

**Return of Organization Exempt From Income Tax**

**2007**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

**A For the 2007 calendar year, or tax year beginning and ending**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Termination  
 Amended return  
 Application pending

Please use IRS label or print or type. See Specific Instructions.

**C Name of organization**  
**AUTISM SOCIETY OF AMERICA, INC.**  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**7910 WOODMONT AVENUE 300**  
 City or town, state or country, and ZIP + 4  
**BETHESDA, MD 20814**

**D Employer identification number**  
**52-1020149**

**E Telephone number**  
**(301) 657-0881**

**F Accounting method**  Cash  Accrual  
 Other (specify) \_\_\_\_\_

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 **N/A**

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

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

**I Group Exemption Number** **N/A**

**G Website:** WWW.AUTISM-SOCIETY.ORG

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

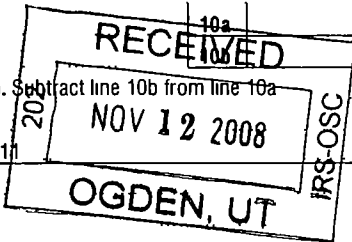
**K Check here**  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Gross receipts:** Add lines 6b, 8b, 9b, and 10b to line 12 **3,381,601.**

**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**

Net Assets	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Contributions to donor advised funds	1a			
	<b>b</b> Direct public support (not included on line 1a)	1b	1,985,048.		
	<b>c</b> Indirect public support (not included on line 1a)	1c	308,466.		
	<b>d</b> Government contributions (grants) (not included on line 1a)	1d			
	<b>e Total</b> (add lines 1a through 1d) (cash \$ <b>2,293,514.</b> noncash \$ _____)	1e			2,293,514.
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	2			910,260.
	<b>3</b> Membership dues and assessments	3			
	<b>4</b> Interest on savings and temporary cash investments	4			
	<b>5</b> Dividends and interest from securities	5			91,165.
	<b>6 a</b> Gross rents	6a			
	<b>b</b> Less: rental expenses	6b			
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a	6c				
<b>7</b> Other investment income (describe _____)	7				
<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities	8a		(B) Other	
	86,662.	8a			
	<b>b</b> Less: cost or other basis and sales expenses	8b	81,480.		
	<b>c</b> Gain or (loss) (attach schedule)	8c	5,182.		
<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)	8d		STMT 1	5,182.	
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a			
	<b>b</b> Less: direct expenses other than fundraising expenses	9b			
	<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a	9c			
<b>10 a</b> Gross sales of inventory, less returns and allowances	10a				
	<b>b</b> Less: cost of goods sold				
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
<b>11</b> Other revenue (from Part VII, line 103)	11				
<b>12 Total revenue</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			3,300,121.	
<b>Expenses</b>	<b>13</b> Program services (from line 44, column (B))	13			2,474,682.
	<b>14</b> Management and general (from line 44, column (C))	14			276,692.
	<b>15</b> Fundraising (from line 44, column (D))	15			471,942.
	<b>16</b> Payments to affiliates (attach schedule)	16			
	<b>17 Total expenses.</b> Add lines 16 and 44, column (A)	17			3,223,316.
<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12	18			76,805.	
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	19			1,841,948.	
<b>20</b> Other changes in net assets or fund balances (attach explanation)	20		SEE STATEMENT 2	-14,408.	
<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21			1,904,345.	



**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.

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
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>5,436</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>5,436.</b>	<b>5,436.</b>	<b>STATEMENT 4</b>	
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A	<b>202,657.</b>	<b>141,860.</b>	<b>32,425.</b>	<b>28,372.</b>
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	<b>0.</b>	<b>0.</b>	<b>0.</b>	<b>0.</b>
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	<b>718,631.</b>	<b>503,041.</b>	<b>114,981.</b>	<b>100,609.</b>
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	<b>26,400.</b>	<b>18,480.</b>	<b>4,224.</b>	<b>3,696.</b>
<b>28</b> Employee benefits not included on lines 25a - 27	<b>62,149.</b>	<b>43,504.</b>	<b>9,944.</b>	<b>8,701.</b>
<b>29</b> Payroll taxes	<b>64,131.</b>	<b>44,892.</b>	<b>10,261.</b>	<b>8,978.</b>
<b>30</b> Professional fundraising fees				
<b>31</b> Accounting fees	<b>56,026.</b>	<b>39,219.</b>	<b>8,963.</b>	<b>7,844.</b>
<b>32</b> Legal fees				
<b>33</b> Supplies	<b>195,124.</b>	<b>136,587.</b>	<b>31,220.</b>	<b>27,317.</b>
<b>34</b> Telephone	<b>43,328.</b>	<b>30,330.</b>	<b>6,932.</b>	<b>6,066.</b>
<b>35</b> Postage and shipping	<b>71,784.</b>	<b>50,249.</b>	<b>11,485.</b>	<b>10,050.</b>
<b>36</b> Occupancy	<b>94,341.</b>	<b>66,039.</b>	<b>15,094.</b>	<b>13,208.</b>
<b>37</b> Equipment rental and maintenance				
<b>38</b> Printing and publications	<b>20,957.</b>	<b>14,670.</b>	<b>3,353.</b>	<b>2,934.</b>
<b>39</b> Travel	<b>71,532.</b>	<b>50,072.</b>	<b>11,446.</b>	<b>10,014.</b>
<b>40</b> Conferences, conventions, and meetings	<b>511,124.</b>	<b>511,124.</b>		
<b>41</b> Interest	<b>10.</b>		<b>10.</b>	
<b>42</b> Depreciation, depletion, etc (attach schedule)	<b>7,620.</b>	<b>5,334.</b>	<b>1,219.</b>	<b>1,067.</b>
<b>43</b> Other expenses not covered above (itemize):				
a _____				
b _____				
c _____				
d _____				
e _____				
f _____				
<b>g</b> <b>SEE STATEMENT 3</b>	<b>1,072,066.</b>	<b>813,845.</b>	<b>15,135.</b>	<b>243,086.</b>
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>3,223,316.</b>	<b>2,474,682.</b>	<b>276,692.</b>	<b>471,942.</b>

**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 \$ N/A; (ii) the amount allocated to Program services \$ N/A; (iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

**Part III Statement of Program Service Accomplishments** *(See the instructions)*

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.

What is the organization's primary exempt purpose? ► <u>SEE STATEMENT 5</u>	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
<p>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.)</p> <p><b>a DISSEMINATION OF INFORMATION AND EDUCATING THE PUBLIC ABOUT AUTISM.</b></p> <p>(Grants and allocations \$ <u>3,805.</u> ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	<b>1,778,247.</b>
<p><b>b ADVOCACY TO SUPPORT THE ASSOCIATION'S EXEMPT PURPOSE.</b></p> <p>(Grants and allocations \$ <u>1,087.</u> ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	<b>464,291.</b>
<p><b>c EFFORTS TO RAISE PUBLIC AWARENESS OF ISSUES RELATED TO AUTISM.</b></p> <p>(Grants and allocations \$ <u>996.</u> ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	<b>232,144.</b>
<p><b>d</b></p> <p>(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p><b>e Other program services (attach schedule)</b></p> <p>(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p><b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ►</p>	<b>2,474,682.</b>

**Part IV Balance Sheets** (See the instructions)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing	185,193.	200.
	46 Savings and temporary cash investments	16,591.	263,780.
	47 a Accounts receivable	232,287.	
	b Less. allowance for doubtful accounts		232,287.
	48 a Pledges receivable	24,508.	
	b Less allowance for doubtful accounts		24,508.
	49 Grants receivable		
	50 a Receivables from current and former officers, directors, trustees, and key employees		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		
	51 a Other notes and loans receivable		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use	66,848.	62,347.
	53 Prepaid expenses and deferred charges	91,362.	49,363.
	54 a Investments - publicly-traded securities <b>STMT 8</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,540,319.	1,614,044.
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		
55 a Investments - land, buildings, and equipment: basis			
b Less: accumulated depreciation			
56 Investments - other			
57 a Land, buildings, and equipment: basis	71,330.		
b Less accumulated depreciation <b>STMT 6</b>	55,044.	16,286.	
58 Other assets, including program-related investments (describe <b>▶ DEPOSITS</b> )	11,239.	11,239.	
59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58	2,048,064.	2,274,054.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	140,212.	261,354.
	61 Grants payable		
	62 Deferred revenue	54,100.	100,475.
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable		
	65 Other liabilities (describe <b>▶ SEE STATEMENT 7</b> )	11,804.	7,880.
66 <b>Total liabilities.</b> Add lines 60 through 65	206,116.	369,709.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/></b> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	1,635,339.	1,750,525.
	68 Temporarily restricted	156,609.	103,820.
	69 Permanently restricted	50,000.	50,000.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/></b> and complete lines 70 through 74		
	70 Capital stock, trust principal, or current funds		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
	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 and column (B) must equal line 21)	1,841,948.	1,904,345.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	2,048,064.	2,274,054.

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions)

Table with 5 main rows (a-e) and sub-rows for adjustments. Total revenue is 3,300,121.

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

Table with 5 main rows (a-e) and sub-rows for adjustments. Total expenses are 3,223,316.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions.)

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 plans, (E) Expense account and other allowances. One row is filled with 'SEE STATEMENT 9'.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Table with 4 columns: Question (75a-d), Yes, No. 75a: 15 meetings. 75b: X. 75c: X. 75d: X.

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans, (E) Expense account and other allowances. All entries are NONE.

Part VI Other Information (See the instructions)

Table with 4 columns: Question (76-81b), Yes, No. 76: X. 77: X. 78a: X. 78b: X. 79: X. 80a: X. 81a: 0. 81b: X.

<b>Part VI Other Information</b> (continued)		Yes	No
<b>82 a</b> 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?	<b>82a</b>		<b>X</b>
<b>b</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)	<b>82b</b>		<b>N/A</b>
<b>83 a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>83a</b>	<b>X</b>	
<b>b</b> Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	<b>83b</b>	<b>X</b>	
<b>84 a</b> Did the organization solicit any contributions or gifts that were not tax deductible?	<b>84a</b>		<b>N/A</b>
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>84b</b>		<b>N/A</b>
<b>85 a</b> 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	<b>85a</b>		<b>N/A</b>
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.	<b>85b</b>		<b>N/A</b>
<b>c</b> Dues, assessments, and similar amounts from members	<b>85c</b>		<b>N/A</b>
<b>d</b> Section 162(e) lobbying and political expenditures	<b>85d</b>		<b>N/A</b>
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85e</b>		<b>N/A</b>
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85f</b>		<b>N/A</b>
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>85g</b>		<b>N/A</b>
<b>h</b> 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?	<b>85h</b>		<b>N/A</b>
<b>86</b> 501(c)(7) organizations Enter <b>a</b> Initiation fees and capital contributions included on line 12	<b>86a</b>		<b>N/A</b>
<b>b</b> Gross receipts, included on line 12, for public use of club facilities	<b>86b</b>		<b>N/A</b>
<b>87</b> 501(c)(12) organizations. Enter <b>a</b> Gross income from members or shareholders	<b>87a</b>		<b>N/A</b>
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>87b</b>		<b>N/A</b>
<b>88 a</b> 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	<b>88a</b>		<b>X</b>
<b>b</b> At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	<b>88b</b>		<b>X</b>
<b>89 a</b> 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>			
<b>b</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	<b>89b</b>		<b>X</b>
<b>c</b> Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>			
<b>d</b> Enter Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>			
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	<b>89e</b>		<b>X</b>
<b>f</b> All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	<b>89f</b>		<b>X</b>
<b>g</b> For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>89g</b>		<b>X</b>
<b>90 a</b> List the states with which a copy of this return is filed <u>SEE STATEMENT 11</u>			
<b>b</b> Number of employees employed in the pay period that includes March 12, 2007	<b>90b</b>		<b>15</b>
<b>91 a</b> The books are in care of <u>AUTISM SOCIETY OF AMERICA, INC.</u> Telephone no. <u>(301) 657-0881</u> Located at <u>7910 WOODMONT AVENUE, BETHESDA, MD</u> ZIP + 4 <u>20814</u>			
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	<b>91b</b>		<b>X</b>

**Part VI Other Information** (continued) **Yes** **No**

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c  **Yes**  **No**  
 If "Yes," enter the name of the foreign country ▶ N/A

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 the instructions)

**Note:** Enter gross amounts unless otherwise indicated.

	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	
93 Program service revenue					
a <b>ANNUAL CONFERENCE</b>	541800	3,900.	07	120,362.	458,766.
b <b>ADMIN REIMBURSEMENT</b>					125,000.
c <b>MERCHANDISE SALES</b>			15	36,621.	165,611.
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					
96 Dividends and interest from securities			14	91,165.	
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	5,182.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		3,900.		253,330.	749,377.
105 <b>Total</b> (add line 104, columns (B), (D), and (E))					<b>1,006,607.</b>

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

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See 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).
▼	<b>SEE STATEMENT 12</b>

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See 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
<b>N/A</b>	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  **Yes**  **No**

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  **Yes**  **No**

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



**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

<b>Yes</b>	<b>No</b>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
<b>Totals</b>				

**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

<b>Yes</b>	<b>No</b>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

<b>Yes</b>	<b>No</b>

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.

Please Sign Here  
 Signature of officer: *Lee Grossman* Date: 11-5-08  
 Type or print name and title: Lee Grossman President

Paid Preparer's Use Only  
 Preparer's signature: *[Signature]* Date: \_\_\_\_\_ Check if  Preparer's SSN or PTIN (See Gen. Inst. X)  
 Firm's name (or yours if self-employed), address, and ZIP + 4: RSM MCGLADREY, INC.  
9737 WASHINGTONIAN BLVD.  
GAITHERSBURG, MD 20878-7

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

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

OMB No 1545-0047

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

**2007**

Department of the Treasury  
Internal Revenue Service

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

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

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
<u>MARGUERITE COLSON</u> 7910 WOODMONT AVE, BETHESDA, MD 20814	DIRECTOR OF COMM. 40.00	96,742.	6,784.	1,140.
<u>JEFF SELL</u> 7910 WOODMONT AVE, BETHESDA, MD 20814	DIRECTOR OF CHAPTERS 40.00	78,650.	6,593.	0.
<u>ANN PULLEY</u> 7910 WOODMONT AVE, BETHESDA, MD 20814	CONTROLLER 40.00	72,844.	11,315.	1,140.
<u>WALTER WINFIELD</u> 7910 WOODMONT AVE, BETHESDA, MD 20814	DIRECTOR OF IT 40.00	60,577.	5,645.	1,140.
<u>JENNIFER REPELLA</u> 7910 WOODMONT AVE, BETHESDA, MD 20814	DIRECTOR OF INFO. 40.00	66,687.	6,533.	1,140.
Total number of other employees paid over \$50,000 ▶	0			

**Part II-A 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
<u>SONNENSCHAIN</u> 1301 K STREET, N.W., WASHINGTON, DC 20005	GOVERNMENT RELATIONS CONSULT	105,209.
-----		
-----		
-----		
-----		
Total number of others receiving over \$50,000 for professional services ▶	0	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>PROGRESS PRINTING</u> 2677 WATERLICK ROAD, LYNCHBURG, VA 24502	PRINTING AND DESIGN	254,972.
<u>CONVIO</u> 11400 BURNET RD, AUSTIN, TX 78758	IT CONSULTING	127,944.
<u>WESTIN KIERLAND</u> 6902 EAST GREENWAY PARKWAY, SCOTTSDALE, AZ 85254	NATIONAL CONFERENCE	117,880.
<u>CARE FIRST</u> 10455 MILL RUN CIRCLE, OWINGS MILLS, MD 21117	INSURANCE	89,495.
<u>N2 DESIGN</u> 403 MAIN ST., PORT WASHINGTON, NY 11050	DESIGN CONSULTANT	88,276.
Total number of other contractors receiving over \$50,000 for other services ▶	3	

**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 ► \$ _____ \$ <u>107,028.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) <b>VI-A, LINE 38B</b> 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.	<b>X</b>	
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?		<b>X</b>
b	Lending of money or other extension of credit?		<b>X</b>
c	Furnishing of goods, services, or facilities?		<b>X</b>
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE PART V-A, FORM 990</b>	<b>X</b>	
e	Transfer of any part of its income or assets?		<b>X</b>
3	a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) <b>SEE STATEMENT 13</b>	<b>X</b>	
b	Did the organization have a section 403(b) annuity plan for its employees?	<b>X</b>	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		<b>X</b>
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		<b>X</b>
4	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		<b>X</b>
b	Did the organization make any taxable distributions under section 4966? <b>N/A</b>		
c	Did the organization make a distribution to a donor, donor advisor, or related person? <b>N/A</b>		
d	Enter the total number of donor advised funds owned at the end of the tax year		<b>N/A</b>
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		<b>N/A</b>
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		<b>0.</b>
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year		<b>0.</b>

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I       Type II       Type III-Functionally Integrated       Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b>					▶

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,037,464.	2,328,773.	1,542,995.	1,408,432.	7,317,664.
16 Membership fees received					
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	664,995.	868,654.	810,180.	700,423.	3,044,252.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	93,487.	39,054.	33,092.	15,364.	180,997.
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	1,085.		SEE STATEMENT 14 70.	25,186.	26,341.
23 Total of lines 15 through 22	2,797,031.	3,236,481.	2,386,337.	2,149,405.	10,569,254.
24 Line 23 minus line 17	2,132,036.	2,367,827.	1,576,157.	1,448,982.	7,525,002.
25 Enter 1% of line 23	27,970.	32,365.	23,863.	21,494.	

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 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total 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: (2006) 0. (2005) 0. (2004) 0. (2003) 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 11b, 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: (2006) 0. (2005) 0. (2004) 0. (2003) 0.		
c Add: Amounts from column (e) for lines: 15 7,317,664. 16 _____ 17 3,044,252. 20 _____ 21 _____	27c	10,361,916.
d Add: Line 27a total 0. and line 27b total 0.	27d	0.
e Public support (line 27c total minus line 27d total)	27e	10,361,916.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)	27f	10,569,254.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	98.0383%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	1.7125%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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 9 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 11 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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>		0.
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>		107,028.
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>		107,028.
<b>39</b> Other exempt purpose expenditures	<b>39</b>		3,116,288.
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>		3,223,316.
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table -			
<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>		
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		
<b>41</b>			311,166.
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>		77,792.
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	<b>43</b>		0.
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	<b>44</b>		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 13 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
<b>45</b> Lobbying nontaxable amount	311,166.	300,858.	292,408.	264,045.	1,168,477.
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					1,752,716.
<b>47</b> Total lobbying expenditures	107,028.	66,924.	112,487.	120,859.	407,298.
<b>48</b> Grassroots nontaxable amount	77,792.	75,215.	73,102.	66,011.	292,120.
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					438,180.
<b>50</b> 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 14 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
	<b>a</b> Volunteers		
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h )			
<b>c</b> Media advertisements			
<b>d</b> Mailings to members, legislators, or the public			
<b>e</b> Publications, or published or broadcast statements			
<b>f</b> Grants to other organizations for lobbying purposes			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
<b>i</b> 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.







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 SECURITIES	86,662.	81,480.	0.	5,182.	
TO FORM 990, PART I, LINE 8	86,662.	81,480.	0.	5,182.	

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES		STATEMENT	2
DESCRIPTION				AMOUNT
UNREALIZED LOSS ON INVESTMENTS				-14,408.
TOTAL TO FORM 990, PART I, LINE 20				-14,408.

FORM 990	OTHER EXPENSES				STATEMENT	3
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING		
ANNUAL ELECTION	24,737.	17,316.	3,958.	3,463.		
COMMITTEE EXPENSES	21,603.	15,121.	3,458.	3,024.		
INSURANCE	9,515.	6,661.	1,522.	1,332.		
LOBBYING	107,028.	107,028.				
OTHER	11,905.	8,334.	1,904.	1,667.		
PUBLIC RELATIONS AND AWARENESS	487,383.	487,383.				
STATE REGISTRATIONS	8,988.	6,291.	1,439.	1,258.		
REPAIR AND MAINTENANCE	17,831.	12,481.	2,854.	2,496.		
FUNDRAISING PROGRAMS	383,076.	153,230.		229,846.		
TOTAL TO FM 990, LN 43	1,072,066.	813,845.	15,135.	243,086.		

FORM 990 CASH GRANTS AND ALLOCATIONS TO OTHERS STATEMENT 4

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
AWARDS AND SCHOLARSHIPS VARIOUS INDIVIDUALS	5,436.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22B 5,436.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III STATEMENT 5

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 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 6

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
PROPERTY AND EQUIPMENT	25,592.	19,228.	6,364.
COMPUTER EQUIPMENT AND SOFTWARE	45,738.	35,816.	9,922.
TOTAL TO FORM 990, PART IV, LN 57	71,330.	55,044.	16,286.

FORM 990	OTHER LIABILITIES	STATEMENT	7
DESCRIPTION		BEGINNING OF YEAR	END OF YEAR
UNEARNED RENT CREDIT		11,205.	7,880.
CAPITAL LEASE OBLIGATION		599.	
TOTAL TO FORM 990, PART IV, LINE 65		11,804.	7,880.

FORM 990	NON-GOVERNMENT SECURITIES			STATEMENT	8
SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
MUTUAL FUNDS - EQUITIES	FMV		1,196,627.		1,196,627.
MUTUAL FUNDS - FIXED INCOME SECURITIES	FMV			417,417.	417,417.
TO FORM 990, LINE 54A, COL B			1,196,627.	417,417.	1,614,044.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 9  
TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
CATHY PRATT, PH.D. 7910 WOODMONT AVE, STE 300 BETHESDA, MD 20814	CHAIRMAN OF THE BOARD 2.00	0.	0.	0.
RUTH ELAINE HANE 7910 WOODMONT AVE, STE 300 BETHESDA, MD 20814	1ST VICE CHAIR 2.00	0.	0.	0.
JOHN SHOUSE 7910 WOODMONT AVE, STE 300 BETHESDA, MD 20814	2ND VICE CHAIR 2.00	0.	0.	0.
JOHN S. REEDY 7910 WOODMONT AVE, STE 300 BETHESDA, MD 20814	TREASURER 2.00	0.	0.	0.
ELIZABETH ROTH 7910 WOODMONT AVE, STE 300 BETHESDA, MD 20814	SECRETARY 2.00	0.	0.	0.
ANDRES FILIPPI 7910 WOODMONT AVE, STE 300 BETHESDA, MD 20814	BOARD MEMBER 2.00	0.	0.	0.
DAVID HUMPHREY 7910 WOODMONT AVE, STE 300 BETHESDA, MD 20814	BOARD MEMBER 2.00	0.	0.	0.
EVELYN MILORIN 7910 WOODMONT AVE, STE 300 BETHESDA, MD 20814	BOARD MEMBER 2.00	0.	0.	0.
STEPHEN SHORE 7910 WOODMONT AVE, STE 300 BETHESDA, MD 20814	BOARD MEMBER 2.00	0.	0.	0.
JAMES BALL, ED.D. 7910 WOODMONT AVE, STE 300 BETHESDA, MD 20814	CO-CHAIR/PROF. ADVISOR 2.00	0.	0.	0.
DIANE TWACHTMAN-CULLEN, PH.D. 7910 WOODMONT AVE, STE 300 BETHESDA, MD 20814	CO-CHAIR/PROF. ADVISOR 2.00	0.	0.	0.

RUTH CHRIST SULLIVAN, PH.D. 7910 WOODMONT AVE, STE 300 BETHESDA, MD 20814	HONORARY BOARD MEMBER 2.00	0.	0.	0.
CAROLYN GAMMICCHIA 7910 WOODMONT AVE, STE 300 BETHESDA, MD 20814	BOARD MEMBER 2.00	0.	0.	0.
STEVE EDELSON 7910 WOODMONT AVE, STE 300 BETHESDA, MD 20814	BOARD MEMBER 2.00	0.	0.	0.
DOREEN GRANPEESHESH 7910 WOODMONT AVE, STE 300 BETHESDA, MD 20814	BOARD MEMBER 2.00	0.	0.	0.
JERRY SILBERT 7910 WOODMONT AVE, STE 300 BETHESDA, MD 20814	BOARD MEMBER 2.00	0.	0.	0.
TEMPLE GRANDIN 7910 WOODMONT AVE, STE 300 BETHESDA, MD 20814	HONORARY BOARD MEMBER 2.00	0.	0.	0.
LEE GROSSMAN 7910 WOODMONT AVE, STE 300 BETHESDA, MD 20814	PRESIDENT/CEO 40.00	183,750.	18,907.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		183,750.	18,907.	0.

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 10  
PART VI, LINE 80B

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
AUTISM SOCIETY OF AMERICA FOUNDATION, INC.	X	

FORM 990 LIST OF STATES RECEIVING COPY OF RETURN STATEMENT 11  
PART VI, LINE 90

STATES  
AL, AK, AR, AZ, CA, CO, CT, FL, GA, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC  
ND, OH, OR, OK, PA, RI, SC, TN, UT, VA, WA, WV, WI

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 12  
 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	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.
93C	INCOME GENERATED BY MERCHANDISE SOLD TO DISSEMINATE INFORMATION, EDUCATE THE PUBLIC, AND RAISE PUBLIC AWARENESS OF ISSUES RELATED TO AUTISM.

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 13  
 PART III, LINE 3A

THE SCHOLARSHIP IS AWARDED TO AN INDIVIDUAL WITH AUTISM WHO HAS SUCCESSFULLY MET ALL THE REQUIREMENTS FOR ADMISSION INTO AN ACCREDITED POST-SECONDARY PROGRAM OF STUDY.

SCHEDULE A	OTHER INCOME				STATEMENT 14
DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	
OTHER	1,085.	0.	70.	25,186.	
TOTAL TO SCHEDULE A, LINE 22	1,085.	0.	70.	25,186.	

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box  **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

<b>Part II Additional (Not Automatic) 3-Month Extension of Time.</b> You must file original and one copy.		
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>AUTISM SOCIETY OF AMERICA, INC.</b>	Employer identification number <b>52-1020149</b>
	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):

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

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

- The books are in the care of **AUTISM SOCIETY OF AMERICA, INC.**  
Telephone No **(301) 657-0881** FAX No. \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2008.**
- 5 For calendar year **2007**, 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

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

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c	<b>Balance Due.</b> 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.	8c	\$ <b>N/A</b>

**Signature and Verification**

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

Signature  Title **ACCOUNTANT** Date **8/10/08**



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

▶ File a separate application for each return.

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

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

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

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

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

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

Type or print  File by the due date for filing your return. See instructions	Name of Exempt Organization <b>AUTISM SOCIETY OF AMERICA, INC.</b>	Employer identification number <b>52-1020149</b>
	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 |

- The books are in the care of ▶ **AUTISM SOCIETY OF AMERICA, INC.**  
Telephone No ▶ **(301) 657-0881** FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2008**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year **2007** or  
 ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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

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

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

# E-FILED