

Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

Short Form
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)
 Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
 All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150
2011
Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011, and ending 12-31-2011

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization OKLAHOMA FAMILY CENTER FOR AUTISM	D Employer identification number 26-0807671
	Number and street (or P O box, if mail is not delivered to street address) Room/suite 2801 NW 154TH	E Telephone number
	City or town, state or country, and ZIP + 4 EDMOND, OK 73013	F Group Exemption Number

G Accounting method Cash Accrual Other (specify) _____

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

I Website: WWW.AUTISMOKLAHOMA.ORG

J Tax-Exempt status (check only one) - 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 159,806

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	10	Grants and similar amounts paid (list in Schedule O)	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	11	Benefits paid to or for members	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
3	Membership dues and assessments	12	Salaries, other compensation, and employee benefits	20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	13	Professional fees and other payments to independent contractors	21	Net assets or fund balances at end of year Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	14	Occupancy, rent, utilities, and maintenance		
5b	Less cost or other basis and sales expenses	15	Printing, publications, postage, and shipping		
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	16	Other expenses (describe in Schedule O)		
6	Gaming and fundraising events	17	Total expenses. Add lines 10 through 16		
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)				
6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)				
6c	Less direct expenses from gaming and fundraising events				
6d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)				
7a	Gross sales of inventory, less returns and allowances				
7b	Less cost of goods sold				
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				
8	Other revenue (describe in Schedule O)				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				

Part II Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	330,929	22 231,179
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	330,929	25 231,179
26 Total liabilities (describe in Schedule O)	34,500	26 33,675
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	296,429	27 197,504

Part III Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?

OVERVIEW OKLAHOMA FAMILY CENTER FOR AUTISM DOES BUSINESS AS AUTISMOKLAHOMA ORG AUSTISMOKLAHOMA ORG IS USED FOR OUR WEBSITE AND ALL PROGRAMS, INCLUDING MEDIA AND AWARENESS AUTISMOKLAHOMA ORG PROVIDES SUPPORT FOR PERSONS WITH AUTISM AND THEIR FAMILIES OUR VISION IS TO "HELP OKLAHOMA BECOME MORE AUTISM-FRIENDLY AND AWARE WE WANT TO BRING HOPE AND EMPOWERMENT TO PERSON AND FAMILIES AFFECTED BY AUTISM AND SUPPORT THEM IN REACHING THEIR POTENTIAL " 100% OF OUR PROGRAMS AND OPERATING EXPENSES ARE PROVIDED FOR BY DONATIONS OUR OVERHEAD COSTS ARE EXTREMELY LOW SINCE WE DO NOT HAVE ANY BUILDING OR CAPITAL EXPENDITURES STAFFING IS BASED ON VOLUNTEERS AND CONTRACT LABOR WHEN NEEDED AUTISMOKLAHOMA ORG EMPLOYS A PART-TIME EXECUTIVE DIRECTOR AND UTILIZES CONTRACT LABOR TO ASSIST WITH COMMUNITY SUPPORT SPECIFIC PROGRAMS IDENTIFIED IN EACH PARAGRAPH BELOW IN 2011, THE AUTISMOKLAHOMA ORG EXPANDED TO PROVIDE PARENT SUPPORT GROUPS IN 5 GEOGRAPHIC LOCATIONS IN OKLAHOMA, INCLUDING EDMOND, YUKON, ST

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 COMMUNITY AND STATE OUTREACH AND COMMUNITY EDUCATION ARE PRIMARY GOALS OF AUTISMOKLAHOMA ORG THE MORE PEOPLE KNOW ABOUT AUTISM, THE MORE THEY ARE WILLING TO BEFRIEND, HELP, AND ASSIST OUR FAMILIES OUR MESSAGE, "THINK DIFFERENTLY", CHALLENGES OUR COMMUNITY TO APPRECIATE THE GIFTS OF OUR CHILDREN WHILE MINIMIZING NEGATIVE ATTITUDES TOWARD THOSE WHO ACT AND THINK DIFFERENTLY THE PIECEWALK IS A SERIES OF EVENTS AND COMMUNITY EDUCATION THAT BEGINS IN JANUARY AND LASTS THROUGH MAY EDUCATION PROGRAMS AT ELEMENTARY SCHOOLS, CIVIC ORGANIZATIONS, COMMUNITY SERVICE CENTERS, RESTAURANTS, AND FAMILY ACTIVITIES ARE ALSO A PART OF THE PIECEWALK PROGRAM (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	82,208
29 THE AUTISMOKLAHOMA ORG PROVIDES PARENT SUPPORT GROUPS IN 5 GEOGRAPHIC LOCATIONS IN OKLAHOMA, INCLUDING EDMOND, YUKON, STILLWATER, OKLAHOMA CITY, AND STILLWATER OUR GROUPS PROVIDE EDUCATION, SUPPORT, MENTORING, AND LOCAL AWARENESS OUR ORGANIZATION PUBLISHES AN E-NEWSLETTER AND COMMUNICATES REGULARLY WITH MORE THAN 3000 FAMILIES AND SUPPORT PERSONNEL IN OUR STATE (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	50,142
30 THE AUTISMOKLAHOMA ORG PROVIDES PROGRAMS FOR PERSONS WITH AUTISM INCLUDING THREE DIFFERENT SUMMER CAMPS, AND 3 DIFFERENT SOCIAL GROUPS, AS WELL AS AN ENTREPRENEURIAL ART PROGRAM, CALLED BEE'S KNEES WE PROVIDE WEEK-LONG SUMMER CAMPS FOR SPECIFIC AGE GROUPS INCLUDING ELEMENTARY AGE & TEENAGERS (CAMP NOGGIN AND CAMP NOGGIN TEEN EDITION), COLLEGE STUDENTS (SUMMER ADVANCE GET READY FOR COLLEGE), AND YOUNG ADULTS (SUMMER ADVANCE VACATION IN COLORADO) OUR SOCIAL GROUPS INCLUDE A GROUP CALLED TEEN2TEEN, FRIENDS (FOR YOUNG ADULTS WITH AUTISM), AND A COLLEGE SUPPORT GROUP OUR BEE'S KNEES ARTIST PROGRAM PROVIDES A WAY FOR YOUNG ARTISTS TO LEARN ENTREPRENEURIAL AND SELF-SUFFICIENCY SKILLS ALL OF THESE PROGRAMS SERVE AN ESTIMATED 90-100 PERSONS WHO HAVE AUTISM (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	76,095
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	208,445

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		No
35b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a _____		
37b	Did the organization file Form 1120-POL for this year?		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		No
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	<i>Section 501(c)(7) organizations.</i> Enter		
39a	Initiation fees and capital contributions included on line 9		
39b	Gross receipts, included on line 9, for public use of club facilities		
40a	<i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____		
40b	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		No
40c	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> _____		
40d	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> _____		
40e	<i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		No
41	List the states with which a copy of this return is filed <input type="checkbox"/> _____		
42a	The organization's books are in care of <input type="checkbox"/> MELINDA LAUFFENBURGER Telephone no <input type="checkbox"/> (405) 831-5160 2801 NW 154TH STREET Located at <input type="checkbox"/> EDMOND, OK ZIP + 4 <input type="checkbox"/> 73013		
42b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____		No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 43 _____		
44a	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.	Yes	No
44b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		No
44c	Did the organization receive any payments for indoor tanning services during the year?		No
44d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		

Yes **No**

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

46		No
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Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

Yes **No**

47 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

47		No
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48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		No
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		No
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b If "Yes," was the related organization a section 527 organization?

49b		
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50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A **Yes** **No**

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	2012-05-03 Date
	MELINDA LAUFFENBURGER PRESIDENT Type or print name and title	

Paid Preparer's Use Only	Preparer's signature ▶ JAMES R HALE	Date 2012-05-29	Check if self-employed ▶ <input type="checkbox"/>	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ HALE & COMPANY CPA PC 1300 EAST 15TH ST SUITE 150 EDMOND, OK 73013			EIN ▶ _____ Phone no ▶ (405) 330-6000

May the IRS discuss this return with the preparer shown above? See instructions **Yes** **No**

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2011

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
OKLAHOMA FAMILY CENTER FOR AUTISM

Employer identification number

26-0807671

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 **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 the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

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

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

Part II Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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						
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						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV.) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
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 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	

16a 33 1/3% support test—2011. 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—2010.** If the organization did not check the 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—2011.** 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—2010.** 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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	8,200	8,165	33,303	1,152	123,761	174,581
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	21,067	21,294	56,362	118,225	36,045	252,993
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	29,267	29,459	89,665	119,377	159,806	427,574
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)						427,574

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	29,267	29,459	89,665	119,377	159,806	427,574
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)	29,267	29,459	89,665	119,377	159,806	427,574
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	100.000 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	100.000 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	0 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2011. 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—2010. 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

Part IV **Supplemental Information.** 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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2011

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization OKLAHOMA FAMILY CENTER FOR AUTISM

Employer identification number 26-0807671

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

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

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? 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. Form 990-EZ filers are not required to complete this table.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions? (Yes/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. Includes a Total row at the bottom.

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.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>GOLF TOURNAMENT</u> (event type)	<u>TEAMAUTISM</u> (event type)	(total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	19,936	9,667		29,603
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	19,936	9,667		29,603
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				()
11 Net income summary Combine lines 3 and 10 in column (d) ▶				29,603	

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 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶				()	
8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶					

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 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? 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

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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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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 to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
OKLAHOMA FAMILY CENTER FOR AUTISM

Employer identification number

26-0807671

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	AUTISM CONCERT CONCERT EXPENSES 2,036 0 GOLF TOURNAMENT GOLF TOURNAMENT EXPENSES 12,247 0 TEAMAUTISM TEAMAUTISM MARATHON EXP 3,169 EXPENSES MARKETING 5,104 OFFICE SPACE & STORAGE 603 COMPUTER EXPENSE 2,334 PSA & VIDEO EXPENSE 1,050 TRAVEL 790 MEETING EXPENSES 2,846 VENUE EXPENSE 9,075 INSURANCE 3,353 WEBSITE 8,837 MISCELLANEOUS 986 EDUCATION 2,088 GRANT DISBURSEMENT 67,468 REIMBURSEMENT 2,338 SERVICE CHARGE 491 SUMMER ADV 2011 3,061 SUMMER CAMP 4,703 SUPPORT GROUP EXPENSE 405 5K EXPENSE 3,420 FAMILY FUN NIGHT 454 RESOURCE FAIR EXPENSES 366 STATEWIDE CONFERENCE EXP 47,195 T-SHIRT EXPENSE 5,645 WALK ENTERTAINMENT 600 BEES KNEES PRODUCTION EXP 863 TOTAL 191,527

Identifier	Return Reference	Explanation
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DEFERRED REVENUE 34,500 33,675

Identifier	Return Reference	Explanation
PRIMARY EXEMPT PURPOSE	FORM 990-EZ, PART III	<p>OVERVIEW OKLAHOMA FAMILY CENTER FOR AUTISM DOES BUSINESS AS AUTISMOKLAHOMA.ORG. AUTISMOKLAHOMA.ORG IS USED FOR OUR WEBSITE AND ALL PROGRAMS, INCLUDING MEDIA AND AWARENESS. AUTISMOKLAHOMA.ORG PROVIDES SUPPORT FOR PERSONS WITH AUTISM AND THEIR FAMILIES. OUR VISION IS TO "HELP OKLAHOMA BECOME MORE AUTISM-FRIENDLY AND AWARE. WE WANT TO BRING HOPE AND EMPOWERMENT TO PERSONS AND FAMILIES AFFECTED BY AUTISM AND SUPPORT THEM IN REACHING THEIR POTENTIAL." 100% OF OUR PROGRAMS AND OPERATING EXPENSES ARE PROVIDED FOR BY DONATIONS. OUR OVERHEAD COSTS ARE EXTREMELY LOW SINCE WE DO NOT HAVE ANY BUILDING OR CAPITAL EXPENDITURES. STAFFING IS BASED ON VOLUNTEERS AND CONTRACT LABOR WHEN NEEDED. AUTISMOKLAHOMA.ORG EMPLOYS A PART-TIME EXECUTIVE DIRECTOR AND UTILIZES CONTRACT LABOR TO ASSIST WITH COMMUNITY SUPPORT. SPECIFIC PROGRAMS IDENTIFIED IN EACH PARAGRAPH BELOW. IN 2011, THE AUTISMOKLAHOMA.ORG EXPANDED TO PROVIDE PARENT SUPPORT GROUPS IN 5 GEOGRAPHIC LOCATIONS IN OKLAHOMA, INCLUDING EDMOND, YUKON, STILLWATER, OKLAHOMA CITY, AND STILLWATER. OUR GROUPS PROVIDE EDUCATION, SUPPORT, MENTORING, AND LOCAL AWARENESS. APPROXIMATELY 20-30 FAMILIES ATTEND EACH GROUP EVERY MONTH FOR AN ESTIMATED IMPACT OF 300-400 FAMILIES AND THEIR CHILDREN ANNUALLY. GROUPS GENERALLY PROVIDE CHILDCARE FOR PERSONS WITH AUTISM AND MAY INCLUDE REGULAR SOCIAL AND/OR RECREATIONAL ACTIVITIES SUCH AS KARATE, DANCE, OR OTHER PROGRAMS. OUR ORGANIZATION PUBLISHED AN E-NEWSLETTER AND WE COMMUNICATE REGULARLY WITH MORE THAN 3000 FAMILIES AND SUPPORT PERSONNEL IN OUR STATE. THE AUTISMOKLAHOMA.ORG PROVIDES PROGRAMS FOR PERSONS WITH AUTISM INCLUDING THREE DIFFERENT SUMMER CAMPS, AND 3 DIFFERENT SOCIAL GROUPS, AS WELL AS AN ENTREPRENEURIAL ART PROGRAM, CALLED BEE'S KNEES. IN 2011, WE PROVIDED WEEK-LONG SUMMER CAMPS FOR SPECIFIC AGE GROUPS INCLUDING ELEMENTARY AGE & TEENAGERS (CAMP NOGGIN AND CAMP NOGGIN TEEN EDITION), COLLEGE STUDENTS (SUMMER ADVANCE GET READY FOR COLLEGE), AND YOUNG ADULTS (SUMMER ADVANCE VACATION IN COLORADO). OUR SOCIAL GROUPS INCLUDE A GROUP CALLED TEEN2TEEN, FRIENDS (FOR YOUNG ADULTS WITH AUTISM), AND A COLLEGE SUPPORT GROUP. OUR BEE'S KNEES ARTIST PROGRAM PROVIDES A WAY FOR YOUNG ARTISTS TO LEARN ENTREPRENEURIAL AND SELF-SUFFICIENCY SKILLS. ALL OF THESE PROGRAMS SERVE AN ESTIMATED 90-100 PERSONS WHO HAVE AUTISM. COMMUNITY AND STATE OUTREACH IS A PRIMARY GOAL OF AUTISMOKLAHOMA.ORG. THE MORE PEOPLE KNOW ABOUT AUTISM, THE MORE THEY ARE WILLING TO BEFRIEND, HELP, AND ASSIST OUR FAMILIES. OUR MESSAGE, "THINK DIFFERENTLY", CHALLENGES OUR COMMUNITY TO APPRECIATE THE GIFTS OF OUR CHILDREN WHILE MINIMIZING NEGATIVE ATTITUDES TOWARD THOSE WHO ACT AND THINK DIFFERENTLY. OUR MASCOT, DASH, IS "A PUZZLE PIECE CONNECTOR" WITH THE COMMUNITY. HE IS ACTIVE ON TWITTER AND ALSO ATTENDS COMMUNITY EVENTS IN A FULL-BODY COSTUME. DASH IS FRIENDLY, WARM, AND UNDERSTANDS PERSONS WITH AUTISM. WE WILL CONTINUE TO UTILIZE DASH ON PRINTED MATERIALS, T-SHIRTS, AND VIDEO TO BETTER ASSOCIATE THE ISSUES OF AUTISM TO THE GENERAL PUBLIC. THE PIECEWALK IS ACTUALLY A SERIES OF EVENTS AND COMMUNITY EDUCATION THAT BEGINS IN JANUARY AND LASTS THROUGH MAY. THESE EVENTS LEAD UP TO THE ACTUAL PIECEWALK AND 5K EVENT HELD ON THE FIRST SATURDAY IN MAY. THIS EVENT REPRESENTS THE LARGEST AUTISM EVENT IN THE STATE OF OKLAHOMA. IT PROVIDES A PLATFORM TO BRING ATTENTION TO THE ISSUES ABOUT AUTISM AND AWARENESS. APPROXIMATELY 5000 WALKERS AND 400 RUNNERS ATTEND THE PIECEWALK & 5K ANNUALLY. EDUCATION PROGRAMS AT ELEMENTARY SCHOOLS, CIVIC ORGANIZATIONS, COMMUNITY SERVICE CENTERS, RESTAURANTS, AND FAMILY ACTIVITIES ARE ALSO A PART OF THE PIECEWALK PROGRAM. AUTISMOKLAHOMA.ORG ALSO PROVIDES OUTREACH TO AUDIENCES WITH SPECIFIC INTERESTS. WE ANNUALLY HAVE A CONCERT, GOLF TOURNAMENT, RUNNING EVENTS, AND ART EVENTS THAT PROVIDE EDUCATION IN THE COMMUNITY. THESE PROGRAMS ARE ATTENDED BY 500 PEOPLE ANNUALLY. FOR THE PAST TWO YEARS AUTISM OKLAHOMA.ORG HAS ADMINISTERED A GRANT PROGRAM WITH THE NET PROCEEDS FROM THE PIECEWALK. THESE FUNDS HAVE BEEN USED TO SUPPORT PROGRAMS THAT ADVANCE AWARENESS AND BEST PRACTICES FOR AUTISM IN OUR STATE. OVER THE PAST 2 YEARS (2010-2011), AUTISMOKLAHOMA.ORG HAS AWARDED 76,268 IN GRANT FUNDS IN THE CATEGORIES OF PARENT-LED ORGANIZATIONS, EDUCATION, AND RESEARCH. THE AUTISMOKLAHOMA.ORG PROVIDES A FULL-FEATURED WEBSITE TO AID IN COMMUNICATION THROUGHOUT OUR STATE. THE WEBSITE IS DESIGNED TO PROVIDE ENCOURAGEMENT AND SUPPORT FOR FAMILIES. WE ALSO PROVIDE INFORMATION ABOUT ALL OUR EVENTS AND PROGRAMS. FACEBOOK GROUPS ARE ALSO UTILIZED TO PROMOTE COMMUNICATION AMONG PARENTS BETWEEN SUPPORT GROUP MEETINGS. CREATIVE USE OF VIDEO AND PHOTOGRAPHY ARE ALSO INCORPORATED INTO THE WEBSITE.</p>

Identifier	Return Reference	Explanation
FIRST ACCOMPLISHMENT	FORM 990-EZ, PART III, LINE 28	COMMUNITY AND STATE OUTREACH AND COMMUNITY EDUCATION ARE PRIMARY GOALS OF AUTISMOKLAHOMA.ORG THE MORE PEOPLE KNOW ABOUT AUTISM, THE MORE THEY ARE WILLING TO BEFRIEND, HELP, AND ASSIST OUR FAMILIES. OUR MESSAGE, "THINK DIFFERENTLY", CHALLENGES OUR COMMUNITY TO APPRECIATE THE GIFTS OF OUR CHILDREN WHILE MINIMIZING NEGATIVE ATTITUDES TOWARD THOSE WHO ACT AND THINK DIFFERENTLY. THE PIECEWALK IS A SERIES OF EVENTS AND COMMUNITY EDUCATION THAT BEGINS IN JANUARY AND LASTS THROUGH MAY. EDUCATION PROGRAMS AT ELEMENTARY SCHOOLS, CIVIC ORGANIZATIONS, COMMUNITY SERVICE CENTERS, RESTAURANTS, AND FAMILY ACTIVITIES ARE ALSO A PART OF THE PIECEWALK PROGRAM.

Identifier	Return Reference	Explanation
SECOND ACCOMPLISHMENT	FORM 990-EZ, PART III, LINE 29	THE AUTISMOKLAHOMA.ORG PROVIDES PARENT SUPPORT GROUPS IN 5 GEOGRAPHIC LOCATIONS IN OKLAHOMA, INCLUDING EDMOND, YUKON, STILLWATER, OKLAHOMA CITY, AND STILLWATER. OUR GROUPS PROVIDE EDUCATION, SUPPORT, MENTORING, AND LOCAL AWARENESS. OUR ORGANIZATION PUBLISHES AN E-NEWSLETTER AND COMMUNICATES REGULARLY WITH MORE THAN 3000 FAMILIES AND SUPPORT PERSONNEL IN OUR STATE.

Identifier	Return Reference	Explanation
THIRD ACCOMPLISHMENT	FORM 990-EZ, PART III, LINE 30	THE AUTISMOKLAHOMA.ORG PROVIDES PROGRAMS FOR PERSONS WITH AUTISM INCLUDING THREE DIFFERENT SUMMER CAMPS, AND 3 DIFFERENT SOCIAL GROUPS, AS WELL AS AN ENTREPRENEURIAL ART PROGRAM, CALLED BEE'S KNEES. WE PROVIDE WEEK-LONG SUMMER CAMPS FOR SPECIFIC AGE GROUPS INCLUDING ELEMENTARY AGE & TEENAGERS (CAMP NOGGIN AND CAMP NOGGIN TEEN EDITION), COLLEGE STUDENTS (SUMMER ADVANCE GET READY FOR COLLEGE), AND YOUNG ADULTS (SUMMER ADVANCE VACATION IN COLORADO). OUR SOCIAL GROUPS INCLUDE A GROUP CALLED TEEN2TEEN, FRIENDS (FOR YOUNG ADULTS WITH AUTISM), AND A COLLEGE SUPPORT GROUP. OUR BEE'S KNEES ARTIST PROGRAM PROVIDES A WAY FOR YOUNG ARTISTS TO LEARN ENTREPRENEURIAL AND SELF-SUFFICIENCY SKILLS. ALL OF THESE PROGRAMS SERVE AN ESTIMATED 90-100 PERSONS WHO HAVE AUTISM.

TY 2011 Compensation Explanation

Name: OKLAHOMA FAMILY CENTER FOR AUTISM

EIN: 26-0807671

Person Name	Explanation
MELINDA LAUFFENBURGER	
RENE DAMAN	
KENT GARDNER	
JOHN COOPER	
DEE BLOSE	

Additional Data

Software ID:

Software Version:






EIN: 26-0807671

Name: OKLAHOMA FAMILY CENTER FOR AUTISM

Form 990-EZ, Special Condition Description:

Special Condition Description

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
MELINDA LAUFFENBURGER  2801 NW 154TH EDMOND,OK 73013	DIRECTOR 40 00	35,000		
RENE DAMAN  4074 PRAIRIE FALCON PT EDMOND,OK 73034	SECRETARY 4 00	0		
KENT GARDNER  16721 RAINWATER TRAIL EDMOND,OK 73012	VICE PRESIDE 3 00	0		
JOHN COOPER  2725 NW 157TH STREET EDMOND,OK 73013	TREASURER 6 00	0		
DEE BLOSE  724 RANCH OAK DRIVE YUKON,OK 73099	PRESIDENT 8 00	0		