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Department of the Treasury Internal Revenue Service

# **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 2008 Open to Public Inspection

	1		, , , , , , , , , , , , , , , , , , , ,		<del></del>		1 INSPECTION
<u>A</u>	For the 2008 ca	alendar y	ear, or tax year beginning , and ending				
В	Check if applicable	Please	C Name of organization		D	Empl	loyer identification number
П	Address change	use IRS	AUTISM DELAWARE				
$\overline{\mathbf{x}}$	ŭ	label or	Doing Business As			20-	-2110190
	Name change	print or type.	Number and street (or P O box if mail is not delivered to street address)	Room/sur	te E		hone number
Ш	Initial return	See	924 OLD HARMONY ROAD	201	"  -	•	2-224-6020
$\Box$	Termination	Specific		1 201			
듄		Instruc-	City or town, state or country, and ZIP + 4		16	Gross rec	peipts 1,454,288
X	Amended return	tions.	NEWARK DE 19713				
$\sqcup$	Application pending		e and address of principal officer		H	(a) Is this	s a group return for
			EDA ELLIS		ا ا	affilia	
		92	4 OLD HARMONY ROAD STE 201		"	( <b>b</b> ) Are a	
		NE	WARK DE 19713			If "No	," attach a list (see instructions)
ı	Tax-exempt state	us X	501(c) ( <b>3</b> ) ♦ (insert no ) 4947(a)(1) or 527				
J	Website: ◆ 1		ELAUTISM.ORG		н	(c) Grou	p exemption number 🔷
	Type of organization			Year of form			M State of legal domicile DE
_		umma		, , , , , , , , , , , , , , , , , , , ,			1 0.0.00
	T		he organization's mission or most significant activities				<del></del>
	, -		TE, ADVOCATE, AND RAISE PUBLIC AWARENESS IN				
8	1						
Governance	1		PROMOTE LIFELONG OPPORTUNITY AND ACCEPTANCE				
Ē			LE WITH AUTISM.				
ģ			If the organization discontinued its operations or disposed of more that	an 25% of r	ts assets		l
8	3 Number	of voting	members of the governing body (Part VI, line 1a)			3	15
θS	4 Number	of indep	endent voting members of the governing body (Part VI, line 1b)			4	15
Activities	5 Total nu	mber of	employees (Part V, line 2a)			5	15
둉			volunteers (estimate if necessary)			6	70
∢			ated business revenue from Part VIII, line 12, column (C)			7a	
			siness taxable income from Form 990-T, line 34			7b	0
<del></del>	D Net ume	siated bu			Prior Year		Current Year
	8 Contribu	itions an	grants (Part VIII, line 1h) revenue (Part VIII, line 2g)		289,	061	438,089
缪	1		revenue (Part VIII, line 2g)			722	201,508
零			ne (Part VIII, column (A), lines 3, 4, and (pp)			043	33,633
ing.					743,		640,589
$\bigcirc$			Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 14e)2009	<del></del>	,095,		
<b>\( \)</b>	12 Total rev	venue—a	add lines 8 through 11 (must equal Part VIII, column (A), line 12 9				
AN	13 Grants a	and simil	ar amounts paid (Part IX, column (A), lines (18) EN, UT	<u> </u>	<u>от,</u>	432	46,130
0	14 Benefits	paid to	or for members (Part IX, column (A), line 4)				101 150
_ <b>@</b>	15 Salaries	, other c	248,	028	431,150		
⊕s2€	16a Professi	ional fund	draising fees (Part IX, column (A), line 11e)				
<u>&amp;</u>	b Total fur	ndraising	expenses (Part IX, column (D), line 25) • 229,286				
X.	17 Other ex	cpenses -	(Part IX, column (A), lines 11a-11d, 11f-24f)		403,	534	_335,584
	18 Total exi	penses .	Add lines 13-17 (must equal Part IX, column (A), line 25)		712,	994	812,864
	1	•	penses Subtract line 18 from line 12		382,	402	500,955
20 80	10 110101111	<u> </u>		Beg	inning of Ye		End of Year
Net Assets or Fund Balances	20 Total as:	sets (Pai	t X, line 16)	1	,266,	468	1,608,129
Ass	21 Total liat	•	art X, line 26)			445	62,977
E S	22 Net asse	•	d balances Subtract line 21 from line 20	1	,235,		1,545,152
			re Block	<del>_</del>	7-007	<u> </u>	
						4- 4	
	Un and	ider penal id belief₃it	ies of perjury, I declare that I have examined this return, including accompanying schedul is true_correct, and complete, Declaration of preparer (other than officer) is based on all i	es and state: nformation o	ments, and f which pret	to the be	est of my knowledge s any knowledge
٠.		1 - 10	1 1 M Q D Di			1	12/a/na
Sig			la m tills			<u></u>	017109
He	re 🖊		re of officer			Date	
		TH	EDA ELLIS EXEC	UTIVE	DIRE	CTOF	<u> </u>
		Type or	print name and title				
	G	eparer's	Date Date	丁	Check if		Preparer's identifying number
Pai	101	eparers inature	11/10/16 11/	17/09	self- employed	<b>▲</b> [	[] (see instructions) P00803585
Pre	eparer's			?.A.	Jinpioyed	<b>▼</b> L	<b>♦</b> 51-0345018
Us	<b>~ ~ ,</b>	m's name	(or yours	.д.		EIN	<b>▲</b> 2T 0242010
	ıf s	elf-employ				Phone	202 724 5000
		dress, and				no 🔷	
May			turn with the preparer shown above? (see instructions)				Yes No
DAA	For Privacy	Act and	Paperwork Reduction Act Notice, see the separate instructions.				Form 990 (2908)

Form 990 (2008) AUTISM DELAWAR	Œ	20-2110190	Page 2
Part III Statement of Program	Service Accomplishments (see ins	tructions)	
The state of the s	AND RAISE PUBLIC AWAR LONG OPPORTUNITY AND A		
2 Did the organization undertake any signif the prior Form 990 or 990-EZ? If "Yes," describe these new services on	ficant program services during the year which	were not listed on	Yes X No
3 Did the organization cease conducting, o services? If "Yes," describe these changes on Sche	r make significant changes in how it conducts edule O	s, any program	Yes X No
Section 501(c)(3) and 501(c)(4) organization	ents for each of the organization's three larges tions and section 4947(a)(1) trusts are require and revenue, if any, for each program service	ed to report the amount of grants and	
· · · · · · · · · · · · · · · · · · ·	198,584 including grants of \$ AND RAISE PUBLIC AWAR: LONG OPPORTUNITY AND A		)
4b (Code ) (Expenses \$ POWR PROGRAM	247,778 including grants of \$	) (Revenue \$	198,083)
4c (Code ) (Expenses \$	including grants of \$	) (Revenue \$	)
4d Other program services (Describe in Sch	edule O )	<del></del>	
(Expenses \$	_including grants of \$	) (Revenue \$	)
4e Total program service expenses ◆ \$		IX, Line 25, column (B))	
			- 000

Part IV	Checklist of	Required	Schedules
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	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	ļ
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	ļ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	١.		<b>.</b>
_	Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	۱.		
•	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to	1		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<b> </b>		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<u> </u>		
•	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
	Parts VI, VIII, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return			
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a		14a		<u> </u>
b				x
15	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		
13	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	"		
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		x
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete			
	Schedule J	23		<u> </u>
24a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions	ا ۱		v
L	24b–24d and complete Schedule K. If "No," go to question 25	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
C	to defease any tax-exempt bonds?	24c	j	
А	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a				
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b				
	person from a prior year? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		<u> </u>

# Part IV Checklist of Required Schedules (continued)

	•	_	Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
	employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			1
	Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b		X
C	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	L
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			1
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			l
	VI	37		X

Form **990** (2008)

Pa	ut V Statements Regarding Other IRS Filings and Tax Compliance				· ·	age .
	,				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1 1				
	U.S. Information Returns. Enter -0- if not applicable	1a				
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portabl	е			
	gaming (gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	15			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see					
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	d by				.,
_	this return?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		ļ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		ty			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin	ianciai				x
<b>L</b>	account)?			4a		^
þ	If "Yes," enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Rank				
	and Financial Accounts	Dalik				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.	ction?		5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity			- 52		
Ū	Regarding Prohibited Tax Shelter Transaction?			5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		X
ь	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more	than				
	\$75?			7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	is		_		37
	required to file Form 8282?	1 1		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p benefit contract?	ersona	ı	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	act2		7 <del>f</del>		X
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		X
g h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0			_ <u>'</u> 9_		
	required?	<i>,</i> 43		7h		x
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec	tion				
-	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a spor					
	organization, have excess business holdings at any time during the year?			8		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		Х
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter	. ,				
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them )	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		L		

Form 990 (2008) AUTISM DELAWARE 20-2110190 Page 6 Governance, Management, and Disclosure (Sections A, B, and C request information about policies not Part VI required by the Internal Revenue Code.) Section A. Governing Body and Management Yes No For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions 15 1a Enter the number of voting members of the governing body 15 **b** Enter the number of voting members that are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors or trustees, or key employees to a management company or other person? 4 X 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? X 5 Did the organization become aware during the year of a material diversion of the organization's assets? 5 a 6 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b b X Does the organization have local chapters, branches, or affiliates? 9a If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 9ь 10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 10 X Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at 11 X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 11 Section B. Policies Yes No 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c X 13 Does the organization have a written whistleblower policy? 13 X Does the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision X The organization's CEO, Executive Director, or top management official? 15a X Other officers or key employees of the organization? 15b Describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed • NONE 17 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) 18 available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 19 policy, and financial statements available to the public

State the name, physical address, and telephone number of the person who possesses the books and records of the

302-224-6020

924 OLD HARMONY ROAD

DE 19713

NEWARK

20

organization • THEDA ELLIS

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

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average		(C) Position (check all that apply)					(D)  Reportable	(E) Reportable	(F) Estimated
Name and True	hours per week	or director		Officer	Key employee	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
ARTIE KEMPNI										
AT-LARGE	2	<u> </u>						0	0	0
MICHAEL GRAC	I control of the cont									
VP	2	X		X				0	0	0
KAREN BASHKO										•
AT-LARGE	2	X						0	0	0
JOHN HUPP										
TREAS	2	X		X				0	0	0
PATRICK MURI	HY									
AT-LARGE	2	X						0	0	0
LISA ALBANY										
AT-LARGE	2	X				$L \perp l$		0	0	0
DEBBIE MARKV	700D									
AT-LARGE	2	X						0	0	0
MARCY KEMPNE	R									
SEC	2	X		X				0	0	0
ROB GILSDORE	1									· · · · · · · · · · · · · · · · · · ·
PRES	2	X		X				0	0	0
BOB DUNLAP										
BOARD APPOIN	2	X						0	o	0
MARK ROSSI	· · · · · · · · · · · · · · · · · · ·									
KENT CTY	2	X						0	0	0
BARRY SIPPLE	;									
SUSSEX CTY	2	X		İ				0	0	0
THANE MARTIN	1									
BOARD APPOIN	2	X						0	0	0
THOMAS FORRE	ST									
BOARD APPOIN	2	x	ľ			ľ		o	o	0
JOHN FISHER	GRAY									
BOARD APPOIN	2	$ \mathbf{x} $						o	o	0
THEDA ELLIS						$\neg$				<del>`</del>
EXEC DIR	40				$\mathbf{x}$		ļ	68,709	o	6,871
		$\top$		$\neg$				•		·

Form	990 (2008) <b>AUT</b>	ISM DELAWARE							20-211	.0190		Page
Pa	rt VII Section	A. Officers, Directors, Tr	ustee	s, K	ey E	mplo	yees	s, ar	d Highest Compensated	Employees (continued)		
	(A) Name and title	(B) Average hours per week	or director		(chec	C) a Key employee	that employee		compensation from the	(E)  Reportable compensation from related organizations	(F) Estima amoun othe compens	ated at of er sation
			L unstee	al trustee		оуее	Highest compensated employee		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from t organiza and rela organiza	ation ated
												· · ·
				_								
			<u> </u>									
1b 2	Total	Inviduals (including those in	12)	who	rece	ived.	more	<b>♦</b>	68,709 an \$100,000 in reportable of	compensation from the		6,871
	organization ◆ 0	inviduals (including those in	ı ıa,	WIIO	1606	1460	111016	5 1116	in \$100,000 in reportable c	compensation from the		
3		n list any <b>former</b> officer, di a? If "Yes," complete Sche							yee, or highest compensat	red	3	Yes No
4	For any individual li	sted on line 1a, is the sum	of re	port	able	com	pens	atıoı	n and other compensation s," complete Schedule J for		4	х
5 		ed on line 1a receive or ac o the organization? If "Yes							y unrelated organization fo such person	r 	5	x
	tion B. Independent Complete this table		ensa	ted ı	nder	end	ent c	ontra	actors that received more t	than \$100,000 of	<del>-</del> ·	
	compensation from									(B) lian of services		(C)
		Name and business address							Descript	ion of services	Con	pensation
_					<del></del> ,							
	Total number of ind compensation from	•	uding	thos	e in	1) w	ho re	eceiv	ved more than \$100,000 in		0	990 (2008

		is Statement of Re	venue		(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections
S S	12	Federated campaigns	1a		-	revenue		512, 513, or 514
Program Service Revenue Contributions, gifts, grants	Ь.	Membership dues	1b					
g,	ء ا	Fundraising events		135,494				
ar a	d	Related organizations	1d					
S,E	e	Government grants (contributions)	1e		-			
tion	f	All other contributions, gifts, grants,						
퍨첉		and similar amounts not included above	1f	302,595				
ğğ	g	Noncash contributions included in lines		135,494				
S g	h	Total. Add lines 1a-1f		•	438,089			
ne				Busn. Code				
ven	2a	POWR GRANT INCOME			198,083	198,083		
8	b	DUES			3,425			3,425
<u>Xi</u>	С							
Ser	d							
am	е							
ogr	f	All other program service rev	venue				_	
<u>-</u>	g	Total. Add lines 2a-2f		•	201,508			
	3	Investment income (including	g dividends, intei	rest, and				
		other similar amounts)		<b>•</b>	30,770			30,770
	4	Income from investment of t	ax-exempt bond	proceeds ◆			<del></del>	·
	5	Royalties	T	•				
		(ı) Real	(11)	Personal				
	6a	Gross Rents						
	b	Less rental exps						
	C	Rental inc or (loss)						
	d 7a	Net rental income or (loss) Gross amount from (V. Securit		•				
		sales of assets (i) Securit	ies (i	ii) Other				
		other than inventory	<u> </u>	2,863				
	b	Less cost or other		1				
		basis & sales exps		0.063				
		Gain or (loss)		2,863	2 263			2 062
		Net gain or (loss)		<b></b>	2,863			2,863
	ва	Gross income from fundraising ev	, <b>494</b>	-				
anne		,	·					
ě		of contributions reported on line 1 See Part IV, line 18	•	779,117				
<u>ا</u> ا		Less direct expenses	a b	140,469				
Other Reven		Net income or (loss) from fur	<u> </u>	140,405	638,648	i		638,648
~		Gross income from gaming activity			000,010			200,010
	Ju	See Part IV, line 19	a					
	h	Less direct expenses	ь		ļ			
		Net income or (loss) from ga		•				
		Gross sales of inventory, les						
		returns and allowances	а					
	b	Less. cost of goods sold	ь					
		Net income or (loss) from sai	les of inventory	•		]		
Ì		Miscellaneous Reveni		Busn. Code				
Ì	11a	MISCELLANEOUS			1,941			1,941
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d		•	1,941			
	12	Total Revenue. Add lines 1h	, 2g, 3, 4, 5, 6d,	7d, 8c,				
		9c, 10c, and 11e		•	1,313,819	198,083	0	677,647

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	, All other organizations must d	complete column (A) but ar			D).
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1				•	
•	organizations in the U.S. See Part IV, line 21	46,130	46,130		
2	Grants and other assistance to individuals in				
_	the U S See Part IV, line 22				
3	Grants and other assistance to governments,				······································
_	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				······································
5	Compensation of current officers, directors,				
	trustees, and key employees	75,580	14,974	45,632	14,974
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			İ	
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	287,556	239,633	8,713	39,210
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	4,507	3,155	676	<u>676</u>
9	Other employee benefits	35,632	24,942	5,345	5,345
10	Payroll taxes	27,875	19,513	4,181	4,181
11	Fees for services (non-employees)				
а	Management				
b	Legal				
C	Accounting	11,632	814	10,818	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	5,143	343	4,800	
12	Advertising and promotion	19,804	11,684		8,120
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	38,444	19,017	7,695	11,732
17	Travel	15,618	15,618		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	14,525	12,433	2,092	
20	Interest				
21	Payments to affiliates	10 611		10 611	
22	Depreciation, depletion, and amortization	12,611		12,611	<del></del>
23	Insurance				
_					
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below )	126 200			136,398
a	FUNDRAISING RELATED COSTS	136,398 27,967	27,534	433	130,390
b	SPECIFIC PROGRAM RELATED	24,027	10,572	4,805	8,650
С.	ADMIN & OFFICE REBRANDING EXPENSES	23,000	10,372	23,000	8,030
d		6,415		6,415	<del></del>
e	INVESTMENT FEES	0,413		0,413	
f 25	All other expenses	812,864	446,362	137,216	229,286
25	Total functional expenses. Add lines 1 through 24f	012,004	330,302	131,210	223,200
26	Joint Costs. Check here   If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation				- 000

	all /	Dalance Sheet						
				(A) Beginning of year		(B End of	-	
	<u>`</u>	Oct		306,670			•	<u> </u>
	1	Cash—non-interest bearing	}-	300,670			<u>48,</u>	
	2	Savings and temporary cash investments	-		2		41,	
	3	Pledges and grants receivable, net	<u> </u>	12,375	3		00,	
	4	Accounts receivable, net		12,313	4	<u> </u>	<u>34,</u>	903
	5	Receivables from current and former officers, directors,	·		_			
	١,	employees, or other related parties Complete Part II of			5			*
	6	Receivables from other disqualified persons (as defined						
		4958(f)(1)) and persons described in section 4958(c)(3)(	B) Complete		ا ا			
	_	Part II of Schedule L	-	<u> </u>	<u>6</u> 7			
ets	7	Notes and loans receivable, net	-	<u>-</u>	8			
Assets	8	Inventories for sale or use	-	5,834	_		3	086
∢	9	Prepaid expenses and deferred charges	10a   87,566	3,634	9		<u> </u>	000
		Land, buildings, and equipment cost basis	10a 87,566					
	"	Less accumulated depreciation Complete	10ы 33,658	39,530	10c		53,	മവമ
	44	Part VI of Schedule D	1001 33,030	39,330	11	·	<del>,</del>	<del>300</del>
	11 12	Investments—publicly traded securities Investments—other securities See Part IV, line 11	F	· · · · · · · · · · · · · · · · · · ·	12			
	13	Investments—program-related. See Part IV, line 11	<u> </u>		13			
	14	Intangible assets	<u> </u>		14			
	15	Other assets See Part IV, line 11	<u> </u>	902,059		9	26,	240
	16	Total assets. Add lines 1 through 15 (must equal line 34	,	1,266,468		1,6		
	17	Accounts payable and accrued expenses		6,866			20,	
	18	Grants payable	-	0,000	18		_ • ,	<del>• • •</del>
	19	Deferred revenue		19				
	20	Tax-exempt bond liabilities		20			-	
S	21	Escrow account liability Complete Part IV of Schedule D	, –		21			
Liabilities	22	Payables to current and former officers, directors, trustee						
lbi		employees, highest compensated employees, and disqu	· •					
Lia		persons Complete Part II of Schedule L		22				
	23	Secured mortgages and notes payable to unrelated third	parties		23			
	24	Unsecured notes and loans payable	·		24			
	25	Other liabilities Complete Part X of Schedule D		24,579	25		42,	304
	26	Total liabilities. Add lines 17 through 25		31,445	26		62,	<del>97</del> 7
ŝ		Organizations that follow SFAS 117, check here ◆ 🔀	and					
nces		complete lines 27 through 29, and lines 33 and 34.						
ıla ı	27	Unrestricted net assets	L	1,235,023	27	1,5	<u>45,:</u>	<u> 152</u>
B	28	Temporarily restricted net assets	<u>[</u>		28			
pu	29	Permanently restricted net assets	L		29			
or Fund Bala		Organizations that do not follow SFAS 117, check her	e ♦ 📗					
5		and complete lines 30 through 34.						
į į	30	Capital stock or trust principal, or current funds	<u> </u>		30			
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment	fund		31			
As	32	Retained earnings, endowment, accumulated income, or	other funds		32			
et	33	Total net assets or fund balances	_	1,235,023	33	1,5		
	34	Total liabilities and net assets/fund balances		1,266,468	34	1,6	08,:	<u>129</u>
P	art X	Financial Statements and Reporting				<del></del>	1	
						f	Yes	No
1		· · ·	ash 🗓 Accrual 🗌 Oth					37
2a		re the organization's financial statements compiled or rev		ant'?		2a	<del></del>	X
b		re the organization's financial statements audited by an in				2b	Х	
С		Yes" to lines 2a or 2b, does the organization have a comm	•	-				v
_		e audit, review, or compilation of its financial statements as				2c		X
3a		a result of a federal award, was the organization required	to undergo an audit or audits as se	et ionn in			ļ	x
		Single Audit Act and OMB Circular A-133?	udito?			3a 3b		
D	_ IT "` <b>`</b>	<u>res," did the organization undergo the required audit or au</u>	เนเเอ ′					

### SCHEDULE A

(Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047

Open to Public Inspection

**Employer identification number** 

20-2110190

Department of the Treasury Internal Revenue Service Name of the organization

AUTISM DELAWARE Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is (Please check only one organization)

A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

3	_	A hospital or	a cooperative hospital serv	rice organization described in se	ction 170	(A)(T)(d)	(III). (Att	ach Sch	eaule H	I)	
4		A medical re	search organization operate	ed in conjunction with a hospital	described	l ın sectio	on 170(b	)(1)(A)(i	ii). Ente	er the h	ospital's name,
	7	city, and stat									
5 [	┙	_	•	of a college or university owned	or operat	led by a g	overnm	ental un	it descr	ibed in	
6	7		(b)(1)(A)(iv). (Complete Par	•	ootion 1	70(h\/4\/					
7	K		<del>-</del>	governmental unit described in s i substantial part of its support fr				from the	nener:	al nublic	^
′ [	-	_	section 170(b)(1)(A)(vi). (C		om a gov	CITITICINA	i dilik Gi	nom the	genera	ai publik	•
8	٦			170(b)(1)(A)(vi). (Complete Part	:11.1						
9	┥	-		(1) more than 33 1/3 % of its sur		contribut	ions m	embersh	un fees	and or	roce
٦ _	_	_	-	mpt functions—subject to certail							
				and unrelated business taxable in							,
			=	30, 1975 See section 509(a)(2)				,	,uo:::100	505	
10	$\neg$		<u>-</u>	exclusively to test for public saf			•	(see in:	structio	ns)	
11	_	_	•	exclusively for the benefit of, to	-			-			
	_	•	•	ted organizations described in s	•				•		n
				the type of supporting organizat							
		a Type		c Type III-Function			d		e III–O	ther	
e [	7	By checking	this box, I certify that the or	ganization is not controlled direc	tly or indi	rectly by	one or m	ore disc	qualified	i	
_		persons othe	r than foundation managers	and other than one or more pul	blicly sup	ported org	ganizatio	ns desc	ribed in	section	n
		509(a)(1) or s	section 509(a)(2)								
f		If the organiz	ation received a written det	emination from the IRS that it is	a Type I	, Type II,	or Type	III supp	orting		
		organization,	check this box								
g		Since Augus	t 17, 2006, has the organiza	ation accepted any gift or contrib	ution fron	n any of t	ne				
		following per	rsons?								<del></del>
		(i) A person	n who directly or indirectly c	ontrols, either alone or together	with pers	ons desci	ibed in (	II)			Yes No
		and (III)	below, the governing body o	of the supported organization?							11g(ı)
		(ii) A family	member of a person descri	bed in (i) above?							11g(ii)
		(iii) A 35% c	ontrolled entity of a person	described in (i) or (ii) above?							11g(iii)
h		Provide the f	following information about	the organizations the organization	on suppor	ts					
(i) Na	me	of supported	(ii) EIN	(iii) Type of organization	(IV) Is the	organization	(v) Did	rou notify		ls the	(vii) Amount of
(	orga	inization		(described on lines 1–9 above or IRC section		sted in your		nization in	organizat	tion in col zed in the	support
				(see instructions))	governing	document?		of your port?		S ?	
					Yes	No	Yes	No	Yes	No	
_											
									1		
					ļ						
					ļ						
						[					
		<u>-</u>			<b>.</b>	ļ			<u> </u>		
					ļ	ļ					
otal				<u> </u>	<u> </u>	İ			L		
				e, see the Instructions for Form 99					CAL		A (Form 990 or 990-EZ) 2008

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) ◆	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")		522,021	653,278	1,038,019	1,418,714	3,632,032
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3		522,021	653,278	1,038,019	1,418,714	3,632,032
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)		,				24,466
6	Public support. Subtract line 5 from line 4						3,607,566
	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) 🔷 👚	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4		522,021	653,278	1,038,019	1,418,714	3,632,032
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		29,064	58,198	21,828	33,633	142,723
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)					1,941	1,941
11	Total support. Add lines 7 through 10		L	I			3,776,696
12	Gross receipts from related activities, etc	·				12	
13	First five years. If the Form 990 is for the	-	t, second, third, fou	rth, or fifth tax year	r as a section 501	(c)(3)	
	organization, check this box and stop her		4				▶
	tion C. Computation of Public Su	• • • • • • • • • • • • • • • • • • • •				<del></del>	
14	Public support percentage for 2008 (line 6	• • •	•	n (f))		14	95.5217 %
15	Public support percentage from 2007 Scho						93.0885 %
16a	33 1/3 % support test—2008. If the organ				3 1/3 % or more, o	check this box	<b>⊾</b> ਓ
	and stop here. The organization qualifies		_				► X
þ	33 1/3 % support test—2007. If the organ			•	5 is 33 1/3 % or m	ore, check this	►□
4	box and stop here. The organization quali	•	• •		401 11	44 4004	▶□
17a		•		•	•		
	more, and if the organization meets the "fa			•	•		<b>,</b> $\Box$
	organization meets the "facts-and-circums		•				▶ ⊔
b	10%-facts-and-circumstances test—200	•		· ·			
	more, and if the organization meets the "fa						, n
	organization meets the "facts-and-circums		=		<del>-</del>		₹ H
18	Private foundation. If the organization did	not check a box o	n line 13, 16a, 16b,	, 17a, or 17b, chec	k this box and see	nstructions	▶ ⊔

Schedule A (Form 990 or 990-EZ) 2008 AUTISM DELAWARE

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you che	ecked the box	on line 9 of Pa	art I.)			
	ction A. Public Support						
Ca	lendar year (or fiscal year beginning in) ◆	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")					i	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1-5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
800	tion B. Total Support		L.,	l			
	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(=) 200C	(4) 2007	(-) 2000	/D T-1-1
9	Amounts from line 6	(a) 2004	(6) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
э 10а	Gross income from interest, dividends,						
IVa	payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						·
	and 12 )						
14	First five years. If the Form 990 is for the organization, check this box and stop here	-	t, second, third, fou	irth, or fifth tax yea	r as a section 501	(c)(3)	►□
Sec	tion C. Computation of Public Su	pport Percent	tage				<del>_</del>
15	Public support percentage for 2008 (line 8,	column (f) divided	d by line 13, colum	n (f))		15	%
16	Public support percentage from 2007 Sche		-	·		16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2008 (lin	ne 10c, column (f)	divided by line 13	column (f))		17	%
8	Investment income percentage from 2007					18	%
l9a	33 1/3 % support tests—2008. If the organ	lization did not ch	eck the box on line	14, and line 15 is	more than 33 1/3	%, and line	
	17 is not more than 33 1/3 %, check this bo						▶ 🗌
b	33 1/3 % support tests—2007. If the organ						_
	line 18 is not more than 33 1/3 %, check th					-	▶Џ
20	Private foundation. If the organization did	not check a box o	n line 14, 19a or 1	9b. check this box	and see instruction	ns	▶ 1 1

Schedule A (Form 990 or 990-EZ) 2008 AUTISM DELAWARE

20-2110190

Page 4

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

PART II, LINE 10 - OTHER INCOME DETAIL

\$

1,941

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

◆ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization

Employer identification number

144111	e of the organization			j	Employe	er identification ni	ımber
Δ	UTISM DELAWARE		20-2	110190			
	art   Organizations Maintaining Donor Advised Fu	ınds d	or Other Simila	r Funds or A			if
	the organization answered "Yes" to Form 990,				.oooum	o. complete	"
		1	(a) Donor advised	f funds	(b)	Funds and other ac	counts
1	Total number at end of year						
2	Aggregate contributions to (during year)						-
3	Aggregate grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in writing the	at the a	ssets held in donor	advised	·		
	funds are the organization's property, subject to the organization's exc					Yes	☐ No
6	Did the organization inform all grantees, donors, and donor advisors in	n writing	that grant funds m	nay be		_	_
	used only for charitable purposes and not for the benefit of the donor	or dono	r advisor or other				
	impermissible private benefit?					Yes	☐ No
Pá	art II Conservation Easements. Complete if the org	aniza	tion answered	"Yes" to Forn	n 990, l	Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization (chec						
	Preservation of land for public use (e.g., recreation or pleasure)		Preservation of a	n historically imp	ortant lar	nd area	
	Protection of natural habitat		Preservation of c	ertified historic s	tructure		
	Preservation of open space						
2	Complete lines 2a-2d if the organization held a qualified conservation	contrib	ution in the form of	a conservation e	easement	:	
	on the last day of the tax year						
						Held at the End	of the Year
а	Total number of conservation easements				2a		<u> </u>
þ	Total acreage restricted by conservation easements				2b		
С	Number of conservation easements on a certified historic structure inc	luded i	n (a)		2c		
d	Number of conservation easements included in (c) acquired after 8/17	/06			2d		
3	Number of conservation easements modified, transferred, released, e.	xtınguıs	hed, or terminated	by the organizati	on during	)	
	the taxable year						
4	Number of states where property subject to conservation easement is	located	· •	<u> </u>			
5	Does the organization have a written policy regarding the periodic mor	nitoring,	inspection, violation	ons, and			
	enforcement of the conservation easements it holds?					Yes	∐ No
6	Staff or volunteer hours devoted to monitoring, inspecting, and enforci	ng ease	ements during the y	/ear ◆			
7	Amount of expenses incurred in monitoring, inspecting, and enforcing	easem	ents during the yea	r◆ \$			
8	Does each conservation easement reported on line 2(d) above satisfy	the req	uirements of section	ก			
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?					∐ Yes	∐ No
9	In Part XIV, describe how the organization reports conservation easen			•	-		
	balance sheet, and include, if applicable, the text of the footnote to the	organi	zation's financial st	atements that de	escribes		
Da	the organization's accounting for conservation easements art III Organizations Maintaining Collections of Art,	Hicto	rical Transura	s or Other S	imilar	Accete	
Fa	Complete if the organization answered "Yes" to				ommai A	ASSEIS.	
		3 1 311	., 000, 1 0, 11, 17,				
10	If the organization elected, as permitted under SFAS 116, not to report	t in ite r	evenue statement :	and balance she	at worke	nf.	
ıa	art, historical treasures, or other similar assets held for public exhibition						
	provide, in Part XIV, the text of the footnote to its financial statements				public sci	· • • • • • • • • • • • • • • • • • • •	
	provide, in a contract the restricted to the initialistic statements	mat ao.	John Job Williams				
ь	If the organization elected, as permitted under SFAS 116, to report in i	ts revei	nue statement and	balance sheet w	orks of ar	<b>t</b> .	
-	historical treasures, or other similar assets held for public exhibition, er						
	provide the following amounts relating to these items		.,			•	
	(i) Revenues included in Form 990, Part VIII, line 1				•	\$_ <u>_</u>	
	(ii) Assets included in Form 990, Part X				•	š — — —	
2	If the organization received or held works of art, historical treasures, or	other	similar assets for fir	nancial dain prov	/ide the	<i></i>	
_	following amounts required to be reported under SFAS 116 relating to			geni, prot			
а	Revenues included in Form 990, Part VIII, line 1		<del>-</del>		•	\$	
	Assets included in Form 990, Part X				•	\$	
					•		<del></del>

Sche	edule D (Form 990) 2008 AUTISM DE				10190	Page 2
P	art III Organizations Maintaining	Collections of Art,	Historical Trea	sures, or Other	Similar Assets	(continued)
3	Using the organization's accession and other items (check all that apply)	r records, check any of the	following that are a	significant use of its	collection	
а	Public exhibition	d Loan o	or exchange progran	ns		
b	Scholarly research	e 🔲 Other		<b>_</b> _ <b>_</b>		
C	Preservation for future generations					
4	Provide a description of the organization's co Part XIV	ellections and explain how	they further the orga	ınızatıon's exempt pı	urpose in	
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	be maintained as part of	the organization's co	ollection?		Yes No
Pą	art IV Trust, Escrow and Custod	_			ed "Yes" to For	·m 990,
	Part IV, line 9, or reported a	an amount on Form	990, Part X, line	21.		
1a	Is the organization an agent, trustee, custodia	an or other intermediary fo	r contributions or ot	her assets not	_	
	included on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part XIV	and complete the following	g table			
						Amount
C	Beginning balance				1c	
d	Additions during the year				1d	
е	Distributions during the year				1e	
f	Ending balance				1f	
2a	Did the organization include an amount on Fo	orm 990, Part X, line 21?				Yes No
	If "Yes," explain the arrangement in Part XIV	- · - · · · · · · · · · · · · · · · · ·				
Pa	ert V Endowment Funds. Comp	lete if organization a	nswered "Yes" i	<del>,</del>	<del>,</del>	· <sub>T</sub>
		(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
	Investment earnings or losses					
	Grants or scholarships					
е	Other expenditures for facilities					
	and programs					
f	Administrative expenses					
g	End of year balance					1
2	Provide the estimated percentage of the year					
	Board designated or quasi-endowment •	%				
	Permanent endowment • %					
	Term endowment ◆ %					
за	Are there endowment funds not in the posses	ssion of the organization th	at are held and adm	inistered for the		[ <u>, ]</u>
	organization by					Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
	If "Yes" to 3a(ii), are the related organizations	•				3b
	Describe in Part XIV the intended uses of the			O Dort V line 10	7	
Pa	nt VI Investments—Land, Buildi Description of investment	T T T T T T T T T T T T T T T T T T T	(b) Cost or oth	<del></del>		/d) Book value
	Description of investment	(a) Cost or other basis (investment)	basis (other)	1 ''	preciation	(d) Book value
1a	Land					
b	Buildings		<del></del>			
С	Leasehold improvements					
	Equipment					
	Other	<u> </u>		,566	33,658	53,908
<u> otal</u>	. Add lines 1a-1e (Column (d) should equal F	orm 990, Part X, column (l	B), line 10(c) )		•	53,908

Schedule D (Form 990) 2008

Schedule D (Form 990) 2008 AUTISM DELAWARE		20-2110190	Page Page
Part VII Investments—Other Securities. See Form			
. (a) Description of security or category	(b) Book value	(c) Method of valua	
(including name of security)		Cost or end-of-year man	rket value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
	_		
	_		
	_	· · · · · · · · · · · · · · · · · · ·	
	_	<del></del>	
Total (Column (h) should equal Form 990, Bort Y, col. (P) line 12.)	<b>•</b>		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)  Part VIII Investments—Program Related. See Form			
		(-) \$4-th-d-st.	
(a) Description of investment type	(b) Book value	(c) Method of value	
		Cost or end-of-year mar	ket value
			-
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. See Form 990, Part X, line 1	·		
(a) Description			(b) Book value
MSDW INVESTMENT ACCOUNTS			923,740
SECURITY DEPOSIT	DNI		2,500
SECORITI DEPOSIT			2,500
	<u> </u>		
· · · · · · · · · · · · · · · · · · ·			
Total. (Column (b) should equal Form 990, Part X, col (B) line 15)		<b>◆</b>	926,240
Part X Other Liabilities. See Form 990, Part X, lin	e 25.		
(a) Description of liability	(b) Amount		
Federal income taxes			
ACCRUED PAYROLL	41,808		
CREDIT CARD PAYABLE	496		
DEFERRED REVENUE			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	<b>♦</b> 42,304		

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for

uncertain tax positions under FIN 48

Sche	dule D (Form 990) 2008 AUTISM DELAWARE		20-211019	0	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Fina	ncial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	1,313,819
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	812,864
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	500,955
4	Net unrealized gains (losses) on investments			4	-190,826
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add lines 4-8			9	-190,826
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9			10	310,129
Pa	rt XII Reconciliation of Revenue per Audited Financial Stateme	ents V	Vith Revenue per Re	turn	
1	Total revenue, gains, and other support per audited financial statements			1	1,263,462
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a	-190,826	. !	
b	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	l	.	
е	Add lines 2a through 2d			2e	-190,826
3	Subtract line 2e from line 1	r	,	3	1,454,288
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	440 460		
þ	Other (Describe in Part XIV)	_4b	-140,469		
	Add lines 4a and 4b			4c	
	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12)			5	1,313,819
-	rt XIII Reconciliation of Expenses per Audited Financial Statem	ents	With Expenses per h		
1	Total expenses and losses per audited financial statements			1	953,333
	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 _	ı İ	. 1	
	Donated services and use of facilities	2a		.	
	Prior year adjustments	2b		.	
	Losses reported on Form 990, Part IX, line 25	2c		.	
	Other (Describe in Part XIV)	2d		ا ہ	
_	Add lines 2a through 2d		}	2e	953,333
3	Subtract line 2e from line 1	ſ	<u>,                                    </u>	3	900,000
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	١			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-140,469		
	Other (Describe in Part XIV)	_ 4b	140,409	4.	-140,469
	Add lines 4a and 4b  Tatal expanses Add lines 2 and 4a. (This should equal Form 900. Bot I, line 18.)		ŀ	4c 5	812,864
	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)  At XIV Supplemental Information		<u></u>	<u> </u>	012,004
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 3, and 9, Part III, lines 3, and 9, Part III, lines 3, and 9,	noc 1a	and 4 Part IV lines 1h		
	b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d				
	PART XI, LINE 8 - RECONCILATION OF CHANGES				
_					- <b></b>
_ F	PART VIII 8B			<b>Ş_</b>	140,469
I	PART VIII 8B			Ś	-140,469
				'	
_					
I	PART XII, LINE 4B - REVENUE AMOUNTS INCLUDE	ED O	N RETURN - OT	HER-	
_					
_ F	PART VIII 8B			₽	
_		_			

Schedule D (F	Form 990) 2	2008 AU	TISM	DELAWA	RE			20-211	.0190		Page 5
Schedule D (I	Supple	emental l	nforma	tion (continu	ed)						
_ P <u>ART</u>	XIII,	_LINE_	4B	EXPENS	E AMOUN	TS_INCLUD	ED ON	RETURN	- OTHER		
_PART	VIII	8B							\$	_140,46	9
=							. – – –				
	- <b>-</b> -										
<del></del>			<b>-</b> -							- <b>-</b> -	
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			<b>— —</b>	<del>-</del>							

### SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

◆ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a

OMB No 1545-0047

Open To Public

Name of the organization **Employer identification number** 20-2110190 AUTISM DELAWARE Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Solicitation of government grants Email solicitations Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table I(iii) Drd frind.

(i) Name of individual or entity (fundraiser)	(ii) Activity	cont	r have ody or rol of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
						·
Total			<b>•</b>			

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

104							_				
_	art II		2008 <b>AUTISM DELA</b> Events. Complete if the organization on Form 990-EZ, line	anizatior			rm 990, Pa		ne 18, or r		Page ted
Φ		more than $\psi$ is	(a) Event #1 GOLF/AUCTION/WA  (event type)		(b) Event #2		(c) Other Ever	nts	(d) Tota (Add col		
Revenue		ross receipts	914,611						9	14,	61:
	3 Gr	entributions ross revenue (line 1	135,494							.35,	
		inus line 2)	779,117							79,	11
es		ash prizes on-cash prizes					<del></del>				
Direct Expenses	6 Re	ent/facility costs									
Direct	7 Ot	ther direct expenses	140,469						1	.40,	469
		et income summary C	y Add lines 4 through 7 in column (ombine lines 3 and 8 in column (d)					<b>&gt;</b> (	1 6	.40, 38,	469 648
P	art III		plete if the organization and on Form 990-EZ, line 6a.	swered "	Yes" to Form 990	), Parl	t IV, line 19	or rep	orted mor	е	
Revenue			(a) Bingo		Pull tabs/Instant b/progressive bingo		(c) Other gami	ng	(d) Total ga		
	1 Gr	oss revenue									
nses	2 Ca	ash prizes									
Direct Expenses	3 No	on-cash prizes									
Direct	4 Re	ent/facility costs				_	·				
	5 Ot	her direct expenses		П.,		<del> </del>		0/	·····		····
	6 Vo	olunteer labor	Yes %	Ye No		-	Yes No	%			
	7 Dir	rect expense summary	Add lines 2 through 5 in column (	(d)				<b>&gt;</b> (			
	8 Ne	et gaming income sum	mary Combine lines 1 and 7 in col	umn (d)				<b>•</b>		Yes	No
9 a	is the	organization licensed t	e organization operates gaming ac o operate gaming activities in each		tates?				9a	103	100
b	If "No,"	' Explain									
10a b		any of the organization ," Explain	's gaming licenses revoked, suspe	nded or te	rminated during the ta	x year?			10a		

Schedule G (Form 990 or 990-EZ) 2008

11

12

Does the organization operate gaming activities with nonmembers?

formed to administer charitable gaming?

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity

Sche	edule G (Form 990 or 990-EZ) 2008 AUTISM DELAWARE	20-211019	0	Р	age 3
	·			Yes	No
13	Indicate the percentage of gaming activity operated in	1 1			
а	The organization's facility	13a %			
b	An outside facility	13b %			
14	Provide the name and address of the person who prepares the organization's gaming/special events books				
	and records				
	Name ◆				
	Address ◆				
15a	Does the organization have a contract with a third party from whom the organization receives gaming				
	revenue?		15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ◆ \$	and the			
	amount of gaming revenue retained by the third party ◆ \$				
С	If "Yes," enter name and address				
	Name ◆				
	Address ◆				
16	Gaming manager information				
	Name ◆				
	Gaming manager compensation ◆ \$				
	Description of services provided ◆				
	Director/officer Employee Independent contractor				
17	Mandatory distributions	•			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?		17a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent				
	in the organization's own exempt activities during the tax year ◆ \$				

Schedule G (Form 990 or 990-EZ) 2008

e X Open to Public OMB No 1545-0047 2008 Inspection Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (h) Purpose of grant AUTISM RESEARCH AUTISM RESEARCH or assistance Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on **Employer identification number** non-cash assistance (g) Description of 20-2110190 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (d) Amount of cash grant (e) Amount of non-cash (book, FMV, appraisa), ◆ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S. assistance Attach to Form 990. 16,500 27,500 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section if applicable ന ო 20-2329938 54-2062167 General Information on Grants and Assistance (b) EIN Enter total number of section 501(c)(3) and government organizations the selection criteria used to award the grants or assistance? AUTISM DELAWARE 10016 VA 22201 (a) Name and address of organization 2000 N 14TH STREET SUITE 480 2 PARK AVENUE 11TH FLOOR ORG. FOR AUTISM RESEARCH or government Department of the Treasury Internal Revenue Service AUTISM SPEAKS Name of the organization SCHEDULE ARLINGTON NEW YORK (Form 990) Part Part #

3 Enter total number of other organizations

Schedule I (Form 990) 2008

Page 2

20-2110190

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. Schedule I (Form 990) 2008 AUTISM DELAWARE

	ose sericadie 1-1 (1 OIIII 330) II additional space is needed.	il additionial space is	leeded.			
ت	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
ļ						
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to p	provide the information	on required in Part I,	line 2, and any other additi	onal information.

<u>Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.</u>

- PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

PART I, LINE 2

SINCE THE GRANTEE ORGANIZATIONS ARE EXEMPT UNDER 501(C)(3), NO FORMAL

MONITORING IS DONE SINCE MONEY IS GIVEN TO ADVANCE THE GRANTEE'S EXEMPT

PURPOSE.

Schedule I (Form 990) 2008

Part III

### SCHEDULE M (Form 990)

◆ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

♦ Attach to Form 990.

**NonCash Contributions** 

OMB No 1545-0047

**Open To Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AUTTSM DELAWARE

Employer identification number 20-2110190

			<u> </u>					_
Pa	art I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of Contributions	Revenues reported on	Method of determin	ing		
		applicable		Form 990, Part VIII, line 1g	revenues			
1	Art—Works of art							_
2	Art—Historical treasures							
3	Art—Fractional interests		· ·					
4	Books and publications							_
5	Clothing and household					-		
•	goods	x		135,494	REPLACEMENT COST	rs		
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded	<del></del>						
10	Securities—Closely held stock	<u> </u>						
11	Securities—Partnership, LLC,							
• •	or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation							
	contribution (historic							
	structures)							
14	Qualified conservation							
1-7	contribution (other)	,						
15	Real estate—Residential		-					
16	Real estate—Commercial		· · · · · ·					
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies	- +						
21	Taxidermy							
22	Historical artifacts		<u> </u>					
23	Scientific specimens							
23 24	Archeological artifacts							
25	Other •(	1		•				
26	Other ◆( )							
20 27	Other ◆( )							
28	Other ◆( )				- ··· · ·			
<u>20</u> 29	Number of Forms 8283 received by	the organiz	ration during the tay yea	r for contributions for	T			
25	which the organization completed Fo	_			29			
	which the organization completed it	/IIII 0203, I	art IV, Donee Acknowle	eugement (	23		Yes	No
30a	During the year, did the organization	receive by	contribution any proper	ty reported in Part I. lines 1	-28 that			
Jua	it must hold for at least three years for	-	• • •	•				
	used for exempt purposes for the en			on, and which is not require	ed to be	30a	1	х
	If "Yes," describe the arrangement in		periou /			300		
b 24			alian that common the co	way of any non standard				
31	Does the organization have a gift acceptable to a particular and a gift acceptable to a gift	septance p	oncy mai requires me re	wiew or any non-standard		24		x
20-	contributions?	rd node	or rolated assessmentings	to policit manage!! =:	an each	31	$\vdash \vdash$	
32a	Does the organization hire or use thi	ro parties o	or related organizations t	to solicit, process, or sell no	on-cash	20-		x
	contributions?					32a	$\vdash \vdash \vdash$	A
	If "Yes," describe in Part II		luman (a) fire at		.s. also also al			
33	If the organization did not report reve	enues in co	iumn (c) for a type of pr	operty for which column (a)	іѕ спескей,			
	describe in Part II					J	اــــــا	

Schedule M (Form 990) 2008 AUTISM DELAWARE

20-2110190

Page 2

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990

 Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information. 2008 Open to Public

OMB No 1545-0047

Name of the organization

AUTISM DELAWARE

Employer identification number 20-2110190

### AMENDED RETURN EXPLANATION

RECLASSIFIED POWR INCOME FROM GRANTS TO PROGRAM SERVICE REVENUE.
RECLASSIFIED TRAVEL EXPENSE FROM CONFERENCES TO TRAVEL.

FORM 990, PART VI, LINE 10 - ORGANIZATION'S PROCESS USED TO REVIEW FORM 990
THE EXECUTIVE DIRECTOR AND FEE ACCOUNTANT REVIEW THE RETURN BEFORE IT IS
FILED. IT IS ALSO REVIEWED BY THE PERSON IN CHARGE OF GRANT DEVELOPMENT.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE BOARD DETERMINES THE SALARIES FOR EACH POSITION, INCLUDING THE DIRECTOR'S COMPENSATION.

Form 4562

Department of the Treasury Internal Revenue Service

## **Depreciation and Amortization**

(Including Information on Listed Property)

See separate instructions. Attach to your tax return.

OMB No 1545-0172 2008

Attachment 67

Name(s) shown on return Identifying number AUTISM DELAWARE 20-2110190 Business or activity to which this form relates INDIRECT DEPRECIATION Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 250,000 1 Maximum amount. See the instructions for a higher limit for certain businesses. 2 2 Total cost of section 179 property placed in service (see instructions) 800,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If marned filing separately, see instructions (a) Description of property (b) Cost (business use only) (c) Elected cost 6 Listed property Enter the amount from line 29 7 8 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property Instead, use Part V Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election 15 12,611 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) 0 17 17 MACRS deductions for assets placed in service in tax years beginning before 2008 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and (d) Recovery (f) Method (a) Classification of property yéar placed in (e) Convention (g) Depreciation deduction period service only-see instructions) 19a 3-year property ь 5-year property 7-year property d 10-year property 15-year property 20-year property S/L q 25-year property 25 yrs S/L Residential rental 27 5 yrs MM property MM S/L 27 5 yrs. MM Nonresidential real 39 yrs S/L property MM S/L Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs b 12-year S/L 40-year MM S/L 40 yrs Part IV Summary (See instructions.) Listed property Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr 22 12,611

For assets shown above and placed in service during the current year,

enter the portion of the basis attributable to section 263A costs

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104 AUTISM DELAWARE 20-2110190 . . . . .

FYE: 12/31/2008

# Federal Asset Report Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus <u>%</u>	Sec 179Bonus	Basis for Depr	<u>Per</u>	Conv Meth	Prior	Current
1 2 3 4 5 6 7 8 9 10 11 12 13	Depreciation: COMPUTERS COMPUTERS OFFICE FURNITURE PHONE EQUIPMENT Computer Computer Equipment Computer BIZHUB COLOR COPIER OFFICE FURNITURE (2) LAPTOPS PRINTER DELL POWEREDGE 1900 SERVER TAPE MEDIA 400/800 GB DATA CARTR	8/24/04 10/08/04 8/24/04 9/23/04 8/15/05 3/14/06 4/21/06 1/01/07 8/15/07 6/01/07 9/04/07 10/18/07	10,219 1,520 14,177 3,230 1,680 1,350 1,329 8,290 2,766 2,339 1,352 9,589 599		х	10,219 1,515 14,177 3,230 1,680 1,350 1,329 8,290 2,766 2,339 1,352 9,589 599	5 7 5 5 5 5 5 7 5 5	MO S/L MO S/L MO S/L MO S/L MO S/L MO S/L MO S/L MO S/L MO S/L MO S/L MO S/L MO S/L MO S/L MO S/L	6,812 990 6,751 2,099 812 495 443 1,658 165 273 90 320 20	2,044 303 2,025 646 336 270 266 1,658 395 468 271 1,917
14 15 16 17	SOFTWARE Phone Equipment Office Furniture	10/18/07 9/09/08 9/30/08 9/30/08	2,137 11,255 9,995			2,137 11,255 9,995		MO S/L MO S/L MO S/L MO S/L	119 0 0	712 536 357 287
17	Computer Equipment  Total Other Depreciation	9/30/06 _	5,739 87,566		<u>-</u>	5,739 87,561	3	MO 5/L	21,047	12,611
	Total ACRS and Other Deprec	iation =	87,566		=	87,561			21,047	12,611
	Grand Totals Less: Dispositions Less: Start-up/Org Expense		87,566 0 0		_	87,561 0 0			21,047 0 0	12,611 0 0
	Net Grand Totals	_	87,566		_	87,561			21,047	12,611

www.delautism.org delantism@delantism.org (302) 472-2638 (T) (302) 472-2640 (F)

Theda Ellis, Executive Director

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Putting the Pieces Together

September 9, 2008

Division of Corporations 401 Federal Street - Suite 4 Dover, DE 19901

Re: Name Change EIN: 20-2110190

To Whom It May Concern:

This is to advise that the Autism Society of Delaware, a 501 (c)(3) organization within the State of Delaware, will be changing its name to Autism Delaware effective October 1, 2008

Please note that we also have a new address, 924 Old Harmony Road, Ste. 201, Newark, DE 19713, and new telephone number, (302) 224-6020 and fax number (302) 224-6017. We are submitting this amendment to the State of Delaware in compliance with state law. Please advise if there are further forms to be completed.

Thank you.

~JC~

Theda M. Ellis, MBA, M.Ed. Executive Director

# STATE OF DELAWARE CERTIFICATE OF AMENDMENT (A CORPORATION WITHOUT CAPITAL STOCK)

The corporation, <u>Autism Delaware</u>
organized and existing under the laws of the State of Delaware, hereby certifies as
follows:

(1) That at a meeting a vote of the members of the governing body was taken for and against the amendment to the Certificate of Incorporation, said Amendment being as follows:

The Autlsm Society of Delaware, Inc. will change its name to Autism Delaware effective October 1, 2008.

(2) That said amendment was duly adopted in accordance with the provisions of Section 242 of the General Corporation Law of the State of Delaware.

IN WITNESS WHEREOF, said corporation has caused this certificate to be signed this 9 day of September , A.D. 2008

BY<u>~);&r.~</u>
Authorized cer ⇒

Name: <u>Theda M. Ellis, Executive Dir.</u> Print or Type

# STATE OF DELAWARE CERTIFICATE OF AMENDMENT (A CORPORATION WITHOUT CAPITAL STOCK)

The corporation, <u>Autism Delaware</u> organized and existing under the laws of the State of Delaware, hereby certifies as follows:

(1) That at a meeting a vote of the members of the governing body was taken for and against the amendment to the Certificate of Incorporation, said Amendment being as follows: ...----,

The Autism Society of Delaware, Inc. will change its name to Autism Delaware effective October I, 2008.

(2) That said amendment was duly adopted in accordance with the provisions of Section 242 of the General Corporation Law of the State of Delaware.

IN WITNESS WHEREOF, said corporation has caused this certificate to be signed this 9 day of September, A.D. 2008

By Yd.a 4&r, Y.0& Authorized cer

Name: Theda M. Ellis, Executive Dir.
Print or Type

### February 2009

### **BYLAWS**

of

### AUTISM DELAWARE,

### 1. MEMBERSHIP ASSOCIATION

Autism Delaware shall be a membership association established as a not for profit statewide service and advocacy organization in Delaware.

### 2. PURPOSES

The purposes of Autism Delaware are:

- A. to promote and advocate for the general welfare of persons with autism spectrum disorders (hereinafter referred to as "autism");
- B. to further the advancement of all ameliorative and preventive study, research, therapy, care, and cure of persons with autism;
- C. to develop a better understanding of the issues of persons with autism by the public in Delaware;
- D. to promote the education and training of persons with autism and to foster the development of integrated care on their behalf,
- E. to promote the establishment of adequate diagnostic, therapeutic, educational, and recreational services for persons with autism;
- F. to further the education and training of parents and professional personnel for training, educating, and caring for persons with autism:
- G. to serve as a clearing house for gathering and disseminating information regarding persons with autism.
- H. to provide services to the Delaware autism community, and
- I. to solicit and receive funds for the accomplishment of the above purposes.

### 3. MEMBERSHIP

- 3.1. Eligibility. Any person who participates or has an interest in activities relating to the autism community in the State of Delaware shall be eligible for membership in Autism Delaware.
- 3.2. Admission to Membership Any eligible person may be admitted to membership in Autism Delaware, upon proper application and payment of the current dues.
- 3.3. Classes of Members. There shall be different classes of Members in Autism Delaware as determined periodically by the Board of Directors.
- 3.4. Dues. The Board of Directors shall set the dues, if any, for each class of Members. The Board of Directors shall also determine the due date and method of collection of dues. The Board may also set a subscription fee for Autism Delaware's newsletter for nonmembers.

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- 3.5. Suspension of Membership. Failure to pay dues within 45 days of the due date will result in suspension of membership.
- 3.6. Revocation of Membership. For just cause, the Board of Directors may provisionally revoke the Autism Delaware membership of a Member effective 30 days from the date of the decision. Within two days of the decision, the Secretary shall give the affected Member written notice of the decision and the reasons therefore. The affected Member may submit a written response to the Secretary. After consideration of the written response, a final decision shall be made by the Board of Directors. The affected Member's written statement shall be appended to the minutes of the meeting at which revocation is decided. The affected Member may be reinstated by the Board of Directors upon receipt of a written request for reconsideration that contains additional information.

### 4. MEETINGS OF MEMBERS

- 4.1. Annual Meeting. An annual meeting of the Members shall be held at a time and location within Delaware determined by the Board of Directors. The President shall make a report to the membership, and a financial report shall be available for inspection and discussion. Members may call for items to be placed on the agenda by advising the President or Secretary at least two weeks before the meeting. Other items may be taken up from the floor after advance agenda items have been addressed.
- 4.2. Special Meetings. Special meetings of the Members may be called by the President or a majority of the Board of Directors and must be called by the President upon written request of one fifth of the Members.
- 4.3. Regular Meetings. Regular meetings of the Members may be held at such times and places within Delaware as the Members or the Board of Directors may determine.
- 4.4. Notice of Meetings. Notice of the purpose, time, and place of the annual and special meetings of the Members shall be given by the Secretary or delegate to all Members. Such notice shall be provided to the Members not less than 30 days prior to the annual meeting and not less than 14 days prior to special meetings. Notice may be made by U.S. Mail, by electronic mail or by facsimile transmission.
- 4.5. Quorum. Except as provided in section 9.2 below, a quorum for the annual meeting, and any other meeting of the Members, shall consist of ten Members or one fifth of all Members, whichever is less.
- **4.6.** *Voting.* 
  - A. Each Member shall be eligible to vote and entitled to one vote. Members in the Family Membership class shall be entitled to a maximum of two votes, and each shall be counted for purposes of establishing a quorum.
  - B. If a quorum is present at any meeting, a majority of the Members present and voting shall decide any question unless otherwise provided by law or these bylaws. In the absence of a quorum, a majority of the Members present may vote to adjourn a meeting.
- 4.7. Authority. Except where inconsistent with these bylaws or the laws of the State of Delaware, meetings of the Members shall be conducted in accordance with Robert's Rules of Order (latest revision).

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### 5. OFFICERS

- 5.1. Number. The Officers of the Board of Directors of Autism Delaware shall be the President, Vice President, Secretary, and Treasurer. This will comprise the Executive Committee of the Board of Directors.
- 5.2. Election and Tenure. The Officers of the Board of Directors, as noted in section 5.1, shall be elected biennially by the Board of Directors during the month following the board elections on odd calendar years. Each Officer shall hold office for two years and until his or her successor is elected and qualified. Each Officer may serve no more than two consecutive terms in a single office.
- 5.3. President. The President shall preside at all meetings of Autism Delaware and the Board of Directors. The President shall have general responsibility for the activities of Autism Delaware and the powers and duties usually associated with the office of the President, and shall have such powers and perform such other duties as may be prescribed by these bylaws. The President shall be a member of all Board committees and shall exercise general supervision over their work in order to assure the most effective operation of Autism Delaware. The President shall, with the advice of the members and consent of the Board of Directors, appoint the chairpersons and members of all special and standing Board committees. The President shall present a progress report of the prior year's activities at Autism Delaware's annual meeting.
- 5.4. Vice President. The Vice President shall assist the President in the performance of his or her duties and shall assume such other duties as are assigned by the President and approved by the Members. In the absence of the President, the Vice-President shall assume the duties of the President and shall preside at the meetings of Autism Delaware and Board of Directors. If the President resigns or becomes unable to serve, the Vice President shall succeed to the office of President for the remainder of the President's term.
- 5.5. Secretary. The Secretary shall keep an accurate record of the annual meetings of the Members and the meetings of the Board of Directors The Secretary shall ensure proper record keeping by the Director and staff of Autism Delaware for all books and records. The Secretary shall periodically review a current list of members and provide a status report to the Autism Delaware Board at least once each year.
- 5.6. Treasurer. The Treasurer shall be responsible for the financial records of Autism Delaware, shall chair the Finance Committee, and shall assist the President and Director with the preparation of the annual budget. The Treasurer shall meet regularly with the Executive Director to review the financial records of the organization and provide a report to the Board of Directors four times a year.
- 5.7. Vacancies. If an Officer dies, resigns, loses membership in Autism Delaware, becomes physically unable to carry out the duties of the office, vacates the office, or is removed, the remaining members of the Board will elect a person to succeed him or her for the duration of his or her term. This process shall take place within sixty days and by a majority vote governed by quorum requirements of the Board of Directors.
- 5.8. Removal. An Officer may be removed from office with or without cause by a majority vote of the Autism Delaware Board of Directors.

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#### 6. BOARD OF DIRECTORS

- 6.1. Composition. The Board of Directors shall consist of fifteen at large members of which ten are elected by membership and five are appointed by elected board members. It is the desire and intent of the Board of Directors that the membership of the Board consist of:
  - at least one member from each of the three Delaware counties,
  - at least three women,
  - at least three men.
  - at least one member with a child or dependent with autism under the age of 21,
  - at least one member with a child or dependent with autism over the age of 21,
  - at least one member who is a person with Asperger's Syndrome or some one who has a family member or dependent with Asperger's Syndrome.
- 6.2. Terms of Service. Board Members who are appointed or elected after July 1, 2009 shall serve a term of three years and serve no more than two consecutive terms.
- 6.3. Meetings. The Board shall meet at least four times per year.
- 6.4. Board Eligibility. To be eligible for election to the board, an individual must meet the following criteria: be a member in good standing of Autism Delaware, be generally available to attend at least 75% of regularly scheduled meetings, agree to the financial obligation of Board Members to Autism Delaware as set by the Board of Directors in a given year, have an interest and passion for issues relating to autism in the State of Delaware and must agree to serve if elected.
- 6.5. Nominations Members shall nominate for election before each annual meeting of the Members as many persons as they deem appropriate. All nominations must be received by the Secretary of the Autism Delaware Board at least sixty (60) days prior to the annual Member meeting.
- 6.6. Board of Director Election Voting. Votes will be collected at the annual Membership Meeting. Voting will take place by ballot during that meeting, and absentee ballots will be accepted by those not present subject to the voting provision outlined in section 4.6. Additionally, all members will be presented with an opportunity to vote in absentia and will also be allowed to transfer their voting rights to the existing Board of Directors through the use of proxy.
- 6.7. Notice of Elections. Members will be notified of the election of Board Members and their options outlined in section 6.6 at least ninety (90) days in advance of an election. Notice may be made by U.S. Mail or by electronic mail or facsimile transmission.
- 6.8. Vacancies. If any member of the Board of Directors dies, resigns, loses membership in Autism Delaware, becomes physically unable to carry out the duties of the office, vacates the office, or is removed, the remaining members of the Board will elect a person to succeed him or her for the duration of his or her term. This process shall take place within sixty days and by a majority vote governed by quorum requirements of the Board of Directors.
- 6.9. Removal. A Board member may be removed from office with or without cause by a majority vote of the Autism Delaware Board of Directors.
- 6.10. Powers. When deemed appropriate by a majority of the members of the Board of Directors, the Board shall exercise any and all powers of the Members between meetings of the Members, provided that the Board of Directors may not amend these bylaws. All decisions of the Board of

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Directors shall be reflected in the minutes of Board of Director meetings and shall be subject to approval, revision, or alteration before acceptance by the Board of Directors. Additionally, the Board of Directors shall approve by voice vote Autism Delaware's strategic plan, operating decisions and budgetary/financial decisions so as to sustain the operation of Autism Delaware as a continuing not for profit concern. All decisions are subject to Board of Director quorum requirements and shall be reflected in the meeting minutes.

- 6.11. Quorum. A majority of the Board of Directors shall constitute a quorum.
- 6.12. Voting. Except as otherwise provided by these bylaws, all actions of the Board of Directors shall be taken by majority vote of the Board members present at any meeting at which a quorum is present. In the absence of a quorum, a majority of the Board members present may vote to adjourn a meeting.
- 6.13. Unanimous Consent Resolutions. Any action required or permitted to be taken by the Board of Directors may be taken by a unanimous consent resolution, which shall be in writing and made part of the minutes.
- 6.14. Authority. Except where inconsistent with these bylaws or the laws of the State of Delaware, meetings of the Board of Directors shall be conducted in accordance with Robert's Rules of Order (latest revision)
- 6.15. Special Meetings. Special meetings of the Board of Directors may be called by the President and must be called at the request of six members of the Board of Directors. Notice of every meeting shall be given to each member of the Board of Directors in writing or by electronic mail at least seven days prior to the meeting, provided that any member may waive this notice requirement as to himself or herself. Meetings of the Board of Directors may take place by telephone conference call.

### 7. COMMITTEES

7.1. Committees. The Board of Directors shall establish committees which will consist of Board members and may include other members of the organization to carry on the business of Autism Delaware.

### 8. OPERATIONS

- 8.1. Appointment of Employees. The Board of Directors, bearing in mind the activities and the financial resources of Autism Delaware and whenever in their judgment such action is desirable to promote the achievement of the purposes of Autism Delaware as set forth in these bylaws, may authorize appointment or employment of persons to carry out designated duties for Autism Delaware on a compensated basis.
- 8.2. Compensation of Officers and Board of Director members. Officers and members of the Board of Directors shall not receive any salary or other compensation for their services in said capacities. An Officer or member of the Board of Directors may, however, receive compensation for services performed in another capacity if such compensation is approved by the Board.
- 8.3. Acts of Autism Delaware. No person shall act in the name of Autism Delaware except as authorized in these bylaws or by the Board of Directors, the President, or vote of the Members. No person shall, without the approval of the President or the Board of Directors, send any letter, notice, or other written communication in the name of Autism Delaware to the Members or to any other person including an association, government agency, or public official regarding policy matters of Autism Delaware.

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- 8.4. Fiscal Year. The fiscal year of Autism Delaware shall commence the first day of July of each year and end on the thirtieth day of June of the following year.
- 8.5. Other Organizations. Autism Delaware may associate itself with any organization deemed advantageous to the fulfillment of its mission and objectives as approved by the Board of Directors.
- **8.6.** Operations. The Board of Directors shall have the authority to conduct all business related to the daily operations of Autism Delaware.

### 9. AMENDMENTS

- 9.1. Requirements. A proposal to alter, amend, or repeal these bylaws may be made
  - (A) by the Board of Directors through a majority vote, or
  - (B) by one fifth of the Members in writing addressed to the Board of Directors.

Any such proposal shall be transmitted to the Secretary, who shall send written notice thereof to all Members.

92. Altering, Amending or Repealing | All proposed changes to these bylaws by the Board of Directors or one fifth of the Members shall be decided by a ballot communicated to all members. A simple majority of the returned ballots will determine if changes are approved.

#### 10. DISSOLUTION

In the event of the dissolution of Autism Delaware, no distribution of assets shall be made to any Officer, Member, employee, or any person or individual. All property owned, managed, or operated by Autism Delaware is prevocably dedicated to charitable purposes to achieve the purposes of Autism Delaware as defined in these bylaws. Upon the dissolution of Autism Delaware, such property shall not inure to the benefit of any private person but shall go to a nonprofit fund, foundation, association, or corporation organized and operated to promote the general welfare of people with autism.

Adopted by the Members of Autism Delaware on xxxxxxxxxxxxxxx

President:	
Robert J Gilsdorf	

Secretary:

Marcy Kempner

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