

# Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

# 2002

Open to Public Inspection

**A** For the 2002 calendar year, or tax year period 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"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	<b>C</b> Name of organization <b>AUTISM SOCIETY OF AMERICA, INC.</b>		<b>D</b> Employer identification number 52-1020149
		Number and street (or P O box if mail is not delivered to street address) <b>7910 WOODMONT AVENUE</b>		Room/suite 300
		City or town, state or country and ZIP + 4 <b>BETHESDA, MD 20814</b>		<b>E</b> Telephone number (301) 657-0881

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates?  Yes  No

H(b) If "Yes," enter number of affiliates

**G** Web site **WWW.AUTISM-SOCIETY.ORG**

**J** Organization type (check only one)  501(c)(3) (insert no)  4947(a)(1) or  527

H(c) Are all affiliates included? N/A  Yes  No (if "No," attach a list)

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return

H(d) Is this a separate return filed by an organization covered by a group ruling?  Yes  No

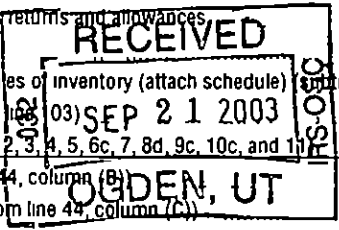
I Enter 4-digit GEN

**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **2,108,711.**

**M** Check  if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received			
	a	Direct public support	1a	1,148,964.	
	b	Indirect public support	1b	268,034.	
	c	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c) (cash \$ 1,416,998. noncash \$ )	1d	1,416,998.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	672,629.	
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4	3,724.	
	5	Dividends and interest from securities	5		
	6a	Gross rents	6a		
	6b	Less rental expenses	6b		
	6c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7	Other investment income (describe )	7			
Revenue	8a	Gross amount from sale of assets other than inventory	(A) Securities	2,972.	8a
	b	Less cost or other basis and sales expenses		3,079.	8b
	c	Gain or (loss) (attach schedule)		-107.	8c
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	STMT 1		8d
Revenue	9	Special events and activities (attach schedule)			
	a	Gross revenue (not including \$ of contributions reported on line 1a)	9a		
	b	Less direct expenses other than fundraising expenses	9b		
9c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
Revenue	10a	Gross sales of inventory, less returns and allowances	10a		
	b	Less cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
Expenses	11	Other revenue (from Part VII, line 103)	11	12,388.	
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	2,105,632.	
	13	Program services (from line 44, column (B))	13	1,219,766.	
	14	Management and general (from line 44, column (C))	14	154,402.	
	15	Fundraising (from line 44, column (D))	15	179,387.	
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses (add lines 16 and 44, column (A))	17	1,553,555.	
	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	552,077.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	503,603.	
	20	Other changes in net assets or fund balances (attach explanation)	20	-14,771.	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	1,040,909.	



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**Part II Statement of Functional Expenses** All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others Page 2

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
	cash \$ _____ noncash \$ _____				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	179,189.	132,157.	25,084.	21,948.
26	Other salaries and wages	320,180.	236,142.	44,820.	39,218.
27	Pension plan contributions	14,300.	10,548.	2,001.	1,751.
28	Other employee benefits	8,988.	6,628.	1,259.	1,101.
29	Payroll taxes	33,699.	24,854.	4,717.	4,128.
30	Professional fundraising fees	44,287.			44,287.
31	Accounting fees				
32	Legal fees				
33	Supplies				
34	Telephone	13,594.	9,516.	2,175.	1,903.
35	Postage and shipping	21,247.	14,873.	3,399.	2,975.
36	Occupancy	67,297.	47,108.	10,767.	9,422.
37	Equipment rental and maintenance	12,029.	8,420.	1,925.	1,684.
38	Printing and publications	376.	263.	60.	53.
39	Travel	33,116.	23,181.	5,299.	4,636.
40	Conferences, conventions, and meetings	284,840.	284,840.		
41	Interest				
42	Depreciation depletion, etc (attach schedule)	41,249.	28,874.	6,600.	5,775.
43	Other expenses not covered above (itemize)				
a	_____				
b	_____				
c	_____				
d	_____				
e	SEE STATEMENT 3	479,164.	392,362.	46,296.	40,506.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15	1,553,555.	1,219,766.	154,402.	179,387.

Joint Costs Check  if you are following SOP 98-2  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? <b>SEE STATEMENT 4</b>		Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts, but optional for others)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)		
a	<b>DISSEMINATION OF INFORMATION AND EDUCATING THE PUBLIC ABOUT AUTISM. SEE ATTACHED STATEMENT FOR FURTHER DESCRIPTION.</b>	
	(Grants and allocations \$ _____)	883,573.
b	<b>ADVOCACY TO SUPPORT THE ASSOCIATION'S EXEMPT PURPOSE. SEE ATTACHED STATEMENT FOR FURTHER DESCRIPTION.</b>	
	(Grants and allocations \$ _____)	224,129.
c	<b>EFFORTS TO RAISE PUBLIC AWARENESS OF ISSUES RELATED TO AUTISM. SEE ATTACHED STATEMENT FOR FURTHER DESCRIPTION.</b>	
	(Grants and allocations \$ _____)	112,064.
d	_____	
	(Grants and allocations \$ _____)	
e	Other program services (attach schedule)	(Grants and allocations \$ _____)
f	<b>Total of Program Service Expenses (should equal line 44, column (B), Program services)</b>	<b>1,219,766.</b>

**Part IV Balance Sheets**

Note		(A)		(B)		
Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		Beginning of year		End of year		
Assets	45	Cash - non-interest-bearing	252,577.	45	654,663.	
	46	Savings and temporary cash investments	50,000.	46	50,000.	
	47 a	Accounts receivable	47a 238,611.			
	b	Less allowance for doubtful accounts	47b	122,931.	47c 238,611.	
	48 a	Pledges receivable	48a			
	b	Less allowance for doubtful accounts	48b		48c	
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and key employees			50	
	51 a	Other notes and loans receivable	51a			
	b	Less allowance for doubtful accounts	51b		51c	
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges	47,816.	53	96,305.	
	54	Investments - securities STMT 5 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	63,381.	54	49,314.	
	55 a	Investments - land, buildings, and equipment basis	55a			
	b	Less accumulated depreciation	55b		55c	
56	Investments - other			56		
57 a	Land, buildings, and equipment basis	57a 260,781.				
b	Less accumulated depreciation STMT 6	57b 186,202.	115,827.	57c 74,579.		
58	Other assets (describe <input type="checkbox"/> DEPOSITS )		3,939.	58 3,939.		
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)		656,471.	59	1,167,411.	
Liabilities	60	Accounts payable and accrued expenses	132,120.	60	111,858.	
	61	Grants payable		61		
	62	Deferred revenue		62		
	63	Loans from officers, directors, trustees, and key employees		63		
	64 a	Tax-exempt bond liabilities		64a		
	b	Mortgages and other notes payable		64b		
	65	Other liabilities (describe <input type="checkbox"/> UNEARNED RENT CREDIT )		20,748.	65 14,644.	
66	<b>Total liabilities</b> (add lines 60 through 65)		152,868.	66	126,502.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted	442,895.	67	938,085.	
	68	Temporarily restricted	10,708.	68	52,824.	
	69	Permanently restricted	50,000.	69	50,000.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
	70	Capital stock, trust principal, or current funds		70		
	71	Paid-in or capital surplus, or land, building, and equipment fund		71		
	72	Retained earnings, endowment accumulated income, or other funds		72		
	73	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		503,603.	73	1,040,909.
	74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)		656,471.	74	1,167,411.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

Table with 5 rows (a-e) and 2 columns. Row a: Total revenue, gains, and other support per audited financial statements \$2,090,861. Row b: Amounts included on line a but not on line 12 Form 990. Row c: Line a minus line b \$2,105,632. Row d: Amounts included on line 12 Form 990 but not on line a. Row e: Total revenue per line 12, Form 990 (line c plus line d) \$2,105,632.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

Table with 5 rows (a-e) and 2 columns. Row a: Total expenses and losses per audited financial statements \$1,568,326. Row b: Amounts included on line a but not on line 17, Form 990. Row c: Line a minus line b \$1,553,555. Row d: Amounts included on line 17, Form 990 but not on line a. Row e: Total expenses per line 17, Form 990 (line c plus line d) \$1,553,555.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated)

Table with 5 columns: (A) Name and address, (B) Title and average hours per week devoted to position, (C) Compensation (If not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation, (E) Expense account and other allowances. Row 1: SEE STATEMENT 8, 179,189, 5,798, 0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule. Yes No [X] Form 990 (2002)

Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	X	
b	If "Yes," enter the name of the organization SEE STATEMENT 9 and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures See line 81 instructions 81a 0.		
b	Did the organization file Form 1120-POL for this year?		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) 82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? N/A		
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c	Dues, assessments, and similar amounts from members 85c N/A		
d	Section 162(e) lobbying and political expenditures 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A		
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87	501(c)(12) organizations Enter a Gross income from members or shareholders 87a N/A		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 0., section 4912 0., section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization 0.		
90 a	List the states with which a copy of this return is filed NONE		
b	Number of employees employed in the pay period that includes March 12, 2002 90b 9		
91	The books are in care of AUTISM SOCIETY OF AMERICA, INC. Telephone no 301-657-0881		
	Located at 7910 WOODMONT AVE, SUITE #300, BETHESDA, MD ZIP + 4 20814		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A		

**Part VII Analysis of Income-Producing Activities** (See page 31 of the instructions )

	Unrelated business income		Excluded by section 512, 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
<b>Note</b> Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a ANNUAL CONFERENCE					441,179.
b ADMIN REIMBURSEMENT					164,366.
c MERCHANDISE SALES					67,084.
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	3,724.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-107.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a OTHER			01	12,388.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		16,005.	672,629.
105 Total (add line 104, columns (B), (D), and (E))					688,634.

**Note** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 32 of the instructions )

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	SEE STATEMENT 10

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 32 of the instructions )

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums, directly or indirectly, on a policy of life insurance?

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a policy of life insurance?

**Note** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign Here	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, its contents are true and correct. Declaration of preparer (other than officer) is based on all information furnished to him.
	Signature of officer: <i>[Signature]</i> Date: <i>9/10</i>
Paid Preparer's Use Only	Preparer's signature: <i>[Signature]</i>
	Firm's name (or yours if self-employed), address, and ZIP + 4: RSM MCGLADREY, INC. 6701 DEMOCRACY BLVD, SUITE 208 BETHESDA, MD 20817

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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(a), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information-(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2002**

Name of the organization

**AUTISM SOCIETY OF AMERICA, INC.**

Employer identification number

**52 1020149**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	0			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
AUTOMATED GRAPHICS SYSTEMS BETHESDA, MD	PRINTING HOUSE	92,470.
FRANK & CO MCLEAN, VA	GENERAL ACCOUNTING SERVIC	112,845.
INTERNATIONAL MEETINGS INC. BETHESDA, MD	CONFERENCE PLANNING	85,919.
INDIANAPOLIS MARRIOTT INDIANAPOLIS, IN	NATIONAL CONFERENCE HOTELI	94,442.
SAGAMORE ASSOCIATES WASHINGTON, DC	ADVOCACY CONTRACTOR	84,791.
Total number of others receiving over \$50,000 for professional services	2	

**Part III Statements About Activities** (See page 2 of the instructions )

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities <b>\$ 92,881.</b> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B ) <b>VI-A, LINE 38B</b>	X	
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year has the organization, either directly or indirectly engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1 000)? <b>SEE PART V, FORM 990</b>	X	
e	Transfer of any part of its income or assets?		X
3	Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below )		X
4	Do you have a section 403(b) annuity plan for your employees?	X	
<b>Note</b> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments			

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 5 of the instructions )

The organization is not a private foundation because it is (Please check only **ONE** applicable box )

- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6  A school Section 170(b)(1)(A)(ii) (Also complete Part V )
- 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state **▶** \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A )
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
- 11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
- 12  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 charitable, etc , 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) (Also complete the **Support Schedule** in Part IV-A )
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3) )

Provide the following information about the supported organizations (See page 5 of the instructions )

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions )



**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting**  
 Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	712,028.	721,744.	692,904.	668,651.	2,795,327.
16 Membership fees received	400,406.	427,778.	452,897.		1,281,081.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	395,858.	412,377.	499,454.	380,579.	1,688,268.
18 Gross income from interest, dividends amounts received from payments on securities loans (section 512(a)(5)), rents, royalties and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	7,989.	15,391.	19,637.	19,028.	62,045.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	27,772.	8,346.	23,009.	57,960.	117,087.
23 Total of lines 15 through 22	1,544,053.	1,585,636.	1,687,901.	1,126,218.	5,943,808.
24 Line 23 minus line 17	1,148,195.	1,173,259.	1,188,447.	745,639.	4,255,540.
25 Enter 1% of line 23	15,441.	15,856.	16,879.	11,262.	

26 Organizations described on lines 10 or 11 a Enter 2% of amount in column (e), line 24	26a	N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a Do not file this list with your return Enter the sum of all these excess amounts	26b	N/A
c Total support for section 509(a)(1) test Enter line 24, column (e)	26c	N/A
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____	26d	N/A
e Public support (line 26c minus line 26d total)	26e	N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	N/A %

27 Organizations described on line 12 a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return Enter the sum of such amounts for each year	(2001)	0.	(2000)	0.	(1999)	0.	(1998)	0.
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) Do not file this list with your return After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year	(2001)	0.	(2000)	0.	(1999)	0.	(1998)	0.
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	27c	5,764,676.						
d Add Line 27a total _____ and line 27b total _____	27d	0.						
e Public support (line 27c total minus line 27d total)	27e	5,764,676.						
f Total support for section 509(a)(2) test Enter amount on line 23, column (e)	27f	5,943,808.						
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	96.9862%						
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	1.0439%						

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return Do not include these grants in line 15

NONE

**Part V Private School Questionnaire** (See page 7 of the instructions )

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )		
<hr/> <hr/> <hr/>			
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )	32d	
<hr/> <hr/> <hr/>			
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above please explain (If you need more space, attach a separate statement )	33h	
<hr/> <hr/> <hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions)

(To be completed ONLY by an eligible organization that filed Form 5768)

Check  a  if the organization belongs to an affiliated group Check  b  if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	0.
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	92,881.
38	Total lobbying expenditures (add lines 36 and 37)	38	92,881.
39	Other exempt purpose expenditures	39	1,460,674.
40	Total exempt purpose expenditures (add lines 38 and 39)	40	1,553,555.
41	Lobbying nontaxable amount. Enter the amount from the following table -		
If the amount on line 40 is -		The lobbying nontaxable amount is -	
Not over \$500,000		20% of the amount on line 40	
Over \$500,000 but not over \$1,000,000		\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000		\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000		\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000		\$1,000,000	
41		41	227,678.
42	Grassroots nontaxable amount (enter 25% of line 41)	42	56,920.
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0.
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0.

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period					
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total	
45	Lobbying nontaxable amount	227,678.	216,253.	240,495.	207,284.	891,710.
46	Lobbying ceiling amount (150% of line 45(e))					1,337,565.
47	Total lobbying expenditures	92,881.	32,753.	63,820.	58,818.	248,272.
48	Grassroots nontaxable amount	56,920.	54,063.	60,124.	51,821.	222,928.
49	Grassroots ceiling amount (150% of line 48(e))					334,392.
50	Grassroots lobbying expenditures					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 12 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

- a Transfers from the reporting organization to a noncharitable exempt organization of
  - (i) Cash
  - (ii) Other assets
- b Other transactions
  - (i) Sales or exchanges of assets with a noncharitable exempt organization
  - (ii) Purchases of assets from a noncharitable exempt organization
  - (iii) Rental of facilities, equipment, or other assets
  - (iv) Reimbursement arrangements
  - (v) Loans or loan guarantees
  - (vi) Performance of services or membership or fundraising solicitations
- c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement show in column (d) the value of the goods, other assets, or services received

N/A

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  Yes  No

b If "Yes," complete the following schedule N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Asset Number	Description of property						Basis reduction	Accumulated depreciation/amortization	Current year deduction
	Date placed in service	Method/ IRC sec	Life or rate	Line No	Cost or other basis				
1	<b>PROPERTY AND EQUIPMENT</b>								
	VARIES	200DB	5.00	17	45,788.		30,882.	9,155.	
2	<b>COMPUTER EQUIPMENT AND SOFTWARE</b>								
	VARIES	200DB	5.00	17	214,993.		114,071.	32,094.	
	<b>* TOTAL 990 PAGE 2 DEPR</b>								
					260,781.	0.	144,953.	41,249.	

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SALE OF INVESTMENTS	2,972.	3,079.	0.	-107.
TO FORM 990, PART I, LINE 8	2,972.	3,079.	0.	-107.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 2

DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS	-14,771.
TOTAL TO FORM 990, PART I, LINE 20	-14,771.

FORM 990 OTHER EXPENSES STATEMENT 3

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
INSURANCE	33,714.	23,600.	5,394.	4,720.
PROFESSIONAL FEES	115,952.	81,167.	18,552.	16,233.
OFFICE EXPENSES	71,070.	49,749.	11,371.	9,950.
STATE REGISTRATIONS	11,690.	8,183.	1,870.	1,637.
ANNUAL ELECTION	49,949.	34,964.	7,992.	6,993.
PUBLIC RELATIONS AND AWARENESS	67,426.	67,426.		
CONSULTANTS	29,524.	29,524.		
OTHER	1,591.	1,111.	258.	222.
COMMITTEES	4,337.	3,036.	694.	607.
LOBBYING	92,881.	92,881.		
PROFESSIONAL DUES	1,030.	721.	165.	144.
TOTAL TO FM 990, LN 43	479,164.	392,362.	46,296.	40,506.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 4  
PART III

EXPLANATION

PROMOTE GENERAL WELFARE, EDUCATION AND TRAINING OF INDIVIDUALS WITH AUTISM; TO FURTHER THE ADVANCEMENT OF ALL STUDY, RESEARCH, THERAPY, CARE AND CURE OF CHILDREN AND ADULTS WITH AUTISM; AND TO SERVE AS A CLEARING HOUSE FOR GATHERING AND DISSEMINATING INFORMATION ON A NATIONAL BASIS.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 5

SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
MUTUAL FUNDS IN EQUITIES		49,314.			49,314.
TO 990, LN 54 COL B		49,314.			49,314.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 6

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
PROPERTY AND EQUIPMENT	45,788.	40,037.	5,751.
COMPUTER EQUIPMENT AND SOFTWARE	214,993.	146,165.	68,828.
TOTAL TO FORM 990, PART IV, LN 57	260,781.	186,202.	74,579.

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 7

DESCRIPTION	AMOUNT
UNREALIZED LOSSES ON INVESTMENTS	-14,771.
TOTAL TO FORM 990, PART IV-A	-14,771.

FORM 990 PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 8

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
LEE GROSSMAN HONOLULU, HI	PRESIDENT 2 HRS	0.	0.	0.
AUDREY HORNE ST. GEORGE, SC	IMMEDIATE PAST PRESIDENT 2 HRS	0.	0.	0.
JEFFREY SELL SPRING, TX	1ST VICE PRESIDENT 2 HRS	0.	0.	0.
CATHY PRATT BLOOMINGTON, IN	2ND VICE PRESIDENT 2 HRS	0.	0.	0.
ARTIE KEMPNER WILMINGTON, DE	3RD VICE PRESIDENT 2 HRS	0.	0.	0.
RICK ROLLENS GRANITE BAY, CA	SECRETARY 2 HRS	0.	0.	0.
JOEL H SMITH WELLESLEY HILLS, MA	TREASURER 2 HRS	0.	0.	0.
ELIZABETH ROTH OLNEY, MD	BOARD MEMBER 2 HRS	0.	0.	0.
CANTOR GAIL KARP DAVENPORT, IA	BOARD MEMBER 2 HRS	0.	0.	0.
JANE TAYLOR MCDONNELL NORTHFIELD, MN	BOARD MEMBER 2 HRS	0.	0.	0.
ELAINE HARVEY HUNTINGTON, WV	BOARD MEMBER 2 HRS	0.	0.	0.



BEN DORMAN COLUMBIA, MD	BOARD MEMBER 2 HRS	0.	0.	0.
STEPHEN SHORE BROOKLINE, MA	BOARD MEMBER 2 HRS	0.	0.	0.
LISA VINCK GREENSBURG, PA	BOARD MEMBER 2 HRS	0.	0.	0.
DAVID HOLMES PRINCETON, NJ	PANEL OF PROFESSIONAL 2 HRS	0.	0.	0.
BERNARD RIMLAND HUNTINGTON, WV	HONORARY BOARD MEMBERS 2 HRS	0.	0.	0.
RUTH CHRIST SULLIVAN BETHESDA, MD	HONORARY BOARD MEMBERS 2 HRS	0.	0.	0.
ERIC SCHOPLER CHAPEL HILL, NC	HONORARY BOARD MEMBERS 2 HRS	0.	0.	0.
ROBERT BECK MCLEAN, VA	EXECUTIVE DIRECTOR 40 HRS	179,189.	5,798.	0.
TOTALS INCLUDED ON FORM 990, PART V		<u>179,189.</u>	<u>5,798.</u>	<u>0.</u>

FORM 990	IDENTIFICATION OF RELATED ORGANIZATIONS PART VI, LINE 80B	STATEMENT	9
NAME OF ORGANIZATION		EXEMPT	NONEXEMPT
AUTISM SOCIETY OF AMERICA FOUNDATION, INC.		X	

FORM 990                      PART VIII - RELATIONSHIP OF ACTIVITIES TO                      STATEMENT 10  
 ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	INCOME GENERATED BY THE ANNUAL CONFERENCE AT WHICH THE SOCIETY DISSEMINATES INFORMATION ABOUT AUTISM.
93B	INCOME GENERATED BY MERCHANDISE SOLD TO DISSEMINATE INFORMATION, EDUCATE THE PUBLIC, AND RAISE PUBLIC AWARENESS OF ISSUES RELATED TO AUTISM.
93C	AMOUNTS REIMBURSED BY THE AUTISM SOCIETY OF AMERICA FOUNDATION RELATED TO EXPENSES INCURRED ON THEIR BEHALF REGARDING THE PROMOTION OF GENERAL WELFARE, EDUCATION AND TRAINING OF INDIVIDUALS WITH AUTISM; TO FURTHER THE ADVANCEMENT OF ALL STUDY, RESEARCH, THERAPY, CARE AND CURE OF CHILDREN AND ADULTS WITH AUTISM; AND TO SERVE AS A CLEARING HOUSE FOR GATHERING AND DISSEMINATING INFORMATION ON A NATIONAL BASIS.

SCHEDULE A    OTHER INCOME    STATEMENT 11

DESCRIPTION	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT
OTHER	27,772.	8,346.	23,009.	57,960.
TOTAL TO SCHEDULE A, LINE 22	27,772.	8,346.	23,009.	57,960.

## Addendum to ASA's Form 990 for the Year 2002

### a) Dissemination of Information and Educating the Public About Autism

#### **The ASA Web site**

The ASA launched a new, interactive version of its Web site. The technological change allowed for a user-friendlier format, extended autism content and offered interactive capabilities. Web visitors were now able to receive timely communications from the ASA such as action alert updates, news and event information.

#### **ASA Chapter Network**

A nationwide chapter interactive, electronic network maintained a connection among ASA's 200 chapters, offering people-to-people support, education, and increased public awareness and advocacy throughout 2002.

#### ***ASA-Net***

Responding to the need for more fast-breaking news, ASA expanded its twice-monthly newsletter, *ASA-Net*, resulting in a growth in subscribers of close to 20,000 individuals by year-end.

#### **The Advocate**

The ASA's quarterly publication, the *Advocate*, continued to be the most comprehensive and diverse periodical available to the autism community. In addition to featuring sport celebrity running back for the New York Giants, Ron Dayne, and NASCAR driver Hermie Sadler on its cover, the *Advocate*, always approached difficult issues facing families with children on the spectrum such as raising teenagers with autism.

#### **Toll-Free Number**

ASA continued to provide its toll-free number (1-800-3AUTISM) to ensure access for all members of the public to information about ASA's programs.

#### **ASA Conference**

In Indianapolis, a record-breaking 1,500 individuals gathered to hear more than 120 experts speak at the ASA "Champions and Challenges" conference. Attendees included Claude Allen, Deputy Secretary of Health and Human Services, Jose Cordero, M.D., M.P.H., U.S. Assistant Surgeon General and Director of the CDC's National Center on Birth Defects and Developmental Disabilities, Stephen Foote, Director of the Division of Neuroscience and Basic Behavioral Science at the National Institute of Mental Health (NIMH), Anthony Attwood, Ph.D., Andrew Wakefield, M.D., to name a few. Each year, the conference attracts the best autism experts, researchers, and high-level officials from across the federal government to its annual event. In addition, the Autism Society of America (ASA), hosted its 1st Annual "Evening of Champions" Gala. The event was established as a forum for the ASA to celebrate and honor leaders in the autism community. Honored for his leadership role in the U.S. Congress and for bringing autism

to the front of the minds of federal legislators was Congressman Dan Burton (R-IN) Congressman Burton, whose grandson has autism, was the first honoree to receive the ASA Champion Award Several major sponsors, including the National Ethnic Coalition of Organizations Foundation and NJK Holding Corporation, helped raise more than \$26,000 for ASA programs

### **Speakers Bureau**

ASA leaders continued to be a

### **b) Advocacy to Support the Association's Exempt Purpose**

For more than 30 years, the ASA has worked on behalf of the entire autistic spectrum disorder (ASD) community through its Government Relations Committee, Board of Directors, staff and consultants Collectively, each engages in briefings with members of Congress, their staff, and government agencies to present the positions of ASA and to create or revise legislation that affects our community

#### **2002 Goals included:**

##### ***Education for Children with Autism.***

One of the most important pieces of legislation is under siege in Congress – IDEA (Individuals with Disabilities Education Act) ASA's past efforts helped create IDEA and, today, that landmark legislation is aimed at providing a free and appropriate education in the least restrictive environment for all children with an ASD Without IDEA, nationwide educational supports for children with an ASD would be nonexistent The legislative process is a multi-year effort that started this year in the House of Representative with H R Bill 1350 This Bill contained provisions that ASA supports, however, there are several sections to which we voiced strong objections (1) One provision may allow the exclusion of children with an ASD from the educational system if their behavior is seen as truant However, we believe that if the behavior is a manifestation of the ASD, it should not be construed as truant behavior, and (2) We oppose the optional 3-year IEPs (Individual Education Programs) This is akin to asking a two-year-old child to wear the same pair of shoes for three years The dynamic growth of a child demands continuous changes in all aspects of his or her life, especially so for children with an ASD The next step for IDEA was in the Senate culminating with S 1248 This bill was an improvement over the House version, although far from perfect Senators Gregg and Kennedy worked very hard to come to agreement on a bipartisan plan

##### ***Funding for Autism Research.***

The Federal government estimates that it spends \$50 to \$70 million annually on basic and applied autism research However, because the current cost of autism to our economy is more than \$90 billion, the autism community is being shortchanged The ASA continued to seek increases in autism research funding In this tough economy with major budget cuts, maintaining funding is a challenge, increasing it is extraordinary We are pleased to advise that NIH (National Institutes of Health) will spend some \$81 million in fiscal year

2003 on autism specific research (\$11 million increase) including the funding of six new STAART Centers (Studies To Advance Autism Research and Treatment) program This program, which is strongly supported by ASA, was conceived as centers for excellence in the '90s, authorized by law in 2000, and launched by NIH in 2001 The six new centers are a considerable expansion of the initial two centers In addition, Congress added \$2 million to the CDC (Centers for Disease Control) for its autism program for a total of \$13 million

#### ***Adult Services and Care.***

Once a person with an ASD moves beyond school age, he or she is almost abandoned by national and local health care systems Those responsible for government funding of adult care still see autism as a rare and insignificant disability ASA has been aggressively trying to change those misconceptions and secure increased levels of services such as residential care, insurance coverage, and job/career training With an estimated 70% of US autism costs stemming from adult care and with the number of adults with autism growing, the time for significant legislation and increased funding is NOW! In 2002, the ASA pressed this message to Congress, and, thanks to support from Congressman Dan Burton, autism was acknowledged for the first time as a National Health Crisis of epidemic proportions ASA will continue to press for more adult services and funding

#### **ASA's Autism Advocates**

In 2002, the ASA launched its "Autism Advocates" program through the ASA Web site This unique program allows ASA members, as well as non-members, to learn about the latest legislative topics and allows subscribers to send letters to Federal legislators expressing their own personal views

### **c) Efforts to Raise Public Awareness of Issues Related to Autism**

#### **National Autism Awareness Month (NAAM)**

April 2002 marked 31 years of National Autism Awareness Month (NAAM), the awareness campaign launched by the ASA in 1972 Local ASA chapters got involved in a puzzle mobile campaign and hung mobiles in local communities businesses, displaying names of ASA donors NASCAR Winston Cup Driver Hermie Sadler joined forces with the ASA and Fox Sports and raced his car in the Winston Cup outfitted with an autism awareness ribbon decal and the ASA's toll-free number More than 1,500 television viewers responded and called the ASA to request information packets or make donations

#### **Public Service Announcements**

ASA distributed a new radio public service announcement to radio stations across the country with the help of ASA's chapter network Olympic gold medalist and gymnast Dominique Dawes provided the voiceover for the PSA

#### **Media Coverage**

ASA responded to and sought out awareness about autism in the mass and local media. In 2002, ASA continued to be the most trusted and reputable source to local, national and international media outlets such as *AP*, *CBS*, *ABC*, *FOX*, *CNN*, *BBC*, the *New York Times*, *Washington Post* and *People* magazine, among many others.

**Autism News**

ASA provided up-to-the-minute autism news to the general public through the news feature of our new, high-tech Web site.

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

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

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

<b>Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.</b>		
Type or print	Name of Exempt Organization <b>AUTISM SOCIETY OF AMERICA, INC.</b>	Employer identification number <b>52-1020149</b>
File by the extended due date for filing the return See instructions	Number, street, and room or suite no. If a P O box, see instructions <b>7910 WOODMONT AVENUE, NO. 300</b>	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>BETHESDA, MD 20814</b>	

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

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

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

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

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

4 I request an additional 3-month extension of time until NOVEMBER 17, 2003

5 For calendar year 2002, or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_

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

7 State in detail why you need the extension  
AN EXTENSION OF TIME TO FILE IS REQUIRED TO GATHER ALL OF THE NECESSARY INFORMATION NEEDED TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990 BL, 990 PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ \_\_\_\_\_

b If this application is for Form 990 PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_

c **Balance Due** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ N/A

**Signature and Verification**

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

Signature W. Waldron Title CPA Date 8/4/03

**Notice to Applicant - To Be Completed by the IRS**

- We have approved this application Please attach this form to the organization's return
- We have not approved this application However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return Please attach this form to the organization's return
- We have not approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting the 10-day grace period
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested
- Other \_\_\_\_\_

By \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address** - Enter the address if you want the copy of this application for an additional 3 month extension returned to an address different than the one entered above

Type or print	Name <b>WILMA WALDRON</b>
	Number and street (include suite, room, or apt no ) Or a P O box number <b>6701 DEMOCRACY BOULEVARD, SUITE 600</b>
	City or town, province or state, and country (including postal or ZIP code) <b>BETHESDA, MD 20817</b>

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

OMB No 1545-1709

▶ File a separate application for each return

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
  - If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)
- Note Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

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

Note Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization <b>AUTISM SOCIETY OF AMERICA, INC.</b>	Employer identification number <b>52-1020149</b>
File by the due date for filing your return See instructions	Number, street, and room or suite no If a P O box, see instructions <b>7910 WOODMONT AVENUE, NO. 300</b>	
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>BETHESDA, MD 20814</b>	

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

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

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3 month (6-month, for 990-T corporation) extension of time until AUGUST 15, 2003 to file the exempt organization return for the organization named above The extension is for the organization's return for  calendar year 2002 or  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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

3a If this application is for Form 990-BL, 990-PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF or 990 T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

c Balance Due Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ N/A

### Signature and Verification

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

Signature ▶ Robert A Lyons Title ▶ CPA Date ▶ 5/2/03

LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)