

**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)

**2012**

Open to Public Inspection

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

**A For the 2012 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 Name of organization</b> AUTISM SOCIETY OF AMERICA GROUP		<b>D Employer identification number</b> 58-2248889
	Doing Business As		<b>E Telephone number</b> 301-657-0881
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	4340 EAST WEST HIGHWAY		350
City, town, or post office, state, and ZIP code BETHESDA, MD 20814-4411		<b>G Gross receipts \$</b> 3,295,050.	
<b>F Name and address of principal officer:</b> SCOTT BADESCH SAME AS C ABOVE		<b>H(a) Is this a group return</b> STMT 1 for affiliates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>I Tax-exempt status:</b> <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>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>J Website:</b> WWW.AUTISM-SOCIETY.ORG		<b>H(c) Group exemption number</b> 2497	
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L Year of formation:</b> 1965 <b>M State of legal domicile:</b> DC	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>TO IMPROVE THE LIVES OF ALL AFFECTED BY AUTISM.</u>
	<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) <span style="float:right">3 443</span>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <span style="float:right">4 443</span>
	<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a) <span style="float:right">5 30</span>
	<b>6</b> Total number of volunteers (estimate if necessary) <span style="float:right">6 1696</span>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <span style="float:right">7a 0.</span> <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 <span style="float:right">7b 0.</span>
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) <span style="float:right">Prior Year 2,694,120. Current Year 2,372,076.</span>
	<b>9</b> Program service revenue (Part VIII, line 2g) <span style="float:right">911,332. 597,564.</span>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <span style="float:right">8,421. 6,847.</span>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <span style="float:right">331,397. 180,995.</span>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <span style="float:right">3,945,270. 3,157,482.</span>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <span style="float:right">600,145. 473,697.</span>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <span style="float:right">2,082. 10,957.</span>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <span style="float:right">611,774. 666,878.</span>
	<b>16 a</b> Professional fundraising fees (Part IX, column (A), line 11e) <span style="float:right">0. 0.</span> <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <span style="float:right">271,867.</span>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <span style="float:right">2,455,485. 2,002,220.</span>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <span style="float:right">3,669,486. 3,153,752.</span>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 <span style="float:right">275,784. 3,730.</span>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) <span style="float:right">Beginning of Current Year 4,184,725. End of Year 3,568,665.</span>
	<b>21</b> Total liabilities (Part X, line 26) <span style="float:right">69,424. 78,479.</span>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <span style="float:right">4,115,301. 3,490,186.</span>

**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 11/12/13
	SCOTT BADESCH, PRESIDENT/CEO Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name NEIL E. BERGER	Preparer's signature NEIL E. BERGER	Date 11/11/13	Check if self-employed <input type="checkbox"/>	PTIN P00102223
	Firm's name METRO METRO AND ASSOCIATES	Firm's EIN 52-1884940	Firm's address 3311 OLNEY SANDY SPRING ROAD OLNEY, MD 20832-1411		
					Phone no. (301)929-9700

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

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.

4a (Code: ) (Expenses \$ 1,648,272. including grants of \$ 34,140. ) (Revenue \$ 712,875. ) 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 \$ 439,557. 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 \$ 439,557. including grants of \$ 439,557. ) (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 \$ 65,868. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 2,593,254.

**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, for escrow or custodial account liability; 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 and XII</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 and XII 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
21	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	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
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
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
b	If "Yes" to line 35a, 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> .....		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b 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-14b), Yes, and No. Includes questions about Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, and 501(c)(7), (12), and (29) organizations.

**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.		
	<b>1a</b> 443		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 443		
<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?		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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		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?		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?		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?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	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		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?		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?		
<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?		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	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	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		X
<b>b</b>	Other officers or key employees of the organization		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?		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?		

**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     Other (explain in Schedule O)
- 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 (list any hours for related organizations below line)	(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) AARON STIRLE BOARD MEMBER	1.00	X						0.	0.	0.
(2) BRANDY RABY BOARD MEMBER	0.50	X						0.	0.	0.
(3) TONJA UPDIKE BOARD MEMBER	0.50	X						0.	0.	0.
(4) BETSY KRUTH BOARD MEMBER	0.50	X						0.	0.	0.
(5) AMANDA MITCHELL BOARD MEMBER	0.50	X						0.	0.	0.
(6) JAN BRYCHTA BOARD MEMBER	1.00	X						0.	0.	0.
(7) ALEJANDRA DELA TORRE BOARD MEMBER	4.00	X						0.	0.	0.
(8) JACKIE VASQUEZ BOARD MEMBER	5.00	X						0.	0.	0.
(9) LAUA LANNING BOARD MEMBER	6.00	X						0.	0.	0.
(10) NIZAR SUKKAR BOARD MEMBER	4.00	X						0.	0.	0.
(11) DR. BENTON DORMAN BOARD MEMBER	5.00	X						0.	0.	0.
(12) MARIA HAIGH BOARD MEMBER	5.00	X						0.	0.	0.
(13) TRACY BURKETT BOARD MEMBER	5.00	X						0.	0.	0.
(14) BRIANNA CHAMBERLAIN BOARD MEMBER	5.00	X						0.	0.	0.
(15) IFTHIKA NASSIR AHMED BOARD MEMBER	5.00	X						0.	0.	0.
(16) STEPHANI CONGDON BOARD MEMBER	1.00	X						0.	0.	0.
(17) PETE GENNARO BOARD MEMBER	1.50	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 (list any hours for related organizations below line)	(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) JJ JOHNSOTON BOARD MEMBER	1.00	X						0.	0.	0.
(19) KELLY LONDENBERG BOARD MEMBER	20.00	X						0.	0.	0.
(20) THERESA MCFARLAND BOARD MEMBER	1.00	X						0.	0.	0.
(21) BETH HALEY BOARD MEMBER	0.50	X						0.	0.	0.
(22) ERIC OCHS BOARD MEMBER	5.00	X						0.	0.	0.
(23) CATHY ABARCA BOARD MEMBER	25.00	X						0.	0.	0.
(24) THOMAS BREAM BOARD MEMBER	10.00	X						0.	0.	0.
(25) RITA RUBIN BOARD MEMBER	25.00	X						0.	0.	0.
(26) TINA SAWIRES BOARD MEMBER	1.00	X						0.	0.	0.
<b>1b Sub-total</b> .....								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								413,328.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								413,328.	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
NONE		

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 **0**

SEE PART VII, SECTION A CONTINUATION SHEETS



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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) ANA SIMMS BOARD MEMBER	2.00	X					0.	0.	0.	
(28) GLORIA MCNIEL BOARD MEMBER	2.00	X					0.	0.	0.	
(29) BUNNIE GUTHRIE BOARD MEMBER	2.00	X					0.	0.	0.	
(30) MARGIE SULLIVAN BOARD MEMBER	3.00	X					0.	0.	0.	
(31) BOB RUBIN BOARD MEMBER	4.00	X					0.	0.	0.	
(32) OSCAR ALEX ALFARO BOARD MEMBER	4.00	X					0.	0.	0.	
(33) PENNE FODE BOARD MEMBER	3.00	X					0.	0.	0.	
(34) META VANSKIVER BOARD MEMBER	2.00	X					0.	0.	0.	
(35) JULIE KIRKPATRICK BOARD MEMBER	2.00	X					0.	0.	0.	
(36) LAMONT WILLIAMS BOARD MEMBER	5.00	X					0.	0.	0.	
(37) DAISY CHERRY MAGETT BOARD MEMBER	20.00	X					0.	0.	0.	
(38) ELAINE TURNER BOARD MEMBER	5.00	X					0.	0.	0.	
(39) DR. BRIAN UDELL BOARD MEMBER	5.00	X					0.	0.	0.	
(40) LUIS GRANA, M.S. BOARD MEMBER	5.00	X					0.	0.	0.	
(41) ROBERTO VALERA BOARD MEMBER	5.00	X					0.	0.	0.	
(42) DR. GALEN CHUN BOARD MEMBER	5.00	X					0.	0.	0.	
(43) JACQUELINE C. MARZAN, ESQ BOARD MEMBER	5.00	X					0.	0.	0.	
(44) BROOKE MAHLER BOARD MEMBER	5.00	X					0.	0.	0.	
(45) DONALD WARDY BOARD MEMBER	2.50	X					0.	0.	0.	
(46) ANN REYNOLDS 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 (list any hours for related organizations below line)	(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) TERESA BECERRA BOARD MEMBER	20.00	X					0.	0.	0.	
(48) MARILYN HAYS BOARD MEMBER	1.00	X					0.	0.	0.	
(49) CHRISTINE GOULBOURNE BOARD MEMBER	1.00	X					0.	0.	0.	
(50) JILL FANE BOARD MEMBER	1.00	X					0.	0.	0.	
(51) JOHN MILLER BOARD MEMBER	1.00	X					0.	0.	0.	
(52) CARL GALLOWAY III BOARD MEMBER	1.00	X					0.	0.	0.	
(53) DEBBIE ROBINSON BOARD MEMBER	20.00	X					0.	0.	0.	
(54) ERIN FAW BOARD MEMBER	4.00	X					0.	0.	0.	
(55) MEL TYNER WILSON PROGRAM DIRECTOR	1.00	X					0.	0.	0.	
(56) VICKI ROARK DIRECTOR	1.00	X					0.	0.	0.	
(57) HAZEL FORSYTHE DIRECTOR	1.00	X					0.	0.	0.	
(58) ANGIE MOTTE DIRECTOR	2.00	X					0.	0.	0.	
(59) AMANDA REED DIRECTOR	2.00	X					0.	0.	0.	
(60) ANDREE SCHLICHER DIRECTOR	2.00	X					0.	0.	0.	
(61) ANNIE SPELL DIRECTOR	2.00	X					0.	0.	0.	
(62) DONNA ANDRUS DIRECTOR	2.00	X					0.	0.	0.	
(63) ELIZABETH KNIGHT DIRECTOR	2.00	X					0.	0.	0.	
(64) HEIDI CHAMPAGNE DIRECTOR	2.00	X					0.	0.	0.	
(65) HESTER BOURDIER DIRECTOR	2.00	X					0.	0.	0.	
(66) JEFF LEBLANC 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 (list any hours for related organizations below line)	(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) JOSIE TOUPS DIRECTOR	2.00	X					0.	0.	0.	
(68) JOSLYN MCCOY DIRECTOR	2.00	X					0.	0.	0.	
(69) LYNN PELLISIER DIRECTOR	2.00	X					0.	0.	0.	
(70) MICHAEL MOITY DIRECTOR	2.00	X					0.	0.	0.	
(71) SARAH MCNAMARA DIRECTOR	2.00	X					0.	0.	0.	
(72) STEPHANIE BOURGEOIS DIRECTOR	2.00	X					0.	0.	0.	
(73) TARA HARVEY-GROS DIRECTOR	2.00	X					0.	0.	0.	
(74) TERRI PITRE DIRECTOR	2.00	X					0.	0.	0.	
(75) SABRINA HAGAN ADVISORY BOARD MEMBER	1.00	X					0.	0.	0.	
(76) ANGELLE SCHAEFER BOARD MEMBER	1.00	X					0.	0.	0.	
(77) ALISHA FONTENOT BOARD MEMBER	1.00	X					0.	0.	0.	
(78) MS. ERICA YANNER BOARD MEMBER	10.00	X					0.	0.	0.	
(79) MR. DAVID SPINELLA BOARD MEMBER	10.00	X					0.	0.	0.	
(80) MS. SADRIA FAULK BOARD MEMBER	10.00	X					0.	0.	0.	
(81) MS. DAWN GILCREASE BOARD MEMBER	10.00	X					0.	0.	0.	
(82) MS. APRIL PIERCE BOARD MEMBER	10.00	X					0.	0.	0.	
(83) GEORGE FOURROUX BOARD MEMBER	10.00	X					0.	0.	0.	
(84) BRIDGETTE FOURROUX BOARD MEMBER	10.00	X					0.	0.	0.	
(85) IEESHA JOHNSON BOARD MEMBER	10.00	X					0.	0.	0.	
(86) BRUCE PRENDERGAST 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 (list any hours for related organizations below line)	(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) DAWN HARDY BOARD MEMBER	10.00	X					0.	0.	0.	
(88) MS. MICHELLE LANDRUM BOARD MEMBER	1.00	X					0.	0.	0.	
(89) MR. ANDY PARSLEY BOARD MEMBER	1.00	X					0.	0.	0.	
(90) MS. JENNIFER PHILLIPS BOARD MEMBER	1.00	X					0.	0.	0.	
(91) MR. PETE ROTH BOARD MEMBER	1.00	X					0.	0.	0.	
(92) MR. PAUL ROUHANA BOARD MEMBER	1.00	X					0.	0.	0.	
(93) MRS. STEPHANIE SAVICK BOARD MEMBER	1.00	X					0.	0.	0.	
(94) MR. P.J. SHAFER BOARD MEMBER	1.00	X					0.	0.	0.	
(95) MS. ERICA SOLLIDAY BOARD MEMBER	1.00	X					0.	0.	0.	
(96) LYDA ASTROVE DIRECTOR	10.00	X					0.	0.	0.	
(97) ALEX SANCHEZ DIRECTOR	10.00	X					0.	0.	0.	
(98) MARK HAJJAR DIRECTOR	4.00	X					0.	0.	0.	
(99) BARB SELBST DIRECTOR	4.00	X					0.	0.	0.	
(100) PTUNNERMAN STEWART DIRECTOR	5.00	X					0.	0.	0.	
(101) SEAN FIELD DIRECTOR	1.00	X					0.	0.	0.	
(102) KRISTINA DIMARTIN DIRECTOR	1.00	X					0.	0.	0.	
(103) KRISTY NEWMAN DIRECTOR	1.00	X					0.	0.	0.	
(104) MELODY JANETZKE DIRECTOR	1.00	X					0.	0.	0.	
(105) MARY CONNERS DIRECTOR	1.00	X					0.	0.	0.	
(106) NATALIE HOSBEIN 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 (list any hours for related organizations below line)	(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) KELSEY WOOD DIRECTOR	1.00	X					0.	0.	0.	
(108) KRYSZYNA HARASYMIW DIRECTOR	2.00	X					0.	0.	0.	
(109) MARVIN BIELEC DIRECTOR	2.00	X					0.	0.	0.	
(110) STEVEN JEWELL DIRECTOR	2.00	X					0.	0.	0.	
(111) MICHELLE DUBIEL DIRECTOR	2.00	X					0.	0.	0.	
(112) MIRANDA ANDERSON BOARD MEMBER	5.00	X					0.	0.	0.	
(113) MICHELLE BAERWALDE BOARD MEMBER	5.00	X					0.	0.	0.	
(114) JENNIFER BREEN BOARD MEMBER	5.00	X					0.	0.	0.	
(115) NANNETTE BROMLEY BOARD MEMBER	5.00	X					0.	0.	0.	
(116) DANNA BOHACH BOARD MEMBER	5.00	X					0.	0.	0.	
(117) AMANDA DOBROC BOARD MEMBER	5.00	X					0.	0.	0.	
(118) JESSICA DOMINGUES BOARD MEMBER	5.00	X					0.	0.	0.	
(119) LINDA ELENBAAS BOARD MEMBER	5.00	X					0.	0.	0.	
(120) AARON JOHNSON BOARD MEMBER	5.00	X					0.	0.	0.	
(121) SUZI GREGG BOARD MEMBER	2.00	X					0.	0.	0.	
(122) MARVIN BRINKMAN BOARD MEMBER	1.00	X					0.	0.	0.	
(123) ALEXA GOLUB MEMBER - BOARD	5.00	X					0.	0.	0.	
(124) PATRICIA WEINDORFER MEMBER - BOARD	15.00	X					0.	0.	0.	
(125) MARGO MORRISON MEMBER - BOARD	5.00	X					0.	0.	0.	
(126) MR. ANGELO SANTABARBARA BOARD 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 (list any hours for related organizations below line)	(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) MR. RAY PAYNE BOARD MEMBER	2.00	X					0.	0.	0.	
(128) MS. HAILY KNOX BOARD MEMBER	2.00	X					0.	0.	0.	
(129) MR. GORDON ZUCKERMAN BOARD MEMBER	2.00	X					0.	0.	0.	
(130) MR. JOHN VELONIS BOARD MEMBER	2.00	X					0.	0.	0.	
(131) MS. JENNIFER SENICH BOARD MEMBER	2.00	X					0.	0.	0.	
(132) MS. MARY MARRO-GIROUX BOARD MEMBER	2.00	X					0.	0.	0.	
(133) SUSAN PRINCE BOARD MEMBER	0.50	X					0.	0.	0.	
(134) TROY MOORE BOARD MEMBER	0.50	X					0.	0.	0.	
(135) SHARON SALVO BOARD MEMBER	0.50	X					0.	0.	0.	
(136) ELLEN BARNES BOARD MEMBER	0.50	X					0.	0.	0.	
(137) KELLY BUTTERS BOARD MEMBER	0.50	X					0.	0.	0.	
(138) SANDRA POWERS BOARD MEMBER	0.50	X					0.	0.	0.	
(139) JOHN POWERS BOARD MEMBER	0.50	X					0.	0.	0.	
(140) CARROLL GRANT BOARD MEMBER	0.50	X					0.	0.	0.	
(141) SHEREE BURKE BOARD MEMBER	0.50	X					0.	0.	0.	
(142) MS. KAREN KOSACK BOARD MEMBER	20.00	X					0.	0.	0.	
(143) MS. SUZANNE DEBEAUMONT BOARD MEMBER	10.00	X					0.	0.	0.	
(144) MS. MARGARET PUMILIA BOARD MEMBER	10.00	X					0.	0.	0.	
(145) MS. NICOLE BRONZI BOARD MEMBER	10.00	X					0.	0.	0.	
(146) LEAH SIUTA 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 (list any hours for related organizations below line)	(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) BRIAN LISTON BOARD MEMBER	10.00	X						0.	0.	0.
(148) JENN RYAN BOARD MEMBER	10.00	X						0.	0.	0.
(149) AMIE DUNCAN BOARD MEMBER	1.00	X						0.	0.	0.
(150) ERIC CAMPMAN BOARD MEMBER	1.00	X						0.	0.	0.
(151) BYRAN HAKE BOARD MEMBER	1.00	X						0.	0.	0.
(152) DONNA KELLY BOARD MEMBER	1.00	X						0.	0.	0.
(153) SHEILA OBERMEYER BOARD MEMBER	1.00	X						0.	0.	0.
(154) SUSAN OSBORN BOARD MEMBER	1.00	X						0.	0.	0.
(155) DENISE SAWAN CARUSO CHAIRMAN OF THE BOARD	5.00	X						0.	0.	0.
(156) CHRIS FILLER BOARD MEMBER	0.30	X						0.	0.	0.
(157) MS. KAREN MELVILLE BOARD MEMBER	0.30	X						0.	0.	0.
(158) MARY MURRAY BOARD MEMBER	0.30	X						0.	0.	0.
(159) ANDIE RYLEY BOARD MEMBER	1.00	X						0.	0.	0.
(160) SCOTT SHORT BOARD MEMBER	0.50	X						0.	0.	0.
(161) DEBBIE SMITH BOARD MEMBER	0.30	X						0.	0.	0.
(162) BRETT ZIMMERMAN BOARD MEMBER	0.30	X						0.	0.	0.
(163) LYNN TRAMONTANO BOARD MEMBER	2.00	X						0.	0.	0.
(164) TERRY CHAPIN BOARD MEMBER	0.30	X						0.	0.	0.
(165) BARBARA YAVORCIK BOARD MEMBER, FORMER EXECUTIVE DIREC	20.00	X					5,000.	0.	0.	0.
(166) VALORIE DOMBROSKAS BOARD MEMBER	0.50	X					0.	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 (list any hours for related organizations below line)	(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) AMY DOUGLAS BOARD MEMBER	0.50	X					0.	0.	0.	
(168) MARY NESTER BOARD MEMBER	2.00	X					0.	0.	0.	
(169) EDWARD L. SMITH BOARD MEMBER	0.50	X					0.	0.	0.	
(170) LISA AMES BOARD OF DIRECTORS	5.00	X					0.	0.	0.	
(171) HOLLY HOFISKY BOARD OF DIRECTORS	5.00	X					0.	0.	0.	
(172) JEAN RUTTENBERG BOARD OF DIRECTORS	5.00	X					0.	0.	0.	
(173) BETH SULLIVAN BOARD OF DIRECTORS	5.00	X					0.	0.	0.	
(174) SUE TUCKERMAN BOARD OF DIRECTORS	5.00	X					0.	0.	0.	
(175) KIMBERLY HEINRICHS BOARD MEMBER	2.00	X					0.	0.	0.	
(176) SHERI MILTENBERGER BOARD MEMBER	2.00	X					0.	0.	0.	
(177) SHARON BIRNBAUM VICE PRESIDENT	2.00	X					0.	0.	0.	
(178) LESTER BIRNBAUM BOARD MEMBER	2.00	X					0.	0.	0.	
(179) CALLIE ARNEY BOARD MEMBER	0.10	X					0.	0.	0.	
(180) MARLIA COATES BOARD MEMBER	0.10	X					0.	0.	0.	
(181) MARK DIVECCHIO BOARD MEMBER	0.10	X					0.	0.	0.	
(182) ANN ELLISON BOARD MEMBER	0.10	X					0.	0.	0.	
(183) MARC FIORELLI BOARD MEMBER	0.10	X					0.	0.	0.	
(184) TOM KOPEC BOARD MEMBER	0.10	X					0.	0.	0.	
(185) JAY SPAEDER BOARD MEMBER	0.10	X					0.	0.	0.	
(186) CLAIRE WACHTER BOARD MEMBER	0.10	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 (list any hours for related organizations below line)	(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) MARION WELLS BOARD MEMBER	0.10	X					0.	0.	0.	
(188) IDELSA OLIVERAS BOARD MEMBER	25.00	X					0.	0.	0.	
(189) RON BOWLING BOARD MEMBER	1.00	X					0.	0.	0.	
(190) RODDEY COE DIRECTOR	2.00	X					0.	0.	0.	
(191) MIKE MANFREDO DIRECTOR	1.00	X					0.	0.	0.	
(192) DAVID SMITH DIRECTOR	1.00	X					0.	0.	0.	
(193) JOHN THOMAS DIRECTOR	1.00	X					0.	0.	0.	
(194) TERESA VAUGHN DIRECTOR	1.00	X					0.	0.	0.	
(195) ALLISON GOURIS BOARD MEMBER	5.00	X					0.	0.	0.	
(196) JOYCE GRUGER BOARD MEMBER	5.00	X					0.	0.	0.	
(197) KRISTI SWICE BOARD MEMBER	5.00	X					0.	0.	0.	
(198) RONNIE SCHLEISS BOARD MEMBER	5.00	X					0.	0.	0.	
(199) DIANNE DOGGETT BOARD MEMBER	5.00	X					0.	0.	0.	
(200) DAVE FAULDERS BOARD MEMBER	3.00	X					0.	0.	0.	
(201) SHAWN KIRK BOARD MEMBER	1.00	X					0.	0.	0.	
(202) KATHERINE GRAY BOARD MEMBER	1.00	X					0.	0.	0.	
(203) DONNA SABEL BOARD MEMBER	1.00	X					0.	0.	0.	
(204) DON SHIPLEY BOARD MEMBER	20.00	X					0.	0.	0.	
(205) JUGNU AGRAWAL BOARD MEMBER	5.00	X					0.	0.	0.	
(206) SAMANTHA BODWELL 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 (list any hours for related organizations below line)	(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) PAT DIBARI BOARD MEMBER	5.00	X					0.	0.	0.	
(208) LARRIE ELLEN RANDALL BOARD MEMBER	5.00	X					0.	0.	0.	
(209) MATTHEW KLEIN BOARD MEMBER	1.00	X					0.	0.	0.	
(210) EDWARD ZETLIN BOARD MEMBER	1.00	X					0.	0.	0.	
(211) JEFF DAVIS BOARD MEMBER	0.50	X					0.	0.	0.	
(212) DAN WILSON BOARD MEMBER	0.50	X					0.	0.	0.	
(213) MELISSA PHILLIPS BOARD MEMBER	0.50	X					0.	0.	0.	
(214) KRIS YOST BOARD MEMBER	1.00	X					0.	0.	0.	
(215) PASTOR CRAIG GREATHOUSE BOARD MEMBER	0.50	X					0.	0.	0.	
(216) BARBARA BECKER-COTTRILL BOARD MEMBER	10.00	X					0.	0.	0.	
(217) MARC ELLISON BOARD MEMBER	10.00	X					0.	0.	0.	
(218) AMY GOODMAN BOARD MEMBER	5.00	X					0.	0.	0.	
(219) SHIRLEY SANSON BOARD MEMBER	10.00	X					0.	0.	0.	
(220) MARC ELLISON BOARD MEMBER	10.00	X					0.	0.	0.	
(221) CARLA MALONE BOARD MEMBER	15.00	X					0.	0.	0.	
(222) HEIDI HAAS PRESIDENT OF THE BOARD	20.00	X	X				0.	0.	0.	
(223) JOANNE HEALY VICE-PRESIDENT OF THE BOARD	10.00	X	X				0.	0.	0.	
(224) MICHELLE BENNETT TREASURER OF THE BOARD	5.00	X	X				0.	0.	0.	
(225) DREW GROTH SECRETARY OF THE BOARD	4.00	X	X				0.	0.	0.	
(226) WENDY SWARTZ PRESIDENT	28.00	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 (list any hours for related organizations below line)	(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) MARY STEVENSON VICE PRESIDENT	12.00	X		X				0.	0.	0.
(228) LEVON LAMY TREASURER	20.00	X		X				0.	0.	0.
(229) AMANDA HEYSER SECRETARY	10.00	X		X				0.	0.	0.
(230) MONICA BERNALDO PRESIDENT	5.00	X		X				0.	0.	0.
(231) JANNETTE REYES SECRETARY	5.00	X		X				0.	0.	0.
(232) DIANA TOSTADO TREASURER	5.00	X		X				0.	0.	0.
(233) BETH BURT PRESIDENT	25.00	X		X				0.	0.	0.
(234) LILLIAN VASQUEZ VICE PRESIDENT	5.00	X		X				0.	0.	0.
(235) RICK GUITIERREZ SECRETARY	1.00	X		X				0.	0.	0.
(236) PHILIP HANNAWI TREASURER	3.00	X		X				0.	0.	0.
(237) MARCIA EICHELBERGER PRESIDENT	25.00	X		X				0.	0.	0.
(238) SANDRA SHOVE VICE PRESIDENT	25.00	X		X				0.	0.	0.
(239) CANDYCE ESTAVE SECRETARY	15.00	X		X				0.	0.	0.
(240) JOE MARQUEZ PRESIDENT	10.00	X		X				0.	0.	0.
(241) SHARON FRANCIS VICE PRESIDENT	30.00	X		X				0.	0.	0.
(242) ALLISON PURDY SECRETARY	10.00	X		X				0.	0.	0.
(243) WILLIAM BURKE TREASURER	10.00	X		X				0.	0.	0.
(244) REGINA MORENO PRESIDENT	30.00	X		X				0.	0.	0.
(245) EVA MORENO SECRETARY	3.00	X		X				0.	0.	0.
(246) JOE MCNIEL 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 (list any hours for related organizations below line)	(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) JOEY HAYASHI 2ND VICE PRESIDENT	4.00	X		X				0.	0.	0.
(248) BRONWYN ESTEPHAN VICE PRESIDENT	6.00	X		X				0.	0.	0.
(249) PHYLLIS ZIMMERMAN PRESIDENT	8.00	X		X				0.	0.	0.
(250) JESSICA GIPSON SECRETARY	2.00	X		X				0.	0.	0.
(251) TINA BOYER VICE PRESIDENT	2.00	X		X				0.	0.	0.
(252) MIKE BOYER TREASURER	2.00	X		X				0.	0.	0.
(253) RONALD HAMPTON PRESIDENT	20.00	X		X				0.	0.	0.
(254) RHODA MCLEESE-SMITH VICE PRESIDENT	15.00	X		X				0.	0.	0.
(255) DENISE STOCKTON SECRETARY	15.00	X		X				0.	0.	0.
(256) FRANKLIN R. DAVIS, SR. TREASURER	25.00	X		X				0.	0.	0.
(257) SONDR A CUNNINGHAM PAST PRESIDENT	25.00	X		X				0.	0.	0.
(258) HUGH J. KEOUGH, JR., ESQ. PRESIDENT	10.00	X		X				0.	0.	0.
(259) FABIOLA ANA TORREZ VICE PRESIDENT	10.00	X		X				0.	0.	0.
(260) BILLIE MORGAN RECORDING SECRETARY	5.00	X		X				0.	0.	0.
(261) CINDY SMITH CORRESPONDING SECRETARY	5.00	X		X				0.	0.	0.
(262) BRENT BOUCAUD TREASURER	5.00	X		X				0.	0.	0.
(263) VEN SEQUENZIA, JR. PRESIDENT	20.00	X		X				0.	0.	0.
(264) ROBERT DEMARIA VICE PRESIDENT	5.00	X		X				0.	0.	0.
(265) PATRICE BYERLY TREASURER	20.00	X		X				0.	0.	0.
(266) STACEY HOAGLUND RECORDING SECRETARY	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 (list any hours for related organizations below line)	(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) CINDY DIRCKS CO-PRESIDENT	20.00	X		X				0.	0.	0.
(268) SHERRI GRAWE VICE PRESIDENT	20.00	X		X				0.	0.	0.
(269) DANA MARTIN SECRETARY	20.00	X		X				0.	0.	0.
(270) MARK HARTUNG TREASURER	20.00	X		X				0.	0.	0.
(271) JENNIFER BOHN CO-PRESIDENT	20.00	X		X				0.	0.	0.
(272) BECKY BEAUCHAMP CO-PRESIDENT	20.00	X		X				0.	0.	0.
(273) JAY BEAUCHAMP TREASURER	20.00	X		X				0.	0.	0.
(274) KRIS STEINMETZ EXECUTIVE DIRECTOR	20.00	X		X			21,259.	0.	0.	0.
(275) SUZANNE BARTLETT PRESIDENT	2.00	X		X				0.	0.	0.
(276) JOELLE JENSEN 1ST VP	2.00	X		X				0.	0.	0.
(277) EVELYN HORTON 2ND VP	2.00	X		X				0.	0.	0.
(278) PAULA GOODWIN SECRETARY	2.00	X		X				0.	0.	0.
(279) VICKY STROM TREASURER	4.00	X		X				0.	0.	0.
(280) LISA GERONTES-BOWE PRESIDENT	5.00	X		X				0.	0.	0.
(281) ERYNN DYKSTRA CO-VICE PRESIDENT	3.00	X		X				0.	0.	0.
(282) KRISTI BLUMENSHINE SECRETARY	3.00	X		X				0.	0.	0.
(283) DONNA CADY TREASURER	4.00	X		X				0.	0.	0.
(284) SHELLY HANCOCK SECRETARY	3.00	X		X				0.	0.	0.
(285) JIM RUNYON TREASURER	3.00	X		X				0.	0.	0.
(286) SARA SPRAGENS 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 (list any hours for related organizations below line)	(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) PATTI PARSONS VICE PRESIDENT	1.00	X		X				0.	0.	0.
(288) VIBERT FORSYTHE CO-TREASURER	1.00	X		X				0.	0.	0.
(289) TODD PAGE CO-TREASURER	1.00	X		X				0.	0.	0.
(290) WENDY WHEELER MULLINS SECRETARY	1.00	X		X				0.	0.	0.
(291) MELANIE HASENSTAB PRESIDENT	2.00	X		X				0.	0.	0.
(292) VONYA GRESHAM VICE PRESIDENT	2.00	X		X				0.	0.	0.
(293) REBECCA THOMPSON TREASURER	5.00	X		X				0.	0.	0.
(294) KIM BASHAM SECRETARY	2.00	X		X				0.	0.	0.
(295) BAMBI POLOTZOLA DIRECTOR	2.00	X		X				0.	0.	0.
(296) CHERRY GREENE DIRECTOR	2.00	X		X				0.	0.	0.
(297) DENIS LEBLANC DIRECTOR	2.00	X		X				0.	0.	0.
(298) VIRGINIA "GINNY" KELLY DIRECTOR/TREASURER	2.00	X		X				0.	0.	0.
(299) JANICE MOSS DIRECTOR/PRESIDENT	2.00	X		X				0.	0.	0.
(300) ROBYN BLACKWELL DIRECTOR/SECRETARY	2.00	X		X				0.	0.	0.
(301) SUZIE HARGRODER DIRECTOR/ 1ST VICE PRESIDENT	2.00	X		X				0.	0.	0.
(302) VICKIE BRIGNAC DIRECTOR/ 2ND VICE PRESIDENT	2.00	X		X				0.	0.	0.
(303) MRS. DAWN SPINELLA PRESIDENT	25.00	X		X				0.	0.	0.
(304) MR. KELLY GOOLSBY VICE PRESIDENT	15.00	X		X				0.	0.	0.
(305) MRS. GWEN HEBERT SECRETARY	15.00	X		X				0.	0.	0.
(306) MRS. NANCY GOOLSBY 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 (list any hours for related organizations below line)	(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) BERYL K HEBERT PRESIDENT	7.50	X		X				0.	0.	0.
(308) PRANAB CHOUDHURY VICE PRESIDENT	5.00	X		X				0.	0.	0.
(309) CHARLES G GIAMANCO TREASURER	5.00	X		X				0.	0.	0.
(310) DONNICA CONWAY/PRES. PRESIDENT	10.00	X		X				0.	0.	0.
(311) KELLY FISCHER/VP VICE-PRESIDENT	10.00	X		X				0.	0.	0.
(312) KELLY BENEDICT, SEC SECRETARY	10.00	X		X				0.	0.	0.
(313) JENNIE HENEGAN TREASURER	10.00	X		X				0.	0.	0.
(314) MR. DAVID SPINELLA PRESIDENT	20.00	X		X				0.	0.	0.
(315) MR. GREG GIAMANCO VICE PRESIDENT	15.00	X		X				0.	0.	0.
(316) MRS. CAROLYN TATE TREASURER	15.00	X		X				0.	0.	0.
(317) MRS. DAWN SPINELLA SECRETARY	15.00	X		X				0.	0.	0.
(318) AUDRA GRINDOL PRESIDENT/TREASURER	20.00	X		X				0.	0.	0.
(319) KRISTI HEURTEVANT VICE PRESIDENT	20.00	X		X				0.	0.	0.
(320) SHONTAE BLOUNT SECRETARY	20.00	X		X				0.	0.	0.
(321) MRS. DEBORAH PAGE CO-PRESIDENT	6.00	X		X				0.	0.	0.
(322) MR. DAVID SAVICK CO-PRESIDENT	6.00	X		X				0.	0.	0.
(323) MRS. KAY HOLMAN VICE PRESIDENT	2.00	X		X				0.	0.	0.
(324) MRS. MARY ELLEN CURTIS TREASURER	4.00	X		X				0.	0.	0.
(325) MRS. HELEN SHAFER SECRETARY	1.00	X		X				0.	0.	0.
(326) MRS. HEATHER THOMS-CHESLEY PAST-PRESIDENT	0.50	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c .....										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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) SHAUNA CAPOTOSTO PRESIDENT	15.00	X		X				0.	0.	0.
(328) CORBY FOWLER TREASURER	2.00	X		X				0.	0.	0.
(329) MICHELE CLUNE SECRETARY	2.00	X		X				0.	0.	0.
(330) ANGEL DELUCCA PRESIDENT	1.00	X		X				0.	0.	0.
(331) ROBIN WINTERNITZ VICE PRESIDENT	1.00	X		X				0.	0.	0.
(332) LORETTE VETUSI VICE PRESIDENT	1.00	X		X				0.	0.	0.
(333) CAROL PATTI SECRETARY	1.00	X		X				0.	0.	0.
(334) DAWN MARKOVIC TREASURER	1.00	X		X				0.	0.	0.
(335) ELIZABETH ROTH CO-PRESIDENT	25.00	X		X				0.	0.	0.
(336) DEBBIE SHANHOLTZ CO-PRESIDENT	10.00	X		X				0.	0.	0.
(337) BETTY BAHADORI TREASURER	10.00	X		X				0.	0.	0.
(338) SCOTT KAUFMAN SECRETARY	5.00	X		X				0.	0.	0.
(339) CAREY WHITFIELD BOARD CHAIR	1.00	X		X				0.	0.	0.
(340) TRINA WOOD PRESIDENT	1.00	X		X				0.	0.	0.
(341) KRIS BODINE VICE PRESIDENT	1.00	X		X				0.	0.	0.
(342) DANNY FELDING TREASURER	1.00	X		X				0.	0.	0.
(343) KRISTI WATSON SECRETARY	1.00	X		X				0.	0.	0.
(344) THERESA GABALIS PRESIDENT	25.00	X		X				0.	0.	0.
(345) ANNETTE DUDA VICE PRESIDENT	12.00	X		X				0.	0.	0.
(346) BARB STIERS 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 (list any hours for related organizations below line)	(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) LAURA GAYAN TREASURER	5.00	X		X				0.	0.	0.
(348) KRIS WALLMAN PRESIDENT	10.00	X		X				0.	0.	0.
(349) RENIE CHADWELL VICE-PRESIDENT	1.00	X		X				0.	0.	0.
(350) MARK SLOAN TREASURER	5.00	X		X				0.	0.	0.
(351) JENNIFER HEFTER SECRETARY	1.00	X		X				0.	0.	0.
(352) MEGAN MISAGADIS PRESIDENT	15.00	X		X				0.	0.	0.
(353) WENDY HAMILTON VICE-PRESIDENT	2.00	X		X				0.	0.	0.
(354) BECKY ROSSELL SECRETARY	3.00	X		X				0.	0.	0.
(355) ROBYN ROBERTS TREASURER	12.00	X		X				0.	0.	0.
(356) JENNIFER HOHEISEL PRESIDENT	10.00	X		X				0.	0.	0.
(357) JENNIFER NADDEO VICE PRESIDENT	5.00	X		X				0.	0.	0.
(358) DAWN OLSON TREASURER	15.00	X		X				0.	0.	0.
(359) DINAH DEANE PRESIDENT	1.00	X		X				0.	0.	0.
(360) PAUL DEANE VICE PRESIDENT	0.50	X		X				0.	0.	0.
(361) CINDY MEEK SECRETARY	0.50	X		X				0.	0.	0.
(362) MS. PAIGE PIERCE PRESIDENT	2.00	X		X				0.	0.	0.
(363) MS. JENNY DEBELLIS TREASURER	2.00	X		X				0.	0.	0.
(364) DR. SUSAN DELUKE SECRETARY	2.00	X		X				0.	0.	0.
(365) ERIN MCLNE-GWIN PRESIDENT	5.00	X		X				0.	0.	0.
(366) JEAN LEIKER CO VICE PRESIDENT	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 (list any hours for related organizations below line)	(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) KARI FITZGERALD CO VICE PRESIDENT	5.00	X		X				0.	0.	0.
(368) KRISTINE O'BRIEN SECRETARY	5.00	X		X				0.	0.	0.
(369) KARI SKINNER TREASURER	5.00	X		X				0.	0.	0.
(370) JOSEPH HERNON BOARD MEMBER	0.50	X		X				0.	0.	0.
(371) MS. ELLEN CORDARO PRESIDENT	15.00	X		X				0.	0.	0.
(372) MR. MARK STORCH VICE PRESIDENT	10.00	X		X				0.	0.	0.
(373) MS. ERIKA PUMILIA SECRETARY	10.00	X		X				0.	0.	0.
(374) MR. WILLIAM SCRIBNER TREASURER	10.00	X		X				0.	0.	0.
(375) MS. HELEN GONYEA ASST. TREASURER	20.00	X		X				0.	0.	0.
(376) KATHLEEN EISS PRESIDENT	20.00	X		X				0.	0.	0.
(377) KIM SEIBOLD TREASURER	0.50	X		X				0.	0.	0.
(378) KAY BROWN BOARD PRESIDENT	2.00	X		X				0.	0.	0.
(379) SUE RADDABAUGH VICE PRESIDENT	2.00	X		X				0.	0.	0.
(380) JEFF NYE SECRETARY	2.00	X		X				0.	0.	0.
(381) JIM KELLER TREASURER	2.00	X		X				0.	0.	0.
(382) MARLA ROOT TREASURER	5.00	X		X				0.	0.	0.
(383) NORIKO KANTAKE PRESIDENT	5.00	X		X				0.	0.	0.
(384) KAMILE GEIST VICE PRESIDENT	0.50	X		X				0.	0.	0.
(385) MARGARET HUTZEL TREASURER	1.00	X		X				0.	0.	0.
(386) KATHERINE MARSHALL SECRETARY	0.50	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c .....										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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) JACKIE SPOHN PRESIDENT	20.00	X		X				0.	0.	0.
(388) THERESA WANNER VICE PRESIDENT	10.00	X		X				0.	0.	0.
(389) TAMMY SWEIGART TREASURER	10.00	X		X				0.	0.	0.
(390) BROOKE MATTHEWS SECRETARY	2.00	X		X				0.	0.	0.
(391) DAVY B. WILDMAN COO/PRESIDENT OF BOARD	10.00	X		X				0.	0.	0.
(392) SHERRY SASSONE VICE PRESIDENT	1.00	X		X				0.	0.	0.
(393) MARY L. WILDMAN SECRETARY&CFO/TREASURER OF BOARD	20.00	X		X				0.	0.	0.
(394) CHARLENE NAGLE VICE PRESIDENT OF THE BOARD	1.00	X		X				0.	0.	0.
(395) AUDREY SMITH SECRETARY OF THE BOARD	1.00	X		X				0.	0.	0.
(396) PATTI ERICKSON PRESIDENT	15.00	X		X				0.	0.	0.
(397) IRA FINGLES VICE PRESIDENT	5.00	X		X				0.	0.	0.
(398) PATRICK LYONS TREASURER	5.00	X		X				0.	0.	0.
(399) MIRIAM LUDWIG PRESIDENT	10.00	X		X				0.	0.	0.
(400) TRACI CYR TREASURER	10.00	X		X				0.	0.	0.
(401) TRACY BODNAR SECRETARY	2.00	X		X				0.	0.	0.
(402) DIANE BAER CHAIRMAN OF THE BOARD	10.00	X		X				0.	0.	0.
(403) MIKE KRUSZEWSKI VICE CHAIR OF BOARD	3.00	X		X				0.	0.	0.
(404) TOM DIVECCHIO SECRETARY OF BOARD	1.00	X		X				0.	0.	0.
(405) REBECCA BRUMAGIN TREASURER OF BOARD	0.50	X		X				0.	0.	0.
(406) JAN FORMICHELLA PAST PRESIDENT BOARD	2.50	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c .....										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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) AILEEN MUDAFORT PRESIDENT	25.00	X		X				0.	0.	0.
(408) ELIZABETH BENITEZ VICE PRESIDENT	25.00	X		X				0.	0.	0.
(409) ORLANDO GONZALEZ SECRETARY	25.00	X		X				0.	0.	0.
(410) ANA MIRO TREASURER	25.00	X		X				0.	0.	0.
(411) SANDY BURNS PRESIDENT	6.00	X		X				0.	0.	0.
(412) RYAN RYDER VICE PRESIDENT	1.00	X		X				0.	0.	0.
(413) FRANK BOWERS TREASURER	3.00	X		X				0.	0.	0.
(414) SHERYL CRONAN SECRETARY	1.00	X		X				0.	0.	0.
(415) HOPE PAULTRE PRESIDENT	5.00	X		X				0.	0.	0.
(416) BARBARA TALBERT VICE PRESIDENT	1.00	X		X				0.	0.	0.
(417) DAVE BUCK SECRETARY	1.00	X		X				0.	0.	0.
(418) SARA HIRTZ TREASURER	5.00	X		X				0.	0.	0.
(419) ANN HART PRESIDENT	25.00	X		X				0.	0.	0.
(420) SANDRA BATLOUNI VICE PRESIDENT	10.00	X		X				0.	0.	0.
(421) TOM IBIS TREASURER	5.00	X		X				0.	0.	0.
(422) SANDI WILEY PRESIDENT	3.00	X		X				0.	0.	0.
(423) ADAM BAILEY TREASURER	3.00	X		X				0.	0.	0.
(424) BILL THOMPSON SECRETARY	1.00	X		X				0.	0.	0.
(425) TIM JONES CORRESPONDING SECRETARY	1.00	X		X				0.	0.	0.
(426) KELLY DOMALESKI 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 (list any hours for related organizations below line)	(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) SCOTT CAMPBELL PRESIDENT	10.00	X		X				0.	0.	0.
(428) JOHN WALL TREASURER	5.00	X		X				0.	0.	0.
(429) RAY NELSON VICE PRESIDENT	5.00	X		X				0.	0.	0.
(430) STEPHANIE LEVAC SECRETARY	1.00	X		X				0.	0.	0.
(431) KAREN RANDOLPH PRESIDENT	15.00	X		X				0.	0.	0.
(432) LUANN DECKER SECRETARY	15.00	X		X				0.	0.	0.
(433) CHRISTINA L. FAIR TREASURER	15.00	X		X				0.	0.	0.
(434) PEGGY VIRDEN VICE PRESIDENT	10.00	X		X				0.	0.	0.
(435) CHRISTINA L. FAIR PRESIDENT/TREASURER	20.00	X		X				0.	0.	0.
(436) BETH GROSS VICE PRESIDENT	25.00	X		X				0.	0.	0.
(437) IVAN SWANSON CO-TREASURER	10.00	X		X				0.	0.	0.
(438) TRACI BROWN-DOLINSKI SECRETARY	2.00	X		X				0.	0.	0.
(439) ELAINE HARVEY PRESIDENT	25.00	X		X				0.	0.	0.
(440) CHERYL COOK VICE PRESIDENT	25.00	X		X				0.	0.	0.
(441) SANDRA JOHNSON TREASURER	25.00	X		X				0.	0.	0.
(442) ANGELA BRYSON SECRETARY	15.00	X		X				0.	0.	0.
(443) BRADFORD HULCHER EXECUTIVE DIRECTOR	20.00	X		X			43,257.	0.	0.	0.
(444) VICKIE BARNES PRESIDENT	10.00			X			0.	0.	0.	0.
(445) ALICE REYNOLDS VICE-PRESIDENT	10.00			X			0.	0.	0.	0.
(446) RHONDA SPATARO SECRETARY	4.00			X			0.	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)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows list individuals like SUE YACOVISSI, JANINE D. KRUISWIJK, etc.

Total to Part VII, Section A, line 1c

413,328.

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a 209,747.				
	b	Membership dues	1b 22,036.				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 47,165.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 2,093,128.				
	g	Noncash contributions included in lines 1a-1f: \$					
	h	<b>Total.</b> Add lines 1a-1f		2,372,076.			
	Program Service Revenue	2 a	<b>PROGRAM INCOME</b>	Business Code 900099	597,564.	597,564.	
b							
c							
d							
e							
f		All other program service revenue					
g		<b>Total.</b> Add lines 2a-2f		597,564.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		6,847.		6,847.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real (ii) Personal				
		Less: rental expenses					
		Rental income or (loss)					
		Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		Less: cost or other basis and sales expenses					
		Gain or (loss)					
		Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	165,253.			
		Less: direct expenses	b	99,569.			
		Net income or (loss) from fundraising events		65,684.			65,684.
9 a	Gross income from gaming activities. See Part IV, line 19	a					
	Less: direct expenses	b					
	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	a	37,587.				
	Less: cost of goods sold	b	37,999.				
	Net income or (loss) from sales of inventory		-412.	-412.			
Miscellaneous Revenue			Business Code				
11 a	<b>OTHER INCOME</b>	900099	115,723.	115,723.			
b							
c							
d	All other revenue						
e	<b>Total.</b> Add lines 11a-11d		115,723.				
12	<b>Total revenue.</b> See instructions.		3,157,482.	712,875.	0.	72,531.	

**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).

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	270,193.	270,193.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	203,504.	203,504.		
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	10,957.	10,957.		
5 Compensation of current officers, directors, trustees, and key employees	413,328.	272,565.	75,576.	65,187.
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	180,747.	114,133.	36,573.	30,041.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	15,810.	8,854.	4,901.	2,055.
10 Payroll taxes	56,993.	38,549.	11,099.	7,345.
11 Fees for services (non-employees):				
a Management				
b Legal	4,153.	2,541.	1,008.	604.
c Accounting	15,589.	10,522.	2,930.	2,137.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	31,140.	22,889.	8,251.	
12 Advertising and promotion	129,216.	76,713.	23,754.	28,749.
13 Office expenses	96,969.	61,334.	16,933.	18,702.
14 Information technology				
15 Royalties				
16 Occupancy	127,025.	80,860.	24,141.	22,024.
17 Travel	29,232.	20,587.	4,102.	4,543.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	122,777.	81,760.	17,603.	23,414.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,390.	846.	277.	267.
23 Insurance	82,576.	50,356.	14,535.	17,685.
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>	1,075,655.	1,075,655.		
b <b>EQUIPMENT MAINTENANCE</b>	59,520.	38,783.	12,137.	8,600.
c <b>PRINTING &amp; PUBLICATIONS</b>	55,387.	35,586.	9,041.	10,760.
d <b>TELEPHONE</b>	47,015.	30,485.	8,320.	8,210.
e All other expenses	124,576.	85,582.	17,450.	21,544.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	3,153,752.	2,593,254.	288,631.	271,867.
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  if following SOP 98-2 (ASC 958-720)



**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	240,214.	<b>1</b>	551,166.	
	<b>2</b> Savings and temporary cash investments .....	3,579,559.	<b>2</b>	2,778,909.	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>		
	<b>4</b> Accounts receivable, net .....	187,162.	<b>4</b>	19,846.	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>		
	<b>6</b> Loans and other 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 instr). Complete Part II of Sch L .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>		
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 37,338.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,621.	17,083.	<b>10c</b>	34,717.
	<b>11</b> Investments - publicly traded securities .....	120,374.	<b>11</b>	115,076.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	40,333.	<b>15</b>	68,951.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	4,184,725.	<b>16</b>	3,568,665.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	27,354.	<b>17</b>	70,548.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	42,070.	<b>25</b>	7,931.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	69,424.	<b>26</b>	78,479.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....		<b>27</b>		
	<b>28</b> Temporarily restricted net assets .....		<b>28</b>		
	<b>29</b> Permanently restricted net assets .....		<b>29</b>		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....	4,115,301.	<b>30</b>	3,490,186.	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....	0.	<b>31</b>	0.	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....	0.	<b>32</b>	0.	
<b>33</b> Total net assets or fund balances .....	4,115,301.	<b>33</b>	3,490,186.		
<b>34</b> Total liabilities and net assets/fund balances .....	4,184,725.	<b>34</b>	3,568,665.		

**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	3,157,482.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,153,752.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,730.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,115,301.
5	Net unrealized gains (losses) on investments	5	9,099.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-637,944.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,490,186.

**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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed 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		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited 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		X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
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
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2012)

**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

**2012**

Open to Public Inspection

Name of the organization

**AUTISM SOCIETY OF AMERICA GROUP**

Employer identification number

**58-2248889**

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III - Functionally integrated
  - d  Type III - Non-functionally integrated
- 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? .....		
(ii) A family member of a person described in (i) above? .....		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....		
- 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 monetary 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) 2012

**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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test - 2012.</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 - 2011.</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 - 2012.</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 - 2011.</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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	2,494,975.	2,628,965.	2,835,101.	2,694,120.	2,372,076.	13,025,237.
<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 .....	1,460,742.	1,288,284.	1,298,844.	1,407,830.	800,404.	6,256,104.
<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 .....	3,955,717.	3,917,249.	4,133,945.	4,101,950.	3,172,480.	19,281,341.
<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.)						19,281,341.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6 .....	3,955,717.	3,917,249.	4,133,945.	4,101,950.	3,172,480.	19,281,341.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	36,265.	33,949.	23,840.	20,118.	6,847.	121,019.
<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 .....	36,265.	33,949.	23,840.	20,118.	6,847.	121,019.
<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.) .....	184,488.	17,723.	21,130.	1,105.	115,723.	340,169.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	4,176,470.	3,968,921.	4,178,915.	4,123,173.	3,295,050.	19,742,529.

**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 2012 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	97.66 %
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 .....	<b>16</b>	96.85 %

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

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	.61 %
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17 .....	<b>18</b>	.84 %

**19a 33 1/3% support tests - 2012.** 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 - 2011.** 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

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

NAME OF ORGANIZATION	ORGANIZATION'S ADDRESS	EMPLOYER ID
AUTISM SOCIETY BUTLER COUNTY CHAPTER	PO BOX 275, 202 E. MAIN ST - EVANS CITY, PA 16033-0275	04-3682447
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	30 DENVER RD - KINGSTON, NY 12401	14-1786557
AUTISM SOCIETY WESTERN NEW YORK CHAPTER	19 LIMESTONE DR STE 1 - WILLIAMSVILLE, NY 14221-7091	16-1486535
AUTISM SOCIETY CENTRAL NEW YORK CHAPTER	4465 E. GENESEE ST., PMB 252 - DEWITT, NY 13214	16-1508687
AUTISM SOCIETY WEST SHORE CHAPTER	PO BOX 39 - SPRING LAKE, MI 49464	20-0845561
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 SOUTHWEST NEW JERSEY CHAPTER	10 SHADOW OAK CT - MOUNT LAUREL, NJ 08054-2113	22-3401874
AUTISM SOCIETY LEHIGH VALLEY CHAPTER	PO BOX 267 - COOPERSBURG, PA 18036	23-2578768
AUTISM SOCIETY BERKS COUNTY CHAPTER	PO BOX 6683 - WYOMISSING, PA 19610-0683	23-3070067
AUTISM SOCIETY SOUTHWEST LOUISIANA CHAPTER	PO BOX 1805 - LAKE CHARLES, LA 70602	23-7350638
AUTISM SOCIETY GREATER LONG BEACH/SAN GABRIEL VALLEY CHAPTER	8637 GREENLEAF AVE - WHITTIER, CA 90602	23-7350639
AUTISM SOCIETY GOLDEN HEART CHAPTER	607 OLD STEESE, SUITE B #285 - FAIRBANKS, AK 99701	26-3028036
AUTISM SOCIETY GREATER CINCINNATI CHAPTER	PO BOX 58385 - CINCINNATI, OH 45258	31-1424116

AUTISM SOCIETY INLAND EMPIRE CHAPTER	2284 GRIFFIN WAY STE 102-194 - CORONA, CA 92879-8081	33-0597359
AUTISM SOCIETY COACHELLA VALLEY CHAPTER	PO BOX 11052 - PALM DESERT, CA 92255-1052	33-0823647
AUTISM SOCIETY OHIO CHAPTER	470 GLENMONT AVE - COLUMBUS, OH 43214	34-1694514
AUTISM SOCIETY GREATER BATON ROUGE CHAPTER, INC.	P.O. BOX 14587 - BATON ROUGE, LA 70898	35-2424387
AUTISM SOCIETY SOUTHEASTERN OHIO CHAPTER	C/O HAVAR, INC., PO BOX 460 - ATHENS, OH 45701-3337	36-4620137
AUTISM SOCIETY KALAMAZOO BATTLE CREEK CHAPTER	814 S WESTNEDGE STE 1 - KALAMAZOO, MI 49008	38-2591563
AUTISM SOCIETY MACOMB/SAINT CLAIR CHAPTER	PO BOX 182186 - SHELBY TOWNSHIP, MI 48318-2186	38-2991240
AUTISM SOCIETY OF CHIPPEWA VALLEY	711 BRIAR LANE - ALTOONA, WI 54720	39-1804061
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 NORTHWESTERN PENNSYLVANIA CHAPTER	PO BOX 3923 - ERIE, PA 16508-0923	46-1124803
AUTISM SOCIETY GREATER TUCSON CHAPTER	P.O. BOX 44156 - TUCSON, AZ 85733-4156	51-0249523
AUTISM SOCIETY VENTURA COUNTY CHAPTER	P.O. BOX 1558 - CAMARILLO, CA 93011	52-1020149
AUTISM SOCIETY MONTGOMERY COUNTY	PO BOX 1437 - OLNEY, MD 20830	52-1864360
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	3650 RANGE ROAD - RAPID CITY, SD 57702	52-2190755
AUTISM SOCIETY NORTHERN VIRGINIA CHAPTER	98 N. WASHINGTON ST. - FALLS CHURCH, VA 22046-4514	54-1698694
AUTISM SOCIETY CENTRAL VIRGINIA	PO BOX 2964 - RICHOND, VA 23242	54-1701693
AUTISM SOCIETY OF WEST VIRGINIA	PO BOX 7 - HUNTINGTON, WV 25706	55-0735004
AUTISM SOCIETY RIVER CITIES CHAPTER	PO BOX 1296 - HUNTINGTON, WV 25714-1296	55-0742739
AS. WV NORTHERN AUTISM COMMUNITY CHAPTER (AS-HANCOCK COUNTY-WV)	277 BENNETT DR - WEIRTON, WV 26062	55-0765843
AUTISM SOCIETY FLORIDA CHAPTER	PO BOX 677055 - ORLANDO, FL 32867	59-2910367
AUTISM SOCIETY OF KENTUCKIANA CHAPTER	PO BOX 21895 - LOUISVILLE, KY 40221	61-0951851
AUTISM SOCIETY BLUEGRASS CHAPTER	P.O. BOX 24212 - LEXINGTON, KY 40524	61-1284444
AUTISM SOCIETY EAST TENNESSEE CHAPTER	10613 FARRAGUT HILLS BLVD - KNOXVILLE, TN 37934	62-1518649
AUTISM SOCIETY BROWARD COUNTY CHAPTER	PO BOX 450476 - SUNRISE, FL 33345-0476	65-0499566
AUTISM SOCIETY SANTA BARBARA CHAPTER	PO BOX 30364 - SANTA BARBARA, CA 93130-0364	65-1223569
NINOS Y ADULTOS CON AUTISMO, INC.	CALLE 15 H-14 JARDINES DE CAPARRA, BAYAMON, PUERTO RICO 959	66-0740904
AUTISM SOCIETY GREATER NEW ORLEANS CHAPTER	PO BOX 26057 - NEW ORLEANS, LA 70186-6057	72-0942376
AUTISM SOCIETY LOUISIANA STATE CHAPTER	P.O. BOX 80162 - BATON ROUGE, LA 70808-0162	72-1041979
AUTISM SOCIETY ACADIANA CHAPTER	3108 WEST PINHOOK ROAD, SUITE 101 - LAFAYETTE, LA 70508	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 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 BAYOU LOUISIANA CHAPTER	P.O. BOX 551 - AMELIA, LA 70340	90-0345077
AUTISM SOCIETY GREATER PHILADELPHIA CHAPTER	662 PERIMETER DRIVE - DOWNINGTOWN, PA 19335	93-1223121

**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

**2012**

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 XIII, 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 XIII, 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 XIII.

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 XIII 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 XIII. Check here if the explanation has been provided in Part XIII

**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 

	Yes	No
<b>3a(i)</b>		
- (ii) related organizations 

	Yes	No
<b>3a(ii)</b>		

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

	Yes	No
<b>3b</b>		

4 Describe in Part XIII 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		26,120.		26,120.
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		11,218.	2,621.	8,597.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				<b>34,717.</b>

**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>7,931.</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>7,931.</b>

2. FIN 48 (ASC 740) Footnote. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII

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

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

**Part XIII 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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

## Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

# 2012

**Open To Public  
Inspection**

Name of the organization

AUTISM SOCIETY OF AMERICA GROUP

Employer identification number

58-2248889

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
  - a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			

**Total** ..... ▶

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

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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		NONE	
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts .....	165,253.			165,253.
	<b>2</b> Less: Contributions .....				
	<b>3</b> Gross income (line 1 minus line 2) .....	165,253.			165,253.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	99,569.			99,569.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				( 99,569 )
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 .....				65,684.

**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	<b>1</b> Gross revenue .....				
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				( )
	<b>8</b> Net gaming income summary. Combine line 1, column d, and line 7 .....				

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

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

- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity operated in:
 

<b>13a</b>		%
<b>13b</b>		%

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

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

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

\_\_\_\_\_

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

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**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

**2012**

**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. 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
CARPI DIEM ACADEMY 15924 S.W. 92 AVENUE MIAMI, FL 33157	27-4843571	170C1	5,000.	0.			TO PROMOTE EDUCATION & PUBLIC AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH
CENTER FOR DISABILITY SERVICES 314 S. 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	10,831.	0.			TO PROMOTE EDUCATION & PUBLIC AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH
MIAMI CHILDREN'S HOSPITAL FOUNDATION - 3100 S.W. 62ND AVENUE - MIAMI, FL 33155	59-1720704	501C3	5,000.	0.			TO PROMOTE EDUCATION & PUBLIC AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH
BEYOND EXPECTATIONS ACADEMY 13262 S.W. 119 TERRACE MIAMI, FL 33186	26-2937832	170C1	5,000.	0.			TO PROMOTE EDUCATION & PUBLIC AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH
EASTER SEALS OF MIAMI 1475 N.W. 14 AVENUE MIAMI, FL 33125	59-0722783	501C3	5,000.	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 **▶** \_\_\_\_\_
- 3** Enter total number of other organizations listed in the line 1 table **▶** \_\_\_\_\_

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2012)

**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
AUTISM SERVICES OF SWLA 3006 COMMON STREET LAKE CHARLES, LA 70601	35-2204004	501C3	7,335.	0.			TO PROMOTE EDUCATION & PUBLIC AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH
ST. NICHOLAS CENTER 314 BROAD STREET LAKE CHARLES, LA 70601	26-0566851	501C3	5,835.	0.			TO PROMOTE EDUCATION & PUBLIC AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH
MAGGIE'S LIGHT FOUNDATION 3 DOE COURT PHOENIX, MD 21131	87-0747100	501C3	15,000.	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	5,975.	0.			TO PROMOTE EDUCATION & PUBLIC AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH
MOKA CORPORATION 3391 MERRIAM STREET, SUITE 201 MUSKEGON, MI 49444	38-2227805	501C3	6,500.	0.			TO PROMOTE EDUCATION & PUBLIC AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH
BREAKTHROUGH CORPORATION 1805 MARYVILLE PIKE KNOXVILLE, TN 37920	62-1834568	501C3	77,190.	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	8,745.	0.			TO PROMOTE EDUCATION & PUBLIC AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH
CARDINAL HAYES SCHOOL 3374 FRANKLIN AVENUE MILLBROOK, NY 12545	22-2511306	501C3	6,246.	0.			TO PROMOTE EDUCATION & PUBLIC AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH
ABILITIES FIRST 70 OVERROCKER ROAD POUGHKEEPSIE, NY 12603	14-1467427	501C3	6,500.	0.			TO PROMOTE EDUCATION & PUBLIC AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH

Schedule I (Form 990)

**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
KENNEDY KRIEGER INSTITUTE 707 NORTH BROADWAY BALTIMORE, MD 21205	52-1524965	501C3	5,000.	0.			TO PROMOTE EDUCATION & PUBLIC AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH
CHATTANOOGA AUTISM CENTER 3097 BROAD STREET CHATTANOOGA, TN 37408	45-3179418	501C3	5,000.	0.			TO PROMOTE EDUCATION & PUBLIC AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	668	203,504.	0.		

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), 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 668 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: CARPI DIEM ACADEMY

(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: MIAMI CHILDREN'S HOSPITAL 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: BEYOND EXPECTATIONS ACADEMY

(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: EASTER SEALS OF MIAMI

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

AWARENESS ON AUTISM AND DISSEMINATE INFORMATION TO ACCOMPLISH THIS GOAL.

NAME OF ORGANIZATION OR GOVERNMENT: AUTISM SERVICES OF SWLA

(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: ST. NICHOLAS 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: MAGGIE'S LIGHT 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: 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: MOKA 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: 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.

NAME OF ORGANIZATION OR GOVERNMENT: CARDINAL HAYES SCHOOL

(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: ABILITIES FIRST

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

NAME OF ORGANIZATION OR GOVERNMENT: KENNEDY KRIEGER INSTITUTE

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

NAME OF ORGANIZATION OR GOVERNMENT: CHATTANOOGA AUTISM CENTER

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

**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

**2012**

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 \$ 65,868. 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 9, CHANGES IN NET ASSETS:

AMOUNTS RELATED TO THE REPORTING OF FEWER CHAPTERS -637,944.