

**Return of Organization Exempt From Income Tax**

**2003**

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

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2003 calendar year, or tax year beginning January 1, 2003, and ending December 31, 2003

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

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

**D** Employer identification number: 36-4337903  
**E** Telephone number: (224)-766-0760  
**F** Accounting method:  Cash  Accrual  
 Other (specify) \_\_\_\_\_

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

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

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

- H** and **I** are not applicable to section 527 organizations.  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates: \_\_\_\_\_  
**H(c)** Are all affiliates included?  Yes  No  
 (If "No," attach a list. See instructions.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Group Exemption Number: \_\_\_\_\_  
**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

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

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

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

SEP 07 2004  
 AUG 30 2004  
 AUG 17 2004  
 RECEIVED  
 AUG 17 2004  
 GARDNER

**Part I Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	56,000.00			
23	Specific assistance to individuals (attach schedule)	—			
24	Benefits paid to or for members (attach schedule)	—			
25	Compensation of officers, directors, etc.	—			
26	Other salaries and wages	—			
27	Pension plan contributions	—			
28	Other employee benefits	—			
29	Payroll taxes	—			
30	Professional fundraising fees	—			
31	Accounting fees	—			
32	Legal fees	238.00			
33	Supplies	—			
34	Telephone	—			
35	Postage and shipping	619.01			
36	Occupancy	—			
37	Equipment rental and maintenance	—			
38	Printing and publications	—			
39	Travel	—			
40	Conferences, conventions, and meetings	—			
41	Interest	—			
42	Depreciation, depletion, etc. (attach schedule)	—			
43a	Other expenses not covered above (itemize): a	251.50			
43b	Reimbursement E. But				
43c	expenses				
43d	Bank fees (Merchant)	276.48			
43e	Bank fees (Morgan Stanley)	260.00			
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	57,441.99			

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_;  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

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

What is the organization's primary exempt purpose? **Research, Reading, Immune System + ...**  
 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)

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

a	..... ..... (Grants and allocations \$ _____)	
b	..... ..... (Grants and allocations \$ _____)	
c	..... ..... (Grants and allocations \$ _____)	
d	..... ..... (Grants and allocations \$ _____)	
e	Other program services (attach schedule) (Grants and allocations \$ _____)	
f	<b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) <input type="checkbox"/>	

**Part IV Balance Sheets** (See page 25 of the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
<b>Assets</b>	<b>45</b> Cash—non-interest-bearing . . . . .	17,559.72	109,789.34
	<b>46</b> Savings and temporary cash investments . . . . .	—	—
	<b>47a</b> Accounts receivable . . . . .	—	—
	<b>b</b> Less allowance for doubtful accounts . . . . .	—	—
	<b>48a</b> Pledges receivable . . . . .	—	—
	<b>b</b> Less allowance for doubtful accounts . . . . .	—	—
	<b>49</b> Grants receivable . . . . .	—	—
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .	—	—
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . .	—	—
	<b>b</b> Less allowance for doubtful accounts . . . . .	—	—
	<b>52</b> Inventories for sale or use . . . . .	—	—
	<b>53</b> Prepaid expenses and deferred charges . . . . .	—	—
	<b>54</b> Investments—securities (attach schedule) . . . . .	—	—
	<b>55a</b> Investments—land, buildings, and equipment basis . . . . .	—	—
<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	—	—	
<b>56</b> Investments—other (attach schedule) . . . . .	—	—	
<b>57a</b> Land, buildings, and equipment: basis . . . . .	—	—	
<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	—	—	
<b>58</b> Other assets (describe ▶ _____ ) . . . . .	—	—	
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74) . . . . .	17,559.72	109,789.34	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses . . . . .	—	—
	<b>61</b> Grants payable . . . . .	—	—
	<b>62</b> Deferred revenue . . . . .	—	—
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .	—	—
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .	—	—
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .	—	—
<b>65</b> Other liabilities (describe ▶ _____ ) . . . . .	—	—	
<b>66 Total liabilities</b> (add lines 60 through 65) . . . . .	0	—	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.	—	—
	<b>67</b> Unrestricted . . . . .	—	—
	<b>68</b> Temporarily restricted . . . . .	—	—
	<b>69</b> Permanently restricted . . . . .	—	—
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74	—	—
	<b>70</b> Capital stock, trust principal, or current funds . . . . .	—	—
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .	—	—
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	—	—
<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) <b>must</b> equal line 19, column (B) <b>must</b> equal line 21). . . . .	—	—	
<b>74 Total liabilities and net assets / fund balances</b> (add lines 66 and 73) . . . . .	—	—	

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



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

Form with rows 76-92 and columns Yes/No. Includes questions about IRS reporting, business income, political expenditures, lobbying, and tax-exempt interest.

**Analysis of Income-Producing Activities** (See page 33 of the instructions.)

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue:					/
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments					
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue. <b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E))					
<b>105</b> Total (add line 104, columns (B), (D), and (E))					

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

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

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

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please

Date 8/4/04

# VISCERAL

10 Sion Road  
Bath  
BA1 5SG

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Fax: +44 (0)1225 448195

Email: robertsawyer@aol.com

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

### Funds received and how expended:

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

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

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

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

Total: \$56,000.00

### Research projects supported by MIA during the period:

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

Total direct funds: \$17,700.00

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

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

Total direct funds: \$10,303.32

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

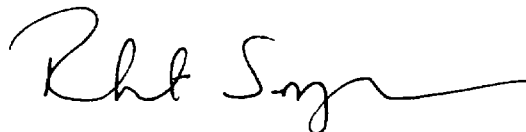
**John O'Leary** MD D Phil FRCPATH, Professor of Pathology, Trinity College Dublin: to support the salary of Kara Martin PhD and the consumption of enzymes and other reagents associated with their investigations using Microchip mRNA Array analysis of aberrant cytokine gene activity in intestinal tissue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

Total direct funds: \$9,696.68

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

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

Total direct funds: \$14,000.00



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### Visceral

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

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

Robert Sawyer  
Chief Executive Visceral

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**Visceral**

10 Sion Road, Bath BA1 5SG

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Trustees: Nicholas Lander Esq, Colin Barrow, Dr Peter Harvey MA MB FRCP

Professor Christine Lee MA MD DSc(Med) FRCP FRCPATH, Jackie Sallon

Chief Medical Scientist: Andrew Wakefield FRCS FRCPATH