5.00	X						0.	0.	0.
(328) DINAH DEANE PRESIDENT	1.00	X		X				0.	0.	0.
(329) PAUL DEANE VICE PRESIDENT	5.00	X		X				0.	0.	0.
(330) CINDY MEEK SECRETARY	0.50	X		X				0.	0.	0.
(331) PAGE PIERCE PRESIDENT	2.00	X		X				0.	0.	0.
(332) JAN CAMPITO VICE PRESIDENT	2.00	X		X				0.	0.	0.
(333) JENNY DEBELLIS TREASURER	2.00	X		X				0.	0.	0.
(334) SUSAN DELUKE SECRETARY	2.00	X		X				0.	0.	0.
(335) ANGELO SANTABARBARA BOARD MEMBER	2.00	X						0.	0.	0.
(336) RAY PAYNE BOARD MEMBER	2.00	X						0.	0.	0.
(337) DREW PRESCOTT BOARD MEMBER	2.00	X						0.	0.	0.
(338) HAILY MUIR BOARD MEMBER	2.00	X						0.	0.	0.
(339) GORDON ZUCKERMAN BOARD MEMBER	2.00	X						0.	0.	0.
(340) JOHN VELONIS BOARD MEMBER	2.00	X						0.	0.	0.
(341) PAULA OHLOUS BOARD MEMBER	2.00	X						0.	0.	0.
(342) ERIN MCLNE-GWIN PRESIDENT	5.00	X		X				0.	0.	0.
(343) JEAN LEIKER CO VICE PRESIDENT	5.00	X		X				0.	0.	0.
(344) KARI FITZGERALD CO VICE PRESIDENT	5.00	X		X				0.	0.	0.
(345) KRISTINE O'BRIEN SECRETARY	5.00	X		X				0.	0.	0.
(346) KARI SKINNER TREASURER	5.00	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			
(347) SUSAN PRINCE BOARD MEMBER	0.50	X					0.	0.	0.	
(348) TROY MOORE BOARD MEMBER	0.50	X					0.	0.	0.	
(349) SHARON SALVO BOARD MEMBER	0.50	X					0.	0.	0.	
(350) ELLEN BARNES BOARD MEMBER	0.50	X					0.	0.	0.	
(351) KELLY BUTTERS BOARD MEMBER	0.50	X					0.	0.	0.	
(352) SANDRA POWERS BOARD MEMBER	0.50	X					0.	0.	0.	
(353) JOHN POWERS BOARD MEMBER	0.50	X					0.	0.	0.	
(354) CARROLL GRANT BOARD MEMBER	0.50	X					0.	0.	0.	
(355) SHEREE BURKE BOARD MEMBER	0.50	X					0.	0.	0.	
(356) DIANNE MOTT CO-PRESIDENT	2.00	X		X			0.	0.	0.	
(357) VICTORIA MORRISON CO-PRESIDENT	2.00	X		X			0.	0.	0.	
(358) MARY JABLONSKI VICE PRESIDENT	1.00	X		X			0.	0.	0.	
(359) JOHN MOTT SECRETARY	5.00	X		X			0.	0.	0.	
(360) ANDRIS VUSKALNS TREASURER	1.00	X		X			0.	0.	0.	
(361) JULIE ROBBINS BOARD MEMBER	1.00	X					0.	0.	0.	
(362) JAMES AMBROSINO BOD	1.00	X					0.	0.	0.	
(363) ESTHER CARPENTER BOD	2.00	X					0.	0.	0.	
(364) KIM SCHUTZ BOD	1.00	X					0.	0.	0.	
(365) BETH CORBETT DIRECTOR	1.00	X					0.	0.	0.	
(366) MS. KAREN KOSACK PRESIDENT	20.00	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			
(367) MR. MARK STORCH VICE PRESIDENT	10.00	X		X				0.	0.	0.
(368) MS. HELEN GONYEA ASST. TREASURER	20.00	X		X				0.	0.	0.
(369) MR. WILLIAM SCRIBNER TREASURER	10.00	X		X				0.	0.	0.
(370) MS. ELLEN CORDARO BOARD MEMBER	15.00	X						0.	0.	0.
(371) MS. ERIKA PUMILIA SECRETARY	10.00	X		X				0.	0.	0.
(372) MS. BRIDGET ALLEN BOARD MEMBER	3.00	X						0.	0.	0.
(373) MS. MARGARET PUMILIA BOARD MEMBER	10.00	X						0.	0.	0.
(374) MS. NICOLE BRONZI BOARD MEMBER	10.00	X						0.	0.	0.
(375) MS. SUZANNE DEBEAUMONT BOARD MEMBER	10.00	X						0.	0.	0.
(376) KATHLEEN EISS PRESIDENT	20.00	X		X				0.	0.	0.
(377) SHARON MCGOVERN SECRETARY	1.00	X		X				0.	0.	0.
(378) KIM SEIBOLD TREASURER	1.00	X		X				0.	0.	0.
(379) ANGELA SUELL DENNY PRESIDENT	5.00	X		X				0.	0.	0.
(380) MARIE T. CRAWFORD VICE PRESIDENT	10.00	X		X				0.	0.	0.
(381) AMY HESS SECRETARY	10.00	X		X				0.	0.	0.
(382) KATHI MACHLE TREASURER	15.00	X		X				0.	0.	0.
(383) PAT CLOPPERT BOARD MEMBER	5.00	X						0.	0.	0.
(384) PATRICIA GAY PRESIDENT	15.00	X		X				0.	0.	0.
(385) ELIZABETH REDMON VICE PRESIDENT	10.00	X		X				0.	0.	0.
(386) MARY WYATT TREASURER	15.00	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			
(387) KELLI COOK SECRETARY	12.00	X		X				0.	0.	0.
(388) TED BROWN BOARD MEMBER	3.00	X						0.	0.	0.
(389) SUE CURTIS BOARD MEMBER	1.00	X						0.	0.	0.
(390) CHRISTINA KOZEE BOARD MEMBER	20.00	X						0.	0.	0.
(391) DEBORAH PACK BOARD MEMBER	2.00	X						0.	0.	0.
(392) TERESA WELLS BOARD MEMBER	2.00	X						0.	0.	0.
(393) PATRICIA PROCTOR EXECUTIVE DIRECTOR	40.00	X		X				80,000.	0.	0.
(394) KAY BROWN PRESIDENT	5.00	X		X				0.	0.	0.
(395) SUE RADABAUCH VICE PRESIDENT	5.00	X		X				0.	0.	0.
(396) SCOTT FRUECHTEMEYER SECRETARY	2.50	X		X				0.	0.	0.
(397) STEVE BAILEY CO-TREASURER	2.00	X		X				0.	0.	0.
(398) JOE CONOVER CO-TREASURER	2.00	X		X				0.	0.	0.
(399) SALLY DERRICK BOARD MEMBER	0.20	X						0.	0.	0.
(400) TERRY ARETZ SUPPORT CHAIR	0.50	X						0.	0.	0.
(401) MOLLY LEICHT BOARD MEMBER	2.00	X						0.	0.	0.
(402) SARAH MCMANUS BOARD MEMBER	5.00	X						0.	0.	0.
(403) CHUCK LOCY BOARD MEMBER	0.20	X						0.	0.	0.
(404) DAVID MARTORANO BOARD MEMBER	0.20	X						0.	0.	0.
(405) DENISE SAWAN CARUSO CHAIRMAN OF THE BOARD	5.00	X		X				0.	0.	0.
(406) CHRIS FILLER BOARD MEMBER	0.30	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			
(407) MS. KAREN MELVILLE BOARD MEMBER	0.30	X						0.	0.	0.
(408) MARY MURRAY BOARD MEMBER	0.30	X						0.	0.	0.
(409) MARLA ROOT TREASURER	5.00	X		X				0.	0.	0.
(410) ANDIE RYLEY BOARD MEMBER	1.00	X						0.	0.	0.
(411) SCOTT SHORT BOARD MEMBER	0.50	X						0.	0.	0.
(412) DEBBIE SMITH BOARD MEMBER	0.30	X						0.	0.	0.
(413) BRETT ZIMMERMAN BOARD MEMBER	0.30	X						0.	0.	0.
(414) NORIKO KANTAKE PRESIDENT	5.00	X		X				0.	0.	0.
(415) KAMILE GEIST VICE PRESIDENT	0.50	X		X				0.	0.	0.
(416) MARGARET HUTZEL TREASURER	1.00	X		X				0.	0.	0.
(417) KATHERINE MARSHALL SECRETARY	0.50	X		X				0.	0.	0.
(418) VALORIE DOMBROSKAS MEMBER OF THE BOARD	0.50	X						0.	0.	0.
(419) AMY DOUGLAS MEMBER OF THE BOARD	0.50	X						0.	0.	0.
(420) JACKIE SPOHN PRESIDENT	30.00	X		X				0.	0.	0.
(421) TOM LEVY VP/TREASURER	5.00	X		X				0.	0.	0.
(422) THERESA WANNER BOARD MEMBER	25.00	X						0.	0.	0.
(423) BROOKE MATTHEWS SECRETARY	5.00	X		X				0.	0.	0.
(424) TAMMY SWEIGART VP/TREASURER	25.00	X		X				0.	0.	0.
(425) DAVY B. WILDMAN COO/PRESIDENT OF BOARD	10.00	X		X				0.	0.	0.
(426) SHERRY SASSONE VICE PRESIDENT	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			
(427) MARY L. WILDMAN SECRETARY & CFO/TREASURER OF BOARD	20.00	X		X				0.	0.	0.
(428) CHARLENE NAGLE VICE PRESIDENT OF THE BOARD	1.00	X		X				0.	0.	0.
(429) AUDREY SMITH SECRETARY OF THE BOARD	1.00	X		X				0.	0.	0.
(430) EDWARD L. SMITH MEMBER OF THE BOARD	0.50	X						0.	0.	0.
(431) PATTI ERICKSON PRESIDENT	15.00	X		X				0.	0.	0.
(432) IRA FINGLES VICE PRESIDENT	5.00	X		X				0.	0.	0.
(433) PATRICK LYONS TREASURER	5.00	X		X				0.	0.	0.
(434) LISA AMES BOARD MEMBER	5.00	X						0.	0.	0.
(435) HOLLY HOFISKY BOARD MEMBER	5.00	X						0.	0.	0.
(436) JEAN RUTTENBERG BOARD MEMBER	5.00	X						0.	0.	0.
(437) BETH SULLIVAN BOARD MEMBER	5.00	X						0.	0.	0.
(438) SUE TUCKERMAN BOARD MEMBER	5.00	X						0.	0.	0.
(439) ANNA FILMYER BOARD MEMBER	5.00	X						0.	0.	0.
(440) SALLY LINDER BOARD MEMBER	5.00	X						0.	0.	0.
(441) CAROL ROSSER BOARD MEMBER	5.00	X						0.	0.	0.
(442) MIRIAM LUDWIG PRESIDENT	10.00	X		X				0.	0.	0.
(443) LIZ DESANTIS VICE PRESIDENT	2.00	X		X				0.	0.	0.
(444) TRACY BODNAR SECRETARY	2.00	X		X				0.	0.	0.
(445) TRACI CYR TREASURER	10.00	X		X				0.	0.	0.
(446) KIMBERLY HEINRICHS ASST SECRETARY	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			
(447) SHERI MITENBERGER BOARD MEMBER	5.00	X						0.	0.	0.
(448) DIANE BAER BOARD PRESIDENT	15.00	X						0.	0.	0.
(449) MIKE KRUSZEWSKI VICE PRESIDENT	3.00	X		X				0.	0.	0.
(450) JAN FORMICHELLA BOARD MEMBER	3.00	X						0.	0.	0.
(451) REBECCA BRUMAGIN TREASURER	0.10	X		X				0.	0.	0.
(452) TOM DIVECCHIO SECRETARY	1.00	X		X				0.	0.	0.
(453) KYM SNELL DIRECTOR	0.50	X						0.	0.	0.
(454) TOM KOPEC DIRECTOR	0.30	X						0.	0.	0.
(455) CLAIRE WACHTER DIRECTOR	2.00	X						0.	0.	0.
(456) MARION WELLS DIRECTOR	2.00	X						0.	0.	0.
(457) CALLIE ARNEY DIRECTOR	0.20	X						0.	0.	0.
(458) MAUREEN BARBER-CAREY DIRECTOR	0.50	X						0.	0.	0.
(459) MARLIA COATES DIRECTOR	1.00	X						0.	0.	0.
(460) MARK DIVECCHIO DIRECTOR	0.50	X						0.	0.	0.
(461) BECKY IRESON DIRECTOR	2.00	X						0.	0.	0.
(462) DANIEL A. TORISKY PRESIDENT/CHAIRMAN BOD	35.00	X		X				38,682.	0.	0.
(463) DEBORAH LEWIS SECRETARY BOD	2.00	X		X				0.	0.	0.
(464) DOLORIS BINKOWSKI TREASURER BOD	3.00	X		X				4,036.	0.	0.
(465) CRAIG O'CONNOR, ESQ. BOARD MEMBER	1.00	X						0.	0.	0.
(466) JESSE TORISKY, ESQ. BOD MEMBER	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			
(467) ED RICCI BOD MEMBER	2.00	X					0.	0.	0.	
(468) HELEN HOOLAHAN BOD MEMBER	2.00	X					0.	0.	0.	
(469) BILL HILLGROVE BOD MEMBER	2.00	X					0.	0.	0.	
(470) ADAM LYNCH BOD MEMBER	2.00	X					0.	0.	0.	
(471) DEBORAH DAWSON EXECUTIVE DIRECTOR	18.00	X		X			68,872.	0.	0.	
(472) LISA LISTON PRESIDENT	14.00	X		X			0.	0.	0.	
(473) DEBBIE LEGGENS VICE PRESIDENT	3.00	X		X			0.	0.	0.	
(474) CATHY CHEW SECRETARY	2.00	X		X			0.	0.	0.	
(475) JACQUELINE FAWCETT TREASURER	12.00	X		X			0.	0.	0.	
(476) AILEEN MUDAFORT EXECUTIVE DIRECTOR	25.00	X		X			0.	0.	0.	
(477) MILAGROS MARTINEZ PRESIDENT	25.00	X		X			0.	0.	0.	
(478) ELIZABETH BENITEZ VICE PRESIDENT	25.00	X		X			0.	0.	0.	
(479) ORLANDO GONZALEZ SECRETARY	25.00	X		X			0.	0.	0.	
(480) ANA MIRO TREASURER	25.00	X		X			0.	0.	0.	
(481) IDELSA OLIVERAS BOARD MEMBER	25.00	X					0.	0.	0.	
(482) LISA REGO CHAPTER PRESIDENT	20.00	X		X			0.	0.	0.	
(483) CLAUDIA SWIADER CHAPTER VP	20.00	X		X			0.	0.	0.	
(484) PEGGY STOCKER SECRETARY	5.00	X		X			0.	0.	0.	
(485) JEANNE POWERS BOARD MEMBER	1.00	X					0.	0.	0.	
(486) KELLY AZERA BOARD MEMBER	1.00	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			
(487) KELLY KINDER BOARD MEMBER	1.00	X						0.	0.	0.
(488) ANN MARIE ANDERSON BOARD MEMBER	1.00	X						0.	0.	0.
(489) SANDY BURNS PRESIDENT	6.00	X		X				0.	0.	0.
(490) RYAN RYDER VICE PRESIDENT	1.00	X		X				0.	0.	0.
(491) FRANK BOWERS TREASURER	3.00	X		X				0.	0.	0.
(492) SHERYL CRONAN SECRETARY	1.00	X		X				0.	0.	0.
(493) RON BOWLING PRESIDENT	5.00	X		X				0.	0.	0.
(494) JOHN THOMAS VICE PRESIDENT	1.00	X		X				0.	0.	0.
(495) BARBARA TALBERT SECRETARY	1.00	X		X				0.	0.	0.
(496) SARA HIRTZ TREASURER	5.00	X		X				0.	0.	0.
(497) DAVE BUCK DIRECTOR	1.00	X						0.	0.	0.
(498) DAVID SMITH DIRECTOR	1.00	X						0.	0.	0.
(499) HOPE PAULTRE DIRECTOR	1.00	X						0.	0.	0.
(500) BETTY BELL DIRECTOR	1.00	X						0.	0.	0.
(501) ANN HART PRESIDENT	25.00	X		X				0.	0.	0.
(502) SANDRA BATLOUNI VICE PRESIDENT	5.00	X		X				0.	0.	0.
(503) TOM IBIS TREASURER	5.00	X		X				0.	0.	0.
(504) ALLISON GOURIS DIRECTOR	5.00	X						0.	0.	0.
(505) JOYCE GRUGER DIRECTOR	5.00	X						0.	0.	0.
(506) KRISTI SWICE 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			
(507) RONNIE SCHLEISS DIRECTOR	5.00	X					0.	0.	0.	
(508) DIANNE DOGGETT DIRECTOR	5.00	X					0.	0.	0.	
(509) FRAN KENNEDY-ELLIS KEY PERSONNEL	10.00	X		X			1,800.	0.	0.	
(510) RAINE MUNKENS KEY PERSONNEL	10.00	X		X			1,800.	0.	0.	
(511) KIM LINDQUIST BOARD MEMBER	6.00	X					0.	0.	0.	
(512) STAR LAZAROW PRESIDENT (FEB - DEC 2011)	6.00	X		X			0.	0.	0.	
(513) MARY MC KINNEY VICE PRESIDENT	6.00	X		X			0.	0.	0.	
(514) DANA DRESSEL SECRETARY	6.00	X		X			0.	0.	0.	
(515) TERRIE CAMBIANO TREASURER	6.00	X		X			0.	0.	0.	
(516) DIANE BARCLAY BOARD MEMBER	6.00	X					0.	0.	0.	
(517) DON SHIPLEY PRESIDENT	20.00	X		X			0.	0.	0.	
(518) SCOTT CAMPBELL VICE PRESIDENT	10.00	X		X			0.	0.	0.	
(519) JOHN WALL TREASURER	5.00	X		X			0.	0.	0.	
(520) RAY NELSON SECRETARY	5.00	X		X			0.	0.	0.	
(521) JUGNU AGRAWAL DIRECTOR	5.00	X					0.	0.	0.	
(522) DAVID CORDELL DIRECTOR	5.00	X					0.	0.	0.	
(523) PAT DIBARI DIRECTOR	5.00	X					0.	0.	0.	
(524) LARRIE ELLEN RANDALL DIRECTOR	5.00	X					0.	0.	0.	
(525) MIKE JOHNSON PRESIDENT	25.00	X		X			0.	0.	0.	
(526) TARA POSHALK VICE PRESIDENT	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			
(527) MARY JO WARNERE TREASURER	1.00	X		X				0.	0.	0.
(528) PAM LITERSKI SECRETARY	1.00	X		X				0.	0.	0.
(529) TOM MILLER BOARD MEMBER	1.00	X						0.	0.	0.
(530) DANA GLASER MEMBER AT LARGE	1.00	X						0.	0.	0.
(531) SALLY SCHMIDT MEMBER AT LARGE	1.00	X						0.	0.	0.
(532) ERIC ANDERSON BOARD MEMBER	10.00	X						0.	0.	0.
(533) KIM BAROVIC DIRECTOR	5.00	X						0.	0.	0.
(534) CHAR BRANDL SECRETARY	5.00	X		X				0.	0.	0.
(535) JULIA BRISETTE DIRECTOR	5.00	X						0.	0.	0.
(536) JENNIFER FOSTER DIRECTOR	5.00	X						0.	0.	0.
(537) ANDREA GANDOLPH DIRECTOR	5.00	X						0.	0.	0.
(538) DAVID GEORGE PRESIDENT	20.00	X		X				0.	0.	0.
(539) NANCY GRIEGO TREASURER	10.00	X		X				0.	0.	0.
(540) BEN GRUHL DIRECTOR	5.00	X						0.	0.	0.
(541) BILL HELM DIRECTOR	5.00	X						0.	0.	0.
(542) JOANNE JUHNKE DIRECTOR	5.00	X						0.	0.	0.
(543) BRIANE PAGEL DIRECTOR	5.00	X						0.	0.	0.
(544) JODY GLYNN PATRICK DIRECTOR	5.00	X						0.	0.	0.
(545) DIANE WAKELY DIRECTOR	5.00	X						0.	0.	0.
(546) KAREN RANDOLPH PRESIDENT	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			
(547) LOUANN DECKER VP / SECRETARY	10.00	X		X				0.	0.	0.
(548) CHRISTINA L. FAIR TREASURER	10.00	X		X				0.	0.	0.
(549) CHRISTINA L. FAIR PRESIDENT	24.00	X		X				0.	0.	0.
(550) BETH GROSS VICE PRESIDENT	24.00	X		X				0.	0.	0.
(551) JEAN HARDMAN SECRETARY	10.00	X		X				0.	0.	0.
(552) IVAN SWANSON TREASURER	10.00	X		X				0.	0.	0.
(553) AMY GOODMAN BOARD MEMBER	2.00	X						0.	0.	0.
(554) MARC ELLISON BOARD MEMBER	5.00	X						0.	0.	0.
(555) BARBARA BECKER-COTTRILL BOARD MEMBER	10.00	X						0.	0.	0.
(556) KIM FARLEY BOARD MEMBER	2.00	X						0.	0.	0.
(557) ELAINE HARVEY PRESIDENT	25.00	X		X				0.	0.	0.
(558) CHERYL COOK VICE PRESIDENT	25.00	X		X				0.	0.	0.
(559) SANDRA JOHNSON TREASURER	25.00	X		X				0.	0.	0.
(560) ANGELA BRYSON SECRETARY	15.00	X		X				0.	0.	0.
(561) SHIRLEY SANSOM BOARD MEMBER	10.00	X						0.	0.	0.
(562) MARK ELLISON BOARD MEMBER	10.00	X						0.	0.	0.
(563) CARLA MALONE BOARD MEMBER	15.00	X						0.	0.	0.
(564) MARIO URESTI BOARD MEMBER	1.00	X						0.	0.	0.
(565) JANINE KRUISWIJK EXECUTIVE DIRECTOR	40.00			X				68,000.	0.	0.
(566) KYMBERLY DELOATCHE EXECUTIVE DIRECTOR	40.00			X				41,396.	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			
(567) BROOK DICKERSON EXECUTIVE DIRECTOR	40.00			X				38,000.	0.	0.
(568) TISH BARTLETT EXECUTIVE DIRECTOR	33.00			X				23,201.	0.	0.
(569) LAURIE CRAMER DIRECTOR, AKRON OFFICE	20.00			X				10,208.	0.	0.
(570) BARBARA YAVORCIK EXECUTIVE DIRECTOR	20.00			X				10,000.	0.	0.
(571) SUSAN RICCI DIRECTOR	10.00			X				6,403.	0.	0.
Total to Part VII, Section A, line 1c .....								508,559.		

**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b> 339,471.					
	<b>b</b> Membership dues .....	<b>1b</b> 26,380.					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b> 25,568.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 2302701.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....						
	<b>h Total.</b> Add lines 1a-1f .....		2694120.				
	<b>Program Service Revenue</b>	<b>2 a</b> <b>PROGRAM INCOME</b> .....	<b>Business Code</b> 900099	911,332.	911,332.		
<b>b</b> .....							
<b>c</b> .....							
<b>d</b> .....							
<b>e</b> .....							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....			911,332.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		8,568.			8,568.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	11,550.				
		(ii) Personal	0.				
		<b>c</b> Rental income or (loss) .....	11,550.				
	<b>d</b> Net rental income or (loss) .....		11,550.			11,550.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities					
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses .....			147.		
		<b>c</b> Gain or (loss) .....			-147.		
	<b>d</b> Net gain or (loss) .....			-147.	-147.		
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b> 460410.					
		<b>b</b> Less: direct expenses .....	<b>b</b> 152472.				
		<b>c</b> Net income or (loss) from fundraising events .....		307,938.			307,938.
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b> 36,088.						
	<b>b</b> Less: cost of goods sold .....	<b>b</b> 25,284.					
	<b>c</b> Net income or (loss) from sales of inventory .....		10,804.	10,804.			
<b>Miscellaneous Revenue</b> .....		<b>Business Code</b>					
<b>11 a</b> <b>OTHER INCOME</b> .....	900099	1,105.	1,105.				
<b>b</b> .....							
<b>c</b> .....							
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....		1,105.					
<b>12 Total revenue.</b> See instructions. ....		3945270.	923,094.	0.	328,056.		

**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).

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

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 United States. See Part IV, line 21	373,646.	373,646.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	226,499.	226,499.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members	2,082.	2,082.		
5 Compensation of current officers, directors, trustees, and key employees	508,559.	407,025.	54,263.	47,271.
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	25,635.	16,494.	6,182.	2,959.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	13,494.	7,636.	4,133.	1,725.
10 Payroll taxes	64,086.	42,828.	14,808.	6,450.
11 Fees for services (non-employees):				
a Management				
b Legal	252.	95.	73.	84.
c Accounting	43,586.	23,957.	9,565.	10,064.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	307,812.	182,941.	84,270.	40,601.
12 Advertising and promotion	85,540.	49,139.	15,798.	20,603.
13 Office expenses	135,323.	85,466.	25,089.	24,768.
14 Information technology				
15 Royalties				
16 Occupancy	141,934.	88,252.	25,190.	28,492.
17 Travel	45,982.	31,186.	8,269.	6,527.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	116,971.	78,442.	18,772.	19,757.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,431.	3,703.	2,279.	2,449.
23 Insurance	99,107.	61,606.	16,453.	21,048.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>PROGRAM EXPENSES</b>	1,064,914.	1,064,914.		
b <b>PRINTING &amp; PUBLICATIONS</b>	107,774.	73,387.	17,496.	16,891.
c <b>FUNDRAISING EXPENSES</b>	88,925.			88,925.
d <b>EQUIPMENT MAINTENANCE</b>	68,171.	46,228.	11,618.	10,325.
e All other expenses	140,763.	89,474.	25,128.	26,161.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	3,669,486.	2,955,000.	339,386.	375,100.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,144,650.	1	240,214.	
	<b>2</b> Savings and temporary cash investments .....	2,952,762.	2	3,579,559.	
	<b>3</b> Pledges and grants receivable, net .....		3		
	<b>4</b> Accounts receivable, net .....	104,447.	4	187,162.	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5		
	<b>6</b> 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		
	<b>7</b> Notes and loans receivable, net .....		7		
	<b>8</b> Inventories for sale or use .....		8		
	<b>9</b> Prepaid expenses and deferred charges .....		9		
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 87,805.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 70,722.	24,120.	<b>10c</b>	17,083.
	<b>11</b> Investments - publicly traded securities .....	114,835.	11	120,374.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		12		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		13		
	<b>14</b> Intangible assets .....		14		
	<b>15</b> Other assets. See Part IV, line 11 .....	42,581.	15	40,333.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	4,383,395.	16	4,184,725.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	34,290.	17	27,354.	
	<b>18</b> Grants payable .....		18		
	<b>19</b> Deferred revenue .....		19		
	<b>20</b> Tax-exempt bond liabilities .....		20		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		21		
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		23		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		24		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	15,585.	25	42,070.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	49,875.	26	69,424.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....		27		
	<b>28</b> Temporarily restricted net assets .....		28		
	<b>29</b> Permanently restricted net assets .....		29		
	<b>Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....	4,333,520.	30	4,115,301.	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....	0.	31	0.	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....	0.	32	0.	
<b>33</b> Total net assets or fund balances .....	4,333,520.	33	4,115,301.		
<b>34</b> Total liabilities and net assets/fund balances .....	4,383,395.	34	4,184,725.		

**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	3,945,270.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,669,486.
3	Revenue less expenses. Subtract line 2 from line 1	3	275,784.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,333,520.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-494,003.
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	4,115,301.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
2b	Were the organization's financial statements audited by an independent accountant?		X
2c	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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?		X
3b	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.		

Form 990 (2011)



**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

**2011**

Open to Public Inspection

<b>Name of the organization</b> <b>AUTISM SOCIETY OF AMERICA GROUP</b>	<b>Employer identification number</b> <b>58-2248889</b>
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**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? .....	<b>11g(i)</b>	
(ii) A family member of a person described in (i) above? .....	<b>11g(ii)</b>	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	<b>11g(iii)</b>	
- 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	
<b>Total</b>									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2011

**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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test - 2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> 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>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	2,072,276.	2,494,975.	2,628,965.	2,835,101.	2,694,120.	12,725,437.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....	1,204,222.	1,460,742.	1,288,284.	1,298,844.	1,407,830.	6,659,922.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	3,276,498.	3,955,717.	3,917,249.	4,133,945.	4,101,950.	19,385,359.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						0.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						0.
<b>c</b> Add lines 7a and 7b .....						0.
<b>8 Public support</b> (Subtract line 7c from line 6.)						19,385,359.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6 .....	3,276,498.	3,955,717.	3,917,249.	4,133,945.	4,101,950.	19,385,359.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	53,744.	36,265.	33,949.	23,840.	20,118.	167,916.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....	53,744.	36,265.	33,949.	23,840.	20,118.	167,916.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	237,389.	184,488.	17,723.	21,130.	1,105.	461,835.
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)	3,567,631.	4,176,470.	3,968,921.	4,178,915.	4,123,173.	20,015,110.

**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**

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	96.85 %
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15 .....	<b>16</b>	94.64 %

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

<b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	.84 %
<b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17 .....	<b>18</b>	1.09 %

**19a 33 1/3% support tests - 2011.** 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 - 2010.** 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 B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

**2011**

**Name of the organization**

**AUTISM SOCIETY OF AMERICA GROUP**

**Employer identification number**

**58-2248889**

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)**

Name of organization <b>AUTISM SOCIETY OF AMERICA GROUP</b>	Employer identification number <b>58-2248889</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AGUA CALIENTE 5401 DINAH SHORE DRIVE PALM SPRINGS, CA 92264	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	LIBERTY MUTUAL P.O. BOX 1525 DOVER, NH 03821-1525	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	PARAMOUNT FARMING COMPANY 33141 E. LERDO HIGHWAY BAKERSFIELD, CA 93308	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	RUSSELL & DIANE WING 3125 WESTSIDE STREET GRAND ISLAND, NE 68803	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	B.E.S.T. SERVICES, INC. 411 SOUTH MAGNOLIA AVE EL CAJON, CA 92020	\$ 24,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	BEN HUR INDUSTRIAL CONSTRUCTORS, LLC 3783 RIDER TRAIL SOUTH ST. LOUIS, MO 63045	\$ 5,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>AUTISM SOCIETY OF AMERICA GROUP</b>	Employer identification number <b>58-2248889</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	INTEGRATED WEALTH MGMT. 74-245 HIGHWAY 111, STE 201 PALM DESERT, CA 92257	\$ 23,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	KAREN MEAD, TEAM JAKE'S JEMS 5412 WEST 52ND STREET ERIE, PA 16509	\$ 10,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	KNIGHTS OF COLUMBUS, CNCL. 4188 870 MAIN STREET CLAWSON, MI 48017	\$ 10,560.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	MARK O'CALLAGHAN 54 CROSSING BLVD CLIFTON PARK, NY 12065	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	PITTSBURGH PENGUINS HOCKEY CLUB 1001 FIFTH AVENUE PITTSBURGH, PA 15219	\$ 21,118.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	PILOT TRAVEL CENTERS LLC PO BOX 10146 KNOXVILLE, TN 37939	\$ 11,627.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>AUTISM SOCIETY OF AMERICA GROUP</b>	Employer identification number <b>58-2248889</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	RIDE FOR AUTISM PO BOX 114 PICO RUIVERA, CA 90660	\$ 11,938.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	ROCKY TOP MARKETS 1324 LAWNVILLE ROAD KINGSTON, TN 37763	\$ 26,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	TURNER CONSTRUCTION 250 W. COURT STREET, SUITE 300E CINCINNATI, OH 45202	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	WILLIAM BROWNING MEMORIAL GOLF OUTING 11420 E NINE MILE ROAD WARREN, MI 48089	\$ 6,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	ASSOCIATION OF GENERAL CONTRACTORS 120 PUJO STREET SUITE 202, LAKE CHARLES, LA 70601	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	BLUE CORE CHARITIES 3909 HILLSIDE DRIVE LEXINGTON, KY 40514	\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>AUTISM SOCIETY OF AMERICA GROUP</b>	Employer identification number <b>58-2248889</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	CFCNCA 750 17TH STREET, N. W., #200 WASHINGTON, DC 20016	\$ 5,755.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	COMMERCIAL CONTRACTING 4260 N. ATLANTIC BLVD AUBURN HILLS, MI 48326	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	DAN MARINO FOUNDATION 400 NORTH ANDREWS AVENUE FORT LAUDERDALE, FL 33301	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	DESERT CLASSIC CHARITIES 39000 BOB HOPE DRIVE RANCHO MIRAGE, CA 92270	\$ 9,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	EMERSON PROCESS MANAGEMENT 200 BETA DRIVE PITTSBURGH, PA 15238	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	GORDON BALL 501 WEST MAIN STREET SUITE 601 KNOXVILLE, TN 37929	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization <b>AUTISM SOCIETY OF AMERICA GROUP</b>	Employer identification number <b>58-2248889</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	KEYSTONE INSURERS GROUP INC 1995 POINT TOWNSHIP DRIVE NORTHUMBERLAND, PA 17857	\$ 21,341.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	KIDS DAY AMERICA C/O CARE CHIROPRACTIC CENTER, 837 EVANS CITY ROAD RENFREW, PA 16053	\$ 7,224.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	AUTISM SOCIETY-GREATER BATON ROUGE CHAPTER 5430 SOUTH WOODCHASE COURT BATON ROUGE, LA 70808	\$ 10,389.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	D. C. AUTISTIC ED. PROG. 728 28TH ST., N. W. WASHINGTON, DC 20037	\$ 15,518.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	CA COMMUNITY ACCESS FOUNDATION 1333 BROADWAY, STE 600 OAKLAND, CA 94612	\$ 5,330.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	CITY OF INDIAN WELLS 44-950 ELDORADO DRIVE INDIAN WELLS, CA 92210	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>AUTISM SOCIETY OF AMERICA GROUP</b>	Employer identification number <b>58-2248889</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	THE UPS FOUNDATION 55 GLENLAKE PARKWAY, NE ATLANTA, GA 30328	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	OMRDD 44 HOLLAND AVE ALBANY, NY 12208	\$ 8,334.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	GREATER ERIE COMMUNITY ACTION CENTER 18 WEST 9TH STREET ERIE, PA 16501	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	E.L. TREES PNC BANK TRUSTEE, #11 STANWIX STREET PITTSBURGH, PA 15222	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	THE LUMPY'S FOUNDATION 72769 DINAH SHORE DRIVE RANCHO MIRAGE, CA 92270	\$ 32,244.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36	SPICE - OPELOUSAS GENERAL EMPLOYEES GIVING PROGRAM 539 E. PRUDHOMME OPELOUSAS, LA 70570	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>AUTISM SOCIETY OF AMERICA GROUP</b>	Employer identification number <b>58-2248889</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

Name of organization <b>AUTISM SOCIETY OF AMERICA GROUP</b>	Employer identification number <b>58-2248889</b>
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**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

**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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

**2011**

**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:

	Amount
c Beginning balance	<b>1c</b>
d Additions during the year	<b>1d</b>
e Distributions during the year	<b>1e</b>
f Ending balance	<b>1f</b>

- 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 current year end balance (line 1g, column (a)) held as:

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

The percentages in lines 2a, 2b, and 2c should equal 100%.

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 property	(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		87,805.	70,722.	17,083.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				17,083.

**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)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) <b>OTHER LIABILITIES</b>	<b>42,070.</b>	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	<b>42,070.</b>	

2. 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).

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

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

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

**Part XIV Supplemental Information**

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

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**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 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	460,410.		460,410.
	2	Less: Charitable contributions			
	3	Gross income (line 1 minus line 2)	460,410.		460,410.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	152,472.		152,472.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			( 152,472 )
	11	Net income summary. Combine line 3, column (d), and line 10			307,938.

**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: \_\_\_\_\_



**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

**2011**

**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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BROWARD AUTISM FOUNDATION PO BOX 450476 SUNRISE, FL 33345	65-0367622	501C3	55,000.	0.			TO PROMOTE EDUCATION & PUBLIC AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH
CENTER FOR DISABILITY SERVICES 314 MANNING BOULEVARD ALBANY, NY 12208	14-1425851	501C3	10,000.	0.			TO PROMOTE EDUCATION & PUBLIC AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH
CLAGGETT DIOCESAN CENTER 3035 BUCKEYSTOWN PIKE BUCKEYSTOWN, MD 21717	52-0591545	501C3	16,581.	0.			TO PROMOTE EDUCATION & PUBLIC AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH
COMMUNITY HOUSING NETWORK, INC. 50 KIRTS BOULEVARD, SUITE 231 TROY, MI 48084	38-3372734	501C3	10,000.	0.			TO PROMOTE EDUCATION & PUBLIC AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH
FAMILY AUTISM CENTER 789 CLAPBOARDEDTREE ST. WESTWOOD, MA 02909	04-2349499	501C3	5,040.	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	170C1	7,049.	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 listed in the line 1 table **11.**
- 3** Enter total number of other organizations listed in the line 1 table **2.**

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

Schedule I (Form 990) (2011)

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

**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
KRIS' THERAPEUTIC CAMP 3359 CREEK ROAD SALT LAKE CITY, UT 84121	33-0681553	501C3	9,975.	0.			TO PROMOTE EDUCATION & PUBLIC AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH
UNIVERSITY OF LOUISIANA AT LAFAYETTE BEACON CLUB - ULL OFFICE OF DISABILITY SERVICES, P. O. BOX 44329 - LAFAYETTE, LA 70504	45-3528605	501C3	5,000.	0.			TO PROMOTE EDUCATION & PUBLIC AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH
PUTNAM NO. WESTCHESTER BOCES 200 BOCES DR YORKTOWN HEIGHTS, NY 10598	13-3900612	170C1	5,000.	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	9,940.	0.			TO PROMOTE EDUCATION & PUBLIC AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH
RAC 34TH STREET PHILADELPHIA, PA 19104	31-0833936	501C3	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	20,000.	0.			TO PROMOTE EDUCATION & PUBLIC AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH
CENTER FOR SPECTRUM SERVICES 70 KUKUK LN KINGSTON, NY 12401	14-1604084	501C3	8,862.	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	660	226,499.	0.		

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

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

THE ESTIMATE OF 657 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: BROWARD AUTISM 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: CENTER FOR DISABILITY 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: CLAGGETT DIOCESAN 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: COMMUNITY HOUSING NETWORK, 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: FAMILY AUTISM 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: 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: KRIS' THERAPEUTIC CAMP

(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:

UNIVERSITY OF LOUISIANA AT LAFAYETTE BEACON CLUB

(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: 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: 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: CENTER FOR SPECTRUM SERVICES

(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

**2011**

Open to Public  
Inspection

Name of the organization

AUTISM SOCIETY OF AMERICA GROUP

Employer identification number

58-2248889

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 \$ 75,128. 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 B, LINE 12C: ONCE A YEAR, EACH STAFF PERSON AND  
BOARD MEMBER COMPLETE THEIR CONFLICT OF INTEREST AND ETHICS STATEMENT  
REPORT. COPIES OF ALL REPORTS ARE PROVIDED TO THE PRESIDENT, CHAIRMAN AND  
VICE CHAIRMAN FOR MONITORING.

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:	326.
AMOUNTS RELATED TO THE REPORTING OF FEWER CHAPTERS	-494,329.
TOTAL TO FORM 990, PART XI, LINE 5	-494,003.

FORM 990	LINE H(B) - LIST OF AFFILIATED ORGANIZATIONS INCLUDED IN GROUP RETURN	STATEMENT	1
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 LARIMER COUNTY CHAPTER	921 PROVINCE RD - FORT COLLINS, CO 80525-6972	20-4482792	
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 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	
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 GOLDEN HEART CHAPTER	607 OLD STEESE, SUITE B #285 - FAIRBANKS, AK 99701	26-3028036
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 INDIANA CHAPTER	13295 ILLINOIS ST. SUITE 110 - CARMEL, IN 46032	35-1924804
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 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 GREATER TUCSON CHAPTER	P.O. BOX 44156 - TUCSON, AZ 85733-4156	51-0249523

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 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 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
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 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 PEORIA REGIONAL CHAPTER	C/O EASTER SEALS, 507 E ARMSTRONG AVE - PEORIA, IL 61603	90-0345076
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 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 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
AUTISM SOCIETY OF CALIFORNIA	PO BOX 1355 - GLENDORA, CA 91740	33-0599454
AUTISM SOCIETY TREASURER VALLEY CHAPTER	P. O. BOX 44831 - BOISE, ID 83711	82-0499440
AUTISM SOCIETY OF KENTUCKIANA CHAPTER	PO BOX 21895 - LOUISVILLE, KY 40221	61-0951851

AUTISM SOCIETY BAYOU LOUISIANA CHAPTER	P. O. BOX 551 - AMELIA, LA 70340	90-0345077
AUTISM SOCIETY SOUTHEASTERN OHIO CHAPTER	C/O HAVAR, INC., PO BOX 460 - ATHENS, OH 45701-3337	36-4620137
AUTISM SOCIETY OF WEST VIRGINIA	PO BOX 70207 - HUNTINGTON, WV 25706	55-0735004

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

**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).

Enter filer's identifying number, see instructions

Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions <b>AUTISM SOCIETY OF AMERICA GROUP</b>	Employer identification number (EIN) or <input checked="" type="checkbox"/> <b>58-2248889</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>4340 EAST WEST HIGHWAY, NO. 350</b>	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BETHESDA, MD 20814-4411</b>	

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	01	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  **X** and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until **NOVEMBER 15, 2012**.
- For calendar year **2011**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.
- If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period
- State in detail why you need the extension  
**ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE FORM 990.**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	<b>0.</b>
<b>b</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.	<b>8b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	<b>0.</b>

**Signature and Verification must be completed for Part II only.**

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  **CPA** Date

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 LARIMER COUNTY CHAPTER	921 PROVINCE RD - FORT COLLINS, CO 80525-6972	20-4482792
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 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
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 GOLDEN HEART CHAPTER	607 OLD STEESE, SUITE B #285 - FAIRBANKS, AK 99701	26-3028036
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 INDIANA CHAPTER	13295 ILLINOIS ST. SUITE 110 - CARMEL, IN 46032	35-1924804
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 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 GREATER TUCSON CHAPTER	P.O. BOX 44156 - TUCSON, AZ 85733-4156	51-0249523

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 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 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
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 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 PEORIA REGIONAL CHAPTER	C/O EASTER SEALS, 507 E ARMSTRONG AVE - PEORIA, IL 61603	90-0345076
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 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 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
AUTISM SOCIETY OF CALIFORNIA	PO BOX 1355 - GLENDORA, CA 91740	33-0599454
AUTISM SOCIETY TREASURER VALLEY CHAPTER	P. O. BOX 44831 - BOISE, ID 83711	82-0499440
AUTISM SOCIETY OF KENTUCKIANA CHAPTER	PO BOX 21895 - LOUISVILLE, KY 40221	61-0951851

AUTISM SOCIETY BAYOU LOUISIANA CHAPTER	P. O. BOX 551 - AMELIA, LA 70340	90-0345077
AUTISM SOCIETY SOUTHEASTERN OHIO CHAPTER	C/O HAVAR, INC., PO BOX 460 - ATHENS, OH 45701-3337	36-4620137
AUTISM SOCIETY OF WEST VIRGINIA	PO BOX 70207 - HUNTINGTON, WV 25706	55-0735004

**IRS e-file Signature Authorization  
for an Exempt Organization**

For calendar year 2011, or fiscal year beginning \_\_\_\_\_, 2011, and ending \_\_\_\_\_, 20\_\_\_\_

**2011**

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **See instructions.**

Name of exempt organization

Employer identification number

**AUTISM SOCIETY OF AMERICA GROUP**

**58-2248889**

Name and title of officer

**SCOTT BADESCH  
PRESIDENT/COO**

**Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>3945270</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, Part I, line 3c or Part II, line 8c) .....	<b>5b</b> _____

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **METRO METRO AND ASSOCIATES** to enter my PIN **20832**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**52619420814**  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ **11/14/12**

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**