

# Return of Organization Exempt From Income Tax

**2001**

**Open to Public Inspection**

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)

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

**A For the 2001 calendar year, or tax year beginning** 07/01, 2001, and ending 06/30, 2002

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

**C Name of organization**  
**ASPERGER'S ASSOC OF NEW ENGLAND, INC**  
 Number and street (or P O box if mail is not delivered to street address) Room/suite  
**1301 CENTRE STREET**  
 City or town state or country and ZIP + 4  
**NEWTON, MA 02459-**

**D Employer identification number**  
**04: 3376227**

**E Telephone number**  
**( 617 ) 527-2894**

**F Accounting method:**  Cash  Accrual  
 Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

**G Web site** ▶

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

**K** Check here ▶  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

**L Gross receipts** Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **199,800**

**M** Check ▶  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

**H and I are not applicable to section 527 organizations**  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates ▶ .....  
**H(c)** Are all affiliates included?  Yes  No (If "No," attach a list. See instructions.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Enter 4 digit GEN ▶

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See Specific Instructions on page 16)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1a	98,309	1d	98,309
	a	Direct public support	1b		2	67,860
	b	Indirect public support	1c		3	23,545
	c	Government contributions (grants)			4	237
	d	Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)			5	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			6a	
	3	Membership dues and assessments			6b	
	4	Interest on savings and temporary cash investments			6c	
	5	Dividends and interest from securities			7	
	6a	Gross rents			8a	
	b	Less rental expenses			8b	
	c	Net rental income or (loss) (subtract line 6b from line 6a)			8c	
7	Other investment income (describe ▶ _____)			8d		
Expenses	8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	11	9,849
	b	Less cost or other basis and sales expenses			12	199,800
	c	Gain or (loss) (attach schedule)			13	144,711
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))			14	14,400
	9	Special events and activities (attach schedule)			15	6,968
	a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a		16	
	b	Less direct expenses other than fundraising expenses	9b		17	166,079
	c	Net income or (loss) from special events (subtract line 9b from line 9a)			18	33,721
	10a	Gross sales of inventory less returns and allowances	10a		19	55,129
	b	Less cost of goods sold	10b		20	-1,173
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			21	87,677	
Net Assets	11	Other revenue (from Part VII, line 103)				
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				
	13	Program services (from line 44, column (B))				
	14	Management and general (from line 44, column (C))				
	15	Fundraising (from line 44, column (D))				
	16	Payments to affiliates (attach schedule)				
	17	Total expenses (add lines 16 and 44, column (A))				
	18	Excess or (deficit) for the year (subtract line 17 from line 12)				
	19	Net assets or fund balances at beginning of year (from line 73, column (A))				
	20	Other changes in net assets or fund balances (attach explanation)				
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)				

**RECEIVED**  
**MAY 18 2003**  
**OGDEN, UT**  
 IRS-OSC

SCANNED JUN 09 '03

16 6/3

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 21.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.				
26	Other salaries and wages	56,227	56,227		
27	Pension plan contributions				
28	Other employee benefits	4,043	4,043		
29	Payroll taxes	5,652	5,652		
30	Professional fundraising fees	1,965			1,965
31	Accounting fees	1,056	1,056		
32	Legal fees				
33	Supplies				
34	Telephone	2,095		2,095	
35	Postage and shipping	4,617	4,617		
36	Occupancy	6,760		6,760	
37	Equipment rental and maintenance	1,048	1,048		
38	Printing and publications	1,697	1,697		
39	Travel				
40	Conferences, conventions and meetings				
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)				
43	Other expenses not covered above (itemize): a				
	b				
	c <b>See attached schedule</b>	80,919	70,371	5,545	5,003
	d				
	e				
44	<b>Total functional expenses</b> (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	<b>166,079</b>	<b>144,711</b>	<b>14,400</b>	<b>6,968</b>

**Joint Costs** Check  if you are following SOP 98-2.  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If Yes, enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_.

**Part III Statement of Program Service Accomplishments** (See Specific Instructions on page 24.)

What is the organization's primary exempt purpose? <b>SUPPORT FOR ASPERGER'S SYNDROME</b>	Program Service Expenses <small>(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)</small>
a <b>THE MISSION OF ASPERGER'S ASSOC OF N E IS TO IMPROVE THE QUALITY OF LIFE OF PEOPLE WITH ASPERGER'S</b>  (Grants and allocations \$ _____)	<b>144,711</b>
b  (Grants and allocations \$ _____)	
c  (Grants and allocations \$ _____)	
d  (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	<b>144,711</b>

**Part IV Balance Sheets** (See Specific Instructions on page 24 )

Note		(A)		(B)	
<i>Where required attached schedules and amounts within the description column should be for end of year amounts only</i>		Beginning of year		End of year	
<b>Assets</b>	<b>45</b> Cash—non-interest-bearing	52,800	<b>45</b>	85,455	
	<b>46</b> Savings and temporary cash investments	2,992	<b>46</b>	2,845	
	<b>47a</b> Accounts receivable	4,034			
	<b>b</b> Less allowance for doubtful accounts	1,045	120	<b>47c</b>	2,989
	<b>48a</b> Pledges receivable				
	<b>b</b> Less allowance for doubtful accounts			<b>48c</b>	
	<b>49</b> Grants receivable			<b>49</b>	
	<b>50</b> Receivables from officers, directors, trustees and key employees (attach schedule)			<b>50</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule)				
	<b>b</b> Less allowance for doubtful accounts			<b>51c</b>	
	<b>52</b> Inventories for sale or use			<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges	500	<b>53</b>	500	
	<b>54</b> Investments—securities (attach schedule) <span style="float: right;">▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV</span>			<b>54</b>	
	<b>55a</b> Investments—land buildings, and equipment basis				
	<b>b</b> Less accumulated depreciation (attach schedule)			<b>55c</b>	
	<b>56</b> Investments—other (attach schedule)			<b>56</b>	
	<b>57a</b> Land, buildings, and equipment basis				
	<b>b</b> Less accumulated depreciation (attach schedule)			<b>57c</b>	
<b>58</b> Other assets (describe ▶ <b>DEPOSITS</b> )	1,750	<b>58</b>	2,050		
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74)	58,162	<b>59</b>	93,839		
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses	2,073	<b>60</b>	550	
	<b>61</b> Grants payable		<b>61</b>		
	<b>62</b> Deferred revenue		<b>62</b>		
	<b>63</b> Loans from officers directors, trustees, and key employees (attach schedule)			<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule)			<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule)			<b>64b</b>	
	<b>65</b> Other liabilities (describe ▶ <b>DUE TO NWW COMMITTEE</b> )	960	<b>65</b>	5,612	
<b>66 Total liabilities</b> (add lines 60 through 65)	3,033	<b>66</b>	6,162		
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 67 through 69 and lines 73 and 74</b>				
	<b>67</b> Unrestricted	47,655	<b>67</b>	60,577	
	<b>68</b> Temporarily restricted	7,474	<b>68</b>	27,100	
	<b>69</b> Permanently restricted		<b>69</b>		
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 70 through 74</b>				
	<b>70</b> Capital stock trust principal or current funds		<b>70</b>		
	<b>71</b> Paid-in or capital surplus, or land, building and equipment fund		<b>71</b>		
	<b>72</b> Retained earnings endowment accumulated income or other funds		<b>72</b>		
	<b>73 Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	55,129	<b>73</b>	87,677	
	<b>74 Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	58,162	<b>74</b>	93,839	

Form 990 is available for public inspection and for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes in Part III, the organization's programs and accomplishments.



**Part VI Other Information** (See Specific Instructions on page 27 )

		Yes	No
<b>76</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes" attach a detailed description of each activity	<b>76</b>	X
<b>77</b>	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	<b>77</b>	X
<b>78a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<b>78a</b>	X
<b>b</b>	If "Yes" has it filed a tax return on <b>Form 990-T</b> for this year?	<b>78b</b>	
<b>79</b>	Was there a liquidation, dissolution, termination or substantial contraction during the year? If "Yes," attach a statement	<b>79</b>	X
<b>80a</b>	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	<b>80a</b>	X
<b>b</b>	If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
<b>81a</b>	Enter direct or indirect political expenditures See line 81 instructions <b>81a</b> _____		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year?	<b>81b</b>	X
<b>82a</b>	Did the organization receive donated services or the use of materials, equipment or facilities at no charge or at substantially less than fair rental value?	<b>82a</b>	X
<b>b</b>	If "Yes" you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) <b>82b</b> _____		
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>83a</b>	X
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<b>83b</b>	X
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?	<b>84a</b>	X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>84b</b>	X
<b>85</b>	<b>501(c)(4), (5), or (6) organizations</b> <b>a</b> Were substantially all dues nondeductible by members?	<b>85a</b>	
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	<b>85b</b>	
<b>c</b>	Dues, assessments, and similar amounts from members <b>85c</b> _____		
<b>d</b>	Section 162(e) lobbying and political expenditures <b>85d</b> _____		
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <b>85e</b> _____		
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e) <b>85f</b> _____		
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>85g</b>	
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	<b>85h</b>	
<b>86</b>	<b>501(c)(7) orgs</b> Enter <b>a</b> Initiation fees and capital contributions included on line 12 <b>86a</b> _____		
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities <b>86b</b> _____		
<b>87</b>	<b>501(c)(12) orgs</b> Enter <b>a</b> Gross income from members or shareholders <b>87a</b> _____		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) <b>87b</b> _____		
<b>88</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	<b>88</b>	X
<b>89a</b>	<b>501(c)(3) organizations</b> Enter Amount of tax imposed on the organization during the year under section 4911 _____, section 4912 _____, section 4955 _____		
<b>b</b>	<b>501(c)(3) and 501(c)(4) orgs</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	<b>89b</b>	
<b>c</b>	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912 4955 and 4958 _____		
<b>d</b>	Enter Amount of tax on line 89c, above, reimbursed by the organization _____		
<b>90a</b>	List the states with which a copy of this return is filed <b>MASSACHUSETTS</b>		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2001 (See instructions) <b>90b</b> _____		
<b>91</b>	The books are in care of <b>DANIA JEKEL</b> Telephone no <b>(617) 527-2894</b> Located at <b>1301 CENTRE STREET, NEWTON, MA</b> ZIP + 4 <b>02459</b>		
<b>92</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 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 <b>92</b> _____		

**Part VII Analysis of Income-Producing Activities** (See Specific Instructions on page 32 )

	Unrelated business income		Excluded by section 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>Note</b> Enter gross amounts unless otherwise indicated					
<b>93</b> Program service revenue					
<b>a</b> <b>CONFERENCE FEES</b>					<b>67,860</b>
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					<b>23,545</b>
<b>95</b> Interest on savings and temporary cash investments			<b>14</b>		<b>237</b>
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue					
<b>a</b> <b>SEMINARS</b>					<b>4,454</b>
<b>b</b> <b>BOOK SALES</b>					<b>4,928</b>
<b>c</b> <b>MISCELLANEOUS</b>					<b>467</b>
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))					<b>101,491</b>
<b>105</b> Total (add line 104 columns (B), (D), and (E))					<b>101,491</b>

**Note** Line 105 plus line 1d Part I should equal the amount on line 12 Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See Specific Instructions on page 32 )

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
<b>93(a)</b>	<b>ASPERGER'S HOLDS FULL DAY SEMINARS INCLUDING SPEAKERS &amp; WORKSHOPS TO FOSTER AWARENESS AND SUPPORT FOR INDIVIDUALS &amp; FAMILIES WITH ASPERGER'S SYNDROME</b>

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions on page 33 )

(A) Name, address and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See Specific Instructions on page 33 )

(a) Did the organization during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No  
 (b) Did the organization during the year pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No  
**Note** If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

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

*stad* \_\_\_\_\_ Date **5-13-03**  
*stad, Treasurer*

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

Department of the Treasury  
Internal Revenue Service

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

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

**Supplementary Information—(See separate instructions)**

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

OMB No 1545-0047

**2001**

Name of the organization

**ASPERGER'S ASSOC OF NEW ENGLAND, INC**

Employer identification number

**04 3376227**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE .....				
.....				
.....				
.....				
.....				
Total number of other employees paid over \$50,000 ▶				

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE .....		
.....		
.....		
.....		
.....		
Total number of others receiving over \$50,000 for professional services ▶		

**Part III Statements About Activities** (See page 2 of the instructions )

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A or line 1 of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		X
<b>2</b> During the year, has the organization either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )		
<b>a</b> Sale exchange, or leasing of property?		X
<b>b</b> Lending of money or other extension of credit?		X
<b>c</b> Furnishing of goods services, or facilities?		X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
<b>e</b> Transfer of any part of its income or assets?		X
<b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc ? (See <b>Note</b> below )		X
<b>4</b> Do you have a section 403(b) annuity plan for your employees?		X
<b>Note</b> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs 'qualify' to receive payments		

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions )

The organization is not a private foundation because it is (Please check only **ONE** applicable box )

- 5**  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6**  A school Section 170(b)(1)(A)(ii) (Also complete Part V )
- 7**  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8**  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9**  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ .....
- 10**  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A )
- 11a**  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
- 11b**  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV A )
- 12**  An organization that normally receives **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions—subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A )
- 13**  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in **(1)** lines 5 through 12 above, or **(2)** section 501(c)(4), (5) or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3) )

Provide the following information about the supported organizations (See page 5 of the instructions )

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14**  An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions )

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting*

**Note** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in) ▶	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	64,563	57,149	21,035		142,747
<b>16</b> Membership fees received	19,430	12,948	8,710		41,088
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	52,912	54,969	49,376		157,257
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	2,109	5,005	250		7,364
<b>23</b> Total of lines 15 through 22	139,014	130,071	79,371		348,456
<b>24</b> Line 23 minus line 17	86,102	75,102	29,995		191,199
<b>25</b> Enter 1% of line 23	1,390	1,301	794		

<b>26 Organizations described on lines 10 or 11</b> a Enter 2% of amount in column (e), line 24 ▶	<b>26a</b>	3,824
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶	<b>26b</b>	
c Total support for section 509(a)(1) test. Enter line 24, column (e) ▶	<b>26c</b>	191,199
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 <u>7,364</u> 26b _____ ▶	<b>26d</b>	7,364
e Public support (line 26c minus line 26d total) ▶	<b>26e</b>	183,835
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶	<b>26f</b>	96.148515%

**27 Organizations described on line 12** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:

(2000) \_\_\_\_\_ (1999) \_\_\_\_\_ (1998) \_\_\_\_\_ (1997) \_\_\_\_\_

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

(2000) \_\_\_\_\_ (1999) \_\_\_\_\_ (1998) \_\_\_\_\_ (1997) \_\_\_\_\_

c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶	<b>27c</b>	
d Add Line 27a total _____ and line 27b total _____ ▶	<b>27d</b>	
e Public support (line 27c total minus line 27d total) ▶	<b>27e</b>	
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) ▶   27f	<b>27f</b>	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶	<b>27g</b>	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶	<b>27h</b>	%

**28 Unusual Grants** For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See page 7 of the instructions)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If Yes please describe, if 'No, please explain (If you need more space, attach a separate statement ) ..... ..... .....		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues brochures announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement ) ..... .....		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?  If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement ) ..... .....		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If 'No, attach an explanation		

**Part VI-A** **Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a**  if the organization belongs to an affiliated group Check **b**  if you checked "a" and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred)			
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b>	Other exempt purpose expenditures	<b>39</b>	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b>	Lobbying nontaxable amount. Enter the amount from the following table—		
	<b>If the amount on line 40 is—</b>		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	<b>The lobbying nontaxable amount is—</b>		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)		
<b>43</b>	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	0	0
<b>44</b>	Subtract line 41 from line 38. Enter 0 if line 41 is more than line 38	0	0
<b>Caution</b> If there is an amount on either line 43 or line 44, you must file Form 4720			

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B** **Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

	Yes	No	Amount
<b>a</b> Volunteers		X	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h)		X	
<b>c</b> Media advertisements		X	
<b>d</b> Mailings to members, legislators, or the public		X	
<b>e</b> Publications, or published or broadcast statements		X	
<b>f</b> Grants to other organizations for lobbying purposes		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
<b>i</b> Total lobbying expenditures (Add lines c through h)			

If Yes to any of the above, also attach a statement giving a detailed description of the lobbying activities



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

**Part II Additional (not automatic) 3-Month Extension of Time- Must File Original and One Copy**

Type or print	Name of Exempt Organization <b>ASPERGER'S ASSOC OF NEW ENGLAND, INC</b>	Employer identification number <b>04-3376227</b>
File by the extended due date for filing the return See instructions	Number, street, and room or suite no. If a P O box see instructions <b>1301 CENTRE STREET</b>	For IRS use only
	City, town or post office state and ZIP code For a foreign address see instructions <b>NEWTON, MA 02459-</b>	

Check type of return to be filed (File a separate application for each return)

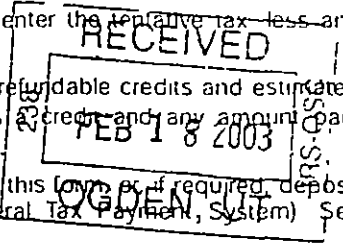
- Form 990   
  Form 990-EZ   
  Form 990 T (sec 401(a) or 408(a) trust)   
  Form 1041-A   
  Form 5227   
  Form 8870  
 Form 990-BL   
  Form 990-PF   
  Form 990 T (trust other than above)   
  Form 4720   
  Form 6069

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

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole group** check this box  If it is for part of the group check this box  and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until May, 15 2003
- 5 For calendar year . . . or other tax year beginning July, 01 2002 and ending June, 30 2002
- 6 If this tax year is for less than 12 months check reason  Initial return  Final return  Change in accounting period
- 7 State in detail why you need the extension  
**ADDITIONAL TIME IS REQUIRED TO GATHER INFORMATION NEEDED TO FILE A COMPLETE AND ACCURATE RETURN**

- 8a If this application is for Form 990 BL 990-PF 990-T 4720 or 6069, enter the tentative tax less any nonrefundable credits See instructions \$ \_\_\_\_\_
- b If this application is for Form 990 PF 990-T 4720 or 6069 enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_
- c Balance Due Subtract line 8b from line 8a Include your payment with this form or if required deposit with FTD coupon or if required by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ \_\_\_\_\_



**Signature and Verification**

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

Signature ▶ Bruce D Norling Title ▶ CPA Date ▶ 2/14/03

**Notice to Applicant- To Be Completed by the IRS**

- We have approved this application Please attach this form to the organization's return
- We have not approved this application However we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return Please attach this form to the organization's return
- We have not approved this application After considering the reasons stated in item 7 we cannot grant your request for an extension of time to file We are not granting a 10 day grace period
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested
- Other \_\_\_\_\_

**EXTENSION APPROVED**

Director \_\_\_\_\_ Date \_\_\_\_\_

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3 month extension returned to an address different than the one entered above

Type or print	Name <b>BRUCE D NORLING, CPA, PC</b>	LINDA WEISKOPF FIELD DIRECTOR SUBSIDIARY PROCESSING OGDEN
	Number and street (include suite, room, or apt no) Or a P O box number <b>410 BOSTON POST ROAD</b>	
	City or town, province or state, and country (including postal or ZIP code) <b>SUDBURY MA 01776</b>	

ENVELOPE POSTMARK DATE FEB 15 03

Form <b>990</b>	<b>Supplemental Schedule</b>	For Tax Year <b>2001</b>
Name ASPERGER'S ASSOC OF NEW ENGLAND, INC		Employer ID Number 04-3376227

**Page 1, Part I, line 20**

Description	Amount
UNREALIZED GAIN/ LOSS ON INVESTMENTS	(1,173)
<b>Total</b>	<u>(1,173)</u>

**Page 2, part II, line 43**

	<u>Total</u>	<u>Program Services</u>	<u>Management and general</u>	<u>Fundraising</u>
BAD DEBT EXPENSE	1,045		1,045	
CONFERENCE EXPENSES	39,314	39,314		
DUES AND SUBSCRIPTIONS	269		269	
GRANT EXPENSE	31,057	31,057		
INSURANCE	1,231		1,231	
NEWSLETTERS	5,003			5,003
OFFICE EXPENSES	1,974		1,974	
OTHER	1,026		1,026	
	<u>\$ 80,919</u>	<u>\$ 70,371</u>	<u>\$ 5,545</u>	<u>\$ 5,003</u>

**Page 3, Part IV, line 58**

Description	Amount
DEPOSITS	2,050
<b>Total</b>	<u>\$ 2,050</u>

**Page 3, Part IV, line 65**

Description	Amount
DUE TO NWW COMMITTEE	5,612
<b>Total</b>	<u>\$ 5,612</u>

Form <b>990</b>	<b>Supplemental Schedule</b>	For Tax Year <b>2001</b>
Name ASPERGER'S ASSOC OF NEW ENGLAND, INC		Employer ID Number 04-3376227

Page 4, part V

		<u>Compen- sation</u>	<u>Contrib to benefit plans</u>	<u>Expense account</u>
<b>Name</b>	STEPHEN SHORE			
<b>Address</b>	98 NAPLES RD BROOKLINE, MA			
<b>Title</b>	PRESIDENT			
<b>Avg hours per wk</b>	18			
<b>Total</b>		<u>\$ 0</u>	<u>\$</u>	<u>\$</u>
<b>Name</b>	SUSAN SKRAMSTAD			
<b>Address</b>	40 FRENCH RD, SUDBURY, MA			
<b>Title</b>	TREASURER			
<b>Avg hours per wk</b>	10			
<b>Total</b>		<u>\$ 0</u>	<u>\$</u>	<u>\$</u>
<b>Name</b>	ROBERT STUART			
<b>Address</b>	6 DOONAN ST, MEDFORD, MA			
<b>Title</b>	SECRETARY			
<b>Avg hours per wk</b>	10			
<b>Total</b>		<u>\$ 0</u>	<u>\$</u>	<u>\$</u>
<b>Name</b>	PHIL SCHWARZ			
<b>Address</b>	14 DRISCOLL DR FRAMINGHAM, MA			
<b>Title</b>	VICE PRESIDENT			
<b>Avg hours per wk</b>	2			
<b>Total</b>		<u>\$ 0</u>	<u>\$</u>	<u>\$</u>
<b>Name</b>	D SCOTT MCLEOD, Ph D			
<b>Address</b>	73 HIGH ST, CHARLESTOWN, MA			
<b>Title</b>	DIRECTOR			
<b>Avg hours per wk</b>	2			
<b>Total</b>		<u>\$ 0</u>	<u>\$</u>	<u>\$</u>
<b>Name</b>	SAROJ MADAN			
<b>Address</b>	21 JENNIFER RD, LOWELL, MA			
<b>Title</b>	DIRECTOR			
<b>Avg hours per wk</b>	2			
<b>Total</b>		<u>\$ 0</u>	<u>\$</u>	<u>\$</u>

Form <b>990</b>	<b>Supplemental Schedule</b>	For Tax Year <b>2001</b>
Name ASPERGER'S ASSOC OF NEW ENGLAND, INC		Employer ID Number 04-3376227

<b>Name</b>	MARK NEWMAN			
<b>Address</b>	11 ROBIN HOOD RD, WINCHESTER, MA			
<b>Title</b>	DIRECTOR			
<b>Avg hours per wk</b>	2			
<b>Total</b>		\$ 0	\$	\$

<b>Name</b>	DANIEL ROSENN			
<b>Address</b>	310 WASHINGTON ST, WELLESLEY MA			
<b>Title</b>	DIRECTOR			
<b>Avg hours per wk</b>	2			
<b>Total</b>		\$ 0	\$	\$

<b>Name</b>	SUSAN FOLSTEIN M D			
<b>Address</b>	750 WASHINGTON ST, BOSTON, MA			
<b>Title</b>	DIRECTOR			
<b>Avg hours per wk</b>	2			
<b>Total</b>		\$ 0	\$	\$

<b>Name</b>	ELSA ABELE			
<b>Address</b>	296 ARORWAY, JAMAICA PLAIN, MA			
<b>Title</b>	DIRECTOR			
<b>Avg hours per wk</b>	2			
<b>Total</b>		\$ 0	\$	\$

<b>Name</b>	BARBARA WHALEN			
<b>Address</b>	5 OAK HILL DR, LINCOLN, RI			
<b>Title</b>	DIRECTOR			
<b>Avg hours per wk</b>	2			
<b>Total</b>		\$ 0	\$	\$

<b>Name</b>	THERESE GAW			
<b>Address</b>	201 DRINKWATER RD, KENSINGTON NH			
<b>Title</b>	DIRECTOR			
<b>Avg hours per wk</b>	2			
<b>Total</b>		\$ 0	\$	\$

Form <b>990</b>	<b>Supplemental Schedule</b>	For Tax Year <b>2001</b>
Name ASPERGER'S ASSOC OF NEW ENGLAND, INC		Employer ID Number 04-3376227

<b>Name</b>	BARBARA WIRTH			
<b>Address</b>	44 COYLE ST, PORTLAND ME			
<b>Title</b>	DIRECTOR			
<b>Avg hours per wk</b>	2			
<b>Total</b>		\$ 0	\$	\$

<b>Name</b>	BARBARA L'ITALIEN			
<b>Address</b>	5 HARPER CIRCLE, ANDOVER, MA			
<b>Title</b>	DIRECTOR			
<b>Avg hours per wk</b>	2			
<b>Total</b>		\$ 0	\$	\$

<b>Name</b>	DOROTHY LUCCI			
<b>Address</b>	130 DENNISON AVE, FRAMINGHAM MA			
<b>Title</b>	DIRECTOR			
<b>Avg hours per wk</b>	2			
<b>Total</b>		\$ 0	\$	\$

<b>Name</b>	DENISE GRENIER			
<b>Address</b>	3 CLEMATIS RD, LEXINGTON MA			
<b>Title</b>	DIRECTOR			
<b>Avg hours per wk</b>	2			
<b>Total</b>		\$ 0	\$	\$

<b>Name</b>	BARBARA ROSENN			
<b>Address</b>	310 WASHINGTON ST WELLESLEY, MA			
<b>Title</b>	DIRECTOR			
<b>Avg hours per wk</b>	2			
<b>Total</b>		\$ 0	\$	\$

<b>Name</b>	JUDY GOOEN			
<b>Address</b>	158 S MAIN ST, SHERBORN, MA			
<b>Title</b>	DIRECTOR			
<b>Avg hours per wk</b>	2			
<b>Total</b>		\$ 0	\$	\$

Form <b>990</b>	<b>Supplemental Schedule</b>	For Tax Year <b>2001</b>
Name - ASPERGER'S ASSOC OF NEW ENGLAND, INC		Employer ID Number 04-3376227

Page 6, part VII, line 99

Type of investment

Amount of investment

\_\_\_\_\_  
\_\_\_\_\_ \$