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Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public

	the 2	000 calendar vea	r, or tax year beginning 01-0	01-2009 and ending 12-31-2009	,			
n (ne	ck if ap	l l-1-	C Name of organization		,	D Employer ider	ntification number	
_	ress cha	inge use IRS	Southwest Autism Research an	d Resource Center		31-1496646	5	
— _{Nan}	ne chan	label or print or	Doing Business As			E Telephone nu	mber	
_	al returr	type. See	Number and street (or D.O. be	x if mail is not delivered to street addres	Doom /gusto	(602) 340-8	717	
_	mınated	Instruc-	300 N 18th Street	x ii maii is not delivered to street addres	ss) Room/suite	G Gross receipts \$	5 5,130,785	
_	ended re lication i	eturn pending	City or town, state or country, Phoenix, AZ 85006	and ZIP + 4				
•		F Nan	L ne and address of principal	officer		s a group return		
		JERIK 300 N	18th Street		affilia	tes?	ΓYes Γ Nο	
		Phoeni	x,AZ 85006		H(b) Are al	l affiliates include	ed?	
: Tax	k-exemp	ot status 🔽 501(c)) (3) ◀ (insert no)	n)(1) or		o," attach a list ip exemption nur	(see instructions) nber ►	
J W	ebsit e:	► WWW AUTISM			ii(c)	· F		
√ Form	n of orga	anization 🔽 Corporat	tion Trust Association Ot	her 🕨	L Year of fo	rmation 1996 M	State of legal domicile A	
	rt I				ı	l .	<u> </u>	
Activities & Governance	- - -			ETIME OF SUPPORT FOR INDI				
5		•		inued its operations or disposed of the control of			ssets 	
ő Ó		_	-	governing body (Part VI, line 1b				
<u>ë</u>			nployees (Part V, line 2a)		,		1(
?			olunteers (estimate if neces:			6	3(
ă	7 a ∃	Total gross unrela	ted business revenue from i	Part VIII, column (C), line 12 .		7a		
	d d	Net unrelated busi	ness taxable income from F	orm 990-T, line 34		7b		
				Prio	r Year	Current Year		
a.	8	Contributions and	d grants (Part VIII, line 1h)			4,791,579	3,868,05	
anue	9	Program service	revenue (Part VIII, line 2g)			1,742,394	1,193,65	
Revenu	10		, , , , , , , , , , , , , , , , , , , ,	nes 3, 4, and 7d)		-36,498	7,42 -79,31	
	11			5, 6d, 8c, 9c, 10c, and 11e)		-150,200		
	12		ad lines 8 through 11 (must	equal Part VIII, column (A), line	!	6,347,275	4,989,81	
	13			lumn (A), lines 1-3)			ı	
	14	Benefits paid to o	r for members (Part IX, col	umn (A), line 4)			1	
8	15	Salaries, other co	ompensation, employee ben	efits (Part IX, column (A), lines 5	-	3,825,873	3,216,23	
Expenses	16a	Professional fund	raising fees (Part IX, colum					
ਨੂੰ	b	Total fundraising exp	enses (Part IX, column (D), line 2	5) \(\sigma^{434,558}\)				
	17	Other expenses (Part IX, column (A), lines 1	1a-11d, 11f-24f)		1,913,889	1,679,98	
	18			al Part IX, column (A), line 25)		5,739,762	4,896,22	
	19	Revenue less exp	enses Subtract line 18 fro	m line 12		607,513	93,59	
Net Assets or Fund Balances						g of Current 'ear	End of Year	
Ω Ω Ω	20		rt X, line 16)			12,027,699	12,034,41	
38	21	-				1,309,497	1,085,73	
	22		d balances Subtract line 2:	1 from line 20		10,718,202	10,948,67	
Par	t II		егјигу, I declare that I have exami	ned this return, including accompanying of preparer (other than officer) is based				
Sign Here		***** Signature of office	er	11-15				
_	٠ ١	L	ent					
_		Jeri Kendle Presid						
_		Jeri Kendle Presid Type or print nam	e and title					
Here		Type or print nam	e and title Schneider CPA	Se	Check If elf-	Preparer's identify (see instructions)	ving number	
Here Paid Prepa	nrer's	Preparer's signature Mark S	Schneider CPA	Se	elf-		ving number	
He re	arer's	Type or print nam Preparer's signature Mark S	Schneider CPA	Se	elf-	(see instructions)		

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

Total program service expenses►\$

4e

SOUTHWEST AUTISM RESEARCH & RESOURCE CENTER'S (SARRC) MISSION is to advance research and provide a lifetime of support for individuals with autism and their families

2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?										
	If "Yes," describe th	nese new services on Sc	hedule O		,	,					
3	Did the organization services?		nake significant changes	n how it conducts, ai		Yes 🔽 No					
4	Describe the exemp Section 501(c)(3) a	ot purpose achievement: and 501(c)(4) organizati	s for each of the organizat ons and section 4947(a) nd revenue, if any, for eac	(1) trusts are require	d to report the amount						
4a	(Code SELF-DIRECTED RESEA) (Expenses \$ ARCH SERVING AS A SATELLIT	757,933 including gr	•) (Revenue \$	0)					
4b			2,323,141 including gr HAT ENHANCE THE QUALITY O ING CHILDREN, FAMILIES AND	F LIFE FOR CHILDREN AN							
lc	(Code) (Expenses \$	ıncludıng gra	nts of \$) (Revenue \$)					
4d	Other program ser	vices (Describe in Sch	edule O)								
	(Expenses \$	uncl	uding grants of \$) (Pav	enue \$	1					

3,081,074

art TV	Check	dist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		N o
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νo
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Νο
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νο
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III </i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28Ь		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	i	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> " <i>Yes</i> ," <i>complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

art V	Statements	Regarding	Other II	RS Filings	and Tax	Compliance
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			Yes	No
.a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	2b	Yes	
а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this			
	return?	3a		Νο
a	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b 4a		Νο
b	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
1	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N c
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		N c
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

300 N 18th Street Phoenix, AZ 85006 (602) 340-8717

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

Se	ection A. Governing Body and Management			
	etion Al Governing Body and Hanagement		Yes	No
1a	Enter the number of voting members of the governing body 1a 24	_		
b	Enter the number of voting members that are independent 1b 24	_		
2	Old any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νo
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	. з		Νo
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νo
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νo
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Νo
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)		W	B.I -
10-	Describe agreement on have level should be have been been as office to 2	10a	Yes	No
	Does the organization have local chapters, branches, or affiliates?	IUa		Νο
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	₁₁	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		1 00	
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ►AZ			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Own website.			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of t	he orga	nızatıor	n 🕨
	SARRC	=		

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did not compensate any current or former officer, director, trustee or key employee										
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)			(check all Reportable apply) compensatio			Reportable Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

1b	Total	0		29,444
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►2			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4		N o
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule I for such person	5		No
s	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization			
	(A) Name and business address (B) Description of services		(C) Compen	
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization \(\mathbb{E} \)0			
		F	orm 990	(2009)

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Form 990 (2009)

Form 99			6 B					Page 9
Part	/!!!!	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
\$ £	1a	Federated cam	paigns 1a	129,335				
Contributions, gifts, grants and other similar amounts	ь	Membership du	es 1b					
s, ç	c	Fundraising eve	ents 1c	1,565,880				
<u>∓</u>	d		rations 1d					
E S	e	Government grant						
untio er:	f	All other contribution similar amounts no	ons, gifts, grants, and 1f ot included above	2,172,836				
通り	g	Noncash contri २	butions included in 4 920					
	h	lines 1a-1f \$ _	3 1a-1f	▶	3,868,051			
	 "	Total: Add filles	5 14-11	Business Code				
ulle	2a	Fees for services		624,100	1,193,656	1,193,656		
e ve	Ь			024,100	1,133,030	1,155,050		
ъ Н	c							
er M	d	-						
ð E	e							
Program Serwce Revenue	f	All other progra	am service revenue					
ξ	g	Total. Add lines	s 2a-2f		1,193,656			
	3		ome (including dividend					
			aramounts)		56,221			56,221
	4		stment of tax-exempt bond p	proceeds				
	5	Royalties	(ı) Real	(II) Personal				
	6a	Gross Rents	(i) icedi	(II) I CISOIIII				
	ь	Less rental						
	c	expenses Rental income						
	d	or (loss) Net rental inco	L me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other	8,065					
		than inventory	56.060					
	b	Less cost or other basis and	56,860					
	c	sales expenses Gain or (loss)	-48,795					
	d	Net gaın or (los	s)	►	-48,795			-48,795
ane	8a	Gross income f events (not inc \$1,565	luding ,880					
Other Revenue			reported on line 1c) ie 18 a	0				
‡	b		penses b	84,108				
0	C C		(loss) from fundraising (events 📴	-84,108			-84,108
	9a	Gross income f See Part IV, lin	rom gaming activities le 19 a					
	b c		penses b (loss) from gaming activ					
	10a	Gross sales of returns and allo	inventory, less owances .					
	ь	Less cost of g	a oods sold b					
	с		(loss) from sales of inve	entory 🕨				
		Miscellaneous		Business Code	4.700			4 700
		Miscellaneous	Revenue	900,099	4,792			4,792
	b							
	d	All other reven						
	e	Total. Add lines						
	12		See Instructions	 	4,792			
] _			-	4,989,817	1,193,656	0	-71,890

	990 (2009)				Page 10
Par	Statement of Functional Expenses				
А	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to			(D).	
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	499,765	319,931	147,568	32,266
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	2,280,542	1,772,516	375,266	132,760
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	43,705	35,034	6,735	1,936
9	Other employee benefits	197,219	135,752	44,790	16,677
10	Payroll taxes	195,007	151,080	32,150	11,777
11	Fees for services (non-employees)				
а	Management				
ь	Legal	14,112	7,507	5,845	760
c	Accounting	52,223		52,223	
d	Lobbying	41,500		41,500	
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	106,789	22,191	15,990	68,608
12	Advertising and promotion	14,225	3,314	9,564	1,347
13	Office expenses	163,967	36,348	46,979	80,640
14	Information technology	51,463	2,968	41,385	7,110
15	Royalties				
16	Occupancy	80,977	29,394	51,533	50
17	Travel	93,596	79,586	1,844	12,166
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,933	6,794	139	
20	Interest	12,603	12,603		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	196,479	169,225	14,060	13,194
23	Insurance	49,864	17,105	32,494	265
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Bad Debt Expense	436,471	13,446	423,025	0
b	Contract Labor	117,871	51,100	66,771	0
c	Program Expenses	111,707	80,630	20	31,057
d	Repair and Maintenance	59,839	12,824	47,015	0
е	A llocation of O verhead	0	116,561	-125,852	9,291
f	All other expenses	69,365	5,165	49,546	14,654
25	Total functional expenses. Add lines 1 through 24f	4,896,222	3,081,074	1,380,590	434,558
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in				
	complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
				_	000 (2000)

Pa	rt X	Balance Sheet						
					(A) Beginning of year		(B) End of year	
	1	Cash—non-interest-bearing			32,355	1	563,634	
	2	Savings and temporary cash investments			4,304,942	2	1,446,600	
	3	Pledges and grants receivable, net			1,683,256	3	2,452,054	
	4	Accounts receivable, net				4		
	5	Receivables from current and former officers, directors, trustees highest compensated employees. Complete Part II of	s, key	employees, and				
		Schedule L				5		
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II of		4958(f)(1)) and				
		Schedule L				6		
ssets	7	Notes and loans receivable, net	•			7		
8	8	Inventories for sale or use				8		
⋖	9	Prepaid expenses and deferred charges			60,294	9	67,259	
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	1 1					
	ь	Less accumulated depreciation	10b	772,892	5,124,425	10c	5,397,185	
	11	Investments—publicly traded securities	Investments—publicly traded securities					
	12	Investments—other securities See Part IV, line 11		12				
	13	Investments—program-related See Part IV, line 11				13		
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11		23	15	0		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			12,027,699	16	12,034,411	
	17	Accounts payable and accrued expenses .			344,796	17	265,373	
	18	Grants payable				18	_	
	19	Deferred revenue	164,701	19	14,960			
_	20	Tax-exempt bond liabilities		20	_			
<u>.</u>	21	Escrow or custodial account liability Complete Part IV of Schedul	eD.	•		21		
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
ä		persons Complete Part II of Schedule L		•		22		
	23	Secured mortgages and notes payable to unrelated third parties			800,000	23	805,400	
	24	Unsecured notes and loans payable to unrelated third parties				24		
	25	Other liabilities Complete Part X of Schedule D				25		
	26	Total liabilities. Add lines 17 through 25			1,309,497	26	1,085,733	
S to		Organizations that follow SFAS 117, check here ► $\sqrt{}$ and comp	lete li	nes 27				
ĕ	27	through 29, and lines 33 and 34. Unrestricted net assets			5,904,653	27	4,831,882	
<u>ନ</u>	27 28	Temporarily restricted net assets			2,863,549		3,229,995	
Fund Balance	29	Permanently restricted net assets			1,950,000		2,886,801	
ŭ	29	Organizations that do not follow SFAS 117, check here ► an	d com	nlete	1,555,000	29	2,000,001	
<u>.</u>		lines 30 through 34.	iu com	piece				
S O.	30	Capital stock or trust principal, or current funds				30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31		
AS.	32	Retained earnings, endowment, accumulated income, or other fu				32		
Net	33	Total net assets or fund balances			10,718,202		10,948,678	
Z	34	Total liabilities and net assets/fund balances			12,027,699		12,034,411	
	l	,			, ,		, ,	

Part XI Financial Statements and Reporting

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

Form **990** (2009)

OMB No 1545-0047

2009

Public Charity Status and Public Support

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Southwest Autism Research and Resource Center

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

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

ns. Inspection
Employer identification number

31-1496646

Pai	rt I	Reas	on for Pul	blic Charity Stat	us (All orga	anızatıons ı	must compl	ete this par	t.) See ınst	ructions	
The o	rganı			e foundation because							
1	Γ	A churc	h, conventio	on of churches, or as	sociation of d	churches se	ction 170(b)	(1)(A)(i).			
2	Γ	A schoo	ol described	ın section 170(b)(1)	(A)(ii). (Att	ach Schedul	e E)				
3	Γ	A hospi	tal or a coop	perative hospital serv	vice organiza	tion describ	ed in section	170(b)(1)(A)(iii).		
4	Γ			organization operate y, and state	ed in conjunc	tion with a h	ospital descr	ibed in sectio	on 170(b)(1)((A)(iii). Ente	er the
5 6 7 8 9		An organization operated for the benefit of a college or university owned or operated by a governmental unit de section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the g described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership f receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 3 its support from gross investment income and unrelated business taxable income (less section 511 tax) from					n the genera rship fees, a than 331/3%	l public nd gross o of			
		acquire	d by the ora	anization after June 1	30.1975 Se	e section 50	9(a)(2). (Co)	mplete Part I	II)		
10	Г	acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety See section 509(a)(4).									
An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry ou one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section the box that describes the type of supporting organization and complete lines 11e through 11h						section 509					
е	Γ	other th		ox, I certify that the con managers and oth							
f				received a written de	termınatıon f	rom the IRS	that it is a T	ype I, Type I	I or Type III	supporting	organizatio <u>n,</u>
_		check t		006 has the second				- fram	.		ı
g		followin	g persons?	006, has the organiz	·			·			Yes No
				governing body of the	•				(,	11g(i)	103 110
				r of a person describ		=				11g(ii)	
			•	ed entity of a person			ove?			11g(iii)	
h				g information about t							1 1
						J	. ,				
(i) Name suppoi organiza		organization organization in col (i) listed in your governing document? Did you notify the organization in col (i) listed in your governing support?				(vi) Is the organizati col (i) orga	on in anized	(vii) A mount of support?			
				(see instructions))	Yes	No	Yes	No	Yes	No	1
Total											

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

	ection A. Public Support	ou checked the	box on line 5, A	, or 8 or Part I	.)			
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	4,752,31	4 6,498,698	3,395,301	4,791,579	3	,868,051	23,305,943
2	grants ") Tax revenues levied for the organization's benefit and either							
	paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to							
4	the organization without charge	4,752,31	1 6,498,698	3,395,301	4,791,579	3	,868,051	23,305,943
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a	1,732,31	0,130,030	3,353,301	1,751,375		,000,031	23,303,313
	governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column							5,317,647
6	(f) Public Support. Subtract line 5 from line 4							17,988,296
S	ection B. Total Support						<u> </u>	
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	09	(f) Total
7	A mounts from line 4	4,752,314	172,297	3,395,301	4,791,579	3	,868,051	23,305,943
8	Gross income from interest,							_
	dividends, payments received on securities loans, rents, royalties and income from similar sources	22,916	172,297	243,958	183,357		56,221	678,749
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
LO	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets		3,140	15,036	10,373		4,792	33,341
11	Total support (Add lines 7 through 10)							24,018,033
12	Gross receipts from related activiti	es, etc (See ins	tructions)			12		4,643,493
L3	First Five Years If the Form 990 is check this box and stop here			third, fourth, or f	ifth tax year as a s	501(c)(3	3) organız	ation,
<u>S</u> 14	ection C. Computation of Pub Public Support Percentage for 2009			1.1 column (f)		1,.1		74.000.00
	-	-		II COIUMN (I))		14		74 890 %
L5	Public Support Percentage for 2008				1 4 2 2 4/20/	15	-11-41	73 450 %
Lba	33 1/3% support test—2009. If the and stop here. The organization qua				ine 14 is 33 1/3%	or more	, cneck ti	nis dox ► ✓
	33 1/3% support test—2008. If the box and stop here. The organization 10%-facts-and-circumstances test-is 10% or more, and if the organization mee	organization did n qualifies as a p — 2009. If the org tion meets the "f	not check the box ublicly supported anization did not c acts and circumst	on line 13 or 16 organization :heck a box on lin :ances" test, chec	e 13, 16a, or 16b ck this box and st e	and line	14 Explain	▶┌
_	organization					4-		► □
Ь	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ Explain in Part IV how the organiza	nization meets th	e "facts and cırcu	mstances" test, o	heck this box and	stop he	ere.	
18	supported organization Private Foundation If the organizat							▶ ┌
	ınstructions							▶ □

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493319062770

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

Open to Public Inspection

If the organization an	swered "Yes,"	to Form 990, Part	IV, Line 3, or Forn	n 990-EZ, Part VI, lin	e 46 (Political Campaign	Activities),
then						

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

	Imme of the organization Lithwest Autism Research and Resource Center	yer ide	ntıfıca	tion numbe	er	
	31-14	96646				
ar	t I-A Complete if the organization is exempt under section 501(c) or is a section	n 527	7 org	anizatio	n.	_
1	Provide a description of the organization's direct and indirect political campaign activities in Part IV					
2	Political expenditures	-	\$			
3	V olunteer hours					_
Par	rt I-B Complete if the organization is exempt under section 501(c)(3).					_
1	Enter the amount of any excise tax incurred by the organization under section 4955	•	\$			
2	Enter the amount of any excise tax incurred by organization managers under section 4955	F	\$			
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?			☐ Yes	☐ No	
4a	Was a correction made?			☐ Yes	☐ No	
ь	If "Yes," describe in Part IV					
Par	rt I-C Complete if the organization is exempt under section 501(c) except section	on 50	1(c)	(3).		
1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	; þ	\$			
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities	-	\$			
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	>	.			

Did the filing organization file Form 1120-POL for this year? State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Pa	THE Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).								
	Check If the filing organization belongs to a		d" provisions apply	,					
<u> </u>	Limits on Lobbying E (The term "expenditures" means ar	Expenditures				(b) Affiliated Group Totals			
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)						
b	Total lobbying expenditures to influence a legisla								
c	Total lobbying expenditures (add lines 1a and 18								
d	Other exempt purpose expenditures								
e	Total exempt purpose expenditures (add lines 1	c and 1d)							
f	Lobbying nontaxable amount Enter the amount f								
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir							
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0					
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000					
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00	00					
	Over \$17,000,000	\$1,000,000							
		•							
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)							
h	Subtract line 1g from line 1a If zero or less, enter	er -0-							
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -							
j	If there is an amount other than zero on either line section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No			
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five			
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı			
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total			
2a	Lobbying non-taxable amount								
b	Lobbying ceiling amount (150% of line 2a, column(e))								
c	Total lobbying expenditures								
d	Grassroots non-taxable amount								

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

		(;	a)	(b)	
		Yes	No	A mount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?		Νo		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes			
c	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		Νo		
e	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		Νo		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		41,500	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo		
i	Other activities? If "Yes," describe in Part IV		Νo		
j	Total lines 1c through 1i			41,500	
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$?		Νo		
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
ь	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Dues, assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
· · · · · · · · · · · · · · · · · · ·	Activities	Southwest Autism Research and Resource Center (SARRC) has worked collaboratively with other autism providers to provide technical assistance on drafting Arizona autism legislation, and has also lobbied some members of the legislature to pass the insurance legislation that was passed in the 2008 session SARRC also hired a lobbying firm to assist with ensuring certain state autism state appropriations were continued as well

1

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DLN: 93493319062770

OMB No 1545-0047

2009

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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

ternal Revenue Service Attach to Form 990. See separate instructions.

Name of the organization

Employer identification number Southwest Autism Research and Resource Center 31-1496646 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🛌 Number of states where property subject to conservation easement is located **\(\mathbb{F}_{\top}\)** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨 A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 🕨 🛊 🔛 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 relating to these items

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

Revenues included in Form 990, Part VIII, line 1

3	Using the organization's accession and othe					-					ntinuea)
	items (check all that apply)	,		_	-	- -					
а	Public exhibition		d	J L	oan or ex	change progr	ams				
b	Scholarly research		e		Other						
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	ollections and expla	ın hov	v they 1	urther the	e organization	's ex	empt purpos	e in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							nılar	Γ.	Yes	┌ No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar					on answere	Y" b	es" to Form	990	,	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	ian or other interme	diary	for cor	ntributions	or other ass	ets r	not	_	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	follow	ing tab	le	Г			A mou	nt	
c	Beginning balance					-	1c	-			
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance					<u> </u>	1f				
2a	Did the organization include an amount on Fo	orm QQA Part Y line	212			L				Yes	
	If "Yes," explain the arrangement in Part XIV		21.						'	i C3	, 110
	rt V Endowment Funds. Complete		n ans	werec	l "Yes" to	Form 990	Par	t IV line 10	<u> </u>		
	znaowniene i anaor comprete	(a)Current Year		Prior Ye		Two Years Back				Four Y	ears Back
1a	Beginning of year balance	1,752,293		1,0	00,000						
b	Contributions	245,960		9	50,000						
c	Investment earnings or losses	71,654		-1	86,668						
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses	9,528			11,039						
g	End of year balance	2,060,379		1,7	52,293						
2	Provide the estimated percentage of the yea	r end balance held a	is								
а	Board designated or quasi-endowment 🕨	%									
ь	Permanent endowment > %										
c											
	Term and owment 🖿 🧠										
3a	Term endowment ► % Are there endowment funds not in the posse	ssion of the organiza	ation 1	that are	e held and	l administered	l for	the			
	Are there endowment funds not in the posse organization by	ssion of the organiza	ation 1	that ar	e held and	ladmınıstered	l for	the		Yes	No
	Are there endowment funds not in the posse	ssion of the organiza	ation 1	that are	e held and	administered	l for	3	a(i)	Yes	No
3a	Are there endowment funds not in the posse organization by (i) unrelated organizations						l for	3	a(ii)		No
3a b	Are there endowment funds not in the posse organization by (i) unrelated organizations	ns listed as required	 d on S	 chedul	 e R? .		l for	3		Yes	No
3a b 4	Are there endowment funds not in the posse organization by (i) unrelated organizations	ns listed as required	 d on S lowme	 chedul	 e R? .			3	a(ii)	Yes	No
3a b 4	Are there endowment funds not in the posse organization by (i) unrelated organizations	ns listed as required	 d on S lowme	 chedul ent fund ee For	e R? . ds	Part X, line	10.	3	a(ii) 3b	Yes	No
3a b 4	Are there endowment funds not in the posse organization by (i) unrelated organizations	ns listed as required	 d on S lowme	chedulent fundee For	 e R? .	Part X, line	10.	3	a(ii) 3b	Yes	No ok value
b 4 Par	Are there endowment funds not in the posse organization by (i) unrelated organizations (ii) related organizations If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the VI Investments—Land, Buildings	ns listed as required	 d on S lowme	chedulent fundee For	e R? .ds .m 990,	Part X, line (b)Cost or or basis (other	10.	(c) Accumula	a(ii) 3b	Yes	
b 4 Par	Are there endowment funds not in the posse organization by (i) unrelated organizations	ns listed as required	 d on S lowme	chedulent fundee For	e R? .ds .m 990,	Part X, line (b)Cost or or basis (other	10. ther	(c) Accumula	a(ii) 3b	Yes Yes (d) Bo	ok value
b 4 Par	Are there endowment funds not in the posse organization by (i) unrelated organizations	ns listed as required	 d on S lowme	chedulent fundee For	e R? .ds .m 990,	Part X, line (b)Cost or o basis (other) 821 3,830	10. ther	(c) Accumula depreciatio	a(ii) 3b	Yes Yes (d) Bo	ok value 821,969
b 4 Par	Are there endowment funds not in the posse organization by (i) unrelated organizations	ns listed as required	 d on S lowme	chedulent fundee For	e R? .ds .m 990,	Part X, line (b)Cost or o basis (other 821 3,830 648	10. ther r) ,969	(c) Accumula depreciation 380	a(ii) 3b tted	Yes Yes (d) Bo	ok value 821,969 3,449,847
b 4 Par 1a b c d e	Are there endowment funds not in the posse organization by (i) unrelated organizations	ns listed as required e organization's end s, and Equipme	d on S lowme nt. S	chedulent fundee Follows	e R? . ds m 990, cost or other (investment)	Part X, line (b)Cost or o basis (other 3,830 648 562	10. ther r) ,969 ,136	(c) Accumula depreciatio	(ii) 3b ted 1,289 ,514	Yes Yes (d) Bo	ok value 821,969 3,449,847 624,104

Part VII Investments—Other Securities. Sec	e Form 990, Part X, line 17	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	*	
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
——————————————————————————————————————	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	▶ Inc. 1E	
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Descri	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	15.) X, line 25. (b) A mount	

Schedule D (Form 990) 2009

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,989,817
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,896,222
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	93,595
4	Net unrealized gains (losses) on investments	4	99,761
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	37,120
9	Total adjustments (net) Add lines 4 - 8	9	136,881
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	230,476
Part	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	5,890,437
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	898,096
3	Subtract line 2e from line 1	3	4,992,341
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4с	-2,524
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	4,989,817
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	
1	Total expenses and losses per audited financial statements	1	5,659,961
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
ь	Prior year adjustments	1	
С	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	763,739
3	Subtract line 2e from line 1	3	4,896,222
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
Ь	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	4,896,222
Par	t XIV Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Part V, Line 4	Endowment Funds	Endowment funds consist of donor-restricted endowment funds established to support a variety of charitable efforts of the Center Some of the endowment funds are permanently restricted and the earnings on those funds are unrestricted
Part XI, Line 8 - Other Adjustments		Capitalized Property & Equipment
Part XII, Line 4b - Other Adjustments		Special Event Expenses -2524
Part XIII, Line 2d - Other Adjustments		Special Event Expenses 2524

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DLN: 93493319062770

OMB No. 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-F7

	ne of the organization				•		Employer ider	tification number
Sout	thwest Autism Research and	d Resource Center					31-1496646	
Pa		tivities. Complet			tion answered "Yes" s part.	to Form	990, Part IV	, line 17.
b c d	Indicate whether the organ Mail solicitations Internet and e-mail so Phone solicitations In-person solicitations Did the organization have	nization raised funds olicitations	through a	e f g	following activities Ch Solicitation of nor Solicitation of gov Special fundraisin	n-govern vernment ng events	ment grants t grants	
	or key employees listed in If "Yes," list the ten higher to be compensated at leas	n Form 990, Part VII st paid individuals or	or entity entities	ın conne (fundraise	ection with professional ers) pursuant to agreem	fundraisi ents und	ng activities? er which the fur	√ Yes
	(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundrais custo contr	er have dy or ol of	(iv) Gross receipts from activity	(or r fundra	nount paid to etained by) user listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No				
Tota	al			▶				

			(a) Event #1	(b) Event #2 Breakfast	(c) O ther Events	(d) Tot (Add col	(a) the	
			(event type)	(event type)	(total number)		(c))	
哥	1	Gross receipts	123,781	1,142,170	299,929		1,56	5,880
Revenue	2	Less Charitable contributions	123,781	1,142,170	299,929		1,56	5,880
	3	Gross income (line 1 minus line 2)						
	4	Cash prizes						
တ္က	5	Non-cash prizes						
Expenses	6	Rent/facility costs	C	81,584	2,524		84	4,108
ន្ន	7	Food and beverages						
Direct	8	Entertainment						
Δ	9	Other direct expenses .						
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)	🛌		84	4,108
	11	Net income summary Combine li	nes 3, column d, and line	10			-84	4,108
Par	t III	Gaming. Complete if the oil \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mor	e than	1
Revenue			(a) Bıngo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col co		
	1	Gross revenue						
မှာ	2	Cash prizes						
Expenses	3	Non-cash prizes						
	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	Г Yes <u>%</u> Г No	Г Yes				
	7	Direct expense summary Add line	s 2 through 5 in column ((d)				
	8	Net gaming income summary Com	ibine lines 1, column d, a	nd line 7			1	
9 a		er the state(s) in which the organiza he organization licensed to operate				· 9a	Yes	No
b		No," Explain				34		
	_							
10a b		e any of the organization's gaming Yes," Explain	licenses revoked, susper	nded or terminated during	the tax year?	10a		
11	Doo	es the organization operate gaming	activities with nonmambe	re?		11		1

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
.7	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

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DLN: 93493319062770

Schedule L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

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

OMB No 1545-0047

Open to Public Inspection

	f the organization t Autism Research and Resource	Center					mployer identifica	ition n	umber	
Part I	Excess Benefit Train	•) organ		ıne 40		
1	(a) Name of disq		,	(b) Desc						rected No
	er the amount of tax impos tion 4958	ed on the organ	ızatıon managers o	r dısqualıfıed pers	ons du	ring the	yearunder •• \$ ——			
3 Ent	er the amount of tax, ıf any	, on line 2, abov	e, reimbursed by t	he organization .			> \$			
Part II	Loans to and/or l			0. Part IV. line 26	. or Fo	rm 990-	EZ. Part V. line 38	a		
(a) Nam	e of interested person and purpose	(b) Loan to or from the organization?	(c)O riginal principal amount	(d)Balance due	(e) defa	In	(f) Approved by board or committee?	(g)) Writtei eement	
		To From			Yes	No	Yes No	Ye	:s	No
Total .			> \$		I		ı	ı		
Part III			ing Interested							
(:	Complete if the orga	(1	Relationship betw		-		nount of grant or ty	ype of	assist	ance
Part IV	Business Transact Complete if the orga				/, line	28a, 28	Bb, or 28c.			
(a)	Name of interested perso	(b) betw pe	Relationship reen interested rson and the rganization	(c) A mount of transaction			ription of transact		organız	aring o zation's nues? No
Dr Raum	Melmed	Co-Fou	ınder, Emeritus Member	66,8		ervices a edical di	nd research as rector			No
Denise Re	esnik		ınder, Board	606,5			tions services and	d		Νο

Member

materials - in-kind

DLN: 93493319062770

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

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

NonCash Contributions

Name of the organization Southwest Autism Research and Resource Center **Employer identification number**

					31-1496646			
Pa	rt I Types of Property			T	Γ			
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of d rever	etermı	nıng	
1	Art—Works of art	аррпсавіє		l ig				
	Art—Historical treasures							
	Books and publications							
	Clothing and household goods							
6	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .							
	Securities—Closely held stock .							
	Securities—Partnership, LLC,							
	or trust interests							
12	Securities—Miscellaneous	Х	1	30,000	Fair Market Value			
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	PROPERTY &							
25	Other►(<u>EQUIPMENT</u>)	X	16	37,120	FAIR MARKET VAL	_UE		
26	O ther ▶()							
	O ther ▶()							
28	·							
29	Number of Forms 8283 received		=		29			0
	for which the organization compl	etea Form t	3283, Part IV, Donee Ackr	nowledgement	2.5			
20-	During the year did the arganize		a hu aantrihiitian anu arana	week reported in Dort I. lines	1 20 that it		Yes	No
Jua	During the year, did the organiza							
	must hold for at least three year			on, and which is not require	a to be used	1		NI-
	for exempt purposes for the enti					30a	\vdash	No
Ь	If "Yes," describe the arrangeme							
31	Does the organization have a gif	tacceptano	ce policy that requires the i	review of any non-standard	contributions?	31		No
32a	Does the organization hire or us contributions?	e third parti	es or related organizations	to solicit, process, or sell i	non-cash	32a	Yes	L
ь 33	If "Yes," describe in Part II If the organization did not report describe in Part II	revenues i	n column (c) for a type of p	roperty for which column (a) is checked,			

Part II

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

Ident if ier	Return Reference	Explanation
Third Party Use	,	Stock donations are received into the Southwest Autism Research and Resource Center (SARRC) account with First Financial When these donations are received, it is currently SARRC's policy to sell upon notification of receipt

Schedule M (Form 990) 2009

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493319062770

SCHEDULE 0

Department of the Treasury
Internal Revenue Service

(Form 990)

Supplemental Information to Form 990

2009

Open to Public Inspection

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Name of the organization
Southwest Autism Research and Resource Center

Employer identification number

31-1496646

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 8b		THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY
Form 990, Part VI, Section B, line 11		The Finance Director will review the 990 draft with the Acting President if corrections are necessary, they will be directed to the preparer. If no corrections are necessary, the 990 will be provided to the Executive Committee of the board for review. If there are no corrections from the Executive Committee, the General Board will be given a copy for review prior to the 990 being signed and filed.
Form 990, Part VI, Section B, Inne 12c		THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY reviewing and obtaining signed statements from both board members and employees annually
Form 990, Part VI, Section B, Inne 15		THE PROCESS FOR DETERMINING COMPENSATION IS DETERMINED BY THE HUMAN RESOURCE COMMITTEE BY WHICH AN EVALUATION OF MARKET DATA IS RESEARCHED, JOB DUTIES ARE ASSESSED AND GIVEN A POINT VALUE, AND A SALARY RANGE IS DETERMINED FOR EACH POSITION. The President confers with the HR Committee regarding compensation issues for Officer positions other than the President and makes a recommendation for any change to the Board Executive Committee for approval. The Executive Committee confers with the HR Committee regarding compensation issues affecting any disqualified individuals, as defined by IRC Section 4958, before approving any change.
Form 990, Part VI, Section C, line 19		All documents such as governing documents, conflict of interest policy, and financial statements are available upon request. The 990 can also be found on guidestar com
Form 990, Part XI, line 2c	Audit Committee	The processes of the audit committee have not changed from the prior year

Software ID: Software Version:

EIN: 31-1496646

Name: Southwest Autism Research and Resource Center

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) A verage hours per	(C) Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	we e k	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Rose Arck Member	1 00	X				·		0	0	0
JOE BLACKBOURN MEMBER	1 00	x						0	0	0
JOSEPH COOPER MEMBER	1 00	X						0	0	0
Danielle Feroleto MembER	1 00	X						0	0	0
Lisa Frace Vice Chair	1 00	X						0	0	0
KATHY HANCOCK MEMBER	1 00	X						0	0	0
TOM KELLY MEMBER	1 00	X						0	0	0
Mary Martuscellı MEMBER	1 00	Χ						0	0	0
John Napolitan Member	1 00	X						0	0	0
Sergio Penaloza Member	1 00	X						0	0	0
LARRY REESE MEMBER	1 00	X						0	0	0
MIKE REINA MEMBER	1 00	X						0	0	0
DENISE D RESNIK CO-FOUNDER	1 00	X						0	0	0
Kay Snell MembER	1 00	Χ						0	0	0
LEO V VALDEZ Treasurer	1 00	Χ		X				0	0	0
CHERYL WALSH Secretary	1 00	Χ		X				0	0	0
CHRISTINE K WILKINSON P MEMBER	1 00	Χ						0	0	0
Joe Ray MemBER	1 00	Χ						0	0	0
Howard Sobelman Board Chair	1 00	X						0	0	0
Stephanie Papadopoulos Member	1 00	X						0	0	0
Scott Sutherland Member	1 00	X						0	0	0
Karen Donmoyer Member	1 00	X						0	0	0
Jane Christensen Member	1 00	X						0	0	0
Sue Glawe Member	1 00	X						0	0	0
Louis Kirby II Member	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
Krıstıne Wilcox Development Director	40 00	Х						20,462	C	219	
Christine Harms Finance Director	40 00	Х						81,321	O	1,838	
JERI KENDLE President	40 00			Х				99,369	C	8,110	
DANIEL OPENDEN VP Programs	40 00			Х				132,500	O	7,342	
CHRISTOPHER SMITH VP Research	40 00			Х				136,670	C	11,935	

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Bad Debt Expense	436,471	13,446	423,025	0
Contract Labor	117,871	51,100	66,771	0
Program Expenses	111,707	80,630	20	31,057
Repair and Maintenance	59,839	12,824	47,015	0
A llocation of O verhead	0	116,561	-125,852	9,291