Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2000

Open to Public Inspection

A For the 2000 calendar year, or tax year period beginning JULY 1, 2000, and ending JUNE 30, 2001

B Check if applicable
- [ ] Change of address
- [ ] Change of name
- [ ] Initial return
- [ ] Final return
- [ ] Amended return

Please use IRS label or print or type See Specific Instructions

C Name of organization: NATIONAL ALLIANCE FOR AUTISM RESEARCH, INC

Number and street (or P O box if mail is not delivered to street address): 99 WALL STREET, RESEARCH PARK — Room/suite

City or town, state or country and ZIP code: PRINCETON, NEW JERSEY 08540

D Employer identification number: 04-3246763

E Telephone number: (609) 430-9160

F Check ▶ [ ] if application pending

G Organization type (check only one) ▶ [X] 501(c)(3) ◀ (insert no) [ ] 527 or [ ] 4947(a)(1)

● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 900-EZ)

J Accounting method [ ] Cash [X] Accrual [ ] Other (specify) ▶

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 in the mail, it should file a return without financial data **Some states require a complete return**

Note H and I are not applicable to section 527 orgs

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? N/A [ ] Yes [ ] No (If "No," attach a list See inst)

H(d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [X] No

I Enter 4-digit group exemption no (GEN) ▶

L Check this box if the organization is **not** required to attach Schedule B (Form 990 or 990-EZ) ▶ [ ]

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

Revenue	1 Contributions, gifts, grants, and similar amounts received				
	a Direct public support	1a	3,917,935		
	b Indirect public support	1b			
	c Government contributions (grants)	1c	101,250		
	d **Total** (add lines 1a through 1c) (cash $ _____ noncash $ _____)			1d	4,019,185
	2 Program service revenue including government fees and contracts (from Part VII, line 93)			2	
	3 Membership dues and assessments			3	
	4 Interest on savings and temporary cash investments			4	
	5 Dividends and interest from securities			5	122,074
	6a Gross rents	6a			
	b Less rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)			6c	
	7 Other investment income (describe ▶)			7	
	8a Gross amount from sales of assets other than inventory SEE STATEMENT #1 — (A) Securities: 83,422 — (B) Other:	8a			
	b Less cost or other basis and sales expenses	8b	85,437		
	c Gain or (loss) (attach schedule)	8c	(2,015)		
	d Net gain or (loss) (combine line 8c, columns (A) and (B))			8d	(2,015)
	9 Special events and activities (attach schedule)				
	a Gross revenue (not including $ 2,219,518 of contributions reported on line 1a) SEE STATEMENT #2	9a	23,441		
	b Less direct expenses other than fundraising expenses	9b	0		
	c Net income or (loss) from special events (subtract line 9b from line 9a)			9c	23,441
	10a Gross sales of inventory, less returns and allowances	10a			
	b Less cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	
	11 Other revenue (from Part VII, line 103)			11	1,905
	12 **Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	4,164,590
Expenses	13 Program services (from line 44, column (B))			13	2,461,366
	14 Management and general (from line 44, column (C))			14	181,749
	15 Fundraising (from line 44, column (D))			15	725,357
	16 Payments to affiliates (attach schedule)			16	
	17 **Total expenses** (add lines 16 and 44, column (A))			17	3,368,472
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)			18	796,118
	19 Net assets or fund balances at beginning of year (from line 73, column (A))			19	1,563,977
	20 Other changes in net assets or fund balances (attach explanation)			20	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	2,360,095

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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 Specific Instructions on page 20)

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 $ 1,959,297 noncash $)	22	SEE STATEMENT #3 1,959,297	1,959,297		
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc	25	161,134	69,409	48,647	43,078
26 Other salaries and wages	26	106,423	45,842	32,130	28,451
27 Pension plan contributions	27				
28 Other employee benefits	28	14,054	6,072	4,221	3,761
29 Payroll taxes	29	17,079	7,380	5,129	4,570
30 Professional fundraising fees	30				
31 Accounting fees	31	17,500	5,833	5,834	5,833
32 Legal fees	32				
33 Supplies	33	32,794	7,222	15,887	9,685
34 Telephone	34	38,280	12,760	12,760	12,760
35 Postage and shipping	35	35,956	15,663	3,911	16,382
36 Occupancy	36	31,791	10,597	10,597	10,597
37 Equipment rental and maintenance	37	9,947	2,984	5,968	995
38 Printing and publications	38	50,156	16,027	1,781	32,348
39 Travel	39	44,767	19,904	4,449	20,414
40 Conferences, conventions, and meetings	40	51,718	45,743		5,975
41 Interest SEE STATEMENT #4	41				
42 Depreciation, depletion, etc (attach schedule)	42	21,382	7,484	7,270	6,628
43 Other expenses (itemize) a WALK PROGRAM	43a	485,757			485,757
b SCIENTIFIC ADVISORY BOARD	43b	30,034	30,034		
c AUTISM TISSUE PROGRAM	43c	179,093	179,093		
d RECRUITING	43d	13,206	6,603	6,603	
e SEE STATEMENT #5	43e	68,104	13,419	16,562	38,123
44 Total functional expenses (add lines 22 through 43) *Organizations completing columns (B) - (D), carry these totals to lines 13 - 15*	44	3,368,472	2,461,366	181,749	725,357

Reporting of Joint Costs. Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? ▶ [X] Yes [ ] No

If "Yes," enter (i) the aggregate amount of these joint costs $ 45,908 , (ii) the amount allocated to Program services $ 32,490 (iii) the amount allocated to Management and general $ 0 , and (iv) the amount allocated to Fundraising $ 13,418

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 23)

What is the organization's primary exempt purpose? ▶ STIMULATE & ADVANCE MEDICAL RESEARCH INTO AUTISM

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) orgs and 4947(a)(1) trusts but optional for others)
a SEE STATEMENT #6 (Grants and allocations $ 1,959,297)	2,055,769
b SEE STATEMENT #6 (Grants and allocations $ 0)	129,523
c SEE STATEMENT #6 (Grants and allocations $ 0)	190,401
d SEE STATEMENT #6 (Grants and allocations $ 0)	38,472
e Other program services (attach schedule) (Grants and allocations $ SEE STATEMENT #6)	47,201
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶	2,461,366

Part IV **Balance Sheets** (See Specific Instructions on page 23)

	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			399,355	45	60,656
	46	Savings and temporary cash investments			1,534,612	46	3,207,644
	47a	Accounts receivable	47a				
	b	Less allowance for doubtful accounts	47b		4,300	47c	
	48a	Pledges receivable	48a	1,357,388			
	b	Less allowance for doubtful accounts	48b	68,000	938,633	48c	1,289,388
	49	Grants receivable				49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)				50	
	51a	Other notes and loans receivable (attach schedule)	51a				
	b	Less allowance for doubtful accounts	51b			51c	
	52	Inventories for sale or use				52	
	53	Prepaid expenses and deferred charges			1,007	53	7,709
	54	Investments — securities (attach schedule) ▶ ☐ Cost ☐ FMV				54	
	55a	Investments — land, buildings, and equipment basis	55a				
	b	Less accumulated depreciation (attach schedule)	55b			55c	
	56	Investments — other (attach schedule)				56	
	57a	Land, buildings, and equipment basis	57a	98,071			
	b	Less accumulated depreciation (attach schedule) SEE STATEMENT #4	57b	49,192	30,018	57c	48,879
	58	Other assets (describe ▶ SECURITY DEPOSITS)			2,260	58	2,260
	59	**Total assets** (add lines 45 through 58) (must equal line 74)			2,910,185	59	4,616,536
Liabilities	60	Accounts payable and accrued expenses			139,350	60	58,195
	61	Grants payable			1,206,858	61	2,198,246
	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)			1,346,208	66	2,256,441
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here** ▶ ☒ and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted			1,395,502	67	2,280,822
	68	*Temporarily restricted*			168,475	68	79,273
	69	Permanently restricted				69	
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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 and column (B) must equal line 21)			1,563,977	73	2,360,095
	74	**Total liabilities and net assets/fund balances** (add lines 66 and 73)			2,910,185	74	4,616,536

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 IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 25)

a	Total revenue, gains, and other support per audited financial statements ▶	a	4,337,590
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments $		
(2)	Donated services and use of facilities $ 173,000		
(3)	Recoveries of prior year grants $		
(4)	Other (specify) $		
	Add amounts on lines (1) through (4) ▶	b	173,000
c	Line a minus line b ▶	c	4,164,590
d	Amounts included on line 12, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify) $		
	Add amounts on lines (1) and (2) ▶	d	
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e	4,164,590

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

a	Total expenses and losses per audited financial statements ▶	a	3,541,472
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities $		
(2)	Prior year adjustments reported on line 20, Form 990 $ 173,000		
(3)	Losses reported on line 20, Form 990 $		
(4)	Other (specify) $		
	Add amounts on lines (1) through (4) ▶	b	173,000
c	Line a minus line b ▶	c	3,368,472
d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify) $		
	Add amounts on lines (1) and (2) ▶	d	
e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e	3,368,472

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions on page 25)

(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	(E) Expense account and other allowances
CLARENCE SCHUTT, PH D C/O NAAR, 99 WALL ST , PRINCETON, NJ 08540	CHAIRMAN,TTEE PT	0	0	0
KAREN MARGULIS, LONDON, ESQ C/O NAAR, 99 WALL ST , PRINCETON, NJ 08540	PRES,VP-DEV,TTEE PT	0	0	0
PRISCA CHEN MARVIN, ESQ C/O NAAR, 99 WALL ST , PRINCETON, NJ 08540	PRESIDENT,TTEE PT	0	0	0
ERIC LONDON, M D C/O NAAR, 99 WALL ST , PRINCETON, NJ 08540	VP-MED AFF RS TTEE PT	0	0	0
MARK J KRINSKY, CPA C/O NAAR, 99 WALL ST , PRINCETON, NJ 08540	TREASURER, TTEE PT	0	0	0
GARY K DUBERSTEIN C/O NAAR, 99 WALL ST , PRINCETON, NJ 08540	SECRETARY, TTEE PT	0	0	0
NORMA M BAKER C/O NAAR, 99 WALL ST., PRINCETON, NJ 08540	TRUSTEE PT	0	0	0
H ERIC CUSHING C/O NAAR, 99 WALL ST , PRINCETON, NJ 08540	TRUSTEE PT	0	0	0
KEITH DANIEL C/O NAAR, 99 WALL ST., PRINCETON, NJ 08540	TRUSTEE PT	0	0	0
SEE STATEMENT #7				

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10,000 was provided by the related organizations? ▶ ☐ Yes ☒ No
If "Yes," attach schedule — see Specific Instructions on page 26

Part VI Other Information (See Specific Instructions on page 26)		N/A	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		X
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	X	
78a Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		78a		X
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		X
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		X
b If "Yes," enter the name of the organization ▶ _____ and check whether it is ☐ exempt **OR** ☐ nonexempt				
81a Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a 0			
b Did the organization file **Form 1120-POL** for this year?		81b		X
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	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 for reporting in Part III)	82b 173,000			
83a Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		83b	X	
84a Did the organization solicit any contributions or gifts that were not tax deductible?		84a		X
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?		85b		
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				
c Dues, assessments, and similar amounts from members	85c			
d Section 162(e) lobbying and political expenditures	85d			
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e			
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f			
g Does the organization elect to pay the section 6033(e) tax on the amount in 85f?		85g		
h *If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?*		85h		
86 *501(c)(7) orgs* Enter a Initiation fees and capital contributions included on line 12	86a			
b Gross receipts, included on line 12, for public use of club facilities	86b			
87 *501(c)(12) orgs* Enter a Gross income from members or shareholders	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			
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		X
89a *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 *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		X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	▶ 0			
d Enter Amount of tax on line 89c, above, reimbursed by the organization	▶ 0			
90a List the states with which a copy of this return is filed ▶ AZ AK CA CT,FL,GA IL,IN KS KY MD MA ME MI NJ NY NC OH OK OR PA,SC TN VA WA,WV WI				
b *Number of employees employed in the pay period that includes March 12, 2000 (See inst)*	90b 4			
91 The books are in care of ▶ GLENN R. TRINGALI, CHIEF OPERATING OFFICER Telephone no ▶ (609) 430-9160 Located at ▶ 99 WALL STREET, RESEARCH PARK, PRINCETON, NJ ZIP code ▶ 08540				
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			

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 30)

Enter gross amounts unless otherwise indicated	Unrelated business income (A) Business code	(B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	(D) Amount	(E) Related or exempt function income
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			14	122,074	
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			18	(2,015)	
101 Net income or (loss) from special events					23,441
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a OTHER INCOME			01	1,905	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				121,964	23,441
105 **Total** (add line 104, columns (B), (D), and (E))				▶	145,405

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 Specific Instructions on page 31)

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 Specific Instructions on page 31)

(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 Specific Instructions on page 31)

(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)*

rm, including accompanying schedules and statements and to the best of my knowledge and
her than officer) is based on all information of which preparer has any knowledge (Important

MAR - 8 2002 ▶ MARK J KRINSKY
TREASURER

Date Type or print name and title

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information — (See separate instructions)

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

OMB No 1545-0047

2000

Name of the organization: NATIONAL ALLIANCE FOR AUTISM RESEARCH, INC.

Employer identification number: 04-3246763

Part I **Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**
(See page 1 of the 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 & deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over $50,000 ▶	NONE			

Part II **Compensation of the Five Highest Paid Independent Contractors for Professional Services**
(See page 1 of the 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
Total number of others receiving over $50,000 for professional services ▶ NONE		

For Paperwork Reduction Act Notice, see page 1 of the Instructions for Form 990 and Form 990-EZ

Part III Statements About Activities

			Yes	No
1	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?	1	X	
	If "Yes" enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ 44,432			
	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			
2	During the year, has the organization either directly or indirectly, engaged in any of the following acts with any of its 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			
a	Sale, exchange or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? SEE STATEMENT #8	2d	X	
e	Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions	2e		X
3	Does the organization make grants for scholarships, fellowships, student loans, etc ?	3		X
4a	Do you have a section 403(b) annuity plan for your employees?	4a		X
b	Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments (See page 2 of the instructions) SEE STATEMENT #9			

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions)

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, page 5)

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)

11a ☒ 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)

11b ☐ 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 33⅓%** 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 33⅓%** 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 supports organizations described in **(1)** lines 5 through 12 above, or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 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) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants and contributions received (Do not include unusual grants See line 28)	2,507,776	1,457,936	736,972	268,916	4,971,600
16 Membership fees received					
17 Gross receipts from admissions merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization s charitable, etc , purpose	18,958	35,953		13,840	68,751
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	59,838	34,516	18,385	8,404	121,143
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
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					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	1,359				1,359
23 *Total of lines 15 through 22*	2,587,931	1,528,405	755,357	291,160	5,162,853
24 Line 23 minus line 17	2,568,973	1,492,452	755,357	277,320	5,094,102
25 Enter 1% of line 23	25,879	15,284	7,554	2,912	

26 **Organizations described on lines 10 or 11** a Enter 2% of amount in column (e), line 24 ▶ **26a** 101,882

b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a Enter the sum of all these excess amounts SEE STATEMENT #10 ▶ **26b** 982,258

c Total support for section 509(a)(1) test Enter line 24, column (e) ▶ **26c** 5,094,102

d Add Amounts from column (e) for lines 18 121,143 19 _____ 22 1,359 26b 982,258 ▶ **26d** 1,104,760

e Public support (line 26c minus line 26d total) ▶ **26e** 3,989,342

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ **26f** 78 31 %

27 **Organizations described on line 12** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person " Enter the sum of such amounts for each year

(1999) _____ (1998) _____ (1997) _____ (1996) _____

b For any amount included in line 17 that was received from a nondisqualified person, attach a list 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 11, as well* as individuals) 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

(1999) _____ (1998) _____ (1997) _____ (1996) _____

c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶ **27c** _____

d Add Line 27a total _____ and line 27b total _____ ▶ **27d** _____

e Public support (line 27c total minus line 27d total) ▶ **27e** _____

f Total support for section 509(a)(2) test Enter amount on line 23, column (e) ▶ **27f** _____

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ **27g** %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ **27h** %

28 **Unusual Grants** For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant and a brief description of the nature of the grant Do not include these grants in line 15 (See page 5 of the instructions)

Part V **Private School Questionnaire** (See page 5 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV) NOT APPLICABLE

			Yes	No
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?	29		
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?	30		
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?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
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	35		

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 7 of the instructions)
(To be completed **ONLY** by an eligible organization that filed Form 5768) NOT APPLICABLE

Check here ▶ a ☐ if the organization belongs to an affiliated group
Check here ▶ b ☐ if you checked "a" above 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)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table —			
If the amount on line 40 is — / **The lobbying nontaxable amount is —**			
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	41		
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)	42		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		
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 9 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B **Lobbying Activity by Nonelecting Public Charities**
(For reporting only by organizations that did not complete Part VI-A) (See page 9 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	X		
b Paid staff or management (Include compensation in expenses reported on lines c through h)	X		
c Media advertisements	X		4,209
d Mailings to members, legislators, or the public		X	
e Publications or published or broadcast statements	X		19,973
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs government officials, or a legislative body		X	
h Rallies, demonstrations, seminars conventions speeches, lectures, or any other means	X		20,250
i Total lobbying expenditures (add lines c through h)			44,432

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities SEE STATEMENT #11

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 9 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?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

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

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

52a 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

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Schedule B
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for line 1d of Form 990 or line 1 of Form 990-EZ (see Instructions)

OMB No 1545-0047

2000

Name of organization	Employer identification number
NATIONAL ALLIANCE FOR AUTISM RESEARCH, INC	04-3246763

Organization type (check one) — Section [X] 501(c)(3) ◀ (enter number) [ ] 527 or [ ] 4947(a)(1) nonexempt charitable trust

A Section 501(c)(7), (8), or (10) organizations —
Check this box if the organization had **no** charitable contributors who contributed more than $1,000 during the year (But see **General rule** below) ▶ [ ]

Enter here the total gifts received during the year for a religious, charitable etc purpose ▶ $ 4,019,185

Note: *This form is generally not open to public inspection except for section 527 organizations.*

General Instructions

Purpose of Form

Schedule B (Form 990 or 990-EZ) is used by organizations required to file **Form 990,** Return of Organization Exempt From Income Tax, or **Form 990-EZ,** Short Form Return of Organization Exempt From Income Tax, to provide the information regarding their contributors that is required for line 1d of Form 990 (or line 1 of Form 990-EZ)

Attach the Schedule B (Form 990 or 990-EZ) to Form 990 or 990-EZ Attach Schedule B after Schedule A (Form 990 or 990-EZ), Organization Exempt Under Section 501(c)(3), if that return is required for the organization

Who Must File Schedule B (Form 990 or 990-EZ)

All organizations must file Schedule B (Form 990 or 990-EZ) unless they certify that they do not meet the filing requirements of Schedule B (Form 990 or 990-EZ) by checking the box in item L of the heading of their Form 990 or Form 990-EZ

See the instructions for item L in the Instructions for Form 990 and Form 990-EZ

Caution: *Schedule B (Form 990 or 990-EZ) is not a substitute for the list of "contributors" required for Part IV-A, Support Schedule, of Schedule A (Form 990 or 990-EZ)*

Public Inspection

Schedule B (Form 990 or 990-EZ) is

- Open to public inspection for a section 527 political organization
- Generally not open to public inspection for the other organizations that must file this form

If a non-section 527 organization files a copy of Form 990, or Form 990-EZ, and attachments with any state, it should not include its Schedule B (Form 990 or 990-EZ) in the attachments for the state unless a schedule of contributors is specifically required by the state States that do not require the information might make the schedule available for public inspection along with the rest of the Form 990 or Form 990-EZ

See the Instructions for Form 990 and Form 990-EZ for phone help and the public inspection rules for those forms and their attachments, which include Schedule B (Form 990 or 990-EZ)

Contributors Required To Be Listed on Part I

"Contributor" includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations

General rule Unless the organization is covered by one of the special rules below, it must list on Part I every *contributor who, during the year, gave the organization* directly or indirectly, money, securities, or any other type of property totaling $5,000 or more for the year Also complete Part II for a noncash contribution In determining the $5,000 amount, total all of the contributor's gifts of $1,000 or more for the year

Section 501(c)(3) organizations. For an organization described in section 501(c)(3) that meets the 33⅓% support test of the Regulations under sections 509(a)(1)/170(b)(1)(A)(vi) (whether or not the organization is otherwise described in section 170(b)(1)(A)) —

List in Part I only those contributors whose contribution of $5,000 or more is greater than 2% of the amount reported on line 1d of Form 990 (or line 1 of Form 990-EZ) (Regulations section 1 6033-2(a)(2)(iii)(a))

Example. A section 501(c)(3) organization, of the type described above, reported $700,000 in total contributions, gifts, grants, and similar amounts received on line 1d of its Form 990 The organization is only required to list in Parts I and II of its Schedule B (Form 990 or 990-EZ) each person who contributed more than the greater of $5,000 or $14,000 (2% of $700,000) Thus, a contributor who gave a total of $11,000 would not be reported in Parts I and II for this section 501(c)(3) organization Even though the $11,000 contribution to the organization exceeded $5,000, it did not exceed $14,000

Section 501(c)(7), (8), or (10) organizations For *nonchartable* contributions to one of these organizations, list in Part I contributors who gave $5,000 or more as described in the **General rule** discussed above

Schedule B (Form 990 or 990-EZ) (2000) Page 1 to 1 of Part I

Name of organization	Employer identification number
NATIONAL ALLIANCE FOR AUTISM RESEARCH, INC.	04-3246763

Part I Contributors

(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
1		$ 101,250	Individual ☐ Payroll ☐ Noncash ☐ (Complete Part II if a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
2		$ 200,000	Individual ☐ Payroll ☐ Noncash ☐ (Complete Part II if a noncash contribution)
(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
		$	Individual ☐ Payroll ☐ Noncash ☐ (Complete Part II if a noncash contribution)
(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
		$	Individual ☐ Payroll ☐ Noncash ☐ (Complete Part II if a noncash contribution)
(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
		$	Individual ☐ Payroll ☐ Noncash ☐ (Complete Part II if a noncash contribution)
(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
		$	Individual ☐ Payroll ☐ Noncash ☐ (Complete Part II if a noncash contribution)

Name of organization	Employer identification number
NATIONAL ALLIANCE FOR AUTISM RESEARCH, INC	04-3246763

Part II **Noncash Property**

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	NONE	$	

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

Schedule B (Form 990 or 990-EZ) (2000) Page 1 to 1 of Part III

Name of organization	Employer identification number
NATIONAL ALLIANCE FOR AUTISM RESEARCH, INC	04-3246763

Part III **Section 501(c)(7), (8), or (10) orgs that received more than $1,000 in charitable gifts during the year —**

• Enter the total gifts that were from contributors who gave $1,000 or less during the year for a religious, charitable, etc , purpose (see instructions) ▶ $

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	NOT APPLICABLE		

(e) Transfer of gift	
Transferee's name, address, and zip code	Relationship of transferor to transferee

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and zip code	Relationship of transferor to transferee

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and zip code	Relationship of transferor to transferee

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and zip code	Relationship of transferor to transferee

New York State Institute Basic Research in Developmental Disabilities
Staten Island, New York
"Epidemiology of Autism on Staten Island "
Year 2 of 2 $41,652

John N Constantino, M D
Washington University School of Medicine
St Louis, Missouri
"A Quantitative Genetic Measure of Autistic Traits "
Year 2 of 2 $32,056

Edwin Cook, M D
The University of Chicago
Chicago, Illinois
"Linkage Disequilibrium Fine Mapping of 15q11-q13 in Autism "
Year 1 of 2 $49,600
First-Year Research Partner *Solving the Mystery of Autism Foundation, Inc*

Deborah A Fein, Ph D
University of Connecticut
Storrs, Connecticut
"Early Detection of Pervasive Developmental Disorders "
Year 2 of 2 $31,764

Louise Gallagher, MB MRC Psych
Trinity College Dublin (Ireland)
"The Molecular Genetics of Autism Linkage Disequilibrium Screen in the Irish Population "
Year 1 of 2 $49,551
First-Year Research Partner *The Autism Coalition for Research and Education*

Mortan Ann Gernsbacher, Ph D , & H Hill Goldsmith, Ph D
University of Wisconsin
Madison, Wisconsin
"Toward a Dyspraxic Subtype of Autism Spectrum Disorder "
Year 2 of 2 $46,822
Research Partner *The Nancy Lune Marks Family Foundation*

Jeremy Goldberg, M D
McMaster University (Canada)
"Investigating Serotonin Receptor Function and Brain Structure as Potential Endophenotypes of Autism "
Year 1 of 2 $44,482

Scott E Hemby, Ph D
Emory University
Atlanta, Georgia
"Gene Expression Profiling of Autism Alterations in Temporal Lobe Profiles "
Year 2 of 2 $36,729

Karl Herrup, Ph D
Case Western Reserve University
Cleveland, Ohio
"CNS Pattern Formulation and the Etiology of Autism "
Year 1 of 2 $49,500

Christine Hohmann, Ph D
Morgan State University
Baltimore, Maryland
"Serotonin as Regulator of Cortical Development and Function "
Year 1 of 2 $44,276
First-Year Research Partner *The Autism Coalition for Research and Education*

Chi-ming Huang, Ph D
University of Missouri, Kansas City
Kansas City, Missouri
"Synaptic and Cellular Abnormalities in the Maturing Autistic Cerebellum "
Year 1 of 2 $49,940
First-Year Research Partner *Autism Society of America Foundation*

Jeffrey Hutsler, Ph D ,
University of Michigan
Ann Arbor, Michigan
"Cortical Organization and Synaptic Culling in Individuals with Autism "
Year 1 of 2 $58,124

Cynthia R Johnson, Ph D
University of Pittsburgh
Pittsburgh, Pennsylvania
"Assessment and Treatment of the Cognitive Basis of Behavioral Impairments in Autism "
Year 2 of 2 $19,738

William G Johnson, M D
UMDNJ-Robert Wood Johnson Medical School
Piscataway, New Jersey
"MHC Extended Haplotypes as Risk Factors for Autism "
Year 2 of 2 $40,000

Ami Klin, Ph D and Jocelyne Bachevalier, Ph D
Yale University Child Study Center
New Haven, Connecticut
"Studies of Social Visual Pursuit in Non-Human Primates with Mesiofrontal-Limbic Lesions Previously Shown to Offer a Successful Animal Model of Autism "
Year 1 of 2 $45,865

Ami Klin, Ph D
Yale University Child Study Center
New Haven, Connecticut
"Visual Scanning Patterns and Mental Representations of Social Interaction in Infants and Toddlers Suspected of Having Autism "
Year 2 of 2 $49,447

Jennifer Levitt, M D
UCLA Neuropsychiatric Institute
Los Angeles, California
"Cortical Complexity and 1H MRS Studies of Communication in Autism "
Year 1 of 2 $48,632

Elena Maestrini, Ph D.
University of Bologna (Italy)
"Search for an Autism Susceptibility Gene on Chromosome 2q "
Year 1 of 2 $37,080
First-Year Research Partner *Autism Society of America Foundation*

Henry Markram, Ph D
Weizmann Institute of Science (Israel)
"Altered Inhibitory Microcircuits in Autism "
Year 1 of 2 $48,400
First-Year Research Partner *The Nancy Lurie Marks Family Foundation*

Daniel McIntosh, Ph D
University of Denver
Denver, Colorado
"Core Affective Processes in Autism "
Year 1 of 2 $49,243

Ron C Michaelis, Ph D
J C Self Research Institute, Greenwood Genetic Center
Greenwood, South Carolina
"Mapping the Breakpoints of a Balanced Translocation, t(9,15)q32,q22), in a Patient with Autism "
Year 2 of 2 $29,975

Lisa Monteggia, Ph D
UT Southwestern Medical Center
Dallas, Texas
"Analysis of the Role of the Methyl-CG Binding Protein in the Pervasive Developmental Disorder, Rett's Syndrome, Using Genetically Modified Mice "
Year 1 of 2 $50,000

Stewart Mostofsky, M D
Kennedy Krieger Institute
Baltimore, Maryland
"Examination of a Deficit in Procedural Learning in Autism "
Year 1 of 2 $43,693
First-Year Research Partner *The Autism Coalition for Research and Education*

Rhea Paul, Ph D
Southern Connecticut State University and Yale University Child Study Center
New Haven, Connecticut
"The Development of Prosody in Young Children with Autism and Related Conditions "
Year 1 of 2 $49,392

Margaret A Pericak-Vance, Ph D
Duke University
Durham, North Carolina
"Web-based Genetic Educational Efforts for Autism and Related Disorders "
1-Year Award $41,912

Samuel Pleasure, M D , Ph D
University of California at San Francisco
San Francisco, California
"The Role of WNTS in Hippocampal Ventricular Zone Development "
Year 1 of 2 $47,218

Jorge J Prieto, M D , Ph D
Universidad Miguel Hernandez (Spain)
"A Microscopial Study on the Neuroanatomical Abnormalities of Language-Related Cortical Areas in Autistic Patients "
Year 2 of 2 $33,000

Timothy P L Roberts, Ph D
University of California at San Francisco
San Francisco, California
"Neural Correlates of Phonological Processing in Autism An MEG Investigation "
Year 1 of 2 $47,706
First-Year Research Partner *Nancy Lurie Marks Family Foundation*

Neil Smalheiser, M D , Ph D
University of Illinois at Chicago
Chicago, Illinois
"Circulating Reelin in Autism Spectrum Disorders "
Year 1 of 2 $44,000

Kathleen Sulik, Ph D
University of North Carolina at Chapel Hill
Chapel Hill, North Carolina
"CNS Dysmorphogenesis in a Mouse Knockout Model for an Autism Syndrome "

Year 1 of 2 $50,000

James S Sutcliffe, Ph D
Vanderbilt University Medical Center
Nashville, Tennessee
"Modeling Autism-Related Chromosome 15 Duplications in the Mouse "
Year 2 of 2 $50,000

Paul Thorsen, M D , Ph D
Danish Epidemiology Sciences Centre at Aarhus University and Odense University Hospital (Denmark)
"Risk Factors for Neurodevelopmental Disorders MMR Vaccine and Childhood Autism "
1-Year Award $25,000

Fred R Volkmar, M D , & Kataryzna Chawarska, Ph D
Yale University Child Study Center
New Haven, Connecticut
"Precursors of Joint Attention Skills in Autism and Related Conditions "
Year 2 of 2 $18,030

Larry J Young, Ph D
Emory University
Atlanta, Georgia
"An Oxytocin Knockout Mouse Model for Social Deficits "
Year 2 of 2 $36,478

Deborah A Yurgelun-Todd, Ph D
McLean Hospital/ Harvard Medical School
Boston, Massachusetts
"Visual Spatial Attention In Autism An fMRI Study "
Year 2 of 2 $41,410
Research Partner *Richard and Susan Smith Family Foundation*

Steven Zalcman, Ph D
UMDMJ - New Jersey Medical School
Newark, New Jersey
"Cytokines, Monoamines and Stereotypical Motor Activity "
Year 1 of 2 $47,142

Lonnie Zwaigenbaum, M D , Susan Bryson, Ph D , Peter Szatmari, M D , FRCPC, Wendy Roberts, M D , FRCPC
McMaster University (Canada)
"Identifying Early Markers of Autism a Longitudinal Study of Infant Siblings "
Year 1 of 2 $49,841
First-Year Research Partner *Autism Society of America Foundation*

Max Foundation
Rockville Centre, New York
$12,118

Prior Year Grant Revisions $25,000

TOTAL GRANTS AND ALLOCATIONS $1,959,297

NATIONAL ALLIANCE FOR AUTISM RESEARCH, INC.
Form 990, Schedule A, Part IV-A, Line 26b
Fiscal year ending June 30, 2001

ID #04-3246763
Statement #10

NAME	AMOUNT
	701,550
	226 000
	226,000
	200,000
	120,000
	120,000
TOTAL AMOUNT	1,593,550
TOTAL EXCESS AMOUNT	982,258

NATIONAL ALLIANCE FOR AUTISM RESEARCH, INC. ID #04-3246763
Form 990, Part I, Line 8c -- Gain or Loss on Sale of Securities Statement #1
Fiscal year ending June 30, 2001

DESCRIPTION	DATE ACQ	DATE SOLD	PROCEEDS	BASIS	GAIN (LOSS)
350 SH DELPHI AUTOMOTIVE SYSTEM	10/13/00	10/18/00	4,990	4,946	44
20 SH VERIZON INC	12/08/00	12/15/00	983	1,139	(156)
1,100 SH SILVERSTREAM	12/13/00	12/14/00	21,312	22,172	(860)
200 SH GLOBAL CROSSING	12/28/00	12/29/00	2,999	2,862	137
31 SH AMERICAN INTERNATIONAL GROUP	12/28/00	12/29/00	3 090	3,066	24
200 SH VASCO DATA SECURITY INT'L	12/28/00	12/29/00	1 224	1,222	2
360 SH ENRON CORP	12/29/00	01/02/01	30 240	30,060	180
40 SH IBM	01/30/01	01/31/01	4,602	4 603	(1)
64,409 SH PUTNAM HEALTH SERVICE	12/28/00	12/29/00	4,151	5,280	(1,129)
125 SH ENRON CORP	02/14/01	02/15/01	9,831	10 087	(256)
			83,422	85,437	(2,015)

NATIONAL ALLIANCE FOR AUTISM RESEARCH, INC.
Form 990, Part I, Line 9 – Net Income (Loss) from Special Events
Fiscal year ending June 30, 2001

ID #04-3246763
Statement #2

DESCRIPTION	GROSS RECEIPTS	CONTRIBUTIONS	GROSS REVENUE	DIRECT EXPENSES	NET INCOME (LOSS)
"AN EVENING WITH SAINTS AND ANGELS " NEW ORLEANS, LA, 11/4/00	39,739	16,298	23,441	23,441	-
"WALK FAR FOR NAAR" WALKATHON PROGRAM	2 203,220	2 203,220	-	-	-
	2,242,959	2 219,518	23 441	23 441	-

NATIONAL ALLIANCE FOR AUTISM RESEARCH, INC ID #04-3246763
Form 990, Part II, Line 22 – Grants & Allocations Statement #3
Fiscal Year Ending June 30, 2001

The NAAR Autism Fellowship Award Recipients are

Judith Innes Piggot, MRCGP, MRCP
Stanford University School of Medicine
Stanford, California
Roland Ciaranello, M D Memorial Fellowship in Basic Research
Year 1 of 2 $50,000

Katherine D Tsatsanis, Ph D
Yale University Child Study Center
Roland D Ciaranello, M D Memorial Fellowship in Basic Research
Award Amount $25,000

Ching H Wang, M D , Ph D
University of Missouri
Columbia, Missouri
Roland D Ciaranello, M D Memorial Career Development Award in Basic Research
Year 2 of 2 $50,000

The NAAR Autism Grant award Recipients are

David G Amaral, Ph D
University of California, Davis
Davis, California
"Postmortem Neuroanatomical Evaluation of the Amygdaloid Complex in Autism "
Year 2 of 2 $34,000
Second-Year Research Partner *Order Sons of Italy and Trinchero Family Estates*

Loisa Bennetto, Ph D
University of Rochester
Rochester, New York
"The Influence of HOX Genes and Cranial Nerve Abnormalities on Impaired Facial and Vocal Expression in Autism "
1-Year Award $47,358

Gene J. Blatt, Ph D
Boston University Medical School
Boston, Massachusetts
"Cerebellar Circuitry in Autism "
Year 2 of 2 $47,439

Dana Boatman, Ph D and Barry Gordon, M D , Ph D
John Hopkins School of Medicine
Baltimore, Maryland
"Evaluation of Auditory Processing in Low Functioning Children with Autism "
Year 1of 2 $46,189
First-Year Research Partner *The Doug Flutie, Jr Foundation for Autism, Inc*

Linda Brzustowicz, M D and Christopher Barlett, B S
Rutgers University
New Brunswick, New Jersey
"Localization of Genes Negatively Influencing Language Acquisition "
Year 1 of 2 $44,495
First-Year Research Partner *The Sidgmore Family Foundation*

Ira L Cohen, Ph D

NATIONAL ALLIANCE FOR AUTISM RESEARCH, INC
Form 990, Part II, Line 42 -- Depreciation
Form 990, Part IV, Lines 57a, 57b & 57c -- Fixed Assets
Fiscal year ending June 30, 2001

ID #04-3246763
Statement #4

DESCRIPTION	DATE	BASIS	LIFE	METHOD	PRIOR DEPRECIATION	CURRENT DEPRECIATION	TOTAL ACCUM DEP
FURNITURE & FIXTURES	VARIOUS	10 711	3 YR	SL	2,363	1 151	3,514
OFFICE EQUIPMENT	VARIOUS	11 098	5 YR	SL	11 099	-	11,099
ATP EQUIPMENT	VARIOUS	2 382	5 YR	SL	952	476	1,428
COMPUTER EQUIPMENT	VARIOUS	73 880	3 YR	SL	13 396	19,755	33,151
							-
		98 071			27,810	21,382	49,192

NATIONAL ALLIANCE FOR AUTISM RESEARCH, INC
Continuation of Form 990, Part II--Statement of Functional Expenses
Fiscal year ending June 30, 2001

ID #04-3246763
Statement #5

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
MEALS AND LODGING	28,776	5,805	2,713	20,258
COMPUTER PROGRAMMING	7,815	782	4 689	2,344
INSURANCE	5,948	1,983	1,982	1,983
FILING FEES	4,463		4 463	
PUBLIC RELATIONS/ADVERTISING	17 328	2 253	1,733	13,342
RESEARCH MATERIALS	1,238	619	619	
DUES AND SUBSCRIPTIONS	2,485	1 975	350	160
MISCELLANEOUS	51	2	13	36
	68,104	13,419	16,562	38,123

NATIONAL ALLIANCE FOR AUTISM RESEARCH, INC. ID #04-3246763
For 990, Part III-Statement of Program Service Accomplishments Statement #6
Fiscal year ending June 30, 2001

a Autism Research Awards $2,055,769
NAAR conducted its fifth annual meeting of its distinguished Scientific Advisory Board in March 2001 and, based on the recommendations of its advisors, determined the recipients of the 2001 NAAR Autism Research Awards The organization received over 80 proposals from scientists throughout the U S , Canada and Europe This fiscal year, NAAR awarded 26 new Autism Research Awards (up from 19 in 2000 and 14 in 1999) for a total commitment of $1,223,639 and committed $588,540 in the aggregate to the second year of the two-year Autism Research Awards awarded in fiscal year 2000 In addition, 2001 Research Awards in the aggregate amount of $1,083,684 are subject to discretionary renewal and are scheduled to be disbursed through June 30, 2003, subject to satisfactory progress and availability of funds

b Autism Fellowships and Career Development Award $129,523
NAAR continued to grant an annual award in memory of autism research Roland D Ciaranello, M D This fiscal year, in addition to the NAAR Autism Research Awards noted previously, NAAR committed a total of ***$125,000*** for these fellowship/career development awards In addition, fellowship payments in the amount of $50,000 are subject to discretionary renewal and are scheduled to be disbursed through June 30, 2003, subject to satisfactory progress and availability of funds

c Autism Tissue Program $190,401
The Autism Tissue Program (ATP), the first national, parent-led effort to encourage and support post-mortem brain tissue donation, is a collaborative effort among NAAR, the Autism Society of America Foundation and the M I N D Institute at the University of California-Davis ("MIND Institute") This fiscal year, the ATP expanded its efforts regarding the urgent need for brain tissue donation for medical research As of June 30, 2001, over 75,000 ATP brochures had been distributed nationwide, over 2,400 persons had registered with the program, and 23 tissue donations had been received Eighteen autism research projects are now utilizing tissue specimens secured from the ATP The ATP website, www brainbank org, continues to be updated and a source of information for both families affected by autism and investigators seeking tissue specimens

d Scientific Conferences and Meetings $38,472
For the second successive year, NAAR co-sponsored with the NLM Family Foundation a three-day meeting of autism genetics researchers from around the world who are collaborating in their data collection and analysis NAAR also co-sponsored a Banbury Conference on autism entitled "Microbiology, Immunology & Toxicology of Autism and Other Neurodevelopmental Disorders" NAAR also sponsored an autism symposium at the annual meeting of the Neurobehavioural Teratology Society With Cure Autism Now Foundation and the M I N D Institute, NAAR began work this fiscal year to launch the first International Meeting for Autism Research (IMFAR) scheduled for November 2001 IMFAR is the first international, interdisciplinary conference for autism researchers NAAR Medical Affairs Committee members also represented NAAR at key science conferences

e Outreach and Awareness $35,083
NAAR was engaged in a variety of public education and awareness activities on behalf of autism research The seventh issue of *NAARRATIVE*, NAAR's newsletter, was distributed to over 15,000 individuals in the U S and abroad as well as at conferences and symposia throughout the country Key science feature articles from *NAARRATIVE* are also posted on NAAR's website, www naar org The website is regularly updated throughout the year to provide new information on research tools and research developments

At NAAR's expense, its Vice President-Medical Affairs and other members of its Medical Affairs Committee presented at autism conferences attended by parents and professionals and distributed information on autism and autism research to family members, teachers, therapists and other professionals

f Building Alliances, Legislation $12,117
NAAR continued its commitment to forge alliances with other autism and disability organizations during this fiscal year In October 2000, then President Clinton signed into law the Children's Health Act of 2000, the culmination of more than two years of effort by NAAR and other autism and disability organizations which will significantly increase governmental funding for autism research NAAR also became a founding member of the Children's Health Coalition to continue its advocacy for children's health care issues NAAR is also a participant in the Autism Coalition for Research and Education

NAAR again co-sponsored a parent/professional conference with the Foundation for Educating Children with Autism in November 2000 featuring both medical researchers and educational experts NAAR also worked with the Max Foundation to provide support for research centers and organizations providing educational, training and medical services for children with autism

The Autism Society of America Foundation, Solving the Mystery of Autism Foundation, Autism Coalition for Research and Education, and the Doug Flutie, Jr Foundation for Autism continue to fund autism biomedical research through NAAR

NATIONAL ALLIANCE FOR AUTISM RESEARCH, INC

ID #04-3246763

Continuation of Form 990, Part V – List of Officers Directors, Trustees and Key Employees

Statement #7

Fiscal year ending June 30, 2001

(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	(E) Expense account and other allowances
C T GORDON M D C/O NAAR 99 WALL ST PRINCETON NJ 08540	TRUSTEE	PART			
W DONALD GOUGH C/O NAAR 99 WALL ST PRINCETON NJ 08540	TRUSTEE	PART			
VICKI HENNELLY ESQ C/O NAAR 99 WALL ST PRINCETON NJ 08540	TRUSTEE	PART		-	
CATHERINE JOHNSON PH D C/O NAAR 99 WALL ST PRINCETON NJ 08540	TRUSTEE	PART			
CATHY J LURIE C/O NAAR 99 WALL ST PRINCETON NJ 08540	TRUSTEE	PART			
JEFFREY R LURIE PH D C/O NAAR 99 WALL ST PRINCETON NJ 08540	TRUSTEE	PART			-
SALLY PEDERSON C/O NAAR 99 WALL ST PRINCETON NJ 08540	TRUSTEE	PART	-		
DAVID C PHIFER C/O NAAR 99 WALL ST PRINCETON NJ 08540	TRUSTEE	PART			
MARTIN A SCHWARTZMAN CFE CIE CPCU C/O NAAR 99 WALL ST PRINCETON NJ 08540	TRUSTEE	PART			
THOMAS M STANBACK C/O NAAR 99 WALL ST PRINCETON NJ 08540	DIR OF OPERATIONS	FULL	70 000	-	
GLENN R TRINGALI C/O NAAR 99 WALL ST PRINCETON NJ 08540	CHIEF OPER OFFICER	FULL	31 134		
KENNETH FARBER C/O NAAR 99 WALL ST PRINCETON NJ 08540	DIR OF DEVELOPMENT	PART	60 000		

NATIONAL ALLIANCE FOR AUTISM RESEARCH, INC **ID# 04-3246763**
Form 990, , Schedule A, Part III, Line 2d – Reimbursement of Expenses Statement #8
Fiscal year ending June 30, 2001

The National Alliance for Autism Research, Inc reimburses trustees, officers and employees for out-of-pocket expenses connected with the performance of their responsibilities as such trustees, officers and employees

All expenses are substantiated by receipts and other necessary documentation

NATIONAL ALLIANCE FOR AUTISM RESEARCH, INC. **ID# 04-3246763**
Form 990, Schedule A, Part III, Line 4b – Grant Qualification Statement Statement #9
Fiscal year ending June 30, 2001

All research proposals submitted to NAAR for funding and addressing the prevention, causes, treatment and cure of the autism spectrum disorders, are reviewed by NAAR's Scientific Advisory Board NAAR's Scientific Advisory Board is composed of eminent researchers in the various disciplines of medicine and science relevant to autism research

The Board of Trustees of NAAR determines which research proposals to fund taking into consideration the recommendations of the Scientific Advisory Board Investigators of NAAR-funded research proposals are affiliated with, and under the rules and guidelines of educational, medical or charitable organizations which have received tax exempt status under Internal Revenue Code §501(c)

NATIONAL ALLIANCE FOR AUTISM RESEARCH, INC. ID# 04-3246763
Form 990, Schedule A, Part IV-A, Line 26b -- Contributor Statement Statement #10
Fiscal year ending June 30, 2001

Donor information for Form 990, Part IV-A, Line 26b is not open to public inspection and has been removed

NATIONAL ALLIANCE FOR AUTISM RESEARCH, INC.
Form 990, Schedule A, Part VI-B -- Lobbying Statement
Fiscal year ending June 30, 2001

ID# 04-3246763
Statement #11

NAAR joined with other national autism organizations in spearheading support for federal legislation aimed at increasing government funding of autism biomedical research In addition to visits with key congressional representatives, NAAR uses its website, www naar org, its newsletter, *NAARRATIVE* and mailings to inform and update supporters on the status of proposed legislation

CERTIFICATE OF AMENDMENT
OF THE
CERTIFICATE OF INCORPORATION
OF THE
NATIONAL ALLIANCE FOR AUTISM RESEARCH. INC

Pursuant to the provisions of Section 15 A: 9-4 of the New Jersey Nonprofit Corporation Act, the undersigned corporation adopts the following Certificate of Amendment to its Certificate of Incorporation, as amended

SECTION I
NAME

The name of the corporation is National Alliance for Autism Research, Inc (the "Corporation").

SECTION II
DATE OF ADOPTION

The following amendment to the Certificate of Incorporation was duly adopted by the Board of Trustees of the Corporation at a meeting held on February 4, 2001. At such meeting, ten trustees of the Corporation were present and seven were absent All ten trustees present voted in favor of the amendment. The Corporation has no members

SECTION III
TEXT OF AMENDMENT

Section THIRD of the Certificate of Incorporation is hereby amended to read it its entirety as follows.

"THIRD: The Corporation is to be a 'chapter organization' with the power to grant charters to unincorporated chapters located both within and outside the State of New Jersey, make, amend and change bylaws for the government of such chapters and the use of its name, and revoke or cancel the charter of any chapter for violation of its bylaws or for any other cause as the Corporation may determine. The Corporation shall have no members "

SECTION IV
EFFECTIVE DATE OF AMENDMENT

This amendment is to become effective on the date of the filing of this Certificate of Amendment

IN WITNESS WHEREOF, the undersigned has set her hand this 19th day of November, 2001.

National Alliance for Autism Research
By: Karen Margulis London
Karen Margulis London
Title: Vice President-Development

NATIONAL ALLIANCE FOR AUTISM RESEARCH, INC **ID# 04-3246763**
Form 990, Statement with respect to Form 8868
Fiscal year ending June 30, 2001

Form 8868, Application for an Additional 3-Month Extension to File Exempt Organization Return was filed on February 11, 2002 As of the date of the mailing of Form 990, March 8, 2002, the approved copy of Form 8868 has not yet been received from the Internal Revenue Service

Upon receipt, such approved copy will be furnished upon request

Form **8868**
(December 2000)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ ☐
- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Note ***Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868***

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

Note ***Form 990-T corporations*** *requesting an automatic 6-month extension — check this box and complete Part I only* ▶ ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns

Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization NATIONAL ALLIANCE FOR AUTISM RESEARCH, INC	Employer identification number 04-3246763
	Number, street, and room or suite no If a P O box, see instructions 99 WALL STREET, RESEARCH PARK	
	City, town or post office, state and ZIP code For a foreign address, see instructions PRINCETON, NJ 08540	

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

☒ Form 990	☐ Form 990-T (corporation)	☐ Form 4720
☐ Form 990-BL	☐ Form 990-T (sec 401(a) or 408(a) trust)	☐ Form 5227
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 6069
☐ Form 990-PF	☐ Form 1041-A	☐ Form 8870

- If the organization does **not** have an office or place of business in the United States, check this box ▶ ☐
- If this is for a **Group Return,** enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole** group, check this box ▶ ☐ If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until FEBRUARY 15, 20 02, to file the exempt organization return for the organization named above The extension is for the organization's return for

▶ ☐ calendar year 20 ____ or

▶ ☒ tax year beginning JULY 1, 20 00, and ending JUNE 30, 20 01

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions $ 0

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit $ 0

c **Balance Due** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions $ 0

Signature and Verification

Under penalties of perjury, I declare that I have examined this form including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete and that I am authorized to prepare this form

Signature ▶ Title ▶ TREASURER Date ▶ 10/19/2001

For Paperwork Reduction Act Notice, see Instructions Form **8868** (12-2000)

ISA
STF FED9056F 1

• If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** and check this box ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1)

Part II **Additional (not automatic) 3-Month Extension of Time — Must File Original and One Copy.**

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization NATIONAL ALLIANCE FOR AUTISM RESEARCH, INC.	Employer identification number 04-3246763
	Number, street, and room or suite no If a P O box, see instructions 99 WALL STREET, RESEARCH PARK	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions PRINCETON, NJ 08540	

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

[X] Form 990 [ ] Form 990-EZ [ ] Form 990-T (sec 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870
[ ] Form 990-BL [ ] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069

STOP Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868

• If the organization does **not** have an office or place of business in the United States, check this box ▶ [ ]

• If this is for a **Group Return,** enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole** group, check this box ▶ [ ] If it is for **part** of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until MAY 15, 20 02

5 For calendar year _____, or other tax year beginning JULY 1, 20 00 and ending JUNE 30 20 01

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

7 State in detail why you need the extension INFORMATION NECESSARY FOR THE PREPARATION OF A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions $ 0

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated *tax payments made Include any prior year overpayment allowed as a credit and any amount paid* previously with Form 8868 $ 0

c **Balance Due** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions $ 0.00

Signature and Verification

Under penalties of perjury I declare that I have examined this form including accompanying schedules and statements and to the best of my knowledge and belief it is true correct and complete, and that I am authorized to prepare this form

Signature ▶ Title ▶ TREASURER Date ▶ 02/11/2002

Notice to Applicant — To Be Completed by the IRS

[ ] We have approved this application Please attach this form to the organization's return

[ ] We have not approved this application However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return Please attach this form to the organization's return

[ ] We have not approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are *not granting a 10-day grace period*

[ ] We cannot consider this application because it was filed after the due date of the return for which an extension was requested

[ ] Other _____

Director _____ By _____ Date _____

Alternate Mailing Address — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name MARK J. KRINSKY, CPA
	Number and street (include suite, room, or apt no) Or a P O box number 655 MADISON AVENUE, 8TH FL.
	City or town, province or state, and country (including postal or ZIP code) NEW YORK, NY 10021