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Form 990-PF

Department of the Treasury

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052 2010

Internal Revenue Service AUG 18. 2010 DEC 31. 2010 For calendar year 2010, or tax year beginning , and ending X Initial return Initial return of a former public charity Final return G Check all that apply Address change Amended return Name change A Employer identification number Name of foundation 27-3400299 FOCUS AUTISM INC Number and street (or P O box number if mail is not delivered to street address) Room/suite 8 Telephone number 776 MOUNTAIN BLVD 202 908-279-7881 City or town, state, and ZIP code C If exemption application is pending, check here WATCHUNG, NJ 07069 D 1. Foreign organizations, check here 2. Foreign organizations meeting the 85% test, check here and attach computation H Check type of organization X Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation E If private foundation status was terminated I Fair market value of all assets at end of year | J Accounting method Cash X Accrual under section 507(b)(1)(A), check here Other (specify) (from Part II, col. (c), line 16) If the foundation is in a 60-month termination 1,805,648. (Part I, column (d) must be on cash basis.) ▶\$ under section 507(b)(1)(B), check here Part | Analysis of Revenue and Expenses (d) Disbursements (b) Net investment (c) Adjusted net (a) Revenue and for chantable purposes (cash basis only) (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) income income expenses per books N/A 1,900,000. Contributions, gifts, grants, etc., received 2 Check I If the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 3 Dividends and interest from securities 43,235 43,235 STATEMENT 5a Gross rents STATEMENT 34,595. D Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 0. 7 Capital gain net income (from Part IV, tine 2) Net short-term capital gain ECEIVED 9 10a Gross sales less retur b Less Cost of goods s 2011 c Gross profit or (loss) 11 Other income GDEN. UT 1,943,235 43,235 12 Total, Add lines 0. 0 0. Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 8,878. 8,878 STMT 3 0 . 16a Legal fees **b** Accounting fees STMT 4 14,000 1,000. c Other professional fees 17 Interest 18 Taxes 6,988 6,988 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 0. 6,969 652 23 Other expenses STMT 5 24 Total operating and administrative 36,835 8,640 8,878. expenses. Add lines 13 through 23 137,500 137,500. Contributions, gifts, grants paid 26 Total expenses and disbursements. 174,335 8,640 146,378. Add lines 24 and 25 27 Subtract line 26 from line 12 1,768,900 2 Excess of revenue over expenses and disbursements 34,595 b Net investment Income (if negative, enter -0-) N/A C Adjusted net income (if negative, enter -0-) LHA For Paperwork Reduction Act Notice, see the instructions.

Part II Balance Shee	Attached schedules and amounts in the description	Beginning of year	End of y	
Fait B Dalatice Office	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1 Cash - non-interest-beari	ng		45,634.	45,634.
2 Savings and temporary c				
3 Accounts receivable ►	9,833.			
Less allowance for doub	tful accounts 🟲		9,833.	9,833.
4 Pledges receivable ► _				
Less allowance for doub	tful accounts >			
5 Grants receivable				
6 Receivables due from off	icers, directors, trustees, and other			
disqualified persons	<u>_</u>			
7 Other notes and loans receivable	. •			
Less allowance for doub	tful accounts -			
🙎 8 Inventories for sale or us	e			
8 Inventories for sale or us 9 Prepaid expenses and de	ferred charges		181.	181.
10a Investments - U.S. and st	ate government obligations			
b Investments - corporate s	stock			
c Investments - corporate I		······································		
11 Investments - land, buildings, and eq	1,943,748. > 200,736.		1 742 010	1 750 000
Less accumulated depreciation			1,/43,012.	1,750,000.
12 Investments - mortgage i	oans			
13 Investments - other	_			
14 Land, buildings, and equi	pment basis			
Less: accumulated depreciation	P			
15 Other assets (describe ▶	·)			
		0	1 700 660	1 005 640
16 Total assets (to be comp		0.	1,798,660.	1,805,648.
17 Accounts payable and ac	crued expenses		10,030.	
18 Grants payable	ļ-			
9 19 Deferred revenue	-			
20 Loans from officers, directors,	trustees, and other disqualified persons			
Deferred revenue Loans from officers, directors, Mortgages and other not		0.	19,710.	
22 Other liabilities (describe	► SECURITY DEPOSITS	0.	19,710.	
00 Tatal liabilities (add less	47 Ab very als 00\	0.	29,760.	
23 Total liabilities (add line	. , , , , , , , , , , , , , , , , , , ,		29,700.	
Foundations that follow	-			
24 Unrestricted	nrough 26 and lines 30 and 31.			
25 Temporarily restricted				
25 Temporarily restricted 26 Permanently restricted				
26 Permanently restricted	follow SFAS 117, check here			
and complete lines 27 th	·			
27 Capital stock, trust princi		0.	0.	
28 Paid-in or capital surplus	, or land, bldg , and equipment fund	0.	0.	
ω 1	nulated income, endowment, or other funds	0.	1,768,900.	
30 Total net assets or fund		0.	1,768,900.	
2 30 10/4/116/ 4556/5 01 10/10	Daiances		177007500.	
31 Total liabilities and net	accate flund halaneae	0.	1,798,660.	
	thanges in Net Assets or Fund Ba	•	1,750,000.	
				
	es at beginning of year - Part II, column (a), line 3	U		0.
	gure reported on prior year's return)		1	1,768,900.
2 Enter amount from Part I, line 2	_		2	1,768,900.
3 Other increases not included in	mio 2 (Reiliize) -		3	1,768,900.
4 Add lines 1, 2, and 3 5 Decreases not included in line 3	2 (Itamiza)		5	0.
		umn /h\ line 20	6	1,768,900.
6 Total net assets or fund balanc	es at end of year (line 4 minus line 5) - Part II, col	urini (D), iiiie 30		Form 990-DF (2010)

• (a) List and des	and Losses for Tax cribe the kind(s) of property s varehouse, or common stock,	old (e g , real estate,) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)	
1a ·	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\						
	ONE						
d d							
8							
(e) Gross sales price	(f) Depreciation allowe (or allowable)		or other basis ense of sale		(h) Gain or (loss (e) plus (f) minus		
3							
<u>b</u>			-	 			
<u>C</u>				 			
<u>d</u>				-			
e Complete only for assets show	ing gain in column (h) and ow	ned by the foundation or	12/31/69		(I) Gains (Col (h) gain	minus	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exce	ss of col (i) I (j), if any		ol (k), but not less that Losses (from col (n - 0-) or	
a							
b							
C							
<u>d</u>			_				
e	<u> </u>			ļ ,			
2 Capital gain net income or (net o	capital loss) { If gain, al	so enter in Part I, line 7 enter -0- in Part I, line 7)	2		· · · · · · · · · · · · · · · · · · ·	
3 Net short-term capital gain or (le If gain, also enter in Part I, line 8		22(5) and (6))	,			
If (loss), enter -0- in Part I, line				3			
Part V Qualification ((For optional use by domestic priva		<u> </u>		·	Icome	N/A	
If section 4940(d)(2) applies, leave Was the foundation liable for the se If "Yes," the foundation does not qu 1 Enter the appropriate amount in	ction 4942 tax on the distribu	o not complete this part	· · · · · · · · · · · · · · · · · · ·	j? 	··	Yes No	
(a) Base period years Calendar year (or tax year begin	Advented a valid	(b)		(c) haritable-use asse	Distribution ratio (col (b) divided by col (c))		
2009	ing in		• •	•	(55 (5) 5.		
2008						-	
2007							
2006							
2005							
2 Total of line 1, column (d)					2		
3 Average distribution ratio for the	5-year base period - divide ti	ne total on line 2 by 5, or	by the number of	years			
the foundation has been in exist	ence if less than 5 years				3		
4 Enter the net value of noncharita	able-use assets for 2010 from	Part X, line 5			4		
5 Multiply line 4 by line 3					5		
6 Enter 1% of net investment inco	ome (1% of Part I, line 27b)				6		
7 Add lines 5 and 6					7		
8 Enter qualifying distributions fro	om Part XII, line 4				8		
If line 8 is equal to or greater that See the Part VI instructions	an line 7, check the box in Par	t VI, line 1b, and complet	e that part using a	1% tax rate			

Х

3b

4a

N/A

May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2010.)

had not been removed from jeopardy before the first day of the tax year beginning in 2010?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

All other program-related investments. See instructions

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign	foundations,	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a		1a	0.
b		1b	44,473.
C	Fair market value of all other assets	10	1,750,000.
d	was a second of the second of	1d	1,794,473.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	o.	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,794,473.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	26,917.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	1,767,556.
6	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	32,930.
	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundation foreign organizations check here and do not complete this part.)	is and certain	
1	Minimum investment return from Part X, line 6	1	32,930.
2a		2.	
b	income tax for 2010 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2 _C]	692.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	32,238.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	32,238.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	32,238.
_	art XII Qualifying Distributions (see instructions)	, , , , , , , , , , , , , , , , , , ,	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	146,378.
	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the	-	
-	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	•
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	146,378.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
•	Income Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	146,378.
-	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation		
	4040(a) reduction of tay in those years	quaimoo 101	

Part XIII Undistributed Income (see instructions)

,	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI,				
line 7				32,238.
2 Undistributed income, if any, as of the end of 2010	H		h II IIn II n I n I n I n I n I n I n I	***************************************
a Enter amount for 2009 only			0.]
b Total for prior years	,, <u>, , , , , , , , , , , , , , , , , , </u>			
		0.		
3 Excess distributions carryover, if any, to 2010				
a From 2005				
b From 2006				
c From 2007				
d From 2008				
e From 2009				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2010 from				
Part XII, line 4 \triangleright \$ 146, 378.				
a Applied to 2009, but not more than line 2a	**** *** *** *************************		0.	a hellenna maaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2010 distributable amount				32,238.
e Remaining amount distributed out of corpus	114,140.			
Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	114,140.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable	•			
amount - see instructions		0.		
e Undistributed income for 2009. Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2010 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2011				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	_			
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2005	_			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2011.	994 940			
Subtract lines 7 and 8 from line 6a	114,140.			
10 Analysis of line 9				
a Excess from 2006				
b Excess from 2007				
c Excess from 2008				
d Excess from 2009				
e Excess from 2010 114, 140.			<u> </u>	5 000 DE (0040)

Form 990-PF (2010) FOCUS A	UTISM INC			27-34	00299 Page 10
Part XIV Private Operating F	oundations (see in:	structions and Part VII	A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter that	it is a private operating			
foundation, and the ruling is effective fo	r 2010, enter the date of t	he ruling	•		
b Gheck box to indicate whether the found			n section	4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
investment return from Part X for		-			
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
•					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities					
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the					
alternative test relied upon					
a "Assets" alternative test - enter					
(1) Value of all assets		_			
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter				_	
(1) Total support other than gross					l
investment income (interest,				i	l
dividends, rents, payments on					l
securities loans (section 512(a)(5)), or royalties)					l
(2) Support from general public					
and 5 or more exempt					l
organizations as provided in					l
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from	İ				l
an exempt organization					
(4) Gross investment income		de Abie west embr	if the formulation	had \$5 000 as me	re in coosts
Part XV Supplementary Info			if the foundation	i nad \$5,000 or mo	re in assets
		iiisti uctions./			
 Information Regarding Foundation a List any managers of the foundation wh 	_	than 2% of the total cont	ributions received by the	foundation before the clos	se of any tax
year (but only if they have contributed n	nore than \$5,000) (See s	ection 507(d)(2))	·		
BARRY SEGAL					
b List any managers of the foundation wh other entity) of which the foundation ha			or an equally large porti	on of the ownership of a pa	irtnership or
NONE					
2 Information Regarding Contribut	ion, Grant, Gift, Loan,	Scholarship, etc., Pr	ograms:		
Check here ► X if the foundation of the foundation makes gifts, grants, etc.	nly makes contributions	to preselected charitable	organizations and does i		
a The name, address, and telephone num	·				
b The form in which applications should b	e submitted and informa	tion and materials they sh	nould include		
c Any submission deadlines					
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields,	kinds of institutions, or	other factors	
023601 12-07-10					Form 990-PF (2010)

Part XV Supplementary Information	(continued)			
3 Grants and Contributions Paid During the Ye		Payment	T	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year COMPREHENSIVE AUTISM ASSESSMENT AND TREATMENT CENTER OF NJ - 15 DOWNINGTON CT WARREN, NJ	NONE	501(C)(3)	MEDICAL RESEARCH	100,000.
CURE: CITIZENS UNITED FOR RESEARCH IN EPILEPSY 223 W ERIE CHICAGO, IL 60654	NONE	501(C)(3)	MEDICAL RESEARCH	10,000.
MWANGAZA INC PO BOX 10074 CHICAGO, IL 60610	NONE	501(C)(3)	SOCIAL WELFARE	10,000.
POAC: PARENTS OF AUTISTIC CHILDREN 1999 ROUTE 88 BRICK, NJ 08724	NONE	501(C)(3)	MEDICAL RESEARCH	15,000.
MOUNT SINAI MEDICAL CENTER 1468 GUSTAVE L LEVY PL NEW YORK, NY 10029	NONE	501(C)(3)	MEDICAL RESEARCH	2,500.
Total	· -	т-	<u>▶ 3a</u>	137,500.
none				
Total	1		▶ 3b	0.

023611 12-07-10

nter gross amounts unless otherwise indicated	Unrelated t	Unrelated business income		by section 512, 513, or 514	(e)
•	(a) Business	(b)	(c) Exclu-	(d)	Related or exempt
1 Program service revenue	code	Amount	sion code	Amount	function income
a					
b					
C	1				
d	1 1				
е					
f					
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash investments					
Dividends and interest from securities	1 11				
Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					34,595
Net rental income or (loss) from personal					
property					
Other investment income					
Gain or (loss) from sales of assets other					
than inventory					
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory		·			
Other revenue		•			
a					
b					
C					
d					
e					
Subtotal Add columns (b), (d), and (e)			0.	0.	34,595
Total. Add line 12, columns (b), (d), and (e)				13	34,595
See worksheet in line 13 instructions to verify calculations)				
Part XVI-B Relationship of Activitie	e to the Accon	nlichment of	Evernt P	urnosas	
Telationship of Activitie	3 to the Accord	iphorniterit of	Excline		
Line No. Explain below how each activity for which in the foundation's exempt purposes (other the				d importantly to the accomp	olishment of
B RENTAL INCOME IS GENE	RATED FROM	1 THE FOU	NDATION	Y'S OWNERSHIE	OF REAL
ESTATE. THIS INCOME	IS UTILIZE	ED TO PRO	MOTE TH	E FOUNDATION	'S MISSION.

Line No.	Line No. Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes)						ent of				
5B	RENTAL	INCOME	IS GEN	ERATED	FROM	THE	FOUNDAT	ION'S	OWNERSH	IP OF	REAL
	ESTATE.	THIS	INCOME	IS UT	ILIZEI	OT C	PROMOTE	THE	FOUNDATI	ON'S	MISSION.
		-									
		 			-						
								-			
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		_									
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023621 12-07-10	L				····					For	m 990-PF (2010)

orm 990-	PF (2010) FOCUS	S AUTISM I	INC .			<u> 27-3400</u>	<u> 299</u>	Pa	ge 13
Part X			sfers To a	and Transactions a	nd Relationships	With Nonchar	itable	9	
4 0 11	Exempt Organ		.441 4.11		- db-d	14/2) 26	T	Yes	No
	he organization directly or indi code (other than section 501(c					. I(C) OI		163	140
	sfers from the reporting found				zations				
	Cash	ation to a nonchanta	inie everiiht ori	gamzation of			1a(1)		Х
	Other assets						1a(2)		X
٠,,	r transactions								
(1)	Sales of assets to a noncharita	able exempt organiza	tion				16(1)		Х
	Purchases of assets from a no						1b(2)		Х
(3)	Rental of facilities, equipment,	, or other assets					1b(3)		X
(4)	Reimbursement arrangements	\$					1b(4)		X
(5)	Loans or loan guarantees						1b(5)	ļ	X
(6)	Performance of services or me	embership or fundrai	ising solicitatio	ns			1b(6)		X
	ing of facilities, equipment, ma						_1c	<u> </u>	X
	answer to any of the above is							sets,	
	ervices given by the reporting t			ed less than fair market valu	e in any transaction or sr	laring arrangement, sr	ow in		
(a) Line no	mn (d) the value of the goods, (b) Amount involved		_	e exempt organization	(d) December of tra	nsfers, transactions, and s	hanna a	mangeme	ente
(a) Cite no	(b) Amount involved	(c) Harrie o	N/A	- CACHIPE O'GUINEURON	(a) bescription of the	Total, danadama, and a	- Idiniy di	- Cango	
-		+	11/21						_
								_	
	-								-
		-							
									
		+	•	·	<u> </u>				
2a Is th	e foundation directly or indirec	ctly affiliated with, or	related to, one	or more tax-exempt organiz	zations described				
	ection 501(c) of the Code (othe		•				Yes	X	□No
	es," complete the following sch	-	,, ,,						
	(a) Name of or	ganization		(b) Type of organization	(c) De	escription of relationsh	ıp	_	
	N/A								
								_	
									
									
	Under penalties of perjury, I decla	Phat I have examined (this return includ	ing accompanying schedules and	statements and to the best	of my knowledge and beli	ef. it is ti	ие. солт	ect.
Sign	and complete Declaration of oren	arer (other than taxpayer	r or fiduciary) is b	ased on all information of which p	preparer has any tenowledge	o, m, momougo ana sen	5,, 11,15	20, 00	,
Here	. 12	Kus a	1	1.5/9/	II NARF	SIDENT	-		
	Signature of officer or tr	rustee		Date	Title	<u> </u>	-		
	Print/Type preparer's n		Preparer's s		Date / / Chec	ck if PTIN			
			CH	4//	//	employed			
Paid	STEVE KRE		Su	10	0/7/4				
Prepa					Firr	n's EIN ▶			
Use O		212 6TH AV						<u> </u>	
	Firm's address ► NE	EW YORK, N	1 Y 1003	6	Pho	one no $212-2$.97-	-040	U

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

Employer identification number

2010

27-3400299 FOCUS AUTISM INC Organization type (check one): Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990·EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. \$ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

	orm 990, 990-EZ, or 990-PF) (2010)			Page 1 of 1 of Part I
Name of or	ganization			er identification number
	AUTISM INC		27	-3400299
Part I	Contributors (see Instructions)		_	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	ons	(d) Type of contribution
1	BARRY SEGAL C/O FOCUS AUTISM INC, NO 202 WATCHUNG, NJ 07069	\$\$	00.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributi	ons	(d) Type of contribution
2	BAS PROPERTIES LLC 776 MOUTAIN BLVD WATCHUNG, NJ 07069	\$1,750,00	00.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributi	ons	(d) Type of contribution
				Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributi	000	(d) Type of contribution
	Name, address, and zir + 4	\$		Person Payroll Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributi	ons	(d) Type of contribution
				Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	ons	(d) Type of contribution
				Person Payroll Noncash Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

FOCUS AUTISM INC

27-3400299

Employer identification number

art II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	LAND AND BUILDING - COLUMBUS, OH		
2		\ \\$1,750,000.	10/25/10
(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
		s	
(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 (Fo	rm 990, 990-EZ, or 990-PF) (2010)			Page of of Part III					
Name of org				Employer identification number					
				27 2400200					
	AUTISM INC		E04 ()/3\ (0) (40)	27-3400299					
Part III	Exclusively religious, charitable, etc., in	idividual contributions to section	on 501(c)(7), (8), or (10) c	organizations aggregating					
	more than \$1,000 for the year. Complete Part III, enter the total of exclusively religion	e columns (a) through (e) and the	e lollowing line entry. For a	organizations completing					
	\$1,000 or less for the year. (Enter this info	ormation once See instructions	ĭ ▶ \$						
(a) No.	United Street Control of Control								
from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held					
Part I	-								
į.									
Ī		(e) Transfer of git	ft						
		(0, 112.10101 01 9.1	•						
1	Touristance la manuel addresse an	- 1 7ID . 4	Deletienship of ter	anafarar ta transfaraa					
-	Transferee's name, address, ar	10 ZIP + 4	Helationship of tra	ensferor to transferee					
									
l									
(a) No.									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held					
									
 †									
-									
	(e) Transfer of gift								
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee					
Γ									
(a) No.									
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
Part I	(,,)	.,	, ,						
Ī		(e) Transfer of gi	ft						
		(5, 000.000 00 g.							
	Transferee's name, address, a	- d 7ID . 4	Deletionship of tr	anderer to transferoe					
-	Transieree's name, address, al	nd ZIP + 4	neiationship of tra	ansferor to transferee					
				· · · · · · · · · · · · · · · · · · ·					
(a) No. from			455	that all a taken hada					
Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held					
									
-		<u></u>							
		(e) Transfer of gi	π						
L	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee					
		· · · · ·	Cabadla	R (Form 000 000-F7 or 000-PF) (2010)					

FORM 990-PF	RENTAL IN	COME		STATEMENT 1
KIND AND LOCATION OF PROPERTY	7		ACTIVITY NUMBER	GROSS RENTAL INCOME
RENTAL PROPERTY - COLUMBUS, C	-)H		1	43,235.
TOTAL TO FORM 990-PF, PART I,	LINE 5A			43,235.
FORM 990-PF	RENTAL EXP	ENSES		STATEMENT 2
DESCRIPTION		CTIVITY NUMBER	AMOUNT	TOTAL
MANAGEMENT FEES ADMINISTRATIVE EXPENSES DEPRECIATION EXPENSE	_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1,000. 652. 6,988.	
– S	SUBTOTAL -	1	·	8,640.
TOTAL RENTAL EXPENSES				8,640.
NET RENTAL INCOME TO FORM 990	-PF, PART I	, LINE 5B		34,595.
FORM 990-PF LEGAL FEES				STATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM	
LEGAL FEES	8,878.	0 .	•	8,878.
TO FM 990-PF, PG 1, LN 16A	8,878.	0.	•	8,878.
FORM 990-PF OTHER PROFESSIONAL FEES				STATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM	
MANAGEMENT FEES CONSULTING FEES MANAGEMENT FEES	3,000. 10,000. 1,000.	0 .	•	0.
TO FORM 990-PF, PG 1, LN 16C	14,000.	1,000	•	0.
=			=	

FORM 990-PF . DESCRIPTION	OTHER EXPENSES		STATEMENT 5	
		(B) NET INVEST- MENT INCOME		
WEB DESIGN ADMINISTRATIVE EXPENSES ADMINISTRATIVE EXPENSES	5,588. 729. 652.	0.		0. 0. 0.
TO FORM 990-PF, PG 1, LN 23	6,969.	652.		0.
	F SUBSTANTIA PART VII-A, ADDR		S S	TATEMENT 6
BARRY SEGAL	C/O NO 2	FOCUS AUTISM	·	TAIN BLVD,