

Return of Organization Exempt From Income Tax

2008

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)

Open to Public Inspection

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

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

B Check if applicable <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization TOUCHPOINT AUTISM SERVICES Doing Business As		D Employer identification number 43-0979927	
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1101 OLIVETTE EXECUTIVE PARKWAY		E Telephone number 314-432-6200	
		City or town, state or country, and ZIP + 4 ST. LOUIS, MO 63132-3252		G Gross receipts \$ 14,229,152.	
		F Name and address of principal officer: RONALD EKSTRAND SAME AS C ABOVE		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
J Website: WWW.TOUCHPOINTAUTISM.ORG					
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other					
L Year of formation: 1971 M State of legal domicile: MO					

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities	TO MAKE A REAL DIFFERENCE IN THE QUALITY OF LIFE FOR CHILDREN AND ADULTS WITH AUTISM AND THEIR	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	14
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5	Total number of employees (Part V, line 2a)	5	568
	6	Total number of volunteers (estimate if necessary)	6	350
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	2,157,085.	741,621.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,448,188.	13,301,815.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	19,543.	15,584.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<25,483.>	25,764.
Expenses	13	Grants and similar amounts (Part IX, column (A), lines 1-3)	14,599,333.	14,084,784.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	10,418,367.	11,770,997.
	b	Total fundraising expenses (Part IX, column (D), line 25)	443,610.	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	3,430,254.	3,523,334.	
18	Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	13,848,621.	15,294,331.	
19	Revenue less expenses. Subtract line 18 from line 12	750,712.	<1,209,547.>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Year	End of Year
	21	Total liabilities (Part X, line 26)	3,808,752.	3,710,986.
	22	Net assets or fund balances - Subtract line 21 from line 20	1,928,516.	3,037,305.
		1,880,236.	673,681.	

Part II Signature Block

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

Sign Here
Ronald Ekstrand Jr
 Signature of officer Date **5/6/10**

RONALD EKSTRAND, CHIEF EXECUTIVE OFFICER
 Type or print name and title

JEANETTE BAX-KURTZ
 Preparer's signature Date **04/22/10**

MUELLER PROST PC
 Firm's name (or yours if self-employed), address, and ZIP + 4

1034 S. BRENTWOOD BLVD, STE 1700
ST. LOUIS, MO 63117

Preparer's identifying number (see instructions)
EIN Phone no. **314-862-2070**

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

SCANNED JUN 02 2010

6/6/13

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

TO MAKE A REAL DIFFERENCE IN THE QUALITY OF LIFE FOR CHILDREN AND ADULTS WITH AUTISM AND THEIR FAMILIES WHEREVER THEY MAY LIVE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes", describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes", describe these changes on Schedule O.

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

4a (Code) (Expenses \$ 1,563,247. including grants of \$) (Revenue \$ 1,654,660.)

ADULT DAY SERVICES OFFERS THREE PROGRAMS THAT HELP ADULTS WITH AUTISM FULFILL THEIR POTENTIAL AND ENJOY FULLER DAILY LIVES. THE FIRST PROGRAM, THE SUPPORTED EMPLOYMENT PROGRAM, ASSISTS ADULTS WITH AUTISM IN FINDING AND ENJOYING SUCCESSFUL EMPLOYMENT. THE SECOND PROGRAM, COMMUNITY BASED SERVICES, OFFERS ADULTS WITH AUTISM MANY OPPORTUNITIES TO PARTICIPATE IN COMMUNITY LIFE SUCH AS SHOPPING, DINING OUT, BANKING, AND RECREATIONAL EVENTS. THE THIRD PROGRAM, EXCELL, SERVES THOSE ADULTS WITH AUTISM WHOSE SEVERELY CHALLENGING BEHAVIORS PROHIBIT THEM FROM RECEIVING SERVICES ELSEWHERE. THE NUMBER OF INDIVIDUALS SERVED BY THIS PROGRAM DURING THE YEAR WAS 151.

4b (Code) (Expenses \$ 2,448,171. including grants of \$) (Revenue \$ 3,099,575.)

OUTREACH SERVICES PROVIDE SERVICES TO FAMILIES IN OUT-STATE MISSOURI AND RURAL AREAS WHICH MIGHT BE UNABLE TO ACCESS FACILITY-BASED SERVICES. THE SERVICES INCLUDE ASSESSMENTS, PARENT TRAINING, FAMILY SUPPORT, COMMUNITY INCLUSION, AND MUSIC THERAPY. THE NUMBER OF INDIVIDUALS SERVED BY THIS PROGRAM DURING THE YEAR WAS 2,163.

4c (Code) (Expenses \$ 7,031,598. including grants of \$) (Revenue \$ 7,295,089.)

RESIDENTIAL SERVICES PROVIDE HOMES WITH AROUND-THE-CLOCK SUPPORT WHERE CHILDREN AND ADULTS WITH AUTISM CAN LIVE INDEPENDENT AND PRODUCTIVE LIVES IN THE COMMUNITY. THE NUMBER OF INDIVIDUALS SERVED BY THIS PROGRAM DURING THE YEAR WAS 108.

4d Other program services. (Describe in Schedule O)

(Expenses \$ 1,804,664. including grants of \$) (Revenue \$ 1,252,491.)

4e Total program service expenses \$ 12,847,680. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a.	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
28a			
b.	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	X	
28b			
c.	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c			
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
29			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
30			
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
31			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
32			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
33			
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
34			
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
35			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
37			

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1a	57		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a	568		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
5c			
6a	Did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
6b			
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7f			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
7h			
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
8			
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
9b			
10	Section 501(c)(7) organizations. Enter: N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12		
10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
10b			
11	Section 501(c)(12) organizations. Enter: N/A		
a	Gross income from members or shareholders		
11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		
12b			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

		Yes	No
<i>For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.</i>			
1a	Enter the number of voting members of the governing body		
			14
b	Enter the number of voting members that are independent		
			14
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?		X
9a	Does the organization have local chapters, branches, or affiliates?		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a	The organization's CEO, Executive Director, or top management official?	X	
b	Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **MICHAEL ABFALL - 314-432-6200**
1101 OLIVETTE EXECUTIVE PARKWAY, ST. LOUIS, MO 63132

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MARK SCHAEFFER CHAIR	5.00	X					0.	0.	0.	
JEFFREY A. MENTEL, J.D. VICE CHAIR	5.00	X					0.	0.	0.	
LOUIS WRAY TREASURER	6.00	X					0.	0.	0.	
JUDY KENT SECRETARY	6.00	X					0.	0.	0.	
ERIC AMES DIRECTOR	1.00	X					0.	0.	0.	
TOM CARUSO DIRECTOR	2.00	X					0.	0.	0.	
DOUGLAS C. HUFF DIRECTOR	1.00	X					0.	0.	0.	
ANNE M. KONOLD, ESQ. DIRECTOR	1.00	X					0.	0.	0.	
JANET L. NEMEC, PH.D. DIRECTOR	1.00	X					0.	0.	0.	
KEN MONTGOMERY DIRECTOR	3.00	X					0.	0.	0.	
DAVID A. PELLE, PH.D. DIRECTOR	1.00	X					0.	0.	0.	
LORI PUTNAM DIRECTOR	4.00	X					0.	0.	0.	
DR. CHARLES QUIGLESS, JR DIRECTOR	2.00	X					0.	0.	0.	
MICHAEL G. VRANICH, D.O. DIRECTOR	3.00	X					0.	0.	0.	
WILLIAM WELBORN DIRECTOR	2.00	X					0.	0.	0.	
CHRISTPHER WITTENAUER DIRECTOR	5.00	X					0.	0.	0.	
RONALD EKSTRAND CHIEF OPERATING OFFICER	40.00			X	X		130,000.	0.	260.	

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
REBECCA BLACKWELL CHIEF EXECUTIVE OFFICER	40.00			X				96,643.	0.	2,056.
M JOSEPH RIZZO VP OF FINANCE & ADMINIST	40.00			X	X			102,600.	0.	1,827.
LINDA HALEY VP OF DEVELOPMENT AND CO	40.00			X	X			108,938.	0.	2,643.
JEANNE MARSHALL VP OF QUALITY ASSURANCE	40.00			X	X			95,697.	0.	5,111.
1b Total								533,878.	0.	11,897.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ 3

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
MERCY HEALTH PLANS PPO, 14528 S OUTER 40 SUITE 300, CHESTERFIELD, MO 63017	INSURANCE	595,421.
FOLLMAN-OLIVE VENTURE 15455 CONWAY ROAD, CHESTERFIELD, MO 63017	RENTAL EXPENSE	366,437.
MO RETAILERS INSURANCE 906 S. KIRKWOOD ROAD, ST. LOUIS, MO 63122	INSURANCE	253,615.
DANIEL & HENRY CO, 1001 HIGHLANDS PLAZA DR W #500, ST. LOUIS, MO 63110	INSURANCE	139,499.
MUTUAL OF AMERICA 7777 BONHOMME AVENUE, ST. LOUIS, MO 63105	INSURANCE	123,235.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶ 6

Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	35,309.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	296,699.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	409,613.			
	g Noncash contributions included in lines 1a-1f \$		67,742.			
	h Total. Add lines 1a-1f		741,621.			
	Program Service Revenue	2 a RESIDENTIAL SERVICES	Business Code 624100	7295089.	7295089.	
		b OUTREACH SERVICES	624100	3099575.	3099575.	
c ADULT DAY SERVICES		624100	1654660.	1654660.		
d INDIVIDUAL SUPPORT		624100	422,792.	422,792.		
e CLINICAL SERVICES		624100	220,671.	220,671.		
f All other program service revenue		624100	609,028.	609,028.		
g Total. Add lines 2a-2f			13,301,815.			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		9,226.	9,226.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other		6,358.		
		b Less cost or other basis and sales expenses				
		c Gain or (loss)		6,358.		6,358.
	d Net gain or (loss)		6,358.		6,358.	
	8 a Gross income from fundraising events (not including \$ 35,309. of contributions reported on line 1c) See Part IV, line 18	a	162578.			
		b Less direct expenses	b	144368.		
c Net income or (loss) from fundraising events			18,210.	18,210.		
9 a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a MISCELLANEOUS REVENUE	624100	7,554.	7,554.			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		7,554.				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		14,084,784.	13,336,805.	0.	6,358.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	545,775.	100,808.	333,386.	111,581.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	9,490,815.	8,896,549.	461,756.	132,510.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	865,797.	729,542.	123,928.	12,327.
10 Payroll taxes	868,610.	780,778.	66,888.	20,944.
11 Fees for services (non-employees).				
a Management				
b Legal	29,123.	3,926.	21,664.	3,533.
c Accounting	34,115.		29,976.	4,139.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	387,473.	50,006.	275,973.	61,494.
12 Advertising and promotion	67,861.	6,424.	11,305.	50,132.
13 Office expenses	52,898.	16,844.	28,925.	7,129.
14 Information technology				
15 Royalties				
16 Occupancy	749,942.	614,038.	117,093.	18,811.
17 Travel	48,384.	17,990.	27,429.	2,965.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	26,177.	5,234.	20,049.	894.
20 Interest	106,084.	19,908.	86,156.	20.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	174,942.	138,611.	34,481.	1,850.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a AUTO EXPENSE	741,191.	726,576.	13,778.	837.
b TELEPHONE	159,341.	132,039.	23,224.	4,078.
c PROGRAM UTILITIES	146,995.	145,891.	1,104.	0.
d PROGRAM GROCERY AND HOU	123,181.	123,082.	99.	0.
e BAD DEBT EXPENSE	113,477.	0.	113,477.	0.
f All other expenses	562,150.	339,434.	212,350.	10,366.
25 Total functional expenses. Add lines 1 through 24f	15,294,331.	12,847,680.	2,003,041.	443,610.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	90,164.	1	58,506.
	2 Savings and temporary cash investments	845,453.	2	3,394.
	3 Pledges and grants receivable, net	251,276.	3	63,859.
	4 Accounts receivable, net	1,326,647.	4	1,262,284.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	97,388.	9	108,625.
	10a Land, buildings, and equipment, cost basis	10a 3,455,085.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 1,309,046.	1,114,362.	10c 2,146,039.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	83,462.	15	68,279.
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,808,752.	16	3,710,986.	
Liabilities	17 Accounts payable and accrued expenses	711,616.	17	1,221,803.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,216,900.	23	1,800,449.
	24 Unsecured notes and loans payable		24	
	25 Other liabilities Complete Part X of Schedule D	0.	25	15,053.
	26 Total liabilities. Add lines 17 through 25	1,928,516.	26	3,037,305.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,105,035.	27	271,498.
	28 Temporarily restricted net assets	775,201.	28	402,183.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	1,880,236.	33	673,681.	
34 Total liabilities and net assets/fund balances	3,808,752.	34	3,710,986.	

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990. <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits?		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	814,926.	594,028.	755,690.	2,157,085.	741,621.	5,063,350.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	814,926.	594,028.	755,690.	2,157,085.	741,621.	5,063,350.
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)						1,282,685.
6 Public Support. Subtract line 5 from line 4						3,780,665.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	814,926.	594,028.	755,690.	2,157,085.	741,621.	5,063,350.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,073.	3,503.	4,395.	19,543.	9,226.	43,740.
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)	17,890.		9,386.			27,276.
11 Total support. Add lines 7 through 10						5,134,366.
12 Gross receipts from related activities, etc. (see instructions)					12	58,673,320.
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	73.63 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	69.55 %
16a 33 1/3% support test - 2008. 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 <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2007. 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 <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2008. 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 <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2007. 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 <input type="checkbox"/>		
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 <input type="checkbox"/>		

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)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. 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 - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

Lined area for providing supplemental information.

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

TOUCHPOINT AUTISM SERVICES

Employer identification number

43-0979927

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

- Preservation of land for public use (e.g., recreation or pleasure)
- Preservation of an historically important land area
- Protection of natural habitat
- Preservation of certified historic structure
- Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

- a Total number of conservation easements
- b Total acreage restricted by conservation easements
- c Number of conservation easements on a certified historic structure included in (a)
- d Number of conservation easements included in (c) acquired after 8/17/06

	Held at the End of the Year
2a	
2b	
2c	
2d	

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
 - (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
 - (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
 - a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
 - b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a. Public exhibition
 - b. Scholarly research
 - c. Preservation for future generations
 - d. Loan or exchange programs
 - e. Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the year end balance held as
- a Board designated or quasi-endowment ► _____ %
 - b Permanent endowment ► _____ %
 - c Term endowment ► _____ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- (i) unrelated organizations
 - (ii) related organizations
- b If "Yes" to 3a(i), are the related organizations listed as required on Schedule R?
- | | Yes | No |
|--------|-----|----|
| 3a(i) | | |
| 3a(ii) | | |
| 3b | | |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		323,854.		323,854.
b Buildings		2,281,170.	671,425.	1,609,745.
c Leasehold improvements		136,163.	99,246.	36,917.
d Equipment		228,105.	148,499.	79,606.
e Other		485,793.	389,876.	95,917.
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				2,146,039.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	14,084,784.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	15,294,331.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	<1,209,547.>
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	2,992.
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8	9	2,992.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	<1,206,555.>

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	14,087,776.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains on investments	2a	
	b Donated services and use of facilities	2b	2,992.
	c Recoveries of prior year grants	2c	
	d Other (Describe in Part XIV)	2d	
	e Add lines 2a through 2d	2e	2,992.
3	Subtract line 2e from line 1	3	14,084,784.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIV)	4b	
	c Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	14,084,784.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	15,294,331.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2a	0.
	b Prior year adjustments	2b	
	c Losses reported on Form 990, Part IX, line 25	2c	
	d Other (Describe in Part XIV)	2d	
	e Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	15,294,331.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIV)	4b	
	c Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	15,294,331.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b.

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col (c))	
		FESTIVAL OF TREES (event type)	(event type)	NONE (total number)		
Revenue	1	Gross receipts	197,887.		197,887.	
	2	Less: Charitable contributions	35,309.		35,309.	
	3	Gross revenue (line 1 minus line 2)	162,578.		162,578.	
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs				
	7	Other direct expenses	144,368.		144,368.	
	8	Direct expense summary Add lines 4 through 7 in column (d)				(144,368.)
	9	Net income summary Combine lines 3 and 8 in column (d)				18,210.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			()
	8	Net gaming income summary Combine lines 1 and 7 in column (d)			

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

a Is the organization licensed to operate gaming activities in each of these states?
b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?
b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers?

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
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in.

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

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

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a

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

c If "Yes," enter name and address:

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a

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

**SCHEDULE M
(Form 990)**

NonCash Contributions

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

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

2008
Open to Public
Inspection

▶ Attach to Form 990.

Name of the organization

TOUCHPOINT AUTISM SERVICES

Employer identification number

43-0979927

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (DONATED ITEMS)	X	1	67,742	FAIR MARKET VALUE
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

TOUCHPOINT AUTISM SERVICES

Employer identification number

43-0979927

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FAMILIES, WHEREVER THEY MAY LIVE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

FAMILY AND INDIVIDUAL SUPPORT SERVICES PROVIDE A VARIETY OF PROGRAMS THAT RESPOND TO THE UNIQUE NEEDS OF EACH FAMILY OR INDIVIDUAL THAT DEALS WITH AUTISM. THE MAJOR OUTREACHES OF THIS PROGRAM HELP FAMILIES COPE WITH STRESS BY PROVIDING CONTINUITY OF CARE AFTER FAMILIES HAVE RECEIVED TOUCHPOINT TRAINING AND BY OFFERING SCHEDULED AND EMERGENCY IN-HOME SUPPORT FOR FAMILIES WHO ARE OFTEN UNABLE TO FIND PROVIDERS BECAUSE OF THE INTENSITY OF THEIR CHILD'S BEHAVIOR. THE NUMBER OF INDIVIDUALS SERVED BY THIS PROGRAM DURING THE YEAR WAS 585. EXPENSES \$ 664336. INCLUDING GRANTS OF \$ 0. REVENUE \$ 605696.

TRAINING SERVICES HELP PARENTS UNDERSTAND THEIR CHILD AND HELP CHILDREN EMBRACE THEIR WORLD. BY EMERGING CLASSROOM INSTRUCTION WITH GUIDED OBSERVATION, AS WELL AS ONE-ON-ONE SESSIONS FOR PARENTS WITH THEIR CHILD AND WITH THEIR THERAPISTS, THE ORGANIZATION TEACHES PARENTS HOW TO UNDERSTAND THEIR CHILD AND THE NATURE OF HIS AND HER DISABILITY. THE ORGANIZATION ALSO TEACHES INDIVIDUALS WITH AUTISM HOW TO BUILD SOCIAL AND COMMUNICATION SKILLS BY ADDRESSING DAILY BEHAVIORAL CHALLENGES. THE NUMBER OF INDIVIDUALS SERVED BY THIS PROGRAM DURING THE YEAR WAS 62. EXPENSES \$ 501691. INCLUDING GRANTS OF \$ 0. REVENUE \$ 208705.

THE CLINICAL SERVICES AREA PROVIDES AUTISM SPECIFIC ASSESSMENT SERVICES

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2008

832211
12-18-08

Name of the organization

Supplemental Information to Form 990

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

Employer identification number
43-0979927

TOUCHPOINT AUTISM SERVICES

AS WELL AS A WIDE RANGE OF BEHAVIORAL THERAPY, MUSIC THERAPY, SPEECH AND LANGUAGE THERAPY AND OCCUPATIONAL THERAPY TO CHILDREN (TYPICALLY AGES 2-18) DIAGNOSED WITH OR SUSPECTED TO HAVE AN AUTISM SPECTRUM DISORDER. THE NUMBER OF INDIVIDUALS SERVED BY THIS PROGRAM DURING THE YEAR WAS 269.

EXPENSES \$ 449874. INCLUDING GRANTS OF \$ 0. REVENUE \$ 220671.

EDUCATIONAL SERVICES PROVIDE SCHOOL-AGE CHILDREN WITH INTENSIVE, AFTER-SCHOOL INTERVENTION TO ASSIST THEM IN MAINTAINING GRADE LEVEL IN THEIR STUDIES, ALLOWING THEM TO CONTINUE TO PARTICIPATE IN THE MAINSTREAM EDUCATION PROCESS. THE NUMBER OF INDIVIDUALS SERVED BY THIS PROGRAM DURING THE YEAR WAS 13.

EXPENSES \$ 188763. INCLUDING GRANTS OF \$ 0. REVENUE \$ 217419.

FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZATION CHANGED ITS NAME FROM JUDEVINE CENTER FOR AUTISM TO TOUCHPOINT AUTISM SERVICES. NOTIFICATION WAS SENT TO THE IRS.

FORM 990, PART VI, SECTION A, LINE 8B: THERE ARE NO SUBCOMMITTEES.

FORM 990, PART VI, SECTION A, LINE 10: A COPY OF THE FORM 990 IS PROVIDED TO AND REVIEWED BY THE FINANCE COMMITTEE PRIOR TO FILING. IF ACCEPTABLE, A RECOMMENDATION IS MADE TO THE BOARD OF DIRECTORS THAT THE FORM BE FILED AND IT IS EXECUTED BY THE PRESIDENT/CEO.

FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD OF DIRECTORS DISCUSSES

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

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

OMB No 1545-0047

2008

Open to Public Inspection

TOUCHPOINT AUTISM SERVICES

Employer identification number
43-0979927

POTENTIAL CONFLICT REGULARLY AT AND BETWEEN BOARD MEETINGS AND RELIES ON THE CEO TO BRING TO ITS ATTENTION ANY MATERIAL TRANSACTIONS OR RELATIONSHIPS THAT MIGHT BE CONSIDERED A CONFLICT OF INTEREST WITH RESPECT TO ANY OF THE BOARD MEMBERS. FOR ANY BOARD VOTES WHERE A POTENTIAL CONFLICT OR THE APPEARANCE OF A CONFLICT MIGHT EXIST, THE BOARD MEMBER WITH THE POTENTIAL CONFLICT IS REQUIRED TO EXCUSE HIMSELF OR HERSELF FROM THE MEETING DURING THE DISCUSSION OF THE MATTER AS WELL AS THE VOTE ITSELF.

FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19: ALL SUCH PUBLIC DOCUMENTS ARE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST BUT ARE NOT REGULARLY PUBLISHED BY THE ORGANIZATION FOR PUBLIC ACCESS.

FORM 990, PART XI, LINE 2C

THE FINANCE COMMITTEE IS RESPONSIBLE FOR OVERSIGHT OF THE AUDIT, SELECTION OF THE FIRM TO CONDUCT THE AUDIT AND PREPARE THE FORM 990. THE FINANCE COMMITTEE REVIEWS THE RESULTS OF THE AUDIT INCLUDING THE MANAGEMENT LETTER AND MAKES RECOMMENDATIONS TO THE BOARD OF DIRECTORS BASED ON THE FINDINGS OF THE AUDIT AND THE CONTENT OF THE MANAGEMENT LETTER.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: LOIS BLACKWELL

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2008

832211
12-18-08

Supplemental Information to Form 990

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

Name of the organization

TOUCHPOINT AUTISM SERVICES

Employer identification number
43-0979927

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FOUNDER, FORMER CEO, & MOTHER OF FORMER EXEC. DIR. (DAUGHTER TERM FEB 2009)

(D) DESCRIPTION OF TRANSACTION: IN 1997, THE ORGANIZATION ENTERED INTO

AN AGREEMENT TO OBTAIN THE RIGHTS TO TRAINING MATERIALS OWNED AND CREATED

BY THE FOUNDER AND FORMER CEO. THE TERMS OF THE LICENSING AGREEMENT WERE

FOR A BASE AMOUNT OF \$4,000 PER MONTH WITH YEARLY COST OF LIVING

ADJUSTMENTS. THE AGREEMENT WAS SUBJECT TO RENEWAL EVERY YEAR. ON MAY

18, 2009, LOIS BLACKWELL, THE FOUNDER AND FORMER CEO, NOTIFIED THE

ORGANIZATION OF HER INTENT TO TERMINATE THE AFOREMENTIONED LICENSE

AGREEMENT EFFECTIVE SEPTEMBER 11, 2009. AS A RESULT, EFFECTIVE AS OF

SEPTEMBER 11, 2009, THE ORGANIZATION CAUSED THE REGISTERED OWNER OF THE

TRADEMARKS "JUDEVINE" AND "JUDEVINE CENTER FOR AUTISM" TO BE CHANGED TO

MS. BLACKWELL AND DISCONTINUED ITS USE OF THE INSTRUCTIONAL MATERIALS AND

TRAINING AND TREATMENT PROGRAMS WHICH WERE THE SUBJECT OF THE LICENSE

AGREEMENT. THE ORGANIZATION CEASED MAKING LICENSING PAYMENTS AS OF THE

EFFECTIVE DATE OF THE TERMINATION.

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
 - If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization TOUCHPOINT AUTISM SERVICES	Employer identification number 43-0979927
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 1101 OLIVE EXECUTIVE PARKWAY	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ST. LOUIS, MO 63132-3252	

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

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

MICHAEL ABFALL

- The books are in the care of **1101 OLIVE EXECUTIVE PARKWAY - ST. LOUIS, MO 63132**
Telephone No. **314-432-6200** FAX No. _____
- 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 will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year _____ or
 tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a 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.	3a	\$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	
c Balance Due. Subtract line 3b from line 3a. 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.	3c	\$	N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**
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. Only file the original (no copies needed)		
Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization TOUCHPOINT AUTISM SERVICES	Employer identification number 43-0979927
	Number, street, and room or suite no. If a P.O. box, see instructions. 1101 OLIVETTE EXECUTIVE PARKWAY	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ST. LOUIS, MO 63132-3252	

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.

MICHAEL ABFALL

- The books are in the care of **1101 OLIVETTE EXECUTIVE PARKWAY - ST. LOUIS, MO 63132**
 Telephone No. **314-432-6200** FAX No.
- 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, 2010**
- 5 For calendar year , or other tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**
- 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 AND THIRD PARTY INFORMATION IS REQUIRED 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.	8a	\$	
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.	8b	\$	
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.	8c	\$	N/A

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 *Karyn Nunn CPA* Title AGENT Date 2/11/10