

Return of Organization Exempt From Income Tax

2003

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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 2003 calendar year, or tax year beginning January 1, 2003, and ending December 31, 2003

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

Please use IRS label or print or type See Specific Instructions.

C Name of organization
Medical Interventions for Autism
Number and street (or P O box if mail is not delivered to street address) Room/suite
931 Oakwood
City or town, state or country, and ZIP + 4
Nilme He, Ill. 60091

D Employer identification number
36-4337903
E Telephone number
(334)-766-0760
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 _____

G Website: www.miautism.org
J Organization type (check only one) 501(c) (3) (insert no) 4947(a)(1) or 527

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

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

Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12.

1 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

Contributions, gifts, grants, and similar amounts received:				
1a	Direct public support		151,574.34	
1b	Indirect public support			
1c	Government contributions (grants)			
1d	Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)		151,574.34	
2	Program service revenue including government fees and contracts (from Part VII, line 93)			
3	Membership dues and assessments			
4	Interest on savings and temporary cash investments			24.13
5	Dividends and interest from securities			
6a	Gross rents			
6b	Less: rental expenses			
6c	Net rental income (loss) (subtract line 6b from line 6a)			
7	Other investment income (describe _____)			
8a	Gross gain or (loss) from sales of assets other than inventory	(A) Securities	(B) Other	
8b	Less: cost or other basis and sales expenses			
8c	Gain or (loss) (attach schedule)			
8d	Net gain or (loss) (combine line 8c, columns (A) and (B))			
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
9a	Gross revenue (not including \$ _____ of contributions reported on line 1a)		7,578.00	
9b	Less: direct expenses other than fundraising expenses		5,391.50	
9c	Net income or (loss) from special events (subtract line 9b from line 9a)			2,305.00
10a	Gross sales of inventory, less returns and allowances			
10b	Less: cost of goods sold			
10c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			
11	Other revenue (from Part VII, line 103)			
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			153,963.52
13	Program services (from line 44, column (B))			
14	Management and general (from line 44, column (C))			
15	Fundraising (from line 44, column (D))			
16	Payments to affiliates (attach schedule)			
17	Total expenses (add lines 16 and 44, column (A))			
18	Excess or (deficit) for the year (subtract line 17 from line 12)			
19	Net assets or fund balances at beginning of year (from line 73, column (A))			
20	Other changes in net assets or fund balances (attach explanation)			
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			

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 CANFIELD
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Part I 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 page 22 of 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
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	56,000.00			
23	Specific assistance to individuals (attach schedule)	—			
24	Benefits paid to or for members (attach schedule)	—			
25	Compensation of officers, directors, etc.	—			
26	Other salaries and wages	—			
27	Pension plan contributions	—			
28	Other employee benefits	—			
29	Payroll taxes	—			
30	Professional fundraising fees	—			
31	Accounting fees	—			
32	Legal fees	238.00			
33	Supplies	—			
34	Telephone	—			
35	Postage and shipping	619.01			
36	Occupancy	—			
37	Equipment rental and maintenance	—			
38	Printing and publications	—			
39	Travel	—			
40	Conferences, conventions, and meetings	—			
41	Interest	—			
42	Depreciation, depletion, etc. (attach schedule)	—			
43a	Other expenses not covered above (itemize): a	251.50			
43b	Reimbursement E. But				
43c	expenses				
43d	Bank fees (Merchant)	276.48			
43e	Bank fees (Morgan Stanley)	260.00			
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	57,441.99			

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 II Statement of Program Service Accomplishments (See page 25 of the instructions.)

What is the organization's primary exempt purpose? Research, Reading, Immune System + ...
 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)

After hours
Program Service Expenses
 (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a (Grants and allocations \$ _____)
b (Grants and allocations \$ _____)
c (Grants and allocations \$ _____)
d (Grants and allocations \$ _____)
e	Other program services (attach schedule) (Grants and allocations \$ _____)
f	Total of Program Service Expenses (should equal line 44, column (B), Program services) \$ _____

Part IV Balance Sheets (See page 25 of 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	17,559.72	45	109,789.34
	46 Savings and temporary cash investments	—	46	
	47a Accounts receivable	—		
	b Less allowance for doubtful accounts	—		
	48a Pledges receivable	—		
	b Less allowance for doubtful accounts	—		
	49 Grants receivable	—		
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)	—		
	51a Other notes and loans receivable (attach schedule)	—		
	b Less allowance for doubtful accounts	—		
	52 Inventories for sale or use	—		
	53 Prepaid expenses and deferred charges	—		
	54 Investments—securities (attach schedule)	—		
	55a Investments—land, buildings, and equipment basis	—		
	b Less accumulated depreciation (attach schedule)	—		
56 Investments—other (attach schedule)	—			
57a Land, buildings, and equipment: basis	—			
b Less accumulated depreciation (attach schedule)	—			
58 Other assets (describe ▶ _____)	—			
59 Total assets (add lines 45 through 58) (must equal line 74)	17,559.72	59	109,789.34	
Liabilities	60 Accounts payable and accrued expenses		60	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ▶ _____)		65	
66 Total liabilities (add lines 60 through 65)	0	66		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <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	
	Organizations that do not follow SFAS 117, check here <input 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	—	72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21).	—	73		
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	—	74	—	

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

Part VII Other Information (See page 28 of the instructions.)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	
b	If "Yes," enter the name of the organization <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct and indirect political expenditures. See line 81 instructions 81a	81a	
b	Did the organization file Form 1120-POL for this year?	81b	
82a	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?	82a	
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	82b	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	
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.	85b	
c	Dues, assessments, and similar amounts from members 85c	85c	
d	Section 162(e) lobbying and political expenditures 85d	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85g	85g	
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	85h	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a	86a	
b	Gross receipts, included on line 12, for public use of club facilities. 86b	86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a	87a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b	87b	
88	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 88	88	
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> , section 4912 <input type="checkbox"/> , section 4955 <input type="checkbox"/>	89a	
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. 89b	89b	
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. <input type="checkbox"/>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization. <input type="checkbox"/>		
90a	List the states with which a copy of this return is filed <input type="checkbox"/>		
b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions.) 90b	90b	
91	The books are in care of <input type="checkbox"/> Telephone no. <input type="checkbox"/> Located at <input type="checkbox"/> ZIP + 4 <input type="checkbox"/>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 92		

Analysis of Income-Producing Activities (See page 33 of 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 _____					
b _____					
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 _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))					
105 Total (add line 104, columns (B), (D), and (E))					

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of 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)
▼	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of 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
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of 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).

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.

Please

8/4/04
Date

VISCERAL

10 Sion Road
Bath
BA1 5SG

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USE OF FUNDS DONATED BY MIA TO VISCERAL IN THE PERIOD 1 JANUARY TO 31 DECEMBER 2003

Funds received and how expended:

6 March 2003: \$13,000.00 (\$11,700.00 to Andrew Anthony research direct plus \$1,300.00 support)

27 July 2003: \$20,000.00 (\$10,303.32 to Paul Ashwood research direct and \$9,696.68 to John O'Leary research direct)

23 September 2003: \$8,000.00 (\$8,000.00 to Andrew Wakefield research direct)

30 November 2003: \$15,000.00 (\$6,000.00 to Andrew Anthony research direct, \$6,000.00 to Andrew Wakefield research direct plus \$3,000.00 support costs)

Total: \$56,000.00

Research projects supported by MIA during the period:

Andrew Anthony FRCP MRCPPath, Senior Research Fellow, Department of Pathology, Royal Free and University College Schools of Medicine, London, England: to support his salary and bench costs associated with his investigations of the key pathological features of autistic enterocolitis.

Total direct funds: \$17,700.00

Total support costs (research support and direction, including discussions and authorship of papers with Andrew Wakefield): \$2,300.00

Paul Ashwood PhD, Research Fellow in Immunology, University of California Davis: to support his salary and bench costs associated with the study of cell mediated immune responses to measles virus, intestinal lymphocyte populations and the description of aberrant cytokine patterns in the intestinal mucosa of children with autism and inflammatory bowel disease

Total direct funds: \$10,303.32

Total support costs (research support and direction, including discussions and authorship of papers with Andrew Wakefield): \$1,000.00

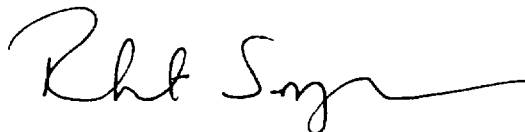
John O'Leary MD D Phil FRCPPath, Professor of Pathology, Trinity College Dublin: to support the salary of Kara Martin PhD and the consumption of enzymes and other reagents associated with their investigations using Microchip mRNA Array analysis of aberrant cytokine gene activity in intestinal tissue of autistic enterocolitis, inflammatory bowel disease and developmentally normal controls.

Total direct funds: \$9,696.68

Total support costs (research support and direction, including discussions and authorship of papers with Andrew Wakefield): \$1,000.00

Andrew Wakefield FRCS FRCPPath, Senior Medical Scientist, Visceral to support the costs associated with investigation of the effects of repeated vaccination in affected children by analysis of medical records.

Total direct funds: \$14,000.00



Visceral

Company limited by guarantee registered in England, number 4023977
Registered charity no.: 1081514

Trustees: Nicholas Lander Esq, Colin Barrow, Dr Peter Harvey MA MB FRCP
Professor Christine Lee MA MD DSc(Med) FRCP FRCPPath, Jackie Sallon
Chief Medical Scientist: Andrew Wakefield FRCS FRCPPath

Robert Sawyer
Chief Executive Visceral

Visceral

10 Sion Road, Bath BA1 5SG

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