

Forms 990 / 990-EZ Return Summary

For calendar year 2012, or tax year beginning _____, and ending _____

26-0807671

Oklahoma Family Center for Autism

Net Asset / Fund Balance at Beginning of Year		<u>197,504</u>
Revenue		
Contributions	<u>147,145</u>	
Program service revenue		
Investment income	<u>460</u>	
Capital gain / loss		
Special events:		
Gross revenue	<u>46,720</u>	
Direct expenses		
Net income	<u>46,720</u>	
Other income		
Total revenue		<u>194,325</u>
Expenses		
Program services		
Management and general		
Fundraising		
Total expenses		<u>178,615</u>
Excess / (deficit)		<u>15,710</u>
Other changes		
Net Asset / Fund Balance at End of Year		<u><u>213,214</u></u>

Reconciliation of Revenue

Total revenue per financial statements	_____
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total revenue per return	_____

Reconciliation of Expenses

Total expenses per financial statements	_____
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total expenses per return	_____

		Balance Sheet		
		Beginning	Ending	Differences
Assets		<u>231,179</u>	<u>215,000</u>	
Liabilities		<u>33,675</u>	<u>1,786</u>	
Net assets		<u><u>197,504</u></u>	<u><u>213,214</u></u>	<u>15,710</u>

Miscellaneous Information

Amended return _____

Return / extended due date 08/15/13

Failure to file penalty _____

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Form **8879-EO**

For calendar year 2012, or fiscal year beginning, 2012, and ending, 20

2012

Department of the Treasury
Internal Revenue Service

u Do not send to the IRS. Keep for your records.

Name of exempt organization

Employer identification number

Oklahoma Family Center for Autism

26-0807671

Name and title of officer

Melinda Lauffenburger
Executive Director

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a	Form 990-EZ check here	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	194,325
3a	Form 1120-POL check here	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b	Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize Hale & Company, CPA, P.C. to enter my PIN 10000 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature }

Date } 06/05/13

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

73316460000
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } James R. Hale

Date }

ERO Must Retain This Form—See Instructions

Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2012)

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2012

Department of the Treasury
Internal Revenue Service

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

} 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.

**Open to Public
Inspection**

A For the **2012** calendar year, or tax year beginning , and ending

B Check if applicable:	C Name of organization	D Employer identification number
<input type="checkbox"/> Address change	Oklahoma Family Center for Autism	26-0807671
<input type="checkbox"/> Name change	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	E Telephone number
<input type="checkbox"/> Initial return	2801 NW 154th	405-831-5160
<input type="checkbox"/> Terminated	City or town, state or country, and ZIP + 4	F Group Exemption Number u
<input type="checkbox"/> Amended return	Edmond OK 73013	
<input type="checkbox"/> Application pending		

G Accounting Method: Cash Accrual Other (specify) **u** _____

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

I Website: **u** www.autismoklahoma.org

J Tax-exempt status (check only one) — 501(c)(3) 501(c) () | (insert no.) 4947(a)(1) or 527

K Check **u** 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 **u** \$ 194,325

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

	Description	Line	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	147,145
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	460
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b 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)	6b	46,720
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	46,720	
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	194,325	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	79,697
	13 Professional fees and other payments to independent contractors	13	5,825
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	1,593
	16 Other expenses (describe in Schedule O)	16	91,500
17 Total expenses. Add lines 10 through 16	17	178,615	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	15,710
	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)	19	197,504
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	213,214

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2012)

Part V Other Information (Note the Schedule A and personal benefit contract 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		X
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)		X
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)?		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c	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		X
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <u> </u> u 37a		
b	Did the organization file Form 1120-POL for this year?		X
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?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 u <u> </u> ; section 4912 u <u> </u> ; section 4955 u <u> </u>		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it 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		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u> </u> u <u> </u>		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <u> </u> u <u> </u>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed u <u>None</u>		
42a	The organization's books are in care of u <u>Melinda Lauffenburger</u> Telephone no. u <u>405-831-5160</u> 2801 NW 154th Street Located at u <u>Edmond</u> OK ZIP + 4 u <u>73013</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: u <u> </u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42b			X
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: u <u> </u>		X
42c			X
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 <u> </u> u 43		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c	Did the organization receive any payments for indoor tanning services during the year?		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
44d			
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)		X
45b			X

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 Yes No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

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 Yes No

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

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

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

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 title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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 Date
 Signature of officer: Melinda Lauffenburger Executive Director
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name James R. Hale	Preparer's signature James R. Hale	Date 07/08/13	Check <input type="checkbox"/> if self-employed	PTIN P00020646
Firm's name } Hale & Company, CPA, P.C.	Firm's EIN } 73-1486189			
Firm's address } 1300 East 15th St., Suite 150 Edmond, OK 73013		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 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2012

Open to Public Inspection

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

u Attach to Form 990 or Form 990-EZ. u 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 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—Non-functionally integrated
- 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?		(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 monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

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) u	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) u	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
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 section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%

16a 33 1/3% support test—2012. 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—2011. 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—2012. 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—2011. 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) u	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,165	33,303	1,152	123,761	147,145	313,526
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	21,294	56,362	118,225	36,045	47,180	279,106
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	29,459	89,665	119,377	159,806	194,325	592,632
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.)						592,632

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	29,459	89,665	119,377	159,806	194,325	592,632
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.)	29,459	89,665	119,377	159,806	194,325	592,632

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 2012 (line 8, column (f) divided by line 13, column (f))	15	100.00 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	100.00 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2012. 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—2011. 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.
u Attach to Form 990 or Form 990-EZ. u See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

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. 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

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.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
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.

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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	(b) Event #2	(c) Other events	(d) Total events
		<u>Golf Tournament</u>	<u>5K</u>	<u>None</u>	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	25,310	17,970		43,280
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	25,310	17,970		43,280
Direct Expenses	4 Cash prizes				
	5 Noncash 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 line 3, column (d), and line 10				43,280

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	<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 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 **u**

Address **u**

- 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 **u** \$ and the amount of gaming revenue retained by the third party **u** \$
- c If "Yes," enter name and address of the third party:

Name **u**

Address **u**

16 Gaming manager information:

Name **u**

Gaming manager compensation **u** \$

Description of services provided **u**

- 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 **u** \$

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).

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

Name of the organization

Supplemental Information to Form 990 or 990-EZComplete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

u Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012Open to Public
Inspection

Oklahoma Family Center for Autism

Employer identification number

26-0807671

Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Golf Tournament	
Golf Tournament Expenses	\$ 9,140
TeamAutism - Marathon	
TeamAutism Marathon Exp	\$ 319
5K	
Expenses	\$ 5,229
Expenses	
Marketing	\$ 5,391
Office Space & Storage	\$ 532
Mobile Phone	\$ 450
Office	\$ 839
Computer Expense	\$ 1,326
PSA & Video Expense	\$ 6,850
Travel	\$ 2,425
Mileage	\$ 1,258
Meeting Expenses	\$ 4,797
Venue Expense	\$ 11,844
Insurance	\$ 3,451
Website	\$ 3,721
Education	\$ 1,734
Reimbursement	\$ 844
Service Charge	\$ 1,274
Summer Adv 2012	\$ 207

Name of the organization

Oklahoma Family Center for Autism

Employer identification number

26-0807671

Summer Camp	\$	4,460
Support Group Expense	\$	1,022
Family Fun Night	\$	893
Resource Fair Expenses	\$	111
Statewide Conference Exp	\$	1,469
T-Shirt Expense	\$	7,882
Bees Knees Production Exp	\$	445
Petty Cash	\$	842
Charity	\$	202
College Support Program	\$	300
Kick Off Expenses	\$	366
Parent Leader Events	\$	657
Swanky	\$	7,919
Miscellaneous	\$	-19
Fundraiser Expenses	\$	3,320
Total	\$	91,500

Form 990-EZ, Part II, Line 26 - Other Liabilities

Description	Beg. of Year	End of Year
Deferred Revenue	\$ 33,675	\$ 1,786

Form 990-EZ, Part III - Primary Exempt Purpose

Oklahoma Family Center for Autism does business as AutismOklahoma.org. AutismOklahoma.org is the name used for our website, all programs, and media and awareness.

Our mission is Investing together to grow, learn, and serve the families of

Name of the organization

Oklahoma Family Center for Autism

Employer identification number

26-0807671

Oklahoma affected by autism. We are a parent organization and want to improve the quality of life for families and increase the number of opportunities for individuals affected by autism in our state.

Our vision is to bring hope and empowerment as we help Oklahoma become more autism-friendly and aware! There are 3 Ways in Which We Accomplish our Vision

I. Supporting families who have a loved one with autism

II. Supporting persons who have autism with unique and creative model programs that meet specific needs, that we hope are replicated by others in their communities

III. Autism Awareness Outreach to Our State and Community

95% of our programs and operating expenses are provided by donations. Our overhead costs are extremely low since we do not own a building and have minimal capital expenditures. AutismOklahoma.org employs a part-time Executive Director and one full-time Community Resource person. Staffing is primarily volunteer based with over 300 volunteers in a single year.

Biggest Accomplishments in 2012

1. Developing Swanky Program

In 2012, we leveraged our Big Swanky Art Camp and Art Show into our first full-length movie. "Swanky, the most awesome art show movie ever made by everybody", told the story of how 11 artists with autism learned to work together to produce a world-class art show. The movie premiered at Will Rogers Theater to a sold-out audience. The night was a magical, touching

Name of the organization

Oklahoma Family Center for Autism

Employer identification number

26-0807671

and swanky experience for all who attended. The movie captured the spirit of our message and beautifully depicted our amazing young adults with autism, their works, and capabilities. The movie was marketed and sold in DVD form to share the experience to many within our state.

2. More participation in autism awareness including the PieceWalk and 5K in 2012.

In 2012, new aspects of the PieceWalk and 5K were emphasized and developed.

This year, the PieceWalk committee focused on increasing corporate sponsorships, providing support for team wrap around events, and approaching more schools to get more involvement from school age children.

All three of these areas are critical pillars to expand the PieceWalk and grow community education and involvement. In addition, our video support and social media support provides a great way to increase communication about the PieceWalk and other wrap around events sponsored by family teams.

We will continue to build on the PieceWalk to target more involvement, community involvement, and fundraising.

3. Leadership Development

In 2012, we brought Crystal Frost on as a full-time employee to assist with program development, leadership and volunteer management, and to continue to develop the PieceWalk & 5K. Our limited staff is augmented by about 300 volunteers. In 2012, AutismOklahoma offered our first Leadership Summit for 15 of our most critical volunteers, our parent support group leaders and program directors. The Leadership Summit was a 2 night, 3-day staff development event which provided education and teambuilding for parent

Name of the organization

Oklahoma Family Center for Autism

Employer identification number

26-0807671

leaders. The Leadership Summit provided general information about AutismOklahoma including our strategic plan as well as our communication plan. We were also able to roll-out our Leader Toolkit, a source of frequently requested information on a secure web page. The Leadership Summit also enabled all parent leaders to attend the Oklahoma Statewide Autism Conference. The conference featured leading speakers and provided evidence based education and information about autism. This program was a great way to give something valuable to our volunteer leaders that they can share with the parents they support and mentor.

Form 990-EZ, Part III, Line 28 - First Accomplishment

I. Autism Awareness Outreach to Our State and Community

Autism awareness is a key goal for AutismOklahoma. The PieceWalk is our largest autism awareness outreach and is actually a series of events that being in September and last through May. These events provide a education platform for members of our community to learn more and be more understanding towards people who have autism. This year's PieceWalk had record attendance of 6500 people who attended the walk and about 585 runners. Our record sponsorships totaled \$20,000 and in total \$135,000 was donated. The PieceWalk also included more awareness events including chili suppers, restaurant nights, bake sales, and other events. In addition, the public schools participated with us to include more education about autism in the schools. Finally, our PieceWalk website was re-designed to coordinate with the look and feel of the AutismOklahoma site. In addition to the PieceWalk, we also began utilizing social media to connect with parents around our state. Each one of our parent groups has a closed group facebook page so that parents can communicate with each other and problem

Name of the organization

Oklahoma Family Center for Autism

Employer identification number

26-0807671

solve in a secure group. In addition, our primary facebook page "likes" grew to more than 2000 each on both AutismOklahoma and the PieceWalk pages. This strategy is helping us to build a closer and stronger community.

Form 990-EZ, Part III, Line 29 - Second Accomplishment

II. Supporting families who have a loved one with autism

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. Approximately 15-25 families attend each group every month for an estimated impact of 300-400 families annually. Groups provide childcare for youngsters with autism and may include regular social groups. This year we provided staff development for the leaders of our support groups. Selected leaders from every group (or about 15 persons) were able to attend a Leadership Summit which also included the Oklahoma Statewide Autism Conference to receive education and information about autism to share with other parents. In addition to the monthly meetings, AutismOklahoma.org regularly publishes e-newsletters that are sent to 3500 families and support persons in our state.

Form 990-EZ, Part III, Line 30 - Third Accomplishment

III. Supporting persons who have autism with unique and creative programs that meet specific needs

AutismOklahoma.org provides unique and creative programs for persons with autism including social groups, summer camps and interest clubs. In 2012, AutismOklahoma.org provided unique and creative programs for persons with autism including three different summer camps, and 3 different social

Name of the organization

Oklahoma Family Center for Autism

Employer identification number

26-0807671

groups, as well as an entrepreneurial art program, called Bee's Knees. In 2012, we provided a week-long summer camps for elementary school age kids called Camp Noggin. For college students we offered a 2-night and 3-day camp at University of Central Oklahoma called Summer Advance: Get Ready for College. We also provided a 2-night trip for a group of young adults to attend Tokyo in Tulsa, an anime convention. Finally, we offered a brand new art camp and art show experience called "The Big Swanky Art Camp/Show".

Our year-round social groups include a group called Teen2Teen, Friends (for young adults with autism), and a College Support Group. The Bee's Knees artist program provides a way for young artists to learn entrepreneurial and self-sufficiency skills. A main purpose of these type of programs is to demonstrate a model, with documented impact, that we hope will be replicated by others in their communities.

26-0807671

Federal Statements

FYE: 12/31/2012

Schedule A, Part III, Line 1(e)

<u>Description</u>	<u>Amount</u>
Donations	\$ 15,603
Statewide Conference	53
Bees Knees	1,166
Miscellaneous	108
PieceWalk Sponsorships	25,000
Resource Fair	2,050
Swanky	2,650
Walk Income	86,753
Prior Year Income	13,762
Total	<u>\$ 147,145</u>

Schedule A, Part III, Line 2(e)

<u>Description</u>	<u>Amount</u>
Taxable Interest on Savings and Temporary Cash Investments	\$ 460
Golf Tournament	25,310
TeamAutism - Marathon	3,440
5K	17,970
Total	<u>\$ 47,180</u>