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Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning and ending

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
DRIVE FOR AUTISM FOUNDATION

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
11 ALISON COURT

City or town, state or country, and ZIP + 4
NEW PROVIDENCE, NJ 07974

F Name and address of principal officer: THOMAS TREZZA
11 ALISON COURT, NEW PROVIDENCE, NJ 07974

D Employer identification number
20-1760417

E Telephone number
(908) 665-8068

G Gross receipts $ 88,907.

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

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ N/A

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 2004 **M** State of legal domicile: NJ

Part I Summary

1	Briefly describe the organization's mission or most significant activities: TO RAISE AND DISTRIBUTE FUNDS TO SCHOOLS AND OTHER NON-PROFIT ORGANIZATIONS THAT SERVE CHILDREN WITH		
2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	5
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	25
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	91,168.	88,887.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	21.	20.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	91,189.	88,907.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	51,000.	94,000.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 37,686.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	45,197.	40,856.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	96,197.	134,856.
19	Revenue less expenses. Subtract line 18 from line 12	<5,008.>	<45,949.>

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	50,853.	4,904.
21	Total liabilities (Part X, line 26)	0.	0.
22	Net assets or fund balances. Subtract line 21 from line 20	50,853.	4,904.

RECEIVED
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OGDEN, UT

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Date: 5/1/2011

▶ THOMAS TREZZA, PRESIDENT/TRUSTEE
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: MARY B GOLDHIRSCH	Preparer's signature: Mary B Goldhirsch	Date: 5/1/2011	Check ☐ if self-employed	PTIN
Firm's name ▶ PORZIO, BROMBERG & NEWMAN, PC				Firm's EIN ▶
Firm's address ▶ 100 SOUTHGATE PKWY MORRISTOWN, NJ 07960				Phone no. (973) 538-4006

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

See Schedule O for Organization Mission Statement Continuation

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission
TO RAISE AND DISTRIBUTE FUNDS TO SCHOOLS AND OTHER NON-PROFIT ORGANIZATIONS THAT SERVE CHILDREN WITH AUTISM SPECTRUM DISORDERS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 40,000. including grants of $ 40,000.) (Revenue $)
THE CHILDREN'S INSTITUTE (TCI)
ONE SUNSET AVENUE
VERONA, NJ 07044

4b (Code:) (Expenses $ 22,250. including grants of $ 22,250.) (Revenue $)
EDEN II PROGRAMS
150 GRANITE AVENUE
STATEN ISLAND, NY 10303

4c (Code:) (Expenses $ 13,000. including grants of $ 13,000.) (Revenue $)
UNION COUNTY EDUCATION SERVICES FOUNDATION (UCESF) - CROSSROADS SCHOOL
11 HURON DRIVE
NATICK, MA 01760

??? - IF CROSSROADS SCHOOL, SHOULDN'T ADDRESS BE 45 CARDINAL DRIVE, WESTFIELD, NJ 07090

4d Other program services (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 75,250.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to 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, 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," 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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	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, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States 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 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *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
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)?	35		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ Yes ☒ No			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related 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 VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	5		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable 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	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file*. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
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?	5b			X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			X
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			X
9	**Sponsoring organizations maintaining donor advised funds.**				
a	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			X
10	**Section 501(c)(7) organizations.** Enter:				
a	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:				
a	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			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b			

Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

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

Section A. Governing Body and Management

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

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	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?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
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	X	
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	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	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?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NJ

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

[ ] Own website [ ] Another's website [X] Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

THOMAS TREZZA - (908) 665-8068

11 ALISON COURT, NEW PROVIDENCE, NJ 07974

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors, institutional trustees; officers, key employees; highest compensated employees; and former such persons

☒ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
THOMAS TREZZA TRUSTEE/PRESIDENT	4.00	X		X				0.	0.	0.
TARA TREZZA TRUSTEE	4.00	X						0.	0.	0.
ANTHONY TREZZA TRUSTEE/VICE PRESIDENT	4.00	X		X				0.	0.	0.
KJ FEURY, RN APN BC CCRN DIRECTOR	2.00	X						0.	0.	0.
DAVID PATINO DIRECTOR	2.00	X						0.	0.	0.
MATT ROUGHLEY DIRECTOR	2.00	X						0.	0.	0.
JEANE ROUGHLEY DIRECTOR/SECRETARY	4.00	X		X				0.	0.	0.
JAMES GARIN DIRECTOR	2.00	X						0.	0.	0.
LAUREN GARIN, RN DIRECTOR/TREASURER	4.00	X		X				0.	0.	0.
CAROL TREZZA DIRECTOR	2.00	X						0.	0.	0.
NICHOLAS TURKOVIC DIRECTOR	2.00	X						0.	0.	0.
AMY DESJARDINS DIRECTOR	2.00	X						0.	0.	0.
ROBERT DESJARDINS DIRECTOR	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total ▶								0.	0.	0.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								0.	0.	0.

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

		Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization NONE

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	88,887.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f	▶	88,887.			
Program Service Revenue		Business Code				
	2 a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f	▶				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	20.			20.
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
		(i) Real / (ii) Personal				
	6 a Gross Rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	▶				
	7 a Gross amount from sales of assets other than inventory	(i) Securities / (ii) Other				
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)	▶				
	8 a Gross income from fundraising events (not including $ 88,887. of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b 0.				
	c Net income or (loss) from fundraising events	▶	0.			
	9 a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
	10 a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
	Miscellaneous Revenue	Business Code				
	11 a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d	▶				
	12 **Total revenue.** See instructions.	▶	88,907.	0.	0.	20.

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	94,000.	94,000.		
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				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	770.		770.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	22.		22.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	1,181.		751.	430.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a GOLF EVENT EXPENSES	35,313.	0.	0.	35,313.
b MISC. EXPENSES	2,047.	0.	1,602.	445.
c PRINTING EXPENSE	1,498.	0.	0.	1,498.
d NJ ANNUAL REGISTRATION	25.	0.	25.	0.
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	134,856.	94,000.	3,170.	37,686.
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	50,853.	1	
	2	Savings and temporary cash investments		2	4,904.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	50,853.	16	4,904.
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 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 to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	0.	26	0.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ ☒ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds	0.	30	0.
	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
	32	Retained earnings, endowment, accumulated income, or other funds	50,853.	32	4,904.
	33	Total net assets or fund balances	50,853.	33	4,904.
	34	Total liabilities and net assets/fund balances	50,853.	34	4,904.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	88,907.
2	Total expenses (must equal Part IX, column (A), line 25)	2	134,856.
3	Revenue less expenses. Subtract line 2 from line 1	3	<45,949.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	50,853.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	4,904.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization	Employer identification number
DRIVE FOR AUTISM FOUNDATION	20-1760417

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

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

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

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

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	91,251.	101,648.	101,852.	91,168.	88,887.	474,806.
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 through 3	91,251.	101,648.	101,852.	91,168.	88,887.	474,806.
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)						
6 **Public support.** Subtract line 5 from line 4						474,806.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	91,251.	101,648.	101,852.	91,168.	88,887.	474,806.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			40.	21.	20.	81.
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.)						
11 **Total support.** Add lines 7 through 10						474,887.

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 14 99.98 %

15 Public support percentage from 2009 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2010.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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 through 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 $5 000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, 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's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2009** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2010

Open To Public Inspection

Name of the organization
DRIVE FOR AUTISM FOUNDATION

Employer identification number
20-1760417

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

1 Indicate whether the organization raised funds through any of the following activities Check all that apply.

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(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
Total ▶						

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000

		(a) Event #1 GOLF OUTING (event type)	(b) Event #2 (event type)	(c) Other events None (total number)	(d) Total events (add col. (a) through col (c))
Revenue	1 Gross receipts	76,435.			76,435.
	2 Less: Charitable contributions	18,025.			18,025.
	3 Gross income (line 1 minus line 2)	58,410.			58,410.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	27,530.			27,530.
	7 Food and beverages	510.			510.
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)			▶	(28,040.)
	11 Net income summary Combine line 3, column (d), and line 10			▶	30,370.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)			▶	( )
	8 Net gaming income summary Combine line 1, column d, and line 7			▶	

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____ .

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ $ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

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

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

DRIVE FOR AUTISM FOUNDATION

Employer identification number

20-1760417

Part I **General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CHILDRENS INSTITUTE (TCI) 1 SUNSET AVENUE VERONA, NJ 07044	22-1500529	501(c)(3)	40,000.	0.			AUTISM AWARENESS
EDEN II PROGRAMS 150 GRANITE AVENUE STATEN ISLAND, NY 10303	13-2872916	501(c)(3)	22,250.	0.			AUTISM AWARENESS
UNION COUNTY EDUCATIONAL SERVICES FOUNDATION (UCESF) - CROSSROADS SCHOOL - 45 CARDINAL DRIVE - WESTFIELD, NJ 07090	22-3303718	501(c)(3)	13,000.	0.			AUTISM AWARENESS
SETON FOUNDATION FOR LEARNING 850 HYLAN BOULEVARD STATEN ISLAND, NY 10305	GROUP 0928- SEE ATTACHED	501(c)(3)	7,000.	0.			AUTISM AWARENESS
EDUCATIONAL PARTNERSHIP FOR INSTRUCTING CHILDREN (EPIC) - 238 FARVIEW AVENUE - PARAMUS, NJ 07652	22-3486840	501(c)(3)	6,250.	0.			AUTISM AWARENESS
MORRIS-UNION JOINTURE COMMISSION (MUJC) - 340 CENTRAL AVENUE - NEW PROVIDENCE, NJ 07924	22-2819387	501(c)(3)	5,500.	0.			AUTISM AWARENESS

2 Enter total number of section 501(c)(3) and government organizations ▶ 6.

3 Enter total number of other organizations ▶

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

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

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

Schedule I, Part I, Line 2: THE FOUNDATION PRESIDENT PERSONALLY MONITORS THE POLICIES, PRACTICES AND PROGRAMS OF THE RECIPIENT ORGANIZATIONS THROUGH DISCUSSIONS AND MEETINGS WITH OFFICIALS OF THE RECIPIENT ORGANIZATIONS

SCHEDULE N
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.**
▶ **Attach certified copies of any articles of dissolution, resolutions, or plans.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
DRIVE FOR AUTISM FOUNDATION

Employer identification number
20-1760417

Part I **Liquidation, Termination, or Dissolution.** Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity

		Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization:		
a	Become a director or trustee of a successor or transferee organization?	2a		
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b		
c	Become a direct or indirect owner of a successor or transferee organization?	2c		
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?	2d		
e	If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III. ▶			

Part I **Liquidation, Termination, or Dissolution** *(continued)*

		Yes	No
	Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B) should equal -0-.		
3	Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III	3	
4a	Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?	4a	
b	If "Yes," did the organization provide such notice?	4b	
5	Did the organization discharge or pay all liabilities in accordance with state laws?	5	
6a	Did the organization have any tax-exempt bonds outstanding during the year?	6a	
b	Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws?	6b	
c	If "Yes," describe in Part III how the organization defeased or otherwise settled these liabilities If "No," explain in Part III		

Part II **Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets.** Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

1 (a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
CASH GRANTS/CONTRIBUTIONS TO OTHER QUALIFIED CHARITABLE ORGANIZATIONS		94,000.			SEE SCHEDULE I ATTACHED	501(c)(3)

		Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization		
a	Become a director or trustee of a successor or transferee organization?	2a	X
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b	X
c	Become a direct or indirect owner of a successor or transferee organization?	2c	X
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?	2d	X
e	If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III. ▶		

SCHEDULE O
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047
2010
Open to Public Inspection

Name of the organization: DRIVE FOR AUTISM FOUNDATION

Employer identification number: 20-1760417

Form 990, Part I, Line 1, Description of Organization Mission:

AUTISM SPECTRUM DISORDERS

Form 990, Part VI, Section A, line 2: PRESIDENT, VICE PRESIDENT AND 2 DIRECTORS OF ORGANIZATION ARE FAMILY MEMBERS

Form 990, Part VI, Section B, line 11: PRESIDENT AND TREASURER OF ORGANIZATION MEET WITH TAX PREPARER TO REVIEW FORM 990

Form 990, Part VI, Section B, Line 12c: THE ORGANIZATION MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY AN ANNUAL INQUIRY OF OFFICERS

Form 990, Part VI, Section C, Line 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. IN ADDITION, THE ORGANIZATION FILES FORM CRI-200 WITH THE NEW JERSEY ATTORNEY GENERAL'S OFFICE, WHICH CONTAINS FINANCIAL INFORMATION THAT IS AVAILABLE TO THE PUBLIC

ALABAMA · COLORADO · ARIZONA · MAINE · TEXAS · UTAH · ALASKA · GEORGIA · DELAWARE · ILLINOIS · KANSAS · NORTH CAROLINA · OREGON · NEBRASKA · KENTUCKY · INDIANA · OKLAHOMA · RHODE ISLAND · MONTANA · HAWAII · WASHINGTON · VIRGINIA · VERMONT · WYOMING · OHIO · CALIFORNIA · MICHIGAN · MINNESOTA · MISSISSIPPI · MISSOURI · WEST VIRGINIA · NEW YORK · NEVADA · IOWA · LOUISIANA · WISCONSIN · TENNESSEE · IDAHO · NEW HAMPSHIRE · NEW JERSEY · NEW MEXICO · CONNECTICUT · FLORIDA · MASSACHUSETTS · NORTH DAKOTA · PENNSYLVANIA · SOUTH CAROLINA · SOUTH DAKOTA · MARYLAND · ARKANSAS ·

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914-632-0248, Fax 914-632-1362 Email salesian@adnyeducation org Web www salesianhigh org Rev Patrick Angelucci, S D B, Dir & Pres, John Flaherty, M A, Prin, Sr Barbara Wright, O P, Asst Prin, Mr Robert Molinaro, Dean of Students, Rev Danh Cong Tvan, Coord of Youth Ministry, Mr Christopher Beal, Business Mgr, Mr Louis Calvelli, Vice Pres Institutional Advancement, Mr Jerry Colaio, Guidance, Rev James Mulloy, S D B, Bros Donald Caldwell, Miguel Suarez, S D B, James Zettel, S D B, John Flaherty, M A, Prin, Paul Zaccagnino, Librarian Priests 3, Brothers 3, Sisters 1, Lay Teachers 36, Students 503

Ursuline School (1897) (Grades 6-12), (Girls), 1354 North Ave, 10804 Tel 914-636-3950, Fax 914-636-3949 Email ursuline@adnyeducation org Web www ursuline pvt ny us Sr Jean Baptiste Nicholson, O S U, M A, Pres, Mrs Eileen Davidson, Prin Priests 1, Sisters 10, Lay Teachers 70, Students 815

RYE *School of the Holy Child*, (Grades 5-12), (Girls), 2225 Westchester Ave, 10580 Tel 914-967-5622, Fax 914-967-6476 Email holychild@adnyeducation org Web www holychildrye org Ann F Sullivan, Head of School, Joli Moniz, Admissions Dir, Helen Kostelas, Librarian Society of the Holy Child Jesus 1, Lay Teachers 46, Students (Upper School) 229, (Middle School) 104

STATEN ISLAND *St John Villa Academy High School* (1932) 26 Landis Ave, 10305-3729 Tel 718-442-6240, Fax 718-447-6729 Email sjva@adnyeducation org Web www sjva org Sr Antonia Zuffante, C S J B, Prin Brothers 1, Sisters 12, Lay Teachers 33, Girls 579

St Joseph by the Sea, High School (Coed), 5150 Hylan Blvd, 10312 Tel 718-984-6500, Fax 718-984-6503 Email josbysea@adnyeducation org Rev Msgr Joseph C Ansaldi, Prin, Rev Michael P Reilly Priests 3, Sisters 6, Lay Teachers 69, Students 1,367

St Joseph Hill Academy (Girls), 850 Hylan Blvd, 10305-2095 Tel 718-447-1374, Fax 718-447-3041 Email joshill@adnyeducation org Web stjosephhill org Sr M Raimonde Bartus, F D C, Pres, Angela T Ferrando, Prin Daughters of Divine Charity Sisters 3, Lay Teachers 30, Students 435

Notre Dame Academy High School, 134 Howard Ave, 10301 Tel 718-447-8878, Fax 718-447-2926 Email ntdameac@adnyeducation org Web www notredameacademy org Dr Lorraine Pasadino, Pres, Dr Gregory Rossicone, Prin Congregation of Notre Dame Sisters 2, Lay Teachers 35, Girls 472

WHITE PLAINS *Academy of Our Lady of Good Counsel (High School)* (1922) (Girls), 52 N Broadway, 10603 Tel 914-949-0178, Fax 914-682-3531 Email cpetersen@goodcounselacademyhs org Web www goodcounselacademyhs org Sr Carol Peterson, R D C, M S, M S W, Prin Sisters of the Divine Compassion 6, Dominican Sisters of Hope 1, Lay Teachers 28, Students 350

[G] SPECIAL SCHOOLS

NEW YORK. *Grace Institute*, 1233 Second Ave, 10021 Tel 212-832-7605, Fax 212-486-2869 Email info@graceinstitute org Web www graceinstitute org Dr Mary Mulvihill Sisters of Charity, Mt St Vincent Sisters 4, Lay Teachers 4, Students 300

John A. Coleman School, 590 Avenue of the Americas, 10011 Tel 646-459-3401, Fax 646-459-3689 Email sharon herl@setonpediatric org Web www setonpediatric org Ms Sharon Herl, Prin

Lavelle School for the Blind, E 221st St and Paulding Ave, 10469 Tel 718-882-1212, Fax 718-882-0005 Web www lavelleschool org William F Simpson, Supt Sisters of St Dominic of Blauvelt Capacity 183, Lay Teachers 24, Total Staff 132, Total Enrollment 160

Mount St Ursula Speech Center, 2885 Marion Ave, Bronx, 10458 Tel 718-584-7679, Fax 718-584-7954 Email msuspeech@aol com Sr Bernadette Hannaway, O S U, Admin Bd Dirs Ursuline Nuns Sisters 1, Lay Clinicians 8, Support Staff 5, Total Enrollment 140

Seton Foundation for Learning, Inc (1985) 315 Arlene St, Staten Island, 10314 Tel 718-982-5084, Fax 718-982-5114 Email seton@adnysch org Web www setonfoundation net Rev Msgr James Dorney, Chm, Mrs Diane Cunningham, Exec Dir, Thomas J Vazzana, M D, Pres Lay Teachers 13, Assistants 28, Total Enrollment 110

BRONX *St Joseph's School for the Deaf*, 1000 Hutchinson River Pkwy, 10465 Tel 718-828-9000, 718-828-1671 (TDD), Fax 718-792-6631 Email PMartin@SJSDNY org Dr Patricia Martin, Ph D, Exec Dir Directed by Daughters of the Heart of Mary Capacity 160, Enrollment 125

MILLBROOK *Cardinal Hayes School for Special Children* (1984) 3374 Franklin Ave, P O. Box CH, 12545 Tel 845-677-6363, Fax 845-677-6691 Email fapers@cardinalhayeshome org Web www cardinalhayeshome org Fred Apers, Exec Dir Educational programs for multi-handicapped children Lay Teachers 7, Capacity 60, Total Enrollment 55

[H] ELEMENTARY SCHOOLS, PRIVATE

NEW YORK. *Convent of the Sacred Heart* (Girls), 1 E 91st St, 10128 Tel 212-722-4745, Fax 212-996-1784 Email mblake@cshnyc org Web cshnyc org Dr Mary Blake, Headmistress Sisters 2, Lay Teachers 103, Students 656

St John Villa Academy Elementary School, Mailing Address 57 Cleveland Pl, Staten Island, 10305 Sr Anne Dolores Van Wagenen, C S J B, Prin Sisters 9, Lay Teachers 10, Students 418

Marymount School, (Grades N-12), 1026 Fifth Ave, 10028 Tel 212-744-4486, Fax 212-744-0163 Email concepcion_alvar@marymount k12 ny us Web www marymount k12 ny us Concepcion Alvar, B S, M A, Headmistress, Cynthia Montes, Librarian, Paul Q Kane, Business Mgr Religious of the Sacred Heart of Mary Sisters 2, Lay Teachers 94, Students 560

Nativity Mission Center, Inc (1971) 204 Forsyth St, 10002 Tel 212-477-2472, Fax 212-473-0538 Email keenan@nynativity org Web www nativitymission org Rev James F Keenan, S J, Pres & Contact Person Brothers 2; Priests 1, Sisters 1, Total Staff 11, Students 60

BRONX *Saint Ignatius School*, 740 Manida St, 10474-5420 Tel 718-861-9084, Fax 718-861-9096 Email info@nynativity org Web www nynativity org Ms Lourdes Torres, Prin

Sacred Heart Private Elementary School, Inc (1934) 1651 Zerega Ave, 10462 Tel 718-863-5047, Fax 718-828-1946 Email shps@adnyschools org Web www sacredheartprivate org Sr Judith Musco, A S C J, Prin, Mrs Louise Derry, Librarian Apostles of the Sacred Heart of Jesus Sisters 3, Lay Teachers 14, Students 171

Villa Maria Academy (1887) 3335 Country Club Rd, 10465 Tel 718-824-3260, Fax 718-824-7315 Email villa@adnyschools org Web www vmany org Sr Teresa Barton, C N D, Prin, Don Gargulo, Librarian Congregation of Notre Dame Sisters 4, Lay Teachers 25, Students 486

NEW ROCHELLE *Iona Grammar School*, (Grades K-8), (Boys), 173 Stratton Rd, 10804 Tel 914-633-7744, Fax 914-235-6338 Email pmborchetta@ionagrammer.com Web www ionagrammar com Peter Borchetta, Pres & Headmaster, Patricia McCarthy, Librarian Lay Teachers 19, Students 201

NEW WINDSOR *Nora Cronin Presentation Academy*, 880 Jackson Ave, 12553 Tel 845-567-0708, Fax 845-567-0709 Email presentationacad@aol com Web www thepresentationacademy org Sr Yliana Hernandez, P B V M, Contact Person, Pres, Prin

NEWBURGH *Bishop Dunn Memorial School*, 50 Gidney Ave, 12550 Tel 845-569-3494, Fax 845-569-3303 Email bishdunn@adnyschools org Web www bdms org Mr James Delviscio, Prin Sisters of St Dominic Sisters 3, Lay Teachers 15, Students 285

San Miguel Academy of Newburgh, 241 Liberty St, 12550 Tel 845-561-2822, Fax 845-561-0312 Email connell@msmc edu, info@sanmiguelnewburgh org Web www sanmiguelnewburgh org Rev Mark J Connell, Pres, Sr Lois Dee, O P, Prin

STATEN ISLAND *Academy of St Dorothy* (1932) 1305 Hylan Blvd, 10305 Tel 718-351-0939, Fax 718-351-0661 Email dorothy@adnysch org Sr Sharon A. McCarthy, S S D, Prin Sisters of St. Dorothy 2, Lay Teachers 10, Students 304

St Joseph Hill Academy Elementary (1919) 850 Hylan Blvd, 10305 Tel 718-981-1187, Fax 718-448-7016 Email joshiles@adnyschools org Web www stjosephhill org Mary Jane Truckenbrodt, Prin Sisters 1, Lay Teachers 30, Students 535

Notre Dame Academy-Elementary School (1903) 78 Howard Ave, 10301 Tel 718-273-9096, Fax 718-273-1093 Email ntdames@adnyschools org Web www notredameacademy org Sr Rose Mary Galligan, C N D, Prin Congregation of Notre Dame Lay Teachers 14, Students 310

WHITE PLAINS *Academy of Our Lady of Good Counsel* (Elementary Dept), 52 N Broadway, 10603 Tel 914-761-4423, Fax 914-761-4427 Email gdounes@adrysch org Sr Clare Arenholz, R D C, Prin Sisters 3, Lay Teachers 14, Students 190

[I] THE CATHOLIC CHARITIES OF THE ARCHDIOCESE OF NEW YORK

NEW YORK *Catholic Charities Alliance*, 1011 First Ave, 10022 Tel 212-371-1011, Fax Msgr Kevin L Sullivan, Pres

The Catholic Charities of the Archdiocese of New York, 1011 First Ave, 10022, Tel Fax 212-755-1529 www catholiccharitiesny org Rev Msgr Sullivan, Exec Dir, Joseph Exec Dir, Mr Kenneth George B Horton, Ms Beatriz Ms Margaret King, Dir, Inst Joseph Becker, Agency Relations Mary Ellen Ros, Catholic Charities Valley, Mr Joseph Panepinto, Staten Island

The Ladies of Charity of the Catholic Archdiocese of New York, 1011 First Tel 212-371-1000, Ext 2540, Fax Ms Dorothea A McElouff, Exec Dir William J Tbohy, Spiritual Dir, M Div, M S, M Ed, Spiritual Dir

Catholic Charities Community Services of New York, 1011 First Ave, 10022 Tel 1000, Fax 212-826-8795 Tisha Dir, Ms Anne Tommaso, Dir Svcs, Mr Alfred Peck, Dir Svcs Div, Mr Alec McAuley, Dir Mary Marshall, Dir Hudson Valley Joy Jasper, Dir Human Resources

Roman Catholic Fund for Charitable Purposes, 1011 First Ave, 10022 Tel 1000, Fax 212-826-8795 Rev Sullivan

Holy Name Centre for Homeless Men, Bleeker St, 10012 Tel John B Ahern, Dir (Retired)

Providence Health Services, 1249 Fifth Karl Adler, Pres

St Michael's Home, c/o The Catholic the Archdiocese of New York, 10022 Tel 212-371-1000 Web Bernard E Reidey, Vice Pres

GOSHEN *Catholic Charities Community Orange County*, Administrative St, 10924 Tel 845-294-5124, COO, Exec Dir, Sr Joanne VP

Early Learning Center, 59 St John 845-294-7502 Montessori-based 2 9-5 year olds

Chemical Dependency Clinics, Mental vised, outpatient clinics for Chemical adults and their families 224 Main St, 10924 Tel 845-294-1402

21 Centre St, Middletown, 10940 Tel 7675, Fax 845-343-2501

520 Rte 17M, Monroe, 10950 Tel Fax 845-782-5164

62 Grand St, Newburgh, 12550 Tel Fax 845-562-4140

Gateway Clinic, 46 Roe St, Newburgh, 845-569-0034, Fax 845-569-0047

17-19 Sussex St, Port Jervis, 12771 6344, Fax 845-856-4091

8 Scofield St, Walden, 12586 Tel Fax 845-778-5168

Housing Resource Center, 280 Broadway, 12550 Tel 845-561-1665, Fax Provides eviction prevention services collaborative effort among Catholic Charities Community Services of Orange County, and County Department of Social Services

Student Assistance Services, 16 Carney Ave, Middletown, 10940 Tel 845-344-6982 Chemical dependency counseling, vention, life skills education, Bush School District Employee Assistance Program tance Programs for 45 corporate governments, groups, etc. Provide counseling assessment, and referral employees on a self-initiated recommended basis Training for lated consultative services provided 10 Orchard St, Middletown, 10940 5565, Fax 845-344-6982

Community Outreach Services Provides assistance 149 Cottage St, Middletown, 10940 1978

319 Broadway, Newburgh, 12550 3452

Community Outreach Services Provides information and management/service coordination tance for rent, utilities, transportation clothing (limited by availability and advocacy

with CYO programs and t existing service programs volunteers to meet parish ne to the parish Middletown, 10940 Tel 845-343-2501 Newburgh, 12550 Tel 845-561-2825

and Adoption Services. Offer services to married an including those experiencin pregnancy

10924 Tel 845-294-5124, 294-1369

Tel 845-534-4894, Fax offers free or low cost health Family Health Plus and Child He Coverage includes check-ups, screenings and preventive care, immunizations lab tests, x-rays, hc emergency treatment (Appointn various sites in Orange County

[J] HOUSING

Catholic Charities Department of Development Institute, Inc, 1 1022 Tel 212-371-1000 Rev Ms Tom Pres

House, Inc, 3217 Cruger Av 231-7592, Fax 718-231-9487 F Interim Exec Dir A tr for homeless women and th Sullivan

[J] MENTAL HEALTH SERVICI

Catholic Charities Community of Hope, 1011 First Ave, 10022 Ext 3603, Fax 212-421-00 mmaso@archny org Web www t me Tommaso, M B A, M P A, D

Health Services Inc, 130 W 12t 1011 Tel 212-604-7536 Email Elizabeth St Clair, E s c

[J] IMMIGRATION SERVICE

Catholic Charities Depa Legal Services, 1011 First Ave 1022 Tel 212-419-3700, Fax 212-751- archny org Ms Raluca Oncioiu, D Resettlement, 1011 First Ave 1022 Tel 212-419-3726, Fax 212-688 Irish Outreach, 1011 First Ave 1022 Tel 212-371-1000, Ext 3640, Fa Patricia O'Callaghan, Coord Immigration Hotline 1011 Firs 1022 Tel 212-419-3737 800-566 Benjamin, Coord Information and Referral Ho Ave, 12th Fl, 10022 Tel 212-41 4365

COMMUNITY OUTREACH SE DIVISION

Catholic Charities Communi Community Outreach Services Division 1022 Tel 212-371-1000 Ext 3119

Management/Social Services Offices 1011 First Ave, 10022 Tel 2035, 888-744-7900 (Catho munity Services of Orange County County Department of Social Serv

Harlem, 84 W 134th St, 940, Fax 212-862-6421 hattan, 213 Stanton St, 900 Cecilia's Church, 1029 Tel 212-348-0488, Fax 21 Hts, 4111 Broadway, 100 Fax 212-781-2935 Bronx, 402 E 152nd St, Bronx 1455, Fax 718-742-9754 120 Anderson Ave, St 718-448-5757, Fax 718-44 County Resettlement, Our La Don Bosco Pl, Port Chester 541, Fax 914-965-4241 County, Yonkers, 204 Hav 10701, Tel 914-476-2700, County, 218 Church St, F 845-452-1400, Fax 845-4 St, Middletown, 10943 County, 78 Hudson Ave, 845-342-5791, Fax 845-4 P O Box 895, Mont 23, Fax 845-791-610 59 Pearl St, Kingsto 1100, Fax 845-340-9596