

Return of Organization Exempt From Income Tax

2007

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

Department of the Treasury Internal Revenue Service(77)

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

Header section A-M containing organization name (AUTISM RESEARCH INSTITUTE), EIN (95-2548452), and other identifying information.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Main table with 21 rows detailing revenue (1-12) and expenses (13-17), ending with net assets (18-21). Includes handwritten notes and a 'RECEIVED' stamp.

SCANNED DEC 11 2008

RECEIVED NOV 19 2008 OGDEN, UT

617 12

**Part II Statement of Functional Expenses** All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See *instructions*)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b>	Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b>	Other grants and allocations (att sch) SEE STM 4 (cash \$ <u>786,053.</u> non-cash \$ _____) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	786,053.	786,053.		
<b>23</b>	Specific assistance to individuals (attach schedule)				
<b>24</b>	Benefits paid to or for members (attach schedule)				
<b>25a</b>	Compensation of current officers, directors, key employees, etc listed in Part V-A	78,000.	54,600.	15,600.	7,800.
<b>25b</b>	Compensation of former officers, directors, key employees, etc listed in Part V-B	0.	0.	0.	0.
<b>25c</b>	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	260.	182.	52.	26.
<b>26</b>	Salaries and wages of employees not included on lines 25a, b, and c	161,063.	112,744.	32,213.	16,106.
<b>27</b>	Pension plan contributions not included on lines 25a, b, and c				
<b>28</b>	Employee benefits not included on lines 25a - 27				
<b>29</b>	Payroll taxes	19,597.	13,718.	3,919.	1,960.
<b>30</b>	Professional fundraising fees	10,725.			10,725.
<b>31</b>	Accounting fees	4,705.	3,294.	941.	470.
<b>32</b>	Legal fees	9,414.	6,590.	1,883.	941.
<b>33</b>	Supplies	3,234.	2,264.	647.	323.
<b>34</b>	Telephone	13,025.	9,118.	2,605.	1,302.
<b>35</b>	Postage and shipping	29,302.	20,511.	5,861.	2,930.
<b>36</b>	Occupancy	47,880.	33,516.	14,364.	
<b>37</b>	Equipment rental and maintenance	9,989.	6,992.	1,998.	999.
<b>38</b>	Printing and publications	67,554.	47,288.	13,511.	6,755.
<b>39</b>	Travel				
<b>40</b>	Conferences, conventions, and meetings	193,969.	135,778.	38,794.	19,397.
<b>41</b>	Interest				
<b>42</b>	Depreciation, depletion, etc (attach schedule)	17,032.	11,922.	3,407.	1,703.
<b>43</b>	Other expenses not covered above (itemize)				
<b>43a</b>	SEE STATEMENT 5	338,805.	246,372.	61,915.	30,518.
<b>43b</b>					
<b>43c</b>					
<b>43d</b>					
<b>43e</b>					
<b>43f</b>					
<b>43g</b>					
<b>44</b>	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	1,790,607.	1,490,942.	197,710.	101,955.

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III** Statement of Program Service Accomplishments (See the instructions.)

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

What is the organization's primary exempt purpose? ► <u>RESEARCH SUPPORT TO PUBLIC</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others.)
a <u>PROVIDED RESEARCH SUPPORT TO PROFESSIONALS AT UNIVERSITIES, HOSPITALS, ETC. IN THE UNITED STATES AND ABROAD. DISTRIBUTED INFORMATION ON PRIOR AND ONGOING RESEARCH TO PARENTS, STUDENTS, TEACHERS AND PHYSICIANS.</u> ----- ----- ----- (Grants and allocations \$ <u>786,053.</u> ) If this amount includes foreign grants, check here ► <input checked="" type="checkbox"/>	1,490,942.
b ----- ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c ----- ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d ----- ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ►	1,490,942.

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash — non-interest-bearing	862,113.	45	251,148.
	46 Savings and temporary cash investments	528,117.	46	2,014,734.
	47 a Accounts receivable			
	b Less: allowance for doubtful accounts		47 c	
	48 a Pledges receivable			
	b Less: allowance for doubtful accounts		48 c	
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50 a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50 b	
	51 a Other notes and loans receivable (attach schedule)			
	b Less: allowance for doubtful accounts		51 c	
	52 Inventories for sale or use	32,400.	52	47,400.
	53 Prepaid expenses and deferred charges		53	
	54 a Investments — publicly-traded securities STMT 6 <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	100,000.	54 a	1,497,097.
	b Investments — other securities (attach sch) STMT 7 <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	1,965,340.	54 b	50,000.
	55 a Investments — land, buildings, & equipment, basis			
	b Less: accumulated depreciation (attach schedule)		55 c	
	56 Investments — other (attach schedule)		56	
	57 a Land, buildings, and equipment basis	57 a 106,037.		
b Less: accumulated depreciation (attach schedule) STATEMENT 8	57 b 39,238.	42,711.	57 c 66,799.	
58 Other assets, including program-related investments (describe ► SEE STATEMENT 9)		58	5,000.	
59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58	3,530,681.	59	3,932,178.	
LIABILITIES	60 Accounts payable and accrued expenses	6,235.	60	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax-exempt bond liabilities (attach schedule)		64 a	
	b Mortgages and other notes payable (attach schedule)		64 b	
	65 Other liabilities (describe ► SEE STATEMENT 10)	1,000.	65	1,443.
66 <b>Total liabilities.</b> Add lines 60 through 65	7,235.	66	1,443.	
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds	3,523,446.	70	3,930,735.
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	3,523,446.	73	3,930,735.	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	3,530,681.	74	3,932,178.	

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	N/A
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:			
	1 Net unrealized gains on investments	<b>b1</b>		
	2 Donated services and use of facilities	<b>b2</b>		
	3 Recoveries of prior year grants	<b>b3</b>		
	4 Other (specify) _____	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :			
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>		
	2 Other (specify) _____	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12) Add lines <b>c</b> and <b>d</b>		<b>e</b>	

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	N/A
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:			
	1 Donated services and use of facilities	<b>b1</b>		
	2 Prior year adjustments reported on Part I, line 20	<b>b2</b>		
	3 Losses reported on Part I, line 20	<b>b3</b>		
	4 Other (specify) _____	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :			
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>		
	2 Other (specify) _____	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17) Add lines <b>c</b> and <b>d</b>		<b>e</b>	

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 11		78,000.	0.	0.



Part VI Other Information (continued)	Yes	No
<b>82 a</b> Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	<b>82 a</b>	X
<b>b</b> If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III) .	<b>82 b</b>	N/A
<b>83 a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>83 a</b>	X
<b>b</b> Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	<b>83 b</b>	X
<b>84 a</b> Did the organization solicit any contributions or gifts that were not tax deductible?	<b>84 a</b>	X
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>84 b</b>	N/A
<b>85 a</b> 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	<b>85 a</b>	N/A
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>85 b</b>	N/A
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
<b>c</b> Dues, assessments, and similar amounts from members	<b>85 c</b>	N/A
<b>d</b> Section 162(e) lobbying and political expenditures	<b>85 d</b>	N/A
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85 e</b>	N/A
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85 f</b>	N/A
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>85 g</b>	N/A
<b>h</b> If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	<b>85 h</b>	N/A
<b>86</b> 501(c)(7) organizations Enter <b>a</b> Initiation fees and capital contributions included on line 12	<b>86 a</b>	N/A
<b>b</b> Gross receipts, included on line 12, for public use of club facilities	<b>86 b</b>	N/A
<b>87</b> 501(c)(12) organizations Enter <b>a</b> Gross income from members or shareholders	<b>87 a</b>	N/A
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>87 b</b>	N/A
<b>88 a</b> At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	<b>88 a</b>	X
<b>b</b> At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI	<b>88 b</b>	X
<b>89 a</b> 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under: section 4911 ▶ 0. , section 4912 ▶ 0. ; section 4955 ▶ 0.		
<b>b</b> 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	<b>89 b</b>	X
<b>c</b> Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
<b>d</b> Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ 0.		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	<b>89 e</b>	X
<b>f</b> All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	<b>89 f</b>	X
<b>g</b> For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>89 g</b>	X
<b>90 a</b> List the states with which a copy of this return is filed ▶ CA		
<b>b</b> Number of employees employed in the pay period that includes March 12, 2007 (See instructions)	<b>90 b</b>	6
<b>91 a</b> The books are in care of ▶ STEVE EDELSON Telephone number ▶ 619-281-7165 Located at ▶ 4182 ADAMS AVENUE SAN DIEGO CA ZIP + 4 ▶ 92116-2599		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ▶	<b>91 b</b>	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		

**Part VI Other Information (continued)**

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c  Yes  No

If 'Yes,' enter the name of the foreign country \_\_\_\_\_

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here N/A    
 and enter the amount of tax-exempt interest received or accrued during the tax year 92  N/A

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

**Note:** Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a SUBSCRIPTIONS FEES					15,778.
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					11,200.
96 Dividends & interest from securities					99,519.
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					134,242.
101 Net income or (loss) from special events					129,643.
102 Gross profit or (loss) from sales of inventory					81,333.
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))					471,715.
105 Total (add line 104, columns (B), (D), and (E))					471,715.

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
1	SEE STATEMENT 12

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

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

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)



**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

**106** Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

**107** Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

**Please Sign Here**

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.

Signature of officer: Stephen M. Edelson Date: 11/03/08

STEPHEN M. EDELSON, PH.D, EXECUTIVE DIRECTOR  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: Donald P. Long Date: 10/29/08 Check if self-employed:  Preparer's SSN or PTIN (See General Instruction X): P00058967

Firm's name (or yours if self-employed), address, and ZIP + 4: LANG AND ASSOCIATES INC., CPA  
3910 CHAPMAN STREET  
SAN DIEGO, CA 92110

EIN: 95-2801733 Phone no: (619) 224-1050

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

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

OMB No 1545-0047

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

**2007**

Department of the Treasury  
Internal Revenue Service

Supplementary Information — (See separate instructions.)

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

Name of the organization

**AUTISM RESEARCH INSTITUTE**

Employer identification number

**95-2548452**

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶	0			

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶	0	

**Part II – B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.**

Schedule A (Form 990 or 990-EZ) 2007

<b>Part III</b> Statements About Activities (See instructions.)		Yes	No
<b>1</b>	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities <b>▶</b> \$ <u>N/A</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)  Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
<b>2</b>	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions)		
<b>a</b>	Sale, exchange, or leasing of property?	X	
<b>b</b>	Lending of money or other extension of credit?		X
<b>c</b>	Furnishing of goods, services, or facilities? <p style="text-align: center;">SEE FORM 990, PART V</p>		X
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
<b>e</b>	Transfer of any part of its income or assets?		X
<b>3a</b>	Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments)		X
<b>b</b>	Did the organization have a section 403(b) annuity plan for its employees?		X
<b>c</b>	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement		X
<b>d</b>	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
<b>4a</b>	Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g		X
<b>b</b>	Did the organization make any taxable distributions under section 4966?		N/A
<b>c</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		N/A
<b>d</b>	Enter the total number of donor advised funds owned at the end of the tax year <b>▶</b>		N/A
<b>e</b>	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year <b>▶</b>		N/A
<b>f</b>	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts <b>▶</b>		0
<b>g</b>	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year <b>▶</b>		0.

**Part IV** Reason for Non-Private Foundation Status (See instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11 b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives **(1) more than 33-1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions – subject to certain exceptions, and **(2) no more than 33-1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
  - Type I
  - Type II
  - Type III-Functionally Integrated
  - Type III-Other

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b>					0.

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

BAA

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

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

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	1,472,991.	1,430,308.	1,276,724.	1,049,367.	5,229,390.
<b>16</b> Membership fees received					0.
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc. purpose					0.
<b>18</b> Gross income from interest, dividends, amts rec'd from payments on securities loans (sec. 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975	93,517.	68,771.	64,099.	72,545.	298,932.
<b>19</b> Net income from unrelated business activities not included in line 18					0.
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0.
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0.
<b>23</b> Total of lines 15 through 22	1,566,508.	1,499,079.	1,340,823.	1,121,912.	5,528,322.
<b>24</b> Line 23 minus line 17	1,566,508.	1,499,079.	1,340,823.	1,121,912.	5,528,322.
<b>25</b> Enter 1% of line 23	15,665.	14,991.	13,408.	11,219.	
<b>26 Organizations described on lines 10 or 11:</b>	<p><b>a</b> Enter 2% of amount in column (e), line 24 <b>N/A</b></p> <p><b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.</p> <p><b>c</b> Total support for section 509(a)(1) test. Enter line 24, column (e)</p> <p><b>d</b> Add Amounts from column (e) for lines: <b>18</b> _____ <b>19</b> _____  <b>22</b> _____ <b>26b</b> _____</p> <p><b>e</b> Public support (line 26c minus line 26d total)</p> <p><b>f</b> <b>Public support percentage (line 26e (numerator) divided by line 26c (denominator))</b></p>				<p><b>26a</b> _____</p> <p><b>26b</b> _____</p> <p><b>26c</b> _____</p> <p><b>26d</b> _____</p> <p><b>26e</b> _____</p> <p><b>26f</b> _____ %</p>
<b>27 Organizations described on line 12:</b>	<p><b>a</b> For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' <b>Do not file this list with your return.</b> Enter the sum of such amounts for each year:                  (2006) _____ 0. (2005) _____ 0. (2004) _____ 0. (2003) _____ 0.</p> <p><b>b</b> For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the <b>larger</b> of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals.) <b>Do not file this list with your return.</b> After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:                  (2006) _____ 0. (2005) _____ 0. (2004) _____ 0. (2003) _____ 0.</p> <p><b>c</b> Add Amounts from column (e) for lines: <b>15</b> _____ 5,229,390. <b>16</b> _____  <b>17</b> _____ <b>20</b> _____ <b>21</b> _____</p> <p><b>d</b> Add Line 27a total _____ 0. and line 27b total _____ 0.</p> <p><b>e</b> Public support (line 27c total minus line 27d total)</p> <p><b>f</b> Total support for section 509(a)(2) test. Enter amount from line 23, column (e)</p> <p><b>g</b> <b>Public support percentage (line 27e (numerator) divided by line 27f (denominator))</b></p> <p><b>h</b> <b>Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</b></p>				<p><b>27c</b> 5,229,390.</p> <p><b>27d</b> 0.</p> <p><b>27e</b> 5,229,390.</p> <p><b>27f</b> 5,528,322.</p> <p><b>27g</b> 94.59 %</p> <p><b>27h</b> 5.41 %</p>
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. <b>Do not file this list with your return.</b> Do not include these grants in line 15					

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

N/A

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

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See instructions )  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

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

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

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

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

	<b>Lobbying Expenditures During 4 -Year Averaging Period</b>				
	<b>(a)</b> 2007	<b>(b)</b> 2006	<b>(c)</b> 2005	<b>(d)</b> 2004	<b>(e)</b> Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots non-taxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities** (See instructions )  
 (For reporting only by organizations that did not complete Part VI-A)

N/A

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

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (add lines c through h.)

Yes	No	Amount

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





CLIENT 9680

AUTISM RESEARCH INSTITUTE

95-2548452

10/27/08

05 11PM

**STATEMENT 1**  
**FORM 990, PART I, LINE 8**  
**NET GAIN (LOSS) FROM NONINVENTORY SALES**

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE: 1,029,889.  
 COST OR OTHER BASIS: 895,647.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ 134,242.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ 134,242.

**STATEMENT 2**  
**FORM 990, PART I, LINE 9**  
**NET INCOME (LOSS) FROM SPECIAL EVENTS**

<u>SPECIAL EVENTS</u>	<u>GROSS RECEIPTS</u>	<u>LESS CONTRI- BUTIONS</u>	<u>GROSS REVENUE</u>	<u>LESS DIRECT EXPENSES</u>	<u>NET INCOME (LOSS)</u>
PHOENIX ZOO WALK	135,860.	0.	135,860.	38,635.	97,225.
LA WALK	35,108.	0.	35,108.	13,309.	21,799.
OTHER FUNDRAISERS	8,305.	0.	8,305.	0.	8,305.
BERNIE'S BRICKS	8,620.	0.	8,620.	6,306.	2,314.
TOTAL	<u>\$ 187,893.</u>	<u>\$ 0.</u>	<u>\$ 187,893.</u>	<u>\$ 58,250.</u>	<u>\$ 129,643.</u>

**STATEMENT 3**  
**FORM 990, PART I, LINE 10**  
**GROSS PROFIT (LOSS) FROM SALES OF INVENTORY**

PUBLICATIONS/VIDEOS \$ 153,435.

GROSS SALES \$ 153,435.

LESS RETURNS & ALLOWANCES 0.

NET SALES \$ 153,435.

LESS COST OF GOODS SOLD 72,102.

GROSS PROFIT FROM SALES OF INVENTORY \$ 81,333.

**STATEMENT 4**  
**FORM 990, PART II, LINE 22B**  
**OTHER GRANTS AND ALLOCATIONS**

CASH GRANTS AND ALLOCATIONS

DONEE'S NAME: UNIV. OF TEXAS SW MEDICAL CENTER  
 DONEE'S ADDRESS: 6363 FOREST PARK ROAD, STE 13-354  
 DALLAS, TX 75390

AMOUNT GIVEN: \$ 30,000.

DONEE'S NAME: DOUGLAS FEINSTEIN/UNV. OF ILLINOIS  
 DONEE'S ADDRESS: 835 S. WOLCOTT STREET  
 CHICAGO, IL 60614

CLIENT 9680

AUTISM RESEARCH INSTITUTE

95-2548452

10/27/08

05:11PM

**STATEMENT 4 (CONTINUED)  
FORM 990, PART II, LINE 22B  
OTHER GRANTS AND ALLOCATIONS**

CASH GRANTS AND ALLOCATIONS

AMOUNT GIVEN:		\$	30,000.
DONEE'S NAME:	JOHN GREEN MD/ARRO		
DONEE'S ADDRESS:	4715 NE 13TH STREET PORTLAND, OR 97211		
AMOUNT GIVEN:			23,000.
DONEE'S NAME:	VITAMIN DIAGNOSTICS/TAPAN ADUDHYE		
DONEE'S ADDRESS:	RT. 35 & INDUSTRIAL DRIVE CLIFTWOOD BEACH, NJ 07735		
AMOUNT GIVEN:			1,800.
DONEE'S NAME:	UNIV. OF MARYLAND/R. ZIELKE, PHD		
DONEE'S ADDRESS:	655 W. BALITMORE ST. RM. 13-015BRB BALTIMORE, MD 21201		
AMOUNT GIVEN:			2,375.
DONEE'S NAME:	NJ MEDICAL SCHOOL/JYONOUCHI, MD		
DONEE'S ADDRESS:	185 SOUTH ORANGE AVENUE NEWARD, NJ 07101		
AMOUNT GIVEN:			112,205.
DONEE'S NAME:	NY INSTITUTE OF BASIC RESEARCH IN DEV.		
DONEE'S ADDRESS:	1050 FOREST HILL ROAD STATEN ISLAND, NY 10314		
AMOUNT GIVEN:			50,000.
DONEE'S NAME:	SW COLLEGE OF NATUROPATHIC MEDICINE		
DONEE'S ADDRESS:	8010 E. MCDOWELL ROAD, SUITE 111 SCOTTSDALE, AZ 85282		
AMOUNT GIVEN:			8,000.
DONEE'S NAME:	UNIV. OF MARYLAND/K. CURREY, MD		
DONEE'S ADDRESS:	655 W. BALTIMORE STREET BALTIMORE, MD 21201		
AMOUNT GIVEN:			33,000.
DONEE'S NAME:	HELP AUTISM NOW		
DONEE'S ADDRESS:	4742 LIBERTY ROAD SOUTH #198 SALEM, OR 97302		
AMOUNT GIVEN:			39,000.
DONEE'S NAME:	HARVARD MED. SCHOOL/SAJDEL-SULKOWSKA		
DONEE'S ADDRESS:	221 LONGWOOD AVENUE BOSTON, MA 02115		
AMOUNT GIVEN:			39,270.
DONEE'S NAME:	UNIV. OF ARIZONA/APOSHIAN, PHD		
DONEE'S ADDRESS:	1041 E. LOWELL TUCSON, AZ 85721		
AMOUNT GIVEN:			15,000.
DONEE'S NAME:	NORTHEASTERN UNIVERSITY/R. DETH		
DONEE'S ADDRESS:	360 HUNTINGTON AVENUE		

CLIENT 9680

AUTISM RESEARCH INSTITUTE

95-2548452

10/27/08

05 11PM

**STATEMENT 4 (CONTINUED)**  
**FORM 990, PART II, LINE 22B**  
**OTHER GRANTS AND ALLOCATIONS**

CASH GRANTS AND ALLOCATIONS

AMOUNT GIVEN:	BOSTON, MA 02115	\$	65,100.
DONEE'S NAME:	CASE WESTERN UNIVERSITY/MCGINNIS		
DONEE'S ADDRESS:	10900 EUCLID AVENUE CLEVELAND, OH 44106		
AMOUNT GIVEN:			37,500.
DONEE'S NAME:	IRENE ZAPPIA		
DONEE'S ADDRESS:	5035 E. GOLDER RANCH DR. TUCSON, AZ 85739		
AMOUNT GIVEN:			1,042.
DONEE'S NAME:	KACEY CHANDLER		
DONEE'S ADDRESS:	5035 E. GOLDER RANCH DR. TUCSON, AZ 85739		
AMOUNT GIVEN:			300.
DONEE'S NAME:	ANA TERRY		
DONEE'S ADDRESS:	5035 E. GOLDER DRIVE TUCSON, AZ 85739		
AMOUNT GIVEN:			75.
DONEE'S NAME:	UNIV. OF TURIN/BALZOLA, MD		
DONEE'S ADDRESS:	MOLINETTE HOSPITAL		
AMOUNT GIVEN:			45,000.
DONEE'S NAME:	RIMLAND CENTER/ELIZABETH MUMPER		
DONEE'S ADDRESS:	4132 WILLIAMS ROAD LYNCHBURG, VA 24503		
AMOUNT GIVEN:			11,952.
DONEE'S NAME:	JULIE INGRAM		
DONEE'S ADDRESS:	609 E. CARSON DRIVE TEMPE, AZ 95282		
AMOUNT GIVEN:			4,022.
DONEE'S NAME:	VIJENDRA SINGH, PHD		
DONEE'S ADDRESS:	914 SUDDEN VALLEY BELLINGHAM, WA 98229		
AMOUNT GIVEN:			2,000.
DONEE'S NAME:	ROBERT H. WEINER, PHD		
DONEE'S ADDRESS:	8499 GREENVILLE AVENUE, SUITE 106 DALLAS, TX 75231		
AMOUNT GIVEN:			12,000.
DONEE'S NAME:	ANDREA HENSLEY		
DONEE'S ADDRESS:	5035 E. GOLDER RANCH DRIVE TUCSON, AZ 85739		
AMOUNT GIVEN:			100.
DONEE'S NAME:	ADVOCATES FOR CHILDREN/E. MUMPER		
DONEE'S ADDRESS:	2014 TATE SPRINGS ROAD #2		

CLIENT 9680

AUTISM RESEARCH INSTITUTE

95-2548452

10/27/08

05 11PM

**STATEMENT 4 (CONTINUED)**  
**FORM 990, PART II, LINE 22B**  
**OTHER GRANTS AND ALLOCATIONS**

CASH GRANTS AND ALLOCATIONS

AMOUNT GIVEN:	LYNCHBURG, VA 24501	\$	100,000.
DONEE'S NAME:	GENE STUBBS/ARRO		
DONEE'S ADDRESS:	4715 NE 13TH AVENUE PORTLAND, OR 97211		
AMOUNT GIVEN:			25,000.
DONEE'S NAME:	ARIZONA STATE UNIVERSITY		
DONEE'S ADDRESS:	P.O. BOX 876006 TEMPE, AZ 85287		
AMOUNT GIVEN:			65,450.
DONEE'S NAME:	DOCTOR'S DATA/F. LYTEHAAUSE		
DONEE'S ADDRESS:	3755 ILLINOIS AVENUE ST. CHARLES, IL 60174		
AMOUNT GIVEN:			4,320.
DONEE'S NAME:	EDWARD CARR, PHD		
DONEE'S ADDRESS:	STATE UNIVERSITY OF NEW YORK STONY BROOK, NY 11794		
AMOUNT GIVEN:			15,018.
DONEE'S NAME:	CHILDREN'S CORNER SCHOOL/S. KURTZ		
DONEE'S ADDRESS:	7023 HASKELL AVENUE VAN NUYS, CA 91406		
AMOUNT GIVEN:			13,524.
TOTAL GRANTS AND ALLOCATIONS			\$ <u>786,053.</u>

**STATEMENT 5**  
**FORM 990, PART II, LINE 43**  
**OTHER EXPENSES**

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
BANK CHARGES	285.	200.	85.	
BOOKS	3,781.	3,781.		
COMPUTER SUPPORT	22,121.	15,485.	4,424.	2,212.
CONTRACT LABOR	162,475.	113,733.	32,495.	16,247.
ELECTRONIC FEES	25,887.	18,121.	5,177.	2,589.
FUND RAISING EXPENSES	13,778.	9,645.	2,755.	1,378.
INSURANCE	11,594.	8,116.	2,319.	1,159.
MEETINGS	4,978.	3,485.	995.	498.
MEMBERSHIPS & PERIODICALS	4,182.	2,927.	837.	418.
MISCELLANEOUS	1,307.	915.	261.	131.
OFFICE EXPENSE	23,316.	16,321.	4,663.	2,332.
OTHER TAXES	10.		10.	
PAYROLL SERVICE	1,384.	969.	277.	138.
PENALITES	4,100.	2,870.	820.	410.

CLIENT 9680

AUTISM RESEARCH INSTITUTE

95-2548452

10/27/08

05.11PM

STATEMENT 5 (CONTINUED)  
FORM 990, PART II, LINE 43  
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ROYALTIES	30,057.	21,040.	6,011.	3,006.
UTILITIES	2,621.	1,835.	786.	
WEBCASTS	26,929.	26,929.		
TOTAL	<u>\$ 338,805.</u>	<u>\$ 246,372.</u>	<u>\$ 61,915.</u>	<u>\$ 30,518.</u>

STATEMENT 6  
FORM 990, PART IV, LINE 54A  
INVESTMENTS - PUBLICLY TRADED SECURITIES

CORPORATE BONDS	VALUATION METHOD	AMOUNT
CORPORATE BONDS	COST	\$ 715,014.
	TOTAL	<u>\$ 715,014.</u>

OTHER PUBLICLY TRADED SECURITIES	VALUATION METHOD	AMOUNT
MARKETABLE SECURITIES	COST	306,453.
MUTUAL FUND	COST	426,835.
	TOTAL	<u>\$ 733,288.</u>

STATE AND MUNICIPAL OBLIGATIONS	VALUATION METHOD	AMOUNT
GOVERNMENT BONDS	COST	48,795.
	TOTAL	<u>\$ 48,795.</u>

PUBLICLY TRADED SECURITIES \$ 1,497,097.

STATEMENT 7  
FORM 990, PART IV, LINE 54B  
INVESTMENTS - OTHER SECURITIES

OTHER SECURITIES	VALUATION METHOD	AMOUNT
CERTIFICATES OF DEPOSIT	COST	\$ 50,000.
	TOTAL	<u>\$ 50,000.</u>

CLIENT 9680

AUTISM RESEARCH INSTITUTE

95-2548452

10/27/08

05 11PM

**STATEMENT 8  
FORM 990, PART IV, LINE 57  
LAND, BUILDINGS, AND EQUIPMENT**

<u>CATEGORY</u>	<u>BASIS</u>	<u>ACCUM. DEPREC.</u>	<u>BOOK VALUE</u>
MISCELLANEOUS	\$ 106,037.	\$ 39,238.	\$ 66,799.
TOTAL	<u>\$ 106,037.</u>	<u>\$ 39,238.</u>	<u>\$ 66,799.</u>

**STATEMENT 9  
FORM 990, PART IV, LINE 58  
OTHER ASSETS**

DEPOSITS			\$ 5,000.
TOTAL			<u>\$ 5,000.</u>

**STATEMENT 10  
FORM 990, PART IV, LINE 65  
OTHER LIABILITIES**

PENSION CONTRIBUTIONS WITHHELD		\$ 800.
SALES TAX PAYABLE		643.
TOTAL		<u>\$ 1,443.</u>

**STATEMENT 11  
FORM 990, PART V-A  
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP &amp; DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
ROSEMARY A. KING 4487 CAMINITO FUERTE SAN DIEGO, CA 92116	PRESIDENT 0	\$ 0.	\$ 0.	\$ 0.
PAUL GRINVALSKY 4978 NIAGARA AVENUE, STE 36 SAN DIEGO, CA 92109	BOARD MEMBER 0	0.	0.	0.
GLORIA B. RIMLAND 4758 EDGEWARE ROAD SAN DIEGO, CA 92116	SECRETARY 0	0.	0.	0.
STEPHEN M. EDELSON, PH.D 4182 ADAMS AVENUE SAN DIEGO, CA 92116	TREASURER 40.00	78,000.	0.	0.

CLIENT 9680

AUTISM RESEARCH INSTITUTE

95-2548452

10/27/08

05 11PM

STATEMENT 11 (CONTINUED)  
FORM 990, PART V-A  
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
RICHARD KUNIN, MD 2698 PACIFIC AVENUE SAN FRANCISCO, CA 94115	BOARD MEMBER 0	\$ 0.	\$ 0.	\$ 0.
DAVID HUMPHREY 6400 SW ROSEWOOD LAKE OSWEGO, OR 97035	BOARD MEMBER 0	0.	0.	0.
JAMES ADAMS PHD ASU - P.O. BOX 876006 TEMPE, AZ 85287	BOARD MEMBER 0	0.	0.	0.
JANE JOHNSON 834 FIFTH AVENUE #11B NEW YORK, NY 10021	BOARD MEMBER 0	0.	0.	0.
	TOTAL	\$ 78,000.	\$ 0.	\$ 0.

STATEMENT 12  
FORM 990, PART VIII  
RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE #	EXPLANATION OF ACTIVITIES
93A	NEWSLETTERS ASSIST IN THE EDUCATION OF GENERAL PUBLIC, PARENTS, STUDENTS, AND MEDICAL PROFESSIONALS OF SEVERE CHILDHOOD DISORDERS.
95, 96	INVESTMENT INCOME IS USED TO ISSUE GRANTS TO QUALIFIED INDIVIDUALS AND ORGANIZATIONS FOR RESEARCH RELATING TO AUTISM AND OTHER SEVERE CHILDHOOD DISORDERS.
102	SALE OF BOOKS AND VIDEOS ASSIST IN THE EDUCATION OF GENERAL PUBLIC, PARENTS, STUDENTS AND MEDICAL PROFESSIONALS ON SEVERE CHILDHOOD DISORDERS.
100	GAIN OR LOSS FROM SALE OF SECURITIES IS PART OF THE INVESTMENT INCOME USED TO ISSUE GRANTS TO QUALIFIED INDIVIDUALS AND ORGANIZATIONS FOR RESEARCH RELATING TO AUTISM AND OTHER SEVERE CHILDHOOD DISORDERS.
101	PHOENIX AND PORTLAND ZOO WALKS WAS STARTED TO RAISE FUNDS FOR GRANTS AND TO RAISE AWARENESS TO THE GENERAL PUBLIC ABOUT AUTISM AND OTHER CHILDHOOD DISORDERS.

2007

FEDERAL SUPPLEMENTAL INFORMATION

PAGE 1

CLIENT 9680

AUTISM RESEARCH INSTITUTE

95-2548452

10/27/08

05 11PM

FORM RRF-1, PART B, QUESTION #1

DURING 2007, THE ORGANIZATION RENTED A HOUSE FROM MRS. BERNARD RIMLAND FOR \$1,200.00 A MONTH. THE ACTION WAS APPROVED BY THE BOARD OF DIRECTORS DURING THEIR JULY 30, 2004 MEETING.



12/31/07

## 2007 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 1

CLIENT 9680

AUTISM RESEARCH INSTITUTE

95-2548452

10/27/08

05 11PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR. 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC BAL DEPR.	SALVAGE /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
1	FILE CABINETS	2/27/84		145							145		S/L	5		0
2	DESK & FILES	10/01/84		616							616		S/L	5		0
3	OFFICE FURNITURE	10/01/84		420							420		S/L	5		0
4	FILE CABINET	5/15/86		675							675		S/L	5		0
5	OFFICE FURNITURE	7/01/87		476							476		S/L	5		0
6	OFFICE EQUIPMENT	10/01/92		444							444		S/L	5		0
7	OFFICE EQUIPMENT	10/01/92		370							370		S/L	5		0
8	PRINTER	3/12/98		431							431		S/L	5		0
9	COMPUTER EQUIPMENT	5/12/99		1,030							1,030		S/L	5		0
10	COMPUTER EQUIPMENT	2/07/00		1,419							1,419		S/L	5		0
11	(2) COMPUTERS	6/30/02		3,088							3,088		S/L	5		307
12	MEDIA CAMERAS	3/01/05		30,000							30,000		S/L	5		6,000
13	MEDIA EQUIPMENT	7/03/06		14,384							14,384		S/L	5		2,877
14	MEDIA EQUIPMENT	9/18/06		7,023							7,023		S/L	5		1,405
15	SERVER	1/05/06		664							664		S/L	5		133
16	LAPTOP COMPUTER	4/12/06		1,759							1,759		S/L	5		352
17	PRINTER, CABINETS	5/12/06		973							973		S/L	5		195
18	MAC COMPUTER	7/31/06		1,000							1,000		S/L	5		200
19	MICROWAVE	1/05/07		214							214		S/L	5		43
20	REFRIGERATOR	1/05/07		431							431		S/L	5		86
21	TELEVISION	1/05/07		621							621		S/L	5		124
22	LAPTOP COMPUTER	1/24/07		1,312							1,312		S/L	5		241
24	CAMERA	3/12/07		714							714		S/L	5		119
25	MAC PRO COMPUTER	3/12/07		5,366							5,366		S/L	5		884
26	VIDEO EQUIPMENT	3/26/07		6,094							6,094		S/L	5		914

FORM 990/990-PF

12/31/07

2007 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 2

CLIENT 9680

AUTISM RESEARCH INSTITUTE

95-2548452

10/27/08 05.11PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR ALLOW	PRIOR 179/ BONUS/ SP DEPR	PRIOR DEC BAL DEPR	SALVAGE /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR	METHOD	LIFE	RATE	CURRENT DEPR
27	VIDEO EQUIPMENT	5/30/07		3,142							3,142		S/L	5		367
28	AUDIO/VIDEO EQUIPMENT	5/07/07		20,000							20,000		S/L	5		2,667
29	AUDIO/VIDEO EQUIPMENT	10/31/07		3,226							3,226		S/L	5		108
TOTAL															17,032	
TOTAL DEPRECIATION															17,032	
GRAND TOTAL DEPRECIATION															17,032	