

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

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2011
Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

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

C Name of organization: TOUCHPOINT AUTISM SERVICES INC
 Doing Business As: _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 13545 BARRETT PARKWAY DRIVE STE 300
 City or town, state or country, and ZIP + 4: ST LOUIS, MO 63021

D Employer identification number: 43-0979927
E Telephone number: (314) 394-7100
G Gross receipts \$ 14,912,402

F Name and address of principal officer: RONALD EKSTRAND, 13545 BARRETT PARKWAY DRIVE STE 300, ST LOUIS, MO 63021

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)
H(c) Group exemption number ▶ _____

I Tax-exempt status: 501(c)(3) 501(c) () (Insert no) 4947(a)(1) or 527

J Website: WWW.LIFESKILLS-MO.ORG

K Form of organization: Corporation Trust Association 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 FAMILIES, WHEREVER THEY MAY LIVE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	741
	6 Total number of volunteers (estimate if necessary)	6	151
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,052,988	1,282,136
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	67,477	50,568
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,591,508	14,773,632
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		11,078,534	11,269,149
16a Professional fundraising fees (Part IX, column (A), line 11e)		0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 370,392			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		3,391,996	3,358,401
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		14,470,530	14,627,550
19 Revenue less expenses Subtract line 18 from line 12	120,978	146,082	
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	3,926,989	3,570,680
	21 Total liabilities (Part X, line 26)	3,543,969	3,143,084
22 Net assets or fund balances Subtract line 21 from line 20	383,020	427,596	

Part II Signature Block

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

Sign Here
 Signature of officer: *****
 Date: 2012-11-09
 Type or print name and title: RONALD EKSTRAND CHIEF EXECUTIVE OFFICER

Paid Preparer's Use Only
 Preparer's signature: JEANETTE BAX-KURTZ
 Date: 2012-11-08
 Check if self-employed
 Preparer's taxpayer identification number (see instructions): P00096490
 Firm's name (or yours if self-employed), address, and ZIP + 4: MUELLER PROST PC, 7733 FORSYTH BLVD SUITE 1200, ST LOUIS, MO 63105
 EIN: 43-1594752
 Phone no: (314) 862-2070

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission
 TO 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 organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 6,366,253 including grants of \$) (Revenue \$ 7,493,951)
	COMMUNITY LIVING SERVICES PROVIDE HOMES WITH AROUND-THE-CLOCK SUPPORT WHERE ADULTS WITH AUTISM CAN LIVE INDEPENDENT AND PRODUCTIVE LIVES IN THE COMMUNITY THE NUMBER OF INDIVIDUALS SERVED BY THIS PROGRAM DURING THE YEAR WAS 76
4b	(Code) (Expenses \$ 2,766,629 including grants of \$) (Revenue \$ 3,140,361)
	STATEWIDE 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, MUSIC THERAPY, AND RESPITE SERVICES THE NUMBER OF INDIVIDUALS SERVED BY THIS PROGRAM DURING THE YEAR WAS 1,676
4c	(Code) (Expenses \$ 1,581,507 including grants of \$) (Revenue \$ 1,714,026)
	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 THIS PROGRAM ALSO OFFERS PARTICIPANTS THE OPPORTUNITY TO VOLUNTEER THEIR TIME AND GIVE BACK TO THE COMMUNITY THE THIRD PROGRAM, EXCELL, IS A SITE-BASED PROGRAM WHICH SERVES THOSE ADULTS WITH AUTISM WHO HAVE SEVERELY CHALLENGING BEHAVIORS THE NUMBER OF INDIVIDUALS SERVED BY THIS PROGRAM DURING THE YEAR WAS 106
	(Code) (Expenses \$ 368,164 including grants of \$) (Revenue \$ 435,817)
	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 THIS PROGRAM ALSO INCLUDES SEVERAL TEEN-ORIENTED SOCIAL GROUP PROGRAMS, SUPPORTED IN PART BY THE YOUTH OPPORTUNITIES PROGRAM ("YOP") TAX CREDIT FUNDRAISING PROGRAM THE NUMBER OF INDIVIDUALS SERVED BY THIS PROGRAM DURING THE YEAR WAS 200
	(Code) (Expenses \$ 380,393 including grants of \$) (Revenue \$ 314,576)
	THE CLINICAL SERVICES AREA PROVIDES AUTISM SPECIFIC ASSESSMENT 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 ORGANIZATION HAS EXPANDED CLINICAL SERVICES TO INCLUDE AN APPLIED BEHAVIORAL ANALYSIS PROGRAM THE NUMBER OF INDIVIDUALS SERVED BY THIS PROGRAM DURING THE YEAR WAS 247
	(Code) (Expenses \$ 400,838 including grants of \$) (Revenue \$ 288,459)
	TRAINING SERVICES HELP PARENTS UNDERSTAND THEIR CHILD AND HELP CHILDREN EMBRACE THEIR WORLD BY MERGING 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 OR 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 239
	(Code) (Expenses \$ 32,216 including grants of \$) (Revenue \$ 53,738)
	EDUCATIONAL SERVICES PROVIDE SCHOOL-AGE CHILDREN WITH INTENSIVE, INTERVENTION TO ASSIST THEM IN MAINTAINING THEIR GRADE LEVEL IN THEIR STUDIES, ALLOWING THEM TO CONTINUE TO PARTICIPATE IN THE MAINSTREAM EDUCATION PROCESS THE EDUCATIONAL SERVICES PROGRAM WAS DISCONTINUED IN NOVEMBER 2011 THE NUMBER OF INDIVIDUALS SERVED BY THIS PROGRAM DURING THE YEAR WAS 3
	(Code) (Expenses \$ 146,035 including grants of \$) (Revenue \$ 6,129)
	EDUCATION AND AWARENESS OFFERS THE COMMUNITY AT LARGE EDUCATION AND INSIGHT INTO THE MOST RECENT DEVELOPMENTS IN AUTISM DIAGNOSIS AND TREATMENT FOR PEDIATRICIANS AND OTHER MEDICAL PROFESSIONALS, THE PROGRAM OFFERS HELP IN RECOGNIZING THE EARLY SIGNS OF AN AUTISM SPECTRUM DISORDER AND INSIGHT TO DESIGNING A TREATMENT PLAN FOR A NEWLY DIAGNOSED INDIVIDUAL FOR EDUCATORS, THE PROGRAM OFFERS ADVICE ON BEST PRACTICES FOR KEEPING STUDENTS ON THE AUTISM SPECTRUM IN MAINSTREAM CLASSES BY MINIMIZING THE DISRUPTION FROM BEHAVIORAL ISSUES FOR FAMILIES DEALING WITH A RECENT DIAGNOSIS, THE PROGRAM OFFERS COMFORT FOR COPING WITH THE FUTURE NEEDS OF THEIR CHILD, GUIDANCE FOR DETERMINING WHICH SERVICES ARE MOST APPROPRIATE FOR THEIR NEEDS AND ASSISTANCE IN NAVIGATING THE FUNDING OPTIONS THAT ARE AVAILABLE FOR THESE SERVICES
4d	Other program services (Describe in Schedule O) (Expenses \$ 1,327,646 including grants of \$) (Revenue \$ 1,098,719)
4e	Total program service expenses \$ 12,042,035

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> <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
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>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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> <input checked="" type="checkbox"/>		No
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> <input checked="" type="checkbox"/>		No
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> <input checked="" type="checkbox"/>		No
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> <input checked="" type="checkbox"/>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> <input checked="" type="checkbox"/>		No
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> <input checked="" type="checkbox"/>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> <input checked="" type="checkbox"/>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> <input checked="" type="checkbox"/>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> <input checked="" type="checkbox"/>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> <input checked="" type="checkbox"/>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i>		No
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 U S? <i>If "Yes," complete Schedule F, Part II and IV.</i>		No
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 U S? <i>If "Yes," complete Schedule F, Part III and IV.</i>		No
17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i>		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
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 line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
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>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> 	29	Yes	
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> 	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
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>	32		No
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>	33		No
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>	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
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>	36		No
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>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 41		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return. 741		
2b	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 (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
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 or securities account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year. 7d		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.		
13b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the aggregate amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (19), 1b (19), 2 (No), 3 (No), 4 (No), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (No), 9 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (Yes), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (No), 16a (No), 16b.

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. MICHAEL ABFALL, 13545 BARRETT PARKWAY DRIVE STE 300, ST LOUIS, MO 63021, (314) 394-7023

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) SCOTT RIRIE DIRECTOR	1 00	X						0	0	0
(2) CHRISTOPHER WITTENAUER TREASURER	3 00	X		X				0	0	0
(3) JUDY KENT SECRETARY	5 00	X		X				0	0	0
(4) TOM CARUSO DIRECTOR	1 00	X						0	0	0
(5) JEFFERY MENTEL JD EMERITUS DIRECTOR	1 00	X						0	0	0
(6) MARK SCHAEFFER CHAIRMAN	3 00	X		X				0	0	0
(7) MARCUS ADRIAN DIRECTOR	1 00	X						0	0	0
(8) LORI PUTNAM DIRECTOR	1 00	X						0	0	0
(9) DR CHARLES QUIGLESS JR DIRECTOR	1 00	X						0	0	0
(10) MICHAEL G VRANICH DO DIRECTOR	1 00	X						0	0	0
(11) WILLIAM WELBORN DIRECTOR	1 00	X						0	0	0
(12) JOHN CLEEK JR DIRECTOR	1 00	X						0	0	0
(13) TIM EBY DIRECTOR	1 00	X						0	0	0
(14) JOHN GILLARDI DIRECTOR	1 00	X						0	0	0
(15) DAN KELLEY VICE CHAIRMAN	3 00	X		X				0	0	0
(16) STEVE WEDEL DIRECTOR	1 00	X						0	0	0
(17) BOB ROWLAND DIRECTOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) MIKE WOOD DIRECTOR	4 00	X					0	0	0	
(19) RICHARD HARKWELL DIRECTOR	1 00	X					0	0	0	
(20) RONALD EKSTRAND CHIEF EXECUTIVE OFFICER	40 00			X			129,450	0	5,438	
(21) MIKE ABFALL CFO AND VP, ADMINISTRATION	40 00			X			92,325	0	3,252	
(22) JEANNE MARSHALL VP PROGRAMS	40 00				X		102,525	0	12,868	
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							324,300	0	21,558	

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

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
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? <i>If "Yes," complete Schedule J for such individual</i>		No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

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 Report compensation for the calendar year ending with or within the organization's tax year

(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	422,777
FOLLMAN-OLIVE VENTURE 15455 CONWAY ROAD CHESTERFIELD, MO 63017	RENTAL EXPENSE	363,060
UNITED HEALTHCARE INS CO 13655 RIVERPORT DR MARYLAND HEIGHTS, MO 63043	INSURANCE	202,101
MISSOURI EMPLOYERS MUTUAL 663 TRADE CENTER BLVD CHESTERFIELD, MO 63005	INSURANCE	164,029
ENTERPRISE FLEET SERVICES 600 CORPORATE PARK DR SAINT LOUIS, MO 63105	RENTAL EXPENSE	128,895

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **6**

Part VIII Statement of Revenue

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a	164,736				
	b	Membership dues 1b					
	c	Fundraising events 1c	520,682				
	d	Related organizations 1d					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	596,718				
	g	Noncash contributions included in lines 1a-1f \$ <u>66,173</u>					
	h	Total. Add lines 1a-1f ▶		1,282,136			
Program Service Revenue			Business Code				
	2a	COMMUNITY LIVING SERVI	624100	7,493,951	7,493,951		
	b	STATEWIDE SERVICES SER	624100	3,140,361	3,140,361		
	c	ADULT DAY SERVICES	624100	1,714,026	1,714,026		
	d	INDIVIDUAL SUPPORT SER	624100	435,817	435,817		
	e	CLINICAL SERVICES	624100	314,576	314,576		
	f	All other program service revenue		342,197	342,197		
g	Total. Add lines 2a-2f ▶		13,440,928				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) ▶					
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties ▶					
	6a		(i) Real				
			(ii) Personal				
		b	Less rental expenses				
		c	Rental income or (loss)				
	d	Net rental income or (loss) ▶					
	7a		(i) Securities				
			(ii) Other				
		b	Less cost or other basis and sales expenses				
		c	Gain or (loss)				
	d	Net gain or (loss) ▶					
	8a	Gross income from fundraising events (not including \$ <u>520,682</u> of contributions reported on line 1c) See Part IV, line 18					
	a		183,209				
b	Less direct expenses b	138,770					
c	Net income or (loss) from fundraising events . . ▶		44,439		44,439		
9a	Gross income from gaming activities See Part IV, line 19						
a							
b	Less direct expenses b						
c	Net income or (loss) from gaming activities . . ▶						
10a	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					
11a	MISCELLANEOUS PROGRAM	624100	6,129	6,129			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d ▶		6,129				
12	Total revenue. See Instructions ▶		14,773,632	13,447,057	0	44,439	

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)

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

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 United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	234,957		234,957	
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	9,522,203	8,323,253	1,036,378	162,572
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	723,963	592,102	121,017	10,844
10	Payroll taxes	788,026	675,289	99,090	13,647
11	Fees for services (non-employees)				
a	Management				
b	Legal	13,441		13,441	
c	Accounting	27,000		27,000	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	114,418	10,246	74,952	29,220
13	Office expenses	62,134	31,335	25,299	5,500
14	Information technology				
15	Royalties				
16	Occupancy	896,622	755,108	119,960	21,554
17	Travel	40,259	28,343	10,921	995
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	55,604	7,059	46,960	1,585
20	Interest	124,634	48,681	73,400	2,553
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	158,488	130,424	24,911	3,153
23	Insurance	93,556	72,175	19,837	1,544
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	STAFF MILEAGE	421,249	403,196	16,015	2,038
b	AUTO EXPENSE	379,579	366,541	13,038	
c	OUTSIDE SERVICES	270,301	72,238	110,713	87,350
d	GROCERY AND HOUSEHOLD S	151,715	150,864	837	14
e					
f	All other expenses	549,401	375,181	146,397	27,823
25	Total functional expenses. Add lines 1 through 24f	14,627,550	12,042,035	2,215,123	370,392
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	425,244	1	94,094
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	275,888	3	155,131
	4 Accounts receivable, net	1,175,420	4	1,233,534
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) 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	39,604	9	49,680
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	3,069,926		
	b Less accumulated depreciation	1,184,350		
	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	70,920	15	152,665
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,926,989	16	3,570,680	
Liabilities	17 Accounts payable and accrued expenses	1,016,631	17	573,876
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	2,493,946	23	2,341,259
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	33,392	25	227,949
	26 Total liabilities. Add lines 17 through 25	3,543,969	26	3,143,084
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	125,824	27	332,976
	28 Temporarily restricted net assets	257,196	28	94,620
	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	383,020	33	427,596	
34 Total liabilities and net assets/fund balances	3,926,989	34	3,570,680	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,773,632
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,627,550
3	Revenue less expenses Subtract line 2 from line 1	3	146,082
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	383,020
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-101,506
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	427,596

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

2011

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
TOUCHPOINT AUTISM SERVICES INC

Employer identification number
43-0979927

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

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

- 1 A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,157,085	741,621	1,078,582	1,052,988	1,282,136	6,312,412
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,157,085	741,621	1,078,582	1,052,988	1,282,136	6,312,412
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)						1,755,117
6 Public Support. Subtract line 5 from line 4						4,557,295

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	2,157,085	741,621	1,078,582	1,052,988	1,282,136	6,312,412
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	19,543	9,226	8			28,777
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV.) Do not include gain or loss from the sale of capital assets				11,015		11,015
11 Total support (Add lines 7 through 10)						6,352,204
12 Gross receipts from related activities, etc. (See instructions)					12	66,548,980

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	71 740 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	69 860 %

16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **b 33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **17a 10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization **b 10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization **18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

- 19a 33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

Software ID:

Software Version:

EIN: 43-0979927

Name: TOUCHPOINT AUTISM SERVICES INC

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$ 368,164 including grants of \$) (Revenue \$ 435,817)

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 THIS PROGRAM ALSO INCLUDES SEVERAL TEEN-ORIENTED SOCIAL GROUP PROGRAMS, SUPPORTED IN PART BY THE YOUTH OPPORTUNITIES PROGRAM ("YOP") TAX CREDIT FUNDRAISING PROGRAM THE NUMBER OF INDIVIDUALS SERVED BY THIS PROGRAM DURING THE YEAR WAS 200

(Code) (Expenses \$ 380,393 including grants of \$) (Revenue \$ 314,576)

THE CLINICAL SERVICES AREA PROVIDES AUTISM SPECIFIC ASSESSMENT 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 ORGANIZATION HAS EXPANDED CLINICAL SERVICES TO INCLUDE AN APPLIED BEHAVIORAL ANALYSIS PROGRAM THE NUMBER OF INDIVIDUALS SERVED BY THIS PROGRAM DURING THE YEAR WAS 247

(Code) (Expenses \$ 400,838 including grants of \$) (Revenue \$ 288,459)

TRAINING SERVICES HELP PARENTS UNDERSTAND THEIR CHILD AND HELP CHILDREN EMBRACE THEIR WORLD BY MERGING 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 OR 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 239

(Code) (Expenses \$ 32,216 including grants of \$) (Revenue \$ 53,738)

EDUCATIONAL SERVICES PROVIDE SCHOOL-AGE CHILDREN WITH INTENSIVE, INTERVENTION TO ASSIST THEM IN MAINTAINING THEIR GRADE LEVEL IN THEIR STUDIES, ALLOWING THEM TO CONTINUE TO PARTICIPATE IN THE MAINSTREAM EDUCATION PROCESS THE EDUCATIONAL SERVICES PROGRAM WAS DISCONTINUED IN NOVEMBER 2011 THE NUMBER OF INDIVIDUALS SERVED BY THIS PROGRAM DURING THE YEAR WAS 3

(Code) (Expenses \$ 146,035 including grants of \$) (Revenue \$ 6,129)

EDUCATION AND AWARENESS OFFERS THE COMMUNITY AT LARGE EDUCATION AND INSIGHT INTO THE MOST RECENT DEVELOPMENTS IN AUTISM DIAGNOSIS AND TREATMENT FOR PEDIATRICIANS AND OTHER MEDICAL PROFESSIONALS, THE PROGRAM OFFERS HELP IN RECOGNIZING THE EARLY SIGNS OF AN AUTISM SPECTRUM DISORDER AND INSIGHT TO DESIGNING A TREATMENT PLAN FOR A NEWLY DIAGNOSED INDIVIDUAL FOR EDUCATORS, THE PROGRAM OFFERS ADVICE ON BEST PRACTICES FOR KEEPING STUDENTS ON THE AUTISM SPECTRUM IN MAINSTREAM CLASSES BY MINIMIZING THE DISRUPTION FROM BEHAVIORAL ISSUES FOR FAMILIES DEALING WITH A RECENT DIAGNOSIS, THE PROGRAM OFFERS COMFORT FOR COPING WITH THE FUTURE NEEDS OF THEIR CHILD, GUIDANCE FOR DETERMINING WHICH SERVICES ARE MOST APPROPRIATE FOR THEIR NEEDS AND ASSISTANCE IN NAVIGATING THE FUNDING OPTIONS THAT ARE AVAILABLE FOR THESE SERVICES

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization TOUCHPOINT AUTISM SERVICES INC

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
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 for any other purpose conferring impermissible private benefit?

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, Protection of natural habitat, Preservation of open space, Preservation of an historically importantly land area, Preservation of a certified historic structure.

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

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

- 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, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 170(h)(4)(B)(ii)?
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 Escrow and Custodial Arrangements. Complete if the 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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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 the 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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		323,854		323,854
b Buildings		2,405,349	951,610	1,453,739
c Leasehold improvements		36,475	32,710	3,765
d Equipment		236,724	141,502	95,222
e Other		67,524	58,528	8,996
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				1,885,576

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	14,773,632
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	14,627,550
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	146,082
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	-101,506
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-101,506
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	44,576

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	14,775,822
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	2,190
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	2,190
3	Subtract line 2e from line 1	3	14,773,632
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	14,773,632

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

1	Total expenses and losses per audited financial statements	1	14,629,740
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	2,190
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	2,190
3	Subtract line 2e from line 1	3	14,627,550
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	14,627,550

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 Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND APPLICABLE STATE LAW THEREFORE, THERE ARE NO PROVISIONS FOR INCOME TAXES REFLECTED IN THESE FINANCIAL STATEMENTS THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS UNDER THAT GUIDANCE, THE ORGANIZATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES BASED ON THE TECHNICAL MERITS OF THE POSITION EXAMPLES OF TAX POSITIONS INCLUDE THE TAX-EXEMPT STATUS OF THE ORGANIZATION AND VARIOUS POSITIONS RELATED TO THE POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME (UBIT) THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT THERE WERE NO UNRECOGNIZED TAX BENEFITS IDENTIFIED OR RECORDED AS LIABILITIES FOR THE YEARS ENDED JUNE 30, 2012 AND 2011 THE ORGANIZATION'S INFORMATION RETURNS, FOR THE YEARS ENDING JUNE 30, 2012, 2011, 2010, AND 2009 ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR 3 YEARS AFTER THEY WERE FILED
PART XI, LINE 8 - OTHER ADJUSTMENTS		THE PRIOR PERIOD ADJUSTMENT IS A RESULT OF A CHANGE IN PTO ACCRUAL POLICY

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2011

Open to Public Inspection

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

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

Name of the organization

TOUCHPOINT AUTISM SERVICES INC

Employer identification number

43-0979927

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

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

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

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions? (Yes/No), (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization.

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

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>FESTIVAL OF TREES</u> (event type)	<u>GOLF TOURNAMENT</u> (event type)	<u>2</u> (total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	444,165	126,655	133,071	703,891
	2 Less Charitable contributions	355,320	82,405	82,957	520,682
	3 Gross income (line 1 minus line 2)	88,845	44,250	50,114	183,209
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes	6,275	1,146		7,421
	6 Rent/facility costs	49,932	28,630	19,859	98,421
	7 Food and beverages			21,005	21,005
	8 Entertainment	5,680			5,680
	9 Other direct expenses	4,172	2,071		6,243
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(138,770)
11 Net income summary Combine lines 3 and 10 in column (d) ▶				44,439	

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

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

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

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

b If "No," Explain _____

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

b If "Yes," Explain _____

- 11** Does the organization operate gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

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

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

Name ▶

Address ▶

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

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

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

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

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

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

Identifier	ReturnReference	Explanation
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SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization TOUCHPOINT AUTISM SERVICES INC

Employer identification number 43-0979927

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of Contributions or items contributed, (c) Contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining contribution amounts. Rows include Art, Books, Cars, Boats, Intellectual property, Securities, Real estate, etc.

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 Acknowledgement

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... 31 Does the organization have a gift acceptance policy... 32a Does the organization hire or use third parties... 33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked...

Table with 3 columns: Question, Yes, No. Rows for 30a, 31, 32a, 33.

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization
TOUCHPOINT AUTISM SERVICES INC

Employer identification number

43-0979927

Identifier	Return Reference	Explanation
CHANGES IN PROGRAM SERVICES	FORM 990, PART III, LINE 3	THE EDUCATIONAL SERVICES PROGRAM WAS DISCONTINUED IN NOVEMBER 2011
	FORM 990, PART VI, SECTION A, LINE 8B	MINUTES ARE NOT MAINTAINED FOR COMMITTEES COMMITTEES REPORT TO THE BOARD OF DIRECTORS AND ALL DECISIONS ARE DOCUMENTED BY THE BOARD OF DIRECTORS
	FORM 990, PART VI, SECTION B, LINE 11	A COPY OF THE FORM 990 IS PROVIDED TO AND REVIEWED BY THE FINANCE COMMITTEE PRIOR TO FILING THE FINANCE COMMITTEE PRESENTS THE 990 TO THE BOARD 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 POTENTIAL CONFLICTS 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 15A	THE COMPENSATION IS REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE OF 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
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	PRIOR PERIOD ADJUSTMENTS -101,506 THE PRIOR PERIOD ADJUSTMENT IS A RESULT OF A CHANGE IN PTO ACCRUAL POLICY TOTAL TO FORM 990, PART XI, LINE 5 -101,506
	PART XII LINE 2C	THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT PROCESS OR SELECTION PROCESS FROM PRIOR YEAR