

# 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)

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A For the 2006 calendar year, or tax year beginning** , and ending

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

**C Name of organization**  
Center for Autistic Spectrum Disorders, Inc.

**Number and street (or P O box if mail is not delivered to street address) Room/suite**  
4201 Bee Caves Road A200

**City or town State or country ZIP + 4**  
Austin TX 78746

**D Employer identification number**  
74-2991888

**E Telephone number**  
(512) 306-1920

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

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

- H and I are not applicable to section 527 organizations**
- H(a)** Is this a group return for affiliates?  Yes  No
- H(b)** If "Yes," enter number of affiliates ▶
- H(c)** Are all affiliates included?  Yes  No  
(If "No," attach a list See instructions.)
- H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No
- I** Group Exemption Number ▶ N/A
- M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

**G Website:** ▶ www.recoveryprotocol.com

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

**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,822,067

SCAILED SEP 21 2007

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

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:			
	<b>a</b> Contributions to donor advised funds . . . . .	<b>1a</b>	0	
	<b>b</b> Direct public support (not included on line 1a) . . . . .	<b>1b</b>	0	
	<b>c</b> Indirect public support (not included on line 1a) . . . . .	<b>1c</b>	0	
	<b>d</b> Government contributions (grants) (not included on line 1a) . . . . .	<b>1d</b>	0	
	<b>e</b> Total (add lines 1a through 1d) (cash \$ 0 noncash \$ 0) . . . . .	<b>1e</b>	0	0
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93) . . . . .	<b>2</b>		1,822,067
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>		0
	<b>4</b> Interest on savings and temporary cash investments . . . . .	<b>4</b>		0
	<b>5</b> Dividends and interest from securities . . . . .	<b>5</b>		0
	<b>6 a</b> Gross rents . . . . .	<b>6a</b>		
	<b>b</b> Less: rental expenses . . . . .	<b>6b</b>		
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a . . . . .	<b>6c</b>		0	
<b>7</b> Other investment income (describe) . . . . .	<b>7</b>		0	
<b>8 a</b> Gross amount from sales of assets other than inventory . . . . .	(A) Securities		(B) Other	
	0 <b>8a</b>	0	0	
	0 <b>8b</b>	0	0	
	0 <b>8c</b>	0	0	
<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B) . . . . .	<b>8d</b>		0	
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	<b>a</b> Gross revenue (not including \$ 0 of contributions reported on line 1b) . . . . .	<b>9a</b>	0	
	<b>b</b> Less: direct expenses other than fundraising expenses . . . . .	<b>9b</b>	0	
	<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a . . . . .	<b>9c</b>		0
<b>10 a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>	0		
	<b>b</b> Less: cost of goods sold . . . . .	<b>10b</b>	0	
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a . . . . .	<b>10c</b>		0
<b>11</b> Other revenue (from Part VII, line 103) . . . . .	<b>11</b>		0	
<b>12</b> Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 . . . . .	<b>12</b>		1,822,067	
Expenses	<b>13</b> Program services (from line 44, column (B)) . . . . .	<b>13</b>	1,257,913	
	<b>14</b> Management and general (from line 44, column (C)) . . . . .	<b>14</b>	144,446	
	<b>15</b> Fundraising (from line 44, column (D)) . . . . .	<b>15</b>	0	
	<b>16</b> Payments to affiliates (attach schedule) . . . . .	<b>16</b>	0	
	<b>17</b> Total expenses. Add lines 16 and 44, column (A) . . . . .	<b>17</b>		1,402,359
Net Assets	<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12 . . . . .	<b>18</b>	419,708	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A)) . . . . .	<b>19</b>	-19,634	
	<b>20</b> Other changes in net assets or fund balances (attach explanation) . . . . .	<b>20</b>	-152,642	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20 . . . . .	<b>21</b>		247,432

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**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 the 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>22 a</b>	Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
<b>22 b</b>	Other grants and allocations (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
<b>23</b>	Specific assistance to individuals (attach schedule)	0	0		
<b>24</b>	Benefits paid to or for members (attach schedule)	0			
<b>25 a</b>	Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	0	0	0	0
<b>b</b>	Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	0	0	0	0
<b>c</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) (attach schedule)	0	0	0	0
<b>26</b>	Salaries and wages of employees not included on lines 25a, b, and c	60,595	40,595	20,000	
<b>27</b>	Pension plan contributions not included on lines 25a, b, and c	0			
<b>28</b>	Employee benefits not included on lines 25a - 27	0			
<b>29</b>	Payroll taxes	4,636	3,106	1,530	
<b>30</b>	Professional fundraising fees	0			
<b>31</b>	Accounting fees	6,090		6,090	
<b>32</b>	Legal fees	4,252		4,252	
<b>33</b>	Supplies	31,849	27,963	3,886	
<b>34</b>	Telephone	16,696	14,192	2,504	
<b>35</b>	Postage and shipping	14,576	13,118	1,458	
<b>36</b>	Occupancy				
<b>37</b>	Equipment rental and maintenance	0			
<b>38</b>	Printing and publications	411	411		
<b>39</b>	Travel	103,597	103,597		
<b>40</b>	Conferences, conventions, and meetings	473	473		
<b>41</b>	Interest	0			
<b>42</b>	Depreciation, depletion, etc. (attach schedule)	12,843	10,917	1,926	0
<b>43</b>	Other expenses not covered above (itemize):				
<b>a</b>	See attached statement	1,146,341	1,043,541	102,800	0
<b>b</b>		0	0	0	0
<b>c</b>		0	0	0	0
<b>d</b>		0	0	0	0
<b>e</b>		0	0	0	0
<b>f</b>		0	0	0	0
<b>g</b>		0	0	0	0
<b>44</b>	<b>Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	1,402,359	1,257,913	144,446	0

**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 \$ 0, (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? <b>▶ Educate the public and medical profession on autism</b>	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
<p>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.)</p> <p><b>a</b> Program services consist of providing special testing for children with autism. During 2005, the organization provided approximately 2500 tests to 150 autistic children. The results of these tests are provided to the autistic child's physician for further evaluation.</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	1,257,913
<p><b>b</b> Additionally, the organization offers a reading skills program for autistic children that assists the children in organizing their thought processes, which in turn increases their communications and coping skills. This program is offered at no charge.</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>c</b></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>d</b></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>e</b> Other program services (attach schedule)</p> <p>(Grants and allocations \$ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	0
<p><b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) <b>▶</b></p>	<b>1,257,913</b>

**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)		(B)
		Beginning of year		End of year
Assets	45 Cash—non-interest-bearing . . . . .		45	111,937
	46 Savings and temporary cash investments . . . . .		46	
	47 a Accounts receivable . . . . .	47a	0	
	b Less: allowance for doubtful accounts . . . . .	47b	0	47c 0
	48 a Pledges receivable . . . . .	48a	0	
	b Less: allowance for doubtful accounts . . . . .	48b	0	48c 0
	49 Grants receivable . . . . .			49
	50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .		6,895	50a 6,895
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) . . . . .			50b
	51 a Other notes and loans receivable (attach schedule) . . . . .	51a	84,000	
	b Less: allowance for doubtful accounts . . . . .	51b	0	51c 84,000
	52 Inventories for sale or use . . . . .			52
	53 Prepaid expenses and deferred charges . . . . .			53
	54 a Investments—publicly-traded securities. . . . .	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54a 0
	b Investments—other securities (attach schedule). . . . .	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54b 0
	55 a Investments—land, buildings, and equipment: basis . . . . .	55a	0	
	b Less: accumulated depreciation (attach schedule) . . . . .	55b	0	55c 0
	56 Investments—other (attach schedule) . . . . .		0	56 0
	57 a Land, buildings, and equipment: basis . . . . .	57a	80,295	
	b Less: accumulated depreciation (attach schedule) . . . . .	57b	14,285	57c 66,010
58 Other assets, including program-related investments (describe . . . . . )		0	58 0	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58 . . . . .		12,247	59 268,842	
Liabilities	60 Accounts payable and accrued expenses . . . . .		3,129	60
	61 Grants payable . . . . .			61
	62 Deferred revenue . . . . .			62
	63 Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		0	63 0
	64 a Tax-exempt bond liabilities (attach schedule) . . . . .		0	64a 0
	b Mortgages and other notes payable (attach schedule) . . . . .		28,752	64b 21,410
	65 Other liabilities (describe . . . . . )		0	65 0
66 <b>Total liabilities.</b> Add lines 60 through 65 . . . . .		31,881	66 21,410	
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 . . . . .			70
	71 Paid-in or capital surplus, or land, building, and equipment fund . . . . .			71
	72 Retained earnings, endowment, accumulated income, or other funds . . . . .		-19,634	72 247,432
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) . . . . .		-19,634	73 247,432	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73. . . . .		12,247	74 268,842	

**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>	
<b>b</b>	Amounts included on line a 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>		0
	Add lines b1 through b4		<b>b</b>	0
<b>c</b>	Subtract line b from line a		<b>c</b>	0
<b>d</b>	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	<b>d1</b>		
2	Other (specify):	<b>d2</b>		0
	Add lines d1 and d2		<b>d</b>	0
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines c and d		<b>e</b>	0

**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>	
<b>b</b>	Amounts included on line a 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>		0
	Add lines b1 through b4		<b>b</b>	0
<b>c</b>	Subtract line b from line a		<b>c</b>	0
<b>d</b>	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	<b>d1</b>		
2	Other (specify):	<b>d2</b>		0
	Add lines d1 and d2		<b>d</b>	0
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines c and d		<b>e</b>	0

**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 & deferred compensation plans	(E) Expense account and other allowances
Name Kazuko Curtin Str 4201 Bee Caves Rd City Austin ST TX ZIP 78746	Title Pres Hr/WK 60	0	0	0
Name Mary Y. Irie Str 4201 Bee Caves Rd City Austin ST TX ZIP 78746	Title Dir Hr/WK	0	0	0
Name Jane N. Irie Str 4201 Bee Caves Rd City Austin ST TX ZIP 78746	Title Dir Hr/WK	0	0	0
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Table with 4 columns: Question, Yes, No. Rows include questions 75a through 75d regarding officers, directors, trustees, and compensation.

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans, (E) Expense account and other allowances.

Part VI Other Information (See the instructions.)

Table with 4 columns: Question, Yes, No. Rows include questions 76 through 81b regarding organizational changes, tax returns, and political expenditures.

Part VI Other Information (continued)

		Yes	No
82 a	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?		X
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.)		
	82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?		X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.	N/A	
c	Dues, assessments, and similar amounts from members	85c N/A	
d	Section 162(e) lobbying and political expenditures	85d N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g N/A	
h	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?	85h N/A	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a N/A	
b	Gross receipts, included on line 12, for public use of club facilities	86b N/A	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a N/A	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b N/A	
88 a	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		X
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		X
89 a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under: section 4911 N/A ; section 4912 N/A ; section 4955 N/A		
b	501(c)(3) and 501(c)(4) orgs. 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		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	N/A	
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	N/A	
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
g	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?	89g N/A	
90 a	List the states with which a copy of this return is filed		
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	90b	4
91 a	The books are in care of Name Kazuko Curtin Telephone no. (512) 306-1920 Located at 4201 Bee Caves Road #A-200 City Austin ST TX ZIP + 4 78746		
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 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X

**Part VI Other Information (continued)**

Yes No

- 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    
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 Testing of Autistic Children					1,822,067
b Reading Program for Autistic Children					0
c _____					
d _____					
e _____					
f Medicare/Medicaid payments . . . . .					
g Fees and contracts from government agencies . . . . .					
94 Membership dues and assessments . . . . .					
95 Interest on savings and temporary cash investments . . . . .					
96 Dividends and interest from securities . . . . .					
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 personal property . . . . .					
99 Other investment income . . . . .					
100 Gain or (loss) from sales of assets other than inventory . . . . .					
101 Net income or (loss) from special events . . . . .					
102 Gross profit or (loss) from sales of inventory . . . . .					
103 Other revenue					
a _____		0		0	0
b _____		0		0	0
c _____		0		0	0
d _____		0		0	0
e _____		0		0	0
104 Subtotal (add columns (B), (D), and (E)) . . . . .		0		0	1,822,067
105 Total (add line 104, columns (B), (D), and (E)) . . . . .					1,822,067

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).
93.a.	The testing of autistic children is consistent with our mission of providing services to families with autistic children
93.a.	and to the medical professionals that care for these children. Our testing also serves as an educational service in
93.a.	that the parents are educated on the results of the testing, which better prepares them to care for their autistic child.
93.b.	Reading programs helps autistic children organize their thought processes.

**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	%		0	0
	%		0	0
	%		0	0
	%		0	0

**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.

	(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>				0

**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.

	(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>				0

**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?

**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: [Handwritten Signature] Date: 8/28/07

Type or print name and title: Kuzako Curtin President

**Paid Preparer's Use Only**

Preparer's signature: John G. Pearce Date: 8/25/2007 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: John G. Pearce, CPA, P.C. EIN: 43-1979994

6806 Bee Caves Road #1B, Austin, TX 78746 Phone no: (512) 328-2143

Preparer's SSN or PTIN (See Gen. Inst. X): P00349484



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

		Yes	No
<b>1</b>	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B ) . . . . .		X
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.			
<b>2</b>	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )		
<b>a</b>	Sale, exchange, or leasing of property? . . . . .		X
<b>b</b>	Lending of money or other extension of credit? . . . . .		X
<b>c</b>	Furnishing of goods, services, or facilities? . . . . .		X
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .		X
<b>e</b>	Transfer of any part of its income or assets? . . . . .		X
<b>3 a</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>4 a</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? . . . . .		X
<b>c</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		X
<b>d</b>	Enter the total number of donor advised funds owned at the end of the tax year . . . . . ►	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 . . . . . ►	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 . . . . . ►	N/A	
<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 . . . . . ►	N/A	

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the 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  City  ST  Country
- 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 page 7 of the 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 page 7 of the instructions.)

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

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

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28)			15,000		15,000
16 Membership fees received					0
17 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	744,122	130,820	141,336	619,061	1,635,339
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					0
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 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
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	744,122	130,820	156,336	619,061	1,650,339
24 Line 23 minus line 17	0	0	15,000	0	15,000
25 Enter 1% of line 23	7,441	1,308	1,563	6,191	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 0
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 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c
d Add: Amounts from column (e) for lines:					
18 _____ 19 _____					26d 0
22 _____ 26b _____					26e 0
e Public support (line 26c minus line 26d total)					26f 0.00%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
27 Organizations described on line 12:					
a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:					
(2005) _____ (2004) _____ (2003) _____ (2002) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:					
(2005) _____ (2004) _____ (2003) 10,000 (2002) _____					
c Add: Amounts from column (e) for lines:					
15 15,000 16 _____					27c 1,650,339
17 1,635,339 20 _____ 21 _____					27d 10,000
d Add: Line 27a total _____ and line 27b total _____					27e 1,640,339
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f 1,650,339
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 99.39%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 0.00%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 9 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)

29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?
32 Does the organization maintain the following:
a Records indicating the racial composition of the student body, faculty, and administrative staff?
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
d Copies of all material used by the organization or on its behalf to solicit contributions?
33 Does the organization discriminate by race in any way with respect to:
a Students' rights or privileges?
b Admissions policies?
c Employment of faculty or administrative staff?
d Scholarships or other financial assistance?
e Educational policies?
f Use of facilities?
g Athletic programs?
h Other extracurricular activities?
34 a Does the organization receive any financial aid or assistance from a governmental agency?
b Has the organization's right to such aid ever been revoked or suspended?
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B 587, covering racial nondiscrimination? If "No," attach an explanation

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 10 of the instructions.)

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

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

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

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

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

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

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45	Lobbying nontaxable amount				0
46	Lobbying ceiling amount (150% of line 45(e))				0
47	Total lobbying expenditures				0
48	Grassroots nontaxable amount				0
49	Grassroots ceiling amount (150% of line 48(e))				0
50	Grassroots lobbying expenditures				0

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

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

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

	Yes	No	Amount
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.)			0

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 13 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

- (i) Cash
(ii) Other assets

b Other transactions

- (i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

Table with columns Yes, No and rows 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), c

Table with columns (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule:

Table with columns (a) Name of organization, (b) Type of organization, (c) Description of relationship



# Depreciation and Amortization

(Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions.      ▶ Attach to your tax return.

Attachment  
Sequence No. 67

Name(s) shown on return Center for Autistic Spectrum Disorders, Inc.	Business or activity to which this form relates 990	Identifying number 74-2991888
---	--	----------------------------------

**Part I Election To Expense Certain Property Under Section 179**

*Note: If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount. See the instructions for a higher limit for certain businesses . . . . .	1	108,000						
2 Total cost of section 179 property placed in service (see instructions). . . . .	2							
3 Threshold cost of section 179 property before reduction in limitation . . . . .	3	430,000						
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	4	0						
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . .	5	108,000						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">(a) Description of property</th> <th style="width: 25%;">(b) Cost (business use only)</th> <th style="width: 25%;">(c) Elected cost</th> </tr> <tr> <td>6</td> <td></td> <td></td> </tr> </table>			(a) Description of property	(b) Cost (business use only)	(c) Elected cost	6		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost						
6								
7 Listed property. Enter the amount from line 29 . . . . .	7							
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .	8	0						
9 Tentative deduction. Enter the smaller of line 5 or line 8 . . . . .	9	0						
10 Carryover of disallowed deduction from line 13 of your 2005 Form 4562. . . . .	10							
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .	11							
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 . . . . .	12	0						
13 Carryover of disallowed deduction to 2007. Add lines 9 and 10, less line 12 . . . . . ▶	13	0						

*Note: Do not use Part II or Part III below for listed property. Instead, use Part V.*

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year (see instructions). . . . .	14	
15 Property subject to section 168(f)(1) election . . . . .	15	
16 Other depreciation (including ACRS) . . . . .	16	768

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2006 . . . . .	17	1,143
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . . ▶ <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2006 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property		7,522	5	HY	200DB	1,504
c 7-year property		65,979	7	HY	200DB	9,428
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

**Section C - Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System**

20 a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary (see instructions)**

21 Listed property. Enter amount from line 28 . . . . .	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. . . . .	22	12,843
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . . ▶	23	

For Paperwork Reduction Act Notice, see separate instructions.

**Line 20 (990) - Other Changes in Net Assets or Fund Balances**

-152,642

Description		Total
1	Adjustment	-152,642
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

**Line 43 (990) - Other Deductions**

1,146,341

1,043,541

102,800

0

Description		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1	Bank Charges	13,655	13,655		
2	Advertising	11,224	11,224		
3	Auto Expense	2,796	2,796		
4	Car Rental	2,573	2,573		
5	Computer Software	2,600	2,600		
6	Laboratory Expense	315,530	315,530		
7	Contract Labor	203,833	101,917	101,916	
8	Credit Card Transaction Fees	8,872	8,872		
9	Dues & Subscriptions	4,826	4,826		
10	Employee Recruitment	302	302		
11	Meals & Entertainment	13,405	13,405		
12	Medical Supplies	66,706	66,706		
13	Other Expenses	10,391	10,391		
14	Transportation/Parking	1,067	1,067		
15	Utilities	5,894	5,010	884	
16	Web Hosting/ & nternet	11,932	11,932		
17	Supplements	17,270	17,270		
18	Equipment Rent	922	922		
19	Other Items	452,544	452,544		
20		0			





**Line 51 (990) - Other Notes**

Check here if a business	Borrower's name and Title	Original amount	Net balance due beginning of year	Balance due end of year	Allowance for doubtful accounts end of year
1 <input checked="" type="checkbox"/>	Nutrigenomics	84,000	0	84,000	0
2 <input type="checkbox"/>			0		
3 <input type="checkbox"/>			0		
4 <input type="checkbox"/>			0		
5 <input type="checkbox"/>			0		
6 <input type="checkbox"/>			0		
7 <input type="checkbox"/>			0		
8 <input type="checkbox"/>			0		
9 <input type="checkbox"/>			0		
10 <input type="checkbox"/>			0		
11 <input type="checkbox"/>			0		
12 <input type="checkbox"/>			0		
13 <input type="checkbox"/>			0		
14 Totals		84,000	0	84,000	0

	Security provided	Date of note	Maturity date	Repayment terms	Interest rate
1		various	on demand		8.0000%
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

	Purpose of loan	Description & fair market value of consideration	Relationship
1	Purchase Lab Equipment	Cash	
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			

**Line 57 (990) - Land, Buildings, and Equipment**

Land (net of any amortization)		Land (net of any amortization)	
		Beginning	End
1	.....		
2	.....		
3	.....		
4	.....		
5	.....		
6	Total land (net of any amortization) . . . . .	0	0

		Buildings and equipment		Accumulated depreciation	
		Beginning	End	Beginning	End
7	Equipment-Software	2,305	2,305	768	1,536
8	Equipment- Computer	574	574	115	299
9	Equipment- Camera	526	526	75	204
10	Equipment	3,389	3,389	484	1,314
11	Furniture - 2006		41,044		5,865
12	Computers - 2006		7,522		1,504
13	Electronics		14,031		2,005
14	Equipment - 2006		10,904		1,558
15	.....				
16	.....				
17	Total buildings and equipment . . . . .	6,794	80,295	1,442	14,285
18	Buildings and equipment (less accumulated depreciation) . . . . .			5,352	66,010
19	Total land, buildings and equipment . . . . .			5,352	66,010

Category or Item		Cost/Other Basis	Accumulated Depreciation	Book Value
1	.....			
2	.....			
3	.....			
4	.....			
5	.....			
6	.....			
7	.....			
8	.....			
9	.....			
10	.....			
11	Total . . . . .	0	0	0

**Line 63 (990) - Loans from Officers, Directors, Trustees and Key Employees**

	Name of lender	Title	Original amount	Balance due beginning of year	Balance due end of year
1	Kazuko Curtin	President	2,505		
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14	Totals		2,505	0	0

	Security provided	Date of note	Maturity date	Repayment terms	Interest rate
1	none	none	none	none	none
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

	Purpose of loan	Description and fair market value of consideration
1	For operating funds	Funds for operations of organization
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		





