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# Form 990-PF Department of the Treasury Internal Revenue Service

# 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

			iuai yeai 2011 ui tax yeai	Degining		, and chaing	A Francisco id		
	Nar	ne ot	foundation				A Employer id	entilication	number
	됴	റ്റ	US AUTISM IN	IC.			27-34	იივფი	
-			nd street (or PO box number i		addrose)	Room/suit			
			MOUNTAIN BI	908-2	B Telephone number 908–279–7881				
-				ע אַ נ		202	<del></del>	<del></del>	
			own, state, and ZIP code	7069			lf exemption ap	oplication is p	ending, check here
-				- <del>-</del>					
(	ai C	песк	all that apply	Initial return		rmer public charity	D 1. Foreign or	rganizations	s, cneck nere
			$\vdash$	Final return	Amended return		Foreign org	anizations me	eeting the 85% test, proputation
;				Address change	Name change	<del>-</del>			
ł	1 0	_		X Section 501(c)(3) ex		<b>.</b>			tus was terminated
-	<u>_</u>		ction 4947(a)(1) nonexem		Other taxable private founda	X Accrual			(A), check here
'			irket value of all assets at e		.,	Acciual			60-month termination
	( <i>Tr</i>		Part II, col (c), line 16)		her (specify) mn (d) must be on cash b	nacie )	_   under section	n 507(b)(1)	(B), check here
٢	<del></del>		<del>,</del>	<del></del>					(d) Dh
L	Pa	rt I	(The total of amounts in columns)	mns (b), (c), and (d) may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusto		(0) Disbursements for chantable purposes
-			necessarily equal the amoun		1,280,000.		N/A	-	(cash basis only)
		1	Contributions, gifts, grant		1,200,000.		N/A		
		2	Interest on savings and temporal	n is not required to attach Sch. B					
		3	cash investments	-	2,269.	2,269	9		STATEMENT 2
		4	Dividends and interest fro	om securilles	418,804.	418,80			STATEMENT 3
			Gross rents	271,696.	410,004.	410,00	1 •	· · · · · · · · · · · · · · · · · · ·	STATEMENT 4
c l		_	Net rental income or (loss)	·	<4,028.	>			STATEMENT 1
2012	ne		Net gain or (loss) from sale of a Gross sales price for all	637,683.	17020.	<u> </u>			DITTIETT I
<u> </u>	Revenue	_ b	assets on line 6a  Capital gain net income (from			92	1	······································	
<u>ပ</u> ၈	Re	7 8	Net short-term capital gai				<del></del>	£.15	Train & Tangle
_		9	Income modifications	11		······································	<del> </del>	<del></del>	
M		9 10a	Gross sales less returns				Į,		163
2		_	and allowances  Less Cost of goods sold			••••••	1	TAM T	2 1 2012 151
SCANNED MAY			Gross profit or (loss)					L	100
Z		11	Other income		-			()(3)	) # # # # # # # # # # # # # # # # # # #
É			Total Add lines 1 through	h 11	1,697,045.	421,99	7.		1
( <u>)</u>		13	Compensation of officers, dire		0.	. (	o .		0.
g			Other employee salaries a						
			Pension plans, employee	-					
	ses		Legal fees						
		b	Accounting fees	STMT 5	3,500.		0.		3,500.
	Ä	C	Other professional fees	STMT 6	19,606.	3,750	0.		15,856.
	Ve Ve	17	Interest		181.	18			0.
	Operating and Administrative Expen	18	Taxes	STMT 7	91,012.	88,79			0.
	nist	19	Depreciation and depletio	n	52,317.	52,31	7.		
	Ē	20	Occupancy					·	
	Ā	21	Travel, conferences, and	meetings					
	and	22	Printing and publications						
	DG.	23	Other expenses	STMT 8	16,341.	2,39	9.		13,942.
	rati	24	Total operating and adm	inistrative					
	þe		expenses Add lines 13 ti	hrough 23	182,957.	147,43	В.		33,298.
	0	25	Contributions, gifts, grant	ts paid	580,400.				580,400.
		26	Total expenses and disb	ursements			_		
_			Add lines 24 and 25		763,357.	147,43	B .		613,698.
		27	Subtract line 26 from line	12					
		a	Excess of revenue over expen	ses and disbursements	933,688.				
		b	Net investment income (	f negative, enter -0-)		274,55			
_	1005		Adjusted net income (if no	egative, enter -0-)			N/A		

Page 2

David	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year		
Pan	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing	45,634.	176,237.	176,237.
2	Savings and temporary cash investments			
3	Accounts receivable ►			
	Less allowance for doubtful accounts	9,833.		
4	Pledges receivable ►			
	Less allowance for doubtful accounts			
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other			
	disqualified persons			
7	_ ` ` ` <b>_</b> F			
	Less allowance for doubtful accounts			
8   ي				
Assets		181.		
₹ 10	a Investments - U.S. and state government obligations			
- 1	b Investments - corporate stock STMT 9	0.	237,778.	186,787.
- 1	c Investments - corporate bonds		20,7,,,01	20077010
11	202 764	1,743,012.	2,370,695.	2,126,236.
1.0		1,143,012.	2,310,033.	2,120,230.
	Investments - mortgage loans			
13	Investments - other			
14			İ	
	Less accumulated depreciation			
15	Other assets (describe			
		1 700 660	2 704 710	2 400 260
	Total assets (to be completed by all filers)	1,798,660.	2,784,710. 55,537.	2,489,260.
17	· · · · · · · · · · · · · · · · · · ·	10,050.	33,337.	
18	Grants payable			
မ္မ 19	Deferred revenue			
<b>ૄ</b>  20	Loans from officers, directors, trustees, and other disqualified persons			
20 21 21 21 21 21 21 21 21 21 21 21 21 21		10 710		
<b>-</b>  22	Other liabilities (describe  SECURITY DEPOSITS )	19,710.	26,585.	
23	Total liabilities (add lines 17 through 22)	29,760.	82,122.	
	Foundations that follow SFAS 117, check here			
,	and complete lines 24 through 26 and lines 30 and 31			
S 24	Unrestricted			
<u>គ</u> 25	Temporarily restricted			
26				
[ ]	Foundations that do not follow SFAS 117, check here			
[	and complete lines 27 through 31.			
္ဟ 27	Capital stock, trust principal, or current funds	0.	0.	
₽ 28   28	Paid-in or capital surplus, or land, bldg , and equipment fund	0.	0.	
Net Assets or Fund Balance	Retained earnings, accumulated income, endowment, or other funds	1,768,900.	2,702,588.	
≱  30	Total net assets or fund balances	1,768,900.	2,702,588.	
_				
31	Total liabilities and net assets/fund balances	1,798,660.	2,784,710.	
D	Analysis of Changes in Net Assets or Fund Ba	alances		
Pari	Allalysis of Changes in Net Assets of Fund Ba			
1 Tot	al net assets or fund balances at beginning of year - Part II, column (a), line 3	30		
(mı	ist agree with end-of-year figure reported on prior year's return)		1	1,768,900.
2 Ent	er amount from Part I, line 27a		2	933,688.
	er increases not included in line 2 (itemize)		3	0.
	I lines 1, 2, and 3		4	2,702,588.
	reases not included in line 2 (itemize)		5	0.
-	al net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	2,702,588.
				Form <b>990-PF</b> (2011)

123511

Part IV Capital Gains a	and Losses for Tax on Ir	nvestmen	t Income					
	be the kind(s) of property sold (e g ehouse, or common stock, 200 sha			P	How acquired - Purchase - Donation		Date acquired no , day, yr )	(d) Date sold (mo , day, yr )
1a PUBLICLY TRADE	SECURITIES				P	01	/01/11	12/31/11
b	·					<u> </u>		
<u>c</u>				ļ		<u> </u>		
<u>d</u>				_		ļ		
е		1		_				
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				(h) Gain or (loss ) plus (f) minus	(g)
a 637,683.	······································		636,75	9.				924.
b		ļ. <u> </u>						
<u>c</u>		<u> </u>						
d	<del></del>	<del> </del>			1.			
Complete only for assets showing	ggain in column (h) and owned by	the foundation	on 12/31/69			(I) Car	ıns (Col (h) gaın	minuc
Complete only for assets showing	(j) Adjusted basis		cess of col (I)		(	col (k)	, but not less tha	n <b>-</b> 0-) <b>or</b>
(ı) F M V as of 12/31/69	as of 12/31/69	over	col (j), if any			Lo	sses (from col (	(h))
a								924.
b	<del> </del>							
c								· · · · · · · · · · · · · · · · · · ·
d								
e								
	( If gain, also ente	r in Part I line	7	J				
2 Capital gain net income or (net cap	oital loss) { If gain, also ente If (loss), enter -0	- in Part I, line	7	ŗ	2			924.
3 Net short-term capital gain or (loss	s) as defined in sections 1222(5) ar	nd (6)		`				
If gain, also enter in Part I, line 8, o							27 / 2	
Part V Qualification U	nder Section 4940(e) for	. D - d d	I Tanana Nina		3		N/A	
(For optional use by domestic private If section 4940(d)(2) applies, leave th Was the foundation liable for the section	is part blank				e )			Yes X No
If "Yes," the foundation does not quali		omplete this pa	ort					
(a)	(b)			(c)	)		Dietrik	(d)
Base period years Calendar year (or tax year beginnin	g in) Adjusted qualifying dis			ncha	intable-use assets (col (b) divided by col (c))			
2010	14	6,378.		1	,767,55	6.		.082814
2009							- <del></del>	
2008								
2007								
2006								
2 Total of line 1, column (d)							2	.082814
3 Average distribution ratio for the 5 the foundation has been in existen	•	on line 2 by 5,	or by the number	of ye	ears		3	.082814
the logination has been in existen	ice ii iess tiiaii 3 years							
4 Enter the net value of noncharitable	le-use assets for 2011 from Part X,	line 5					4	2,412,093.
5 Multiply line 4 by line 3							5	199,755.
6 Enter 1% of net investment incom	e (1% of Part I, line 27b)						6	2,746.
7 Add lines 5 and 6							7	202,501.
8 Enter qualifying distributions from	ı Part XII, line 4						8	613,698.
	line 7, check the box in Part VI, line	e 1b, and comp	olete that part usir	ng a 1	% tax rate			
See the Part VI instructions	<u> </u>							
123521 12-02-11							F	orm <b>990-PF</b> (2011)

Total. Add lines 1 through 3

Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

Form **990-PF** (2011)

4940(e) reduction of tax in those years

Part X(III Undistributed Income (see instructions)

	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2010	2010	2011
1 Distributable amount for 2011 from Part XI, line 7				117,859.
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only			0.	
b Total for prior years				
	1	0.		
3 Excess distributions carryover, if any, to 2011				······································
<b>a</b> From 2006				
b From 2007				
c From 2008				
d From 2009				
e From 2010 114,140.				
f Total of lines 3a through e	114,140.			
4 Qualifying distributions for 2011 from				
Part XII, line 4 ► \$ 613,698.			_	
a Applied to 2010, but not more than line 2a			0.	
b Applied to undistributed income of prior		^		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	0.			
(Election required - see instructions)				117,859.
d Applied to 2011 distributable amount	495,839.			117,039.
e Remaining amount distributed out of corpus	493,039.			0.
Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			<u> </u>
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	609,979.			
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 2010 Subtract line			_	
4a from line 2a Taxable amount - see instr			0.	<del></del>
1 Undistributed income for 2011 Subtract				
lines 4d and 5 from line 1. This amount must				0.
be distributed in 2012				V•
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 2006				
not applied on line 5 or line 7	0.		-	
9 Excess distributions carryover to 2012				
Subtract lines 7 and 8 from line 6a	609,979.			
10 Analysis of line 9				· · · · · · · · · · · · · · · · · · ·
a Excess from 2007				
b Excess from 2008				
c Excess from 2009				
d Excess from 2010 114,140.				
e Excess from 2011 495,839.				
				Form <b>QQ0_PF</b> (2011)

Part XV Supplementary Information	(continued)			
3 Grants and Contributions Paid During the Y		Payment		<del> </del>
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)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
ALPINE LEARNING GROUP	NONE	501(C)(3)	SOCIAL WELFARE	
777 PARAMUS RD				
PARAMUS, NJ 07652				25,00
ALPINE LEARNING GROUP - BIKE EVENT 777 PARAMUS RD	NONE	501(C)(3)	SOCIAL WELFARE	
PARAMUS, NJ 07652				10
AUTISM CONNECTS TANZANIA	NONE	501(C)(3)	MEDICAL RESEARCH	
10 COLDSTREAM LN UPPER SADDLE RIVER , NJ 07458			ABBERT ABBERT	5,00
AUTISM ESCAPES GOLF OUTING MAY 17TH, 2011	NONE	501(C)(3)	MEDICAL RESEARCH	
16 MT. BETHEL RD SUITE 203 WARREN, NJ 07059				1,80
AUTISM SPEAKS 1 EAST 33RD ST 4TH FLOOR	NONE	501(C)(3)	MEDICAL RESEARCH	
NEW YORK, NY 10016				51,00
Total SEE COI  b Approved for future payment	NTINUATION SHE	ET(S)	<b>▶</b> 3a	580,40
u Approved for lature payment				
NONE				
Total			<b>▶</b> 3b	

Part XV Supplementary Informatio	n			
3 Grants and Contributions Paid During the	Year (Continuation)			
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		
HIP INTERNATIONAL - AUTISM SENEGAL	NONE	501(C)(3)	MEDICAL RESEARCH	
024 AMBOY RD				
TATEN ISLAND, NY 10308				20,00
COMPREHENSIVE AUTISM ASSESSMENT & CREATMENT CENTER OF NJ	NONE	501(C)(3)	MEDICAL RESEARCH	
VARREN, NJ 07059				60,00
EASTCHESTER SEPTA (PAUL KIM)	NONE	501(C)(3)	MEDICAL RESEARCH	
580 WHITE PLAINS RD EASTCHESTER, NY 10709				5,00
FLYING PUP PRODUCTION	NONE	501(C)(3)	SOCIAL WELFARE	
64 BURROUGHS WAY				15,00
MAPLEWOOD, NJ 07040				15,00
GENERATION RESCUE	NONE	501(C)(3)	MEDICAL RESEARCH	
13836 VENTURA BLVD STE 259				
SHERMAN OAKS, CA 91423				40,00
HOLLYROD FOUNDATION	NONE	501(C)(3)	SOCIAL WELFARE	
9250 WILSHIRE BLVD LI15				
BEVERLY HILLS, CA 90212				2,00
		501/61/21	SOCIAL WELFARE	
KOMO AUTISM CENTER 3151 NORTH HILL FARM DR	NONE	501(C)(3)	SOCIAL WELFARE	
PUCSON, AZ 85712				20,00
M.I.N.D. INSTITUTE	NONE	501(C)(3)	SOCIAL WELFARE	
2825 50TH ST SACRAMENTO, CA 95817				50,00
				23,00
MARCUS AUTISM CENTER INC.	NONE	501(C)(3)	MEDICAL RESEARCH	
1920 BRIARCLIFF RD NE				
ATLANTA, GA 30329		<del>                                     </del>		50,00
MYGOAL INC. AUTISM	NONE	501(C)(3)	MEDICAL RESEARCH	
PO BOX 531				
MONMOUTH JUNCTION, NJ 08852  Total from continuation sheets		1		12,00 497,50

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor MWANGAZA NONE 501(C)(3) SOCIAL WELFARE PO BOX 10074 CHICAGO, IL 61610-0074 10,000. POAC (PARENTS OF AUTISIC CHILDREN) NONE 501(C)(3) MEDICAL RESEARCH 1999 ROUTE 88 45,000. BRICK, NJ 08724 501(C)(3) MEDICAL RESEARCH ROSES FOR AUTISM NONE 929 BOSTON POST RD GUILFORD, CT 06437 10,000. SAFEMINDS NONE 501(C)(3) SOCIAL WELFARE 16033 BOLSA CHICA #104-142 70,000. HUNTINGTON BEACH, CA 92649 ST. PETER'S FOUNDATION NONE 501(C)(3) MEDICAL RESEARCH 254 EASTON AVE NEW BRUNSWICK, NJ 08901 50,000. SOCIAL WELFARE THE MIDLAND FOUNDATION NONE 501(C)(3) BOX 5026 NORTH BRANCH, NJ 08876 1,000. THE NATIONAL VACCINE INFORMATION NONE 501(C)(3) MEDICAL RESEARCH CENTER (NVIC) 407 CHURCH ST NE STE H 37,500. VIENNA, VA 22180 Total from continuation sheets

Part XVI-A	Analysis	of Income-Pro	ducina Activiti
Part XVI-A	Analysis	of income-Pro	aucing Acti

Enter gross amounts unless otherwise indicated	Unrelated	business income		by section 512, 513, or 514	(e)
Enter groot amounts amount of the manufacture	(a)	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue	Business code	Amount	sion code	Amount	function income
a				·	
b					
C					
d	1				
е	1				
1					
g Fees and contracts from government agencies					
2 Membership dues and assessments					····
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	2,269.	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					271,696.
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	<4,028.>	
9 Net income or (loss) from special events				•	
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a					
b					
C					
d					
е					
12 Subtotal Add columns (b), (d), and (e)		(	).	<1,759.>	271,696.
13 Total. Add line 12, columns (b), (d), and (e)				13	269,937.
(See worksheet in line 13 instructions to verify calculations	)				

Part XVI-B	Relationship of Activities to the Accomplishment of Exempt Purposes

Line No.	<ul> <li>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)</li> </ul>						plishment of			
▼	the founda	ition's exempt p	urposes (other	than by provi	ding funds fo	or such p	urposes)			
5B	RENTAL	INCOME	IS GEN	ERATED	FROM	THE	FOUNDAT	ION'S	OWNERSHIE	OF REAL
	ESTATE.	THIS	INCOME	IS UT	ILIZEI	OT (	PROMOTE	THE	FOUNDATION	Y'S MISSION.
		-				_				
										· · · · · · · · · · · · · · · · · · ·
		_								·
		_								
										<u>-</u>
										·
										····
123621 12-02-11										Form <b>990-PF</b> (2011)

Form 99	0-PF (2011) FOCUS	S AUTISM :	INC			27-	3400299	' Pa	age 13
		_	nsfers To	and Transactions	and Relation	ships With No	ncharitable		<u> </u>
1 Dic	the organization directly or ind	rectly engage in any	y of the followi	ng with any other organizati	on described in se	ction 501(c) of		Yes	No
	Code (other than section 501(c								
a Tra	ansfers from the reporting found	lation to a noncharit	able exempt or	rganization of					
	Cash			•			1a(1)		X
	Other assets						1a(2)		Х
	ner transactions								
(1)	Sales of assets to a noncharita	able exempt organiza	ation				16(1)		Х
	Purchases of assets from a no						1b(2)		Х
	Rental of facilities, equipment,		•				1b(3)		X
	Reimbursement arrangements						1b(4)		Х
	Loans or loan guarantees						1b(5)		Х
	Performance of services or me	embership or fundra	nising solicitation	ons			1b(6)		Х
, ,	aring of facilities, equipment, ma		-				10		Х
	he answer to any of the above is	•	· ·	•	ways show the fair	market value of the o	goods, other ass	sets.	
	services given by the reporting f		-						
	lumn (d) the value of the goods,				·				
(a) Line r	no (b) Amount involved	(c) Name o	of noncharitable	e exempt organization	(d) Descripti	on of transfers, transaction	ons, and sharing ar	rangeme	ents
			N/A						
				<del></del>					
<del></del>							-		
			<del></del>						
						······································			
							<del></del>		
in	the foundation directly or indirect section 501(c) of the Code (othe Yes," complete the following sch	r than section 501(c			izations described		Yes	X	] No
	(a) Name of org	ganization		(b) Type of organization		(c) Description of re	elationship		
	N/A								
	····								
							· — · · _ · · ·		
								_	
				<u> </u>					
Sign Here	Under penalties of penalty I declare and belief, it is true, defect, and established to the state of the stat	Implete Declaration of p		an taxpayer) is based on all inform			May the IRS return with the shown below X Yes	e prepar (see ins	er
	Print/Type preparer's n	/	Preparer's s	Date	Date	Check If	PTIN		
	r mily type preparer S III	aiile	Trieparer 8 8		+ Jaic / /	self- employed	1 1111		
Paid	STEVE KREI	NIK, CPA	134		5/2/12	Jon omployed	P00839	914	

212-297-0400

Firm's EIN ► 22–1478099

Phone no

Preparer **Use Only** 

Firm's name ► J.H. COHN LLP

Firm's address ► 1212 6TH AVENUE

NEW YORK, NY 10036

#### 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, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

Employer identification number

2011

F	COCUS AUTISM INC	27-3400299
Organization type (check	cone).	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> 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	
Note. Only a section 5010  General Rule	n is covered by the <b>General Rule</b> or a <b>Special Rule</b> . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	
•	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in maplete Parts I and II.	oney or property) from any one
Special Rules		
509(a)(1) and 17	1(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the reg 0(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II.	
total contribution	1(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contrins of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or eduterally to children or animals. Complete Parts I, II, and III.	
contributions for If this box is che purpose. Do not	1(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributes exclusively for religious, charitable, etc., purposes, but these contributions did not to cked, enter here the total contributions that were received during the year for an exclusive complete any of the parts unless the <b>General Rule</b> applies to this organization because it ble, etc., contributions of \$5,000 or more during the year.	tal to more than \$1,000 ely religious, charitable, etc.,
but it must answer "No"	that is not covered by the General Rule and/or the Special Rules does not file Schedule Eon Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part set the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	, , , , , , , , , , , , , , , , , , , ,

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) (2011)

Name of organization

Employer identification number

### FOCUS AUTISM INC

27-3400299

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	BARRY SEGAL 776 MOUTAIN BLVD WATCHUNG, NJ 07069	\$600,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2	BAS PROPERTIES LLC 776 MOUTAIN BLVD WATCHUNG, NJ 07069	\$680,000.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Oncash Complete Part II if there is a noncash contribution )			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(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) Total contributions	(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) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)			

Name of organization

Employer identification number

## FOCUS AUTISM INC

27-3400299

(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(see instructions)	Date received
raiti	LAND AND BUILDING - SPRINGFIELD, MA		
2	THE THE DOLLAR THE STATE OF THE	-	
		-	
		\$ 680,000.	05/31/11
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		- -   \$	
		Ψ	
(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.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(see instructions)	Date received
		_	
		-	
		-   \$	
		_	
(a) No.	<b>(b)</b>	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
Part I	·	(see instructions)	
		-	
		_	
		_   \$	

Name of org	anization		Employer identification number
FOCUS	AUTISM INC		27-3400299
Part III		ie following line entry. For organizat c, contributions of <b>\$1,000 or less</b> f	(c)(7), (8), or (10) organizations that total more than \$1,000 for the tions completing Part III, enter or the year (Enter this information once)
(a) No. from Part I	(b) Purpose of gift (c) Use of gift		(d) Description of how gift is held
		(e) Transfer of g	ift
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<u> </u>		(e) Transfer of g	ift
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	ift
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee

FORM 990-PF GA	IN OR (LOS	S) F	ROM SALE C	F A	SSETS		STAT	TEMENT	1
(A) DESCRIPTION OF PROPERTY					ANNER QUIRED	DAT LUQDA		DATE S	OLD
PUBLICLY TRADED SECURITIE	ES			PUR	CHASED	01/01	1/11	12/31	/11
(B) GROSS SALES PRICE	(C) COST OR OTHER BASI	s	(D) EXPENSE C SALE	F	(E) DEPRE	c.		(F) OR LOS	S
637,683.	641,7	11.		0.		0.	-	<4,0	28.
CAPITAL GAINS DIVIDENDS A						_		<4,0	0. 28.
FORM 990-PF DIV	IDENDS AND	INT	EREST FROM	i SE	CURITIE	S	STAT	PEMENT	2
SOURCE		GRO	SS AMOUNT	C	APITAL DIVIDE			LUMN (A TNUOMA	)
SOURCE TD AMERITRADE		GRO	SS AMOUNT					•	
	I, LN 4	GRO				NDS		TRUOMA	69 <b>.</b>
TD AMERITRADE TOTAL TO FM 990-PF, PART	·		2,269.			NDS 0.		AMOUNT 2,20	69.
TD AMERITRADE  TOTAL TO FM 990-PF, PART  FORM 990-PF	REN <sup>(</sup>		2,269.		DIVIDE	NDS 0.	STAT	2,20 2,20	69.
TD AMERITRADE	REN	TAL	2,269.		DIVIDE	O. O. IVITY	STAT	2,20 2,20 TEMENT GROSS	69. 69. 3

FORM 990-PF	RENTAL EXE	PENSES	· <del>-</del> ·	STATEMENT 4
DESCRIPTION	P	ACTIVITY NUMBER	AMOUNT	TOTAL
REAL ESTATE TAXES	SUBTOTAL - SUBTOTAL -	1 2	3,750. 52,317. 75,203. 1,385. 996. 18.	133,669. 13,439.
TOTAL RENTAL EXPENSES			_	147,108.
NET RENTAL INCOME TO FORM 990	-PF, PART I	, LINE 5B	:	271,696.
FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		
ACCOUNTING FEES	3,500.	0	· ·	3,500.
TO FORM 990-PF, PG 1, LN 16B	3,500.	0	<u> </u>	3,500.
FORM 990-PF C	THER PROFES	SSIONAL FEES		STATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		
CONSULTING FEES APPRAISAL FEES	15,856. 3,750.		).	15,856.

FORM 990-PF	TAX	ES	STATEMENT		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM		
FOREIGN TAXES 2010 BALANCE DUE 2011 ESTIMATES REAL ESTATE TAXES REAL ESTATE TAXES	149. 701. 1,520. 75,203. 13,439.	149. 0. 0. 75,203. 13,439.		0. 0. 0. 0.	
TO FORM 990-PF, PG 1, LN 18	91,012.	88,791.		0.	
FORM 990-PF	OTHER E	XPENSES		STATEMENT 8	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM	(D) CHARITABLE E PURPOSES	
TRAVEL AND MEETINGS APPRAISAL FEES NJ FILING FEES BOOKS & PERIODICALS REGISTRATION FEES OFFICE EXPENSE OPERATIONS EXPENSE OTHER EXPENSE FILING FEES INSURANCE EXPENSE OFFICE SUPPLIES	4,452. 2,500. 250. 291. 50. 345. 3,655. 2,399. 1,385. 996.	0. 0. 0. 0. 0. 0. 1,385. 996.		4,452. 2,500. 250. 291. 50. 345. 3,655. 2,399. 0. 0.	
TO FORM 990-PF, PG 1, LN 23	16,341.	2,399.		13,942.	
FORM 990-PF	CORPORAT	E STOCK		STATEMENT 9	
DESCRIPTION		ВО	OK VALUE	FAIR MARKET VALUE	
TD AMERITRADE - SECURITIES		237,778.	186,787.		
TOTAL TO FORM 990-PF, PART I	I, LINE 10B	<del></del>	237,778. 186		

FORM 990-PF LIST OF SUE PART	UTORS	STATEMENT 10		
NAME OF CONTRIBUTOR	ADDRESS			
BARRY SEGAL	C/O FOCUS AUT NO 202 WATCHUNG, NJ	·	6 MOUNTAII	N BLVD,
	ST OF OFFICERS, D FOUNDATION MANA		STATI	EMENT 11
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
BARRY SEGAL 776 MOUNTAIN BLVD, NO 202 WATCHUNG, NJ 07069	PRESIDENT 2.00	0.	0.	0.
MARTIN SEGAL 776 MOUNTAIN BLVD, NO 202 WATCHUNG, NJ 07069	VICE PRESIDENT 2.00	0.	0.	0.
RICHARD SEGAL 776 MOUNTAIN BLVD, NO 202 WATCHUNG, NJ 07069	SECRETARY 0.50	0.	0.	0.
LOUISE KUO HABAKUS 776 MOUNTAIN BLVD, NO 202 WATCHUNG, NJ 07069	EXECUTIVE DIRE	CTOR	0.	0.
LISA GREEN 776 MOUNTAIN BLVD, NO 202 WATCHUNG, NJ 07069	BOARD MEMBER 0.50	0.	0.	0.
GARY WEITZEN 776 MOUNTAIN BLVD, NO 202 WATCHUNG, NJ 07069	BOARD MEMBER 0.50	0.	0.	0.
KATIE WRIGHT 776 MOUNTAIN BLVD, NO 202 WATCHUNG, NJ 07069	BOARD MEMBER 0.50	0.	0.	0.

0.

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII