

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2015**

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

**A For the 2015 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>AUTISM SPEAKS, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1 EAST 33RD STREET 4TH FLOOR</b> City or town, state or province, country, and ZIP or foreign postal code <b>NEW YORK, NY 10016</b> <b>F</b> Name and address of principal officer: <b>ANGELA T. GEIGER</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>20-2329938</b> <b>E</b> Telephone number <b>212-252-8584</b> <b>G</b> Gross receipts \$ <b>60,956,548.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.AUTISMSPEAKS.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: <b>2005</b>		<b>M</b> State of legal domicile: <b>DE</b>

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>TO ENHANCE THE LIVES OF INDIVIDUALS AND FAMILIES LIVING WITH AUTISM SPECTRUM DISORDER.</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	30
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	28
	<b>5</b>	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	300
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	158000
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0.
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>
<b>9</b>		Program service revenue (Part VIII, line 2g)	57,552,851.	58,085,859.
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<4,827.>	508.
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,022.	51,900.
<b>12</b>			57,567,046.	58,138,267.
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	15,772,796.	9,253,687.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	23,072,534.	23,276,764.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	89,722.	441,828.
	<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>12,806,970.</b>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	19,654,500.	27,645,127.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	58,589,552.	60,617,406.
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<1,022,506.>	<2,479,139.>
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26)	16,027,902.	18,248,413.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	7,342,084.	12,041,734.
	<b>22</b>		8,685,818.	6,206,679.

**Part II Signature Block**

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.

<b>Sign Here</b>	Signature of officer <b>KAREN ROBINSON, CHIEF FINANCIAL OFFICER</b> Type or print name and title	Date			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 19,564,193. including grants of \$ 6,729,492. ) (Revenue \$ ) SEE SCHEDULE O.

4b (Code: ) (Expenses \$ 25,621,093. including grants of \$ 2,524,195. ) (Revenue \$ ) SEE SCHEDULE O.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 45,185,286.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<b>X</b>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<b>X</b>	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		<b>X</b>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		<b>X</b>
<b>7</b> 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>		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<b>X</b>
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		<b>X</b>
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>X</b>	
<b>b</b> 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? <i>If "Yes," complete Schedule D, Part VII</i>		<b>X</b>
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i>		<b>X</b>
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i>		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>X</b>	
<b>f</b> 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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		<b>X</b>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<b>X</b>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<b>X</b>	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>X</b>	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<b>X</b>	
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i>	<b>X</b>	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>X</b>	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<b>X</b>	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> 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 "Yes," complete Schedule R, Part I</i> .....	X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4947(a)(1), and Form 720.

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

Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	<b>1a</b> 30		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 28		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
<b>3</b>	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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	X	
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **AL, AK, AR, CA, CO, CT, DE, DC, FL, GA, HI, IL**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **KAREN ROBINSON - 646-385-8516**  
**1 EAST 33RD STREET 4TH FLOOR, NEW YORK, NY 10016**

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

Check if Schedule O contains a response or note to any line in this Part VII

**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.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. 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, and 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRIAN KELLY CHAIR (EFFECTIVE MAY 2015)	20.00	X		X				0.	0.	0.
(2) ROBERT WRIGHT CO-FOUNDER & CHAIR THRU MAY 2015	20.00	X		X				0.	0.	0.
(3) SUZANNE WRIGHT CO-FOUNDER & VICE-CHAIR	20.00	X		X				0.	0.	0.
(4) CURTIS ARLEDGE DIRECTOR	1.00	X						0.	0.	0.
(5) SALLIE BERNARD DIRECTOR	1.00	X						0.	0.	0.
(6) JIM BRODER DIRECTOR (TERM ENDED 2015)	1.00	X						0.	0.	0.
(7) CUONG DO DIRECTOR	1.00	X						0.	0.	0.
(8) NANCI FREDKIN DIRECTOR	1.00	X						0.	0.	0.
(9) PHILIP H. GEIER, JR DIRECTOR	1.00	X						0.	0.	0.
(10) MATTHEW HIGGINS DIRECTOR	1.00	X						0.	0.	0.
(11) TOMMY HILFIGER DIRECTOR	1.00	X						0.	0.	0.
(12) DEE HILFIGER DIRECTOR	1.00	X						0.	0.	0.
(13) ADRIAN M. JONES DIRECTOR	1.00	X						0.	0.	0.
(14) TIM JONES DIRECTOR	1.00	X						0.	0.	0.
(15) MEL KARMAZIN DIRECTOR	1.00	X						0.	0.	0.
(16) ARTIE KEMPNER DIRECTOR (THROUGH JUN 2015)	1.00	X						0.	0.	0.
(17) MARK LANEVE DIRECTOR (THROUGH JUN 2015)	1.00	X						0.	0.	0.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) BILLY MANN DIRECTOR	1.00	X						0.	0.	0.
(19) SHAWN MATTHEWS DIRECTOR	1.00	X						0.	0.	0.
(20) GARY MAYERSON DIRECTOR	1.00	X						0.	0.	0.
(21) KEVIN MURRAY DIRECTOR	1.00	X						0.	0.	0.
(22) VALERIE PARADIZ, PH.D. DIRECTOR (EFFECTIVE DEC 2015)	1.00	X						0.	0.	0.
(23) HERBERT PARDES, M.D. DIRECTOR	1.00	X						0.	0.	0.
(24) JAMIE RICHARDSON DIRECTOR (EFFECTIVE DEC 2015)	1.00	X						0.	0.	0.
(25) ANDREW ROBERTSON DIRECTOR	1.00	X						0.	0.	0.
(26) HOLLY ROBINSON PEETE DIRECTOR (THROUGH JUN 2015)	1.00	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								2,909,876.	0.	202,625.
<b>d Total (add lines 1b and 1c)</b>								2,909,876.	0.	202,625.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **45**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
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 individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section 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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
MACROGEN, INC., 10F, 254 BEOTKOT-RO, GEUMCHEON-QU, SEOUL, SOUTH KOREA 08511	GENOMIC SEQUENCING	3,867,350.
THE ADVERTISING COUNCIL, 815 SECOND AVENUE, 9TH FLOOR, NEW YORK, NY 10017	EDUCATION CAMPAIGN	665,799.
270 STRATEGIES, INC. 722 12TH STREET NW, WASHINGTON, DC 20005	FUNDRAISING CONSULTANT	634,781.
MANATT, PHELPS & PHILLIPS LLP, 11355 WEST OLYMPIC BOULEVARD, LOS ANGELES, CA 90064	LEGAL & ADVOCACY	506,330.
CIVITAS PUBLIC AFFAIRS GROUP, 409 7TH ST, NW, SUITE 350, WASHINGTON, DC 20004	ADVOCACY CONSULTING	423,012.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **18**

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) CHUCK SAFTLER DIRECTOR	1.00	X					0.	0.	0.	
(28) STUART SAVITZ DIRECTOR	1.00	X					0.	0.	0.	
(29) DAN SCHULMAN DIRECTOR	1.00	X					0.	0.	0.	
(30) STEPHEN SHORE, ED.D. DIRECTOR (EFFECTIVE DEC 2015)	1.00	X					0.	0.	0.	
(31) LAURA SLATKIN DIRECTOR	1.00	X					0.	0.	0.	
(32) JOHN B. WILSON DIRECTOR	1.00	X					0.	0.	0.	
(33) DAVID M. WITTELS DIRECTOR	1.00	X					0.	0.	0.	
(34) ELIZABETH N. FELD PRESIDENT	40.00	X	X				396,736.	0.	24,577.	
(35) GARETH THOMAS COO (EFFECTIVE AUG 2015)	40.00			X			96,436.	0.	5,720.	
(36) ROBERT H. RING CHIEF SCIENCE OFFICER	40.00			X			364,823.	0.	25,615.	
(37) JOHN GRUBER EVP FINANCE & ADMIN	40.00			X			337,920.	0.	25,615.	
(38) LISA GORING EVP PROGRAMS & SERVICES	40.00				X		240,516.	0.	1,544.	
(39) ALEC M. ELBERT CHIEF STRATEGY & DEVELOPMENT	40.00				X		244,425.	0.	1,907.	
(40) PAUL P. WANG SENIOR VP, MEDICAL RESEARCH	40.00					X	302,575.	0.	24,786.	
(41) MICHAEL J. ROSEN EVP STRATEGIC COMMUNICATIONS	40.00					X	267,444.	0.	18,312.	
(42) ANDY SHIH SVP PUBLIC HEALTH RESEARCH	40.00					X	231,344.	0.	25,105.	
(43) PETER H. MORTON VP CORPORATE DEVELOPMENT	40.00					X	226,406.	0.	25,324.	
(44) DANIEL G. SMITH SR DIRECTOR RESEARCH DISCOVERY	40.00					X	201,251.	0.	24,120.	
Total to Part VII, Section A, line 1c							2,909,876.		202,625.	

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b> 257,086.				
	<b>b</b> Membership dues .....	<b>1b</b>				
	<b>c</b> Fundraising events .....	<b>1c</b> 7,083,267.				
	<b>d</b> Related organizations .....	<b>1d</b>				
	<b>e</b> Government grants (contributions) .....	<b>1e</b> 237,036.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 50,508,470.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....	442,952.				
	<b>h Total.</b> Add lines 1a-1f .....	58,085,859.				
	<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>			
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> _____						
<b>e</b> _____						
<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....	1,929.			1,929.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....					
	<b>5</b> Royalties .....					
	<b>6 a</b> Gross rents .....	(i) Real	20,022.			
		(ii) Personal				
		<b>b</b> Less: rental expenses .....	0.			
	<b>c</b> Rental income or (loss) .....	20,022.				
	<b>d</b> Net rental income or (loss) .....	20,022.			20,022.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	256,254.			
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....	257,675.			
		<b>c</b> Gain or (loss) .....	<1,421.>			<1,421.>
	<b>d</b> Net gain or (loss) .....	<1,421.>			<1,421.>	
	<b>8 a</b> Gross income from fundraising events (not including \$ 7,083,267. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b> 2,560,106.				
		<b>b</b> Less: direct expenses .....	2,560,106.			
<b>c</b> Net income or (loss) from fundraising events .....		0.				
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b> 32,378.					
	<b>b</b> Less: direct expenses .....	500.				
	<b>c</b> Net income or (loss) from gaming activities .....	31,878.			31,878.	
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>					
	<b>b</b> Less: cost of goods sold .....	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory .....					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> _____						
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> All other revenue .....					
	<b>e Total.</b> Add lines 11a-11d .....					
<b>12 Total revenue.</b> See instructions. ....	58,138,267.	0.	0.	52,408.		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	7,351,247.	7,351,247.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	1,537,422.	1,537,422.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	365,018.	365,018.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	2,348,922.	1,500,559.	477,141.	371,222.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	16,905,817.	10,613,483.	809,262.	5,483,072.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	707,055.	498,841.	17,202.	191,012.
<b>9</b> Other employee benefits	1,905,933.	1,186,546.	119,312.	600,075.
<b>10</b> Payroll taxes	1,409,037.	869,911.	81,182.	457,944.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	520,969.	459,358.	9,287.	52,324.
<b>c</b> Accounting	173,393.	46,238.	104,036.	23,119.
<b>d</b> Lobbying	898,908.	898,908.		
<b>e</b> Professional fundraising services. See Part IV, line 17	441,828.			441,828.
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	3,234,690.	2,776,734.	32,380.	425,576.
<b>12</b> Advertising and promotion	1,700,288.	1,123,047.		577,241.
<b>13</b> Office expenses	2,624,692.	1,738,638.	64,614.	821,440.
<b>14</b> Information technology	2,720,764.	1,902,007.	61,294.	757,463.
<b>15</b> Royalties				
<b>16</b> Occupancy	2,048,994.	1,394,471.	146,654.	507,869.
<b>17</b> Travel	1,600,042.	1,199,508.	12,552.	387,982.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	1,393,568.	1,262,572.	3,396.	127,600.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	577,232.	380,973.	34,634.	161,625.
<b>23</b> Insurance	202,189.	133,376.	12,980.	55,833.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> GENOMIC SEQUENCING	4,948,678.	4,948,678.		
<b>b</b> TEAM UP & WALK EXPENSES	2,220,323.	1,554,226.		666,097.
<b>c</b> DIRECT MAIL	1,559,148.	1,036,954.		522,194.
<b>d</b> DONATION PROCESSING	621,017.	6,763.	614,254.	
<b>e</b> All other expenses	600,232.	399,808.	24,970.	175,454.
<b>25</b> Total functional expenses. Add lines 1 through 24e	60,617,406.	45,185,286.	2,625,150.	12,806,970.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	17,950,391.	9,387,359.	210,663.	8,352,369.

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)	
		Beginning of year		End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,781,474.	<b>1</b>	4,953,395.	
	<b>2</b> Savings and temporary cash investments .....	4,588,847.	<b>2</b>	2,524,191.	
	<b>3</b> Pledges and grants receivable, net .....	4,063,139.	<b>3</b>	6,079,206.	
	<b>4</b> Accounts receivable, net .....	3,215,541.	<b>4</b>	2,767,062.	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....				<b>5</b>
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....				<b>6</b>
	<b>7</b> Notes and loans receivable, net .....				<b>7</b>
	<b>8</b> Inventories for sale or use .....				<b>8</b>
	<b>9</b> Prepaid expenses and deferred charges .....	498,091.	<b>9</b>	714,157.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 2,325,225.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,429,687.	1,527,741.	<b>10c</b>	895,538.
	<b>11</b> Investments - publicly traded securities .....	8,352.	<b>11</b>	9,349.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	344,717.	<b>15</b>	305,515.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	16,027,902.	<b>16</b>	18,248,413.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	4,402,512.	<b>17</b>	6,335,629.	
	<b>18</b> Grants payable .....	2,939,572.	<b>18</b>	4,314,947.	
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	0.	<b>25</b>	1,391,158.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	7,342,084.	<b>26</b>	12,041,734.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	<1,064,573.>	<b>27</b>	<1,338,388.>	
	<b>28</b> Temporarily restricted net assets .....	9,750,391.	<b>28</b>	7,545,067.	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
<b>33</b> Total net assets or fund balances .....	8,685,818.	<b>33</b>	6,206,679.		
<b>34</b> Total liabilities and net assets/fund balances .....	16,027,902.	<b>34</b>	18,248,413.		

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	58,138,267.
2	Total expenses (must equal Part IX, column (A), line 25)	2	60,617,406.
3	Revenue less expenses. Subtract line 2 from line 1	3	<2,479,139.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,685,818.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,206,679.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 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.	X	
3a	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? _____		X
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 _____		

Form 990 (2015)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public Inspection

Name of the organization <b>AUTISM SPEAKS, INC.</b>	Employer identification number <b>20-2329938</b>
--------------------------------------------------------	-----------------------------------------------------

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations \_\_\_\_\_

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	57775385.	53245999.	63725069.	57552851.	58085859.	290385163
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	57775385.	53245999.	63725069.	57552851.	58085859.	290385163
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						4621069.
<b>6 Public support.</b> Subtract line 5 from line 4.						285764094

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>7</b> Amounts from line 4 .....	57775385.	53245999.	63725069.	57552851.	58085859.	290385163
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	5,689.	19,195.	20,220.	4,058.	21,951.	71,113.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						290456276
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	98.38	%
<b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14 .....	<b>15</b>	97.73	%
<b>16a 33 1/3% support test - 2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2014.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2015.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> 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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions



**Part IV Supporting Organizations**

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2015

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013			
<b>e</b> From 2014			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2015 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013			
<b>d</b> Excess from 2014			
<b>e</b> Excess from 2015			



**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and  
its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Name of the organization

**AUTISM SPEAKS, INC.**

Employer identification number

**20-2329938**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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 its Form 990-PF, Part I, line 2, to certify that it does not meet 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) (2015)

Name of organization <b>AUTISM SPEAKS, INC.</b>	Employer identification number <b>20-2329938</b>
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**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	<hr/> <hr/> <hr/>	\$ <u>2,425,010.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>1,799,186.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>3,900,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>AUTISM SPEAKS, INC.</b>	Employer identification number  <b>20-2329938</b>
--------------------------------------------------------	---------------------------------------------------------

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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



Name of organization <b>AUTISM SPEAKS, INC.</b>	Employer identification number <b>20-2329938</b>
----------------------------------------------------	-----------------------------------------------------

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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.**

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at** [www.irs.gov/form990](http://www.irs.gov/form990).

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 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," on 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," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>AUTISM SPEAKS, INC.</b>	Employer identification number <b>20-2329938</b>
----------------------------------------------------	-----------------------------------------------------

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours ..... \_\_\_\_\_

**Part 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 ..... ▶ \$ \_\_\_\_\_
- 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
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. 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) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2015

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532041  
10-05-15

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

**4-Year Averaging Period Under section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**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)).**

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers? .....	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
<b>c</b> Media advertisements? .....	X		
<b>d</b> Mailings to members, legislators, or the public? .....	X		197,053.
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		1,101,084.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....	X		330,219.
<b>i</b> Other activities? .....	X		15,828.
<b>j</b> Total. Add lines 1c through 1i .....			1,644,184.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> Did the organization agree to carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members .....	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	2a	
<b>b</b> Carryover from last year .....	2b	
<b>c</b> Total .....	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
<b>4</b> 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	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	5	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

IN 2015, AUTISM SPEAKS CHAMPIONED THE U.S. SENATE'S BIPARTISAN  
 RECOGNIZE, ASSIST, INCLUDE, SUPPORT AND ENGAGE (RAISE) FAMILY  
 CAREGIVERS ACT. THE BIPARTISAN LEGISLATION DIRECTS THE SECRETARY OF  
 HEALTH AND HUMAN SERVICES TO DEVELOP A NATIONAL FAMILY CAREGIVING  
 STRATEGY, WITH A SPECIAL EMPHASIS ON THOSE CARING FOR INDIVIDUALS WITH

**Part IV** Supplemental Information (continued)

DISABILITIES SUCH AS AUTISM. AUTISM SPEAKS' FEDERAL ADVOCACY EFFORTS ALSO HELP INCREASE APPROPRIATIONS FOR THE NATIONAL INSTITUTES OF HEALTH BY \$2 BILLION FOR 2016. IN ADDITION, AUTISM SPEAKS CHAMPIONED THE 21ST CENTURY CURES ACT, LANDMARK MEDICAL INNOVATION LEGISLATION THAT RECEIVED OVERWHELMING SUPPORT IN THE U.S. HOUSE. IF ENACTED, THE LEGISLATION WILL ACCELERATE THE DEVELOPMENT OF NEW THERAPIES AND PERSONALIZED MEDICINES.

AUTISM SPEAKS' STATE ADVOCACY EFFORTS RESULTED IN NEW AUTISM HEALTH INSURANCE COVERAGE IN FIVE STATES: GEORGIA, HAWAII, MISSISSIPPI, NORTH CAROLINA AND SOUTH DAKOTA. AFTER NEARLY A DECADE OF BATTLE, THE ACHIEVING A BETTER LIFE EXPERIENCE ACT (ABLE) WAS SIGNED INTO LAW IN LATE 2014. THROUGHOUT 2015, AUTISM SPEAKS WORKED TO ENACT ABLE PROGRAMS IN ALL STATES. ABLE ACCOUNTS ARE TAX-PREFERRED SAVINGS ACCOUNTS FOR PEOPLE WITH DISABILITIES, MUCH LIKE 529 COLLEGE-SAVINGS ACCOUNTS. IN ADDITION, STATE ADVOCACY EFFORTS IN 2015 INCLUDED SIGNIFICANT BUDGET COMMITMENTS TO ENSURE AUTISM-SUPPORTIVE HOUSING AND COMMUNITY-BASED SERVICES IN FLORIDA AND NEW JERSEY, AS WELL AS ONGOING ENGAGEMENT IN ILLINOIS.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization: AUTISM SPEAKS, INC. Employer identification number: 20-2329938

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d, and questions about monitoring, expenses, and reporting requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting works of art and assets for financial gain, with dollar amounts.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Temporarily restricted endowment  \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		557,040.	313,300.	243,740.
d Equipment		520,813.	360,706.	160,107.
e Other		1,247,372.	755,681.	491,691.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				895,538.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>DEFERRED RENT</b>	<b>1,337,158.</b>
(3) <b>ANNUITY LIABILITY</b>	<b>54,000.</b>
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>1,391,158.</b>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>

**Part XIII Supplemental Information.**

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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2:**

AS STATED IN THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS RECEIVED FOR THE YEAR ENDED DECEMBER 31, 2015: ALL SIGNIFICANT TAX POSITIONS HAVE BEEN CONSIDERED BY MANAGEMENT AND IT HAS BEEN DETERMINED THAT ALL TAX POSITIONS WOULD BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. THERE ARE NO UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS OR FURTHER DISCLOSURE IN THE NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public Inspection

Name of the organization <b>AUTISM SPEAKS, INC.</b>	Employer identification number <b>20-2329938</b>
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**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
NORTH AMERICA			GRANTMAKING		59,500.
EUROPE (INCLUDING ICELAND & GREENLAND)			GRANTMAKING		305,518.
<b>3 a</b> Sub-total .....	0	0			365,018.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			365,018.

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	SCIENCE & RESEARCH	200,000.	CHECK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	SCIENCE & RESEARCH	105,518.	WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... 2

3 Enter total number of other organizations or entities ..... 2

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
DENNIS WEATHERSTONE PRE-DOCTORAL FELLOWSHIP	NORTH AMERICA	2	59,500. CHECK		0.		

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* .....  Yes  No

Schedule F (Form 990) 2015

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

**PART I, LINE 2:**

**ALL GRANT PAYMENTS ARE DEPENDENT ON THE GRANTEE SUBMITTING THE NECESSARY DOCUMENTATION. THE FIRST PAYMENT REQUIRES A FULLY EXECUTED AGREEMENT, ETHICS APPROVAL, AND A TIMELINE BY WHICH THE FUNDED RESEARCH WILL BE COMPLETED. ALL GRANTEES ARE REQUIRED TO SUBMIT FINANCIAL AND PROGRESS REPORTS AT DEFINED INTERVALS DURING THE TERM OF THE AWARD. AUTISM SPEAKS' GRANTS AND SCIENCE STAFF REVIEW ALL DOCUMENTS FOR SATISFACTORY AND ACCURATE REPORTING BEFORE APPROVING SUBSEQUENT PAYMENTS.**

**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" on 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-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public Inspection

Name of the organization **AUTISM SPEAKS, INC.** Employer identification number **20-2329938**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
IPM ADVANCEMENT - 2340 E BEARDSLEY RD, PHOENIX, AZ	DIRECT MAIL CONSULTING		X	1,059,553.	313,763.	745,790.
270 STRATEGIES, INC. - 722 12TH ST NW, WASHINGTON, DC	CONSULTING		X	575,515.	128,065.	447,450.
<b>Total</b>				1,635,068.	441,828.	1,193,240.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		CHEF GALA NYC (event type)	CHEF GALA LA (event type)	35 (total number)	(add col. (a) through col. (c))
Revenue	1	1,217,963.	1,296,022.	7,129,388.	9,643,373.
	2	805,526.	724,219.	5,553,522.	7,083,267.
	3	412,437.	571,803.	1,575,866.	2,560,106.
Direct Expenses	4				
	5			163,967.	163,967.
	6	340,114.	341,681.	974,115.	1,655,910.
	7	26,831.	65,022.	252,576.	344,429.
	8		1,569.	29,308.	30,877.
	9	165,097.	43,924.	155,902.	364,923.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				0.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1			32,378.
Direct Expenses	2			500.	500.
	3				
	4				
	5				
	6	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				500.
8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				31,878.

9 Enter the state(s) in which the organization conducts gaming activities: IL, MA, NJ, NY, PA

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_



- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a	The organization's facility	13a	%
b	An outside facility	13b	100.00 %
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ KAREN ROBINSON

Address ▶ 1 EAST 33RD STREET, 4TH FLOOR - NEW YORK, NY 10016

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- 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 of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ ANNE MARIE FORBES

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ RECORDKEEPING

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

- (I) NAME OF FUNDRAISER: IPM ADVANCEMENT
- (I) ADDRESS OF FUNDRAISER: 2340 E BEARDSLEY RD, PHOENIX, AZ 85024
- (I) NAME OF FUNDRAISER: 270 STRATEGIES, INC.
- (I) ADDRESS OF FUNDRAISER: 722 12TH ST NW, WASHINGTON, DC 20005

**PART I, LINE 2B, COLUMN V**

**Part IV** Supplemental Information *(continued)*

FUNDRAISING EXPENSE REIMBURSEMENTS PAID TO IPM OF \$1,559,148 ARE NOT INCLUDED. ALL REIMBURSEMENTS REQUIRE PRE-APPROVAL AND ARE INVOICED SEPARATELY.

Multiple horizontal lines for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

**AUTISM SPEAKS, INC.**

**Part I General Information on Grants and Assistance**

Employer identification number  
**20-2329938**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DREXEL UNIVERSITY 3020 MARKET STREET, SUITE 560 PHILADELPHIA, PA 19104	23-1352630	501(C)(3)	25,000.	0.			FAMILY SERVICES
AQUAEXCEL 6426 ADMIRALTY WAY FREELAND, WA 98249	46-3741916		7,600.	0.			FAMILY SERVICES
AQUA-TOTS 655 EAST US HWY 30 SCHERRERVILLE, IN 46375	46-1620856		7,000.	0.			FAMILY SERVICES
UNIVERSITY OF MASSACHUSETTS EUNICE KENNEDY SHRIVER CTR, 55 LAKE AVE N., S3-301 - WORCESTER, MA 01655	04-3167352	115	24,955.	0.			FAMILY SERVICES
BEHAVIOR CHANGE INSTITUTE, LLC 4096 PIEDMONT AVE #161 OAKLAND, CA 94611	46-3976250		25,000.	0.			FAMILY SERVICES
CAMP PUZZLE PEACE, INC. 3861 ORCHARD STREET WALWORTH, NY 14568	46-1887844	501(C)(3)	5,330.	0.			FAMILY SERVICES

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **62.**
- 3** Enter total number of other organizations listed in the line 1 table ..... **9.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2015)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONNECTICUT CHILDREN'S MEDICAL CENTER - 282 WASHINGTON STREET - HARTFORD, CT 06106	06-0646755	501(C)(3)	25,000.	0.			FAMILY SERVICES
EASTER SEALS LILY ACADEMY 2438 SECOND STREET FORT MYERS, FL 33901	59-0637848	501(C)(3)	6,000.	0.			FAMILY SERVICES
EXCEPTIONAL MINDS 13400 RIVERSIDE DRIVE, SUITE 201 SHERMAN OAKS, CA 91423	80-0392843	501(C)(3)	25,000.	0.			FAMILY SERVICES
FAMILY VOICES OF NORTH DAKOTA, INC PO BOX 163 EDGELEY, ND 58433	31-1747994	501(C)(3)	20,000.	0.			FAMILY SERVICES
GRANDMA'S PLACE, INC. 184 SPARROW DR. ROYAL PALM BEACH, FL 33411	65-0821321	501(C)(3)	25,000.	0.			FAMILY SERVICES
GREATER BURLINGTON YMCA, INC 266 COLLEGE STREET BURLINGTON, VT 05401	03-0185810	501(C)(3)	5,649.	0.			FAMILY SERVICES
GROWING ROOTS 2921 EAST 17TH ST., BLDG D, SUITE 4 AUSTIN, TX 78702	27-2451077	501(C)(3)	23,728.	0.			FAMILY SERVICES
HAVE DREAMS 515 BUSSE HIGHWAY, SUITE 150 PARK RIDGE, IL 60068	36-4078008	501(C)(3)	28,999.	0.			FAMILY SERVICES
JOSEPHINE KERNES MEMORIAL POOL 15 PORTOLA AVENUE MONTEREY, CA 93940	94-2227904	501(C)(3)	6,000.	0.			FAMILY SERVICES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JULIE AND MICHAEL TRACY FAMILY FOUNDATION - 1364 SANFORD LANE - GLENVIEW, IL 60025	37-1667452	501(C)(3)	25,000.	0.			FAMILY SERVICES
KENNESAW STATE UNIVERSITY FOUNDATION INC - 1000 CHASTAIN ROAD, NO 9101 - KENNESAW, GA 30144	23-7034345	501(C)(3)	25,000.	0.			FAMILY SERVICES
LITTLE FISH SWIMMING 6301 CAMPUS DRIVE FREDERICKSBURG, VA 22407	80-0194168		5,214.	0.			FAMILY SERVICES
NEW YORK INSTITUTE OF TECHNOLOGY NORTHERN BLVD, PO BOX 8000 OLD WESTBURY, NY 11568	11-1788788	501(C)(3)	25,000.	0.			FAMILY SERVICES
SAFESPLASH UTAH 641 W NORTH TEMPLE, #324 SALT LAKE CITY, UT 84116	46-2227191		6,000.	0.			FAMILY SERVICES
PACE UNIVERSITY ONE PACE PLAZA NEW YORK, NY 10038	13-5562314	501(C)(3)	25,000.	0.			FAMILY SERVICES
PIRANHA AQUATICS 645 E. STATE STREET SALEM, OH 44460	45-3175476	501(C)(3)	5,998.	0.			FAMILY SERVICES
RADY CHILDREN'S HOSPITAL - SAN DIEGO - 3020 CHILDREN'S WAY, MC 5001 - SAN DIEGO, CA 92123	95-1691313	501(C)(3)	24,394.	0.			FAMILY SERVICES
THE UNIVERSITY OF IOWA 105 JESSUP HALL IOWA CITY, IA 52242	42-6004813	115	25,000.	0.			FAMILY SERVICES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TAMARACK WELLNESS CENTER 3575 DONALD STREET, SUITE 300 EUGENE, OR 97405	93-1247394	501(C)(3)	8,328.	0.			FAMILY SERVICES
UNIVERSITY OF ARKANSAS FOUNDATION INC - 535 RESEARCH CENTER BLVD., SUITE 120 - FAYETTEVILLE, AR 72701 CURATORS OF THE UNIVERSITY OF MISSOURI SPECIAL TR - 113 LUCAS HALL, 1 UNIVERSITY BLVD. - ST. LOUIS, MO 63121	71-6056774	501(C)(3)	25,000.	0.			FAMILY SERVICES
UNIVERSITY OF ST. THOMAS 2115 SUMMIT AVENUE ST. PAUL, MN 55105	41-0693970	501(C)(3)	25,000.	0.			FAMILY SERVICES
UNIVERSITY SETTLEMENT SOCIETY OF NEW YORK INC - 184 ELDRIDGE STREET - NEW YORK, NY 10002	13-5562374	501(C)(3)	6,000.	0.			FAMILY SERVICES
WINTHROP UNIVERSITY 701 OAKLAND AVE. ROCK HILL, SC 29733	57-6001204	501(C)(3)	25,000.	0.			FAMILY SERVICES
YOUNG MENS CHRISTIAN ASSOCIATION OF SOUTH PALM BEACH COUNTY INC. - 6631 PALMETTO CIRCLE SOUTH - BOCA RATON, FL 33433	59-1416281	501(C)(3)	5,027.	0.			FAMILY SERVICES
THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE TRIANGLE AREA INC - 801 CORPORATE CENTER - RALEIGH, NC 27607	56-0591307	501(C)(3)	5,750.	0.			FAMILY SERVICES
YOUNGSTOWN STATE UNIVERSITY 1 UNIVERSITY PLAZA YOUNGSTOWN, OH 44555	34-1011998	501(C)(3)	25,000.	0.			FAMILY SERVICES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE GILLEN BREWER SCHOOL 410 EAST 92ND STREET NEW YORK, NY 10128	13-3676916	501(C)(3)	397,181.	0.			FAMILY SERVICES
NY COLLABORATES FOR AUTISM 3 EAST 54TH STREET, 5TH FLOOR NEW YORK, NY 10022	57-1136147	501(C)(3)	647,929.	0.			FAMILY SERVICES
UNIVERSITY OF CALIFORNIA IRVINE FOUNDATION - 100 THEORY, SUITE 250 - IRVINE, CA 92617	95-2540117	501(C)(3)	10,000.	0.			FAMILY SERVICES
ARKANSAS CHILDREN'S HOSPITAL RESEARCH INSTITUTE - 13 CHILDREN'S WAY - LITTLE ROCK, AR 72202	71-0694931	501(C)(3)	106,786.	0.			SCIENCE & RESEARCH
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501(C)(3)	5,867.	0.			SCIENCE & RESEARCH
CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BLVD. LOS ANGELES, CA 90027	95-1690977	501(C)(3)	161,402.	0.			SCIENCE & RESEARCH
CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVENUE CINCINNATI, OH 45229	31-0833936	501(C)(3)	252,557.	0.			SCIENCE & RESEARCH
DREXEL UNIVERSITY 3201 ARCH STREET, NO. 420 PHILADELPHIA, PA 19104	23-1352630	501(C)(3)	398,424.	0.			SCIENCE & RESEARCH
FOUNDATION ASSOCIATES LLC 160 FIFTH AVE., 7TH FLOOR NEW YORK, NY 10010	46-3285543	501(C)(3)	625,000.	0.			SCIENCE & RESEARCH

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUGO W MOSER RESEARCH INSTITUTE AT KENNEDY KRIEGER INC - 707 N. BROADWAY - BALTIMORE, MD 21205	52-1524967	501(C)(3)	32,000.	0.			SCIENCE & RESEARCH
JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD NO N4327B BALTIMORE, MD 21211	52-0595110	501(C)(3)	98,366.	0.			SCIENCE & RESEARCH
MARCUS AUSTIM CENTER INC 1584 TULLIE CIRCLE ATLANTA, GA 30329	26-2809380	501(C)(3)	288,037.	0.			SCIENCE & RESEARCH
NEW YORK-PRESBYTERIAN FUND INC. 525 EAST 68TH STREET NEW YORK, NY 10065	13-3160356	501(C)(3)	214,285.	0.			SCIENCE & RESEARCH
OREGON HEALTH & SCIENCE UNIVERSITY FOUNDATION - 1121 SW SALMON STREET 100 - PORTLAND, OR 97205	23-7083114	501(C)(3)	34,855.	0.			SCIENCE & RESEARCH
PARTNERS HEALTHCARE SYSTEM INC 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501(C)(3)	254,999.	0.			SCIENCE & RESEARCH
REGENTS OF THE UNIVERSITY OF CALIFORNIA, DAVIS - 1 SHIELDS AVENUE - SACRAMENTO, CA 95616	94-6036494	501(C)(3)	467,969.	0.			SCIENCE & RESEARCH
REGENTS OF THE UNIVERSITY OF CALIFORNIA, LOS ANGELES - 10920 WILSHIRE BLVD., SUITE 620 - LOS ANGELES, CA 90024	95-6006143	501(C)(3)	85,339.	0.			SCIENCE & RESEARCH
RESEARCH INSTITUTE AT NATIONWIDE CHILDRENS HOSPITAL - 700 CHILDREN'S DRIVE - COLUMBUS, OH 43205	31-6056230	501(C)(3)	247,085.	0.			SCIENCE & RESEARCH

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT LOUIS UNIVERSITY 221 NORTH GRAND BLVD ST LOUIS, MO 63103	43-0654872	501(C)(3)	57,925.	0.			SCIENCE & RESEARCH
SOUTHWEST AUTISM RESEARCH AND RESOURCE CENTER (SARRC) - 300 NORTH 18TH STREET - PHOENIX, AZ 85006	31-1496646	501(C)(3)	507,525.	0.			SCIENCE & RESEARCH
THE CHILDREN'S HOSPITAL OF PHILADELPHIA - 34TH STREET CIVIC CENTER BLVD. - PHILADELPHIA, PA 19104	23-1352166	501(C)(3)	93,260.	0.			SCIENCE & RESEARCH
THE CURATORS OF THE UNIVERSITY OF MISSOURI - 118 UNIVERSITY HALL - COLUMBIA, MO 62511	43-6003859	115	79,322.	0.			SCIENCE & RESEARCH
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, IRVINE - 1400 BIOLOGICAL SCIENCES 3 - IRVINE, CA 92697	95-2226406	501(C)(3)	69,340.	0.			SCIENCE & RESEARCH
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 220 MONTGOMERY STREET - SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	50,908.	0.			SCIENCE & RESEARCH
THE RESEARCH FOUNDATION OF STATE UNIVERSITY OF NEW YORK - PO BOX 9 - ALBANY, NY 12201	14-1368361	501(C)(3)	149,963.	0.			SCIENCE & RESEARCH
THE TRUSTEES OF THE UNIVERSITY OF COLUMBIA IN NEW YORK - 615 WEST 131ST STREET, MC 8741 - NEW YORK, NY 10027	13-5598093	501(C)(3)	150,000.	0.			SCIENCE & RESEARCH
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET - PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	93,889.	0.			SCIENCE & RESEARCH

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CALIFORNIA, SANTA BARBARA - 552 UNIVERSITY ROAD - SANTA BARBARA, CA 93106	95-6006145	501(C)(3)	50,064.	0.			SCIENCE & RESEARCH
UNIVERSITY OF NORTH CAROLINA 220 EAST CAMERON AVENUE CHAPEL HILL, NC 27599	56-6001393	115	149,997.	0.			SCIENCE & RESEARCH
UNIVERSITY OF PITTSBURGH 116 ATWOOD STREET, SUITE 201 PITTSBURGH, PA 15260	25-0965591	501(C)(3)	121,196.	0.			SCIENCE & RESEARCH
UNIVERSITY OF ROCHESTER 910 GENESEE ST., BROOKS LANDING BUSINESS CENTER - ROCHESTER, NY 14611	16-0743209	501(C)(3)	134,474.	0.			SCIENCE & RESEARCH
VANDERBILT UNIVERSITY PMB 406310 2301 VANDERBILT PLACE NASHVILLE, TN 37240	62-0476822	501(C)(3)	301,104.	0.			SCIENCE & RESEARCH
WAKE FOREST UNIVERSITY PO BOX 7201 WINSTON SALEM, NC 27109	56-0532138	501(C)(3)	60,000.	0.			SCIENCE & RESEARCH
NATIONAL ACADEMY OF SCIENCES 2101 CONSTITUTION AVE NW WASHINGTON, DC 20418	53-0196932	501(C)(3)	125,000.	0.			SCIENCE & RESEARCH
AKILI INTERACTIVE LABS, INC. 125 BROAD STREET, 4TH FLOOR BOSTON, MA 02110	45-3990296		100,000.	0.			SCIENCE & RESEARCH
INFINITEACH INC. 641 WEST LAKE STREET, SUITE 200 CHICAGO, IL 60661	47-2754006		10,000.	0.			SCIENCE & RESEARCH

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEHAVIOR IMAGING SOLUTIONS 1423 WEST FRANKLIN STREET BOISE, ID 83702	20-3822912		15,000.	0.			SCIENCE & RESEARCH
PUZZLE PIECE 41856 IVY STREET, SUITE 110 MURRIETA, CA 92562	46-5244751		25,000.	0.			SCIENCE & RESEARCH

**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
EQUIPMENT	1056	0.	462,060.	FMV	IPADS, IPAD CASES, AND HOME SAFETY PACKAGES
FINANCIAL ASSISTANCE	152	145,097.	0.		
DENNIS WEATHERSTONE PRE-DOCTORAL FELLOWSHIP	15	421,313.	0.		
MEIXNER TRANSLATIONAL POST-DOCTORAL FELLOWSHIP	9	508,952.	0.		

**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

**PART I, LINE 2:**

ALL GRANT PAYMENTS ARE DEPENDENT ON THE GRANTEE SUBMITTING THE NECESSARY DOCUMENTATION. THE FIRST PAYMENT REQUIRES A FULLY EXECUTED AGREEMENT, ETHICS APPROVAL, AND A TIMELINE BY WHICH THE FUNDED RESEARCH WILL BE COMPLETED. ALL GRANTEES ARE REQUIRED TO SUBMIT FINANCIAL AND PROGRESS REPORTS AT DEFINED INTERVALS DURING THE TERM OF THE AWARD. AUTISM SPEAKS' GRANTS AND SCIENCE STAFF REVIEW ALL DOCUMENTS FOR SATISFACTORY AND ACCURATE REPORTING BEFORE APPROVING SUBSEQUENT PAYMENTS.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

**2015**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Name of the organization

**AUTISM SPEAKS, INC.**

Employer identification number

**20-2329938**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |                                                                    |                                                                          |
|--------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? .....

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |                                                                         |                                                                                     |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> Compensation committee                         | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>	X	
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2015



**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS CEO COMPENSATION OF SEVERAL NATIONAL NON-PROFITS OF LIKE SIZE WHEN DETERMINING APPROPRIATE COMPENSATION FOR AUTISM SPEAKS' PRESIDENT AND OTHER SENIOR EXECUTIVES. ADDITIONALLY, AUTISM SPEAKS HAS A FORMAL COMPENSATION STRUCTURE BASED ON MARKET DATA OF SIMILAR SIZED ORGANIZATIONS, WHICH DETERMINES A SALARY RANGE BY JOB. AUTISM SPEAKS' AIMS TO PAY INDIVIDUALS AT COMPETITIVE MARKET RATES.

PART I, LINE 4A:

ALEC ELBERT - SEVERANCE PAYMENT \$43,350







**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2015**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization **AUTISM SPEAKS, INC.** Employer identification number **20-2329938**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	13	36,339.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
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 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( SPECIAL EVENT )	X	9	267,927.	FMV
26 Other ▶ ( SOFTWARE )	X	1	71,898.	FMV
27 Other ▶ ( HOME SAFETY )	X	1	50,000.	FMV
28 Other ▶ ( IPAD CASES )	X	1	16,788.	FMV

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....	X	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER REPORTED IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS.

SCHEDULE M, LINE 32B:

THE ORGANIZATION USES AN INVESTMENT FIRM TO SELL STOCK CONTRIBUTIONS.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization

**AUTISM SPEAKS, INC.**

Employer identification number

**20-2329938**

**FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

**AT AUTISM SPEAKS, OUR GOAL IS TO CHANGE THE FUTURE FOR ALL WHO STRUGGLE  
WITH AN AUTISM SPECTRUM DISORDER.**

**WE ARE DEDICATED TO FUNDING GLOBAL BIOMEDICAL RESEARCH INTO THE CAUSES,  
PREVENTION, TREATMENTS AND A POSSIBLE CURE FOR AUTISM. WE STRIVE TO  
RAISE PUBLIC AWARENESS ABOUT AUTISM AND ITS EFFECTS ON INDIVIDUALS,  
FAMILIES, AND SOCIETY, AND WE WORK TO BRING HOPE TO ALL WHO DEAL WITH  
THE HARDSHIPS OF THIS DISORDER. WE ARE COMMITTED TO RAISING THE FUNDS  
NECESSARY TO SUPPORT THESE GOALS.**

**AUTISM SPEAKS AIMS TO BRING THE AUTISM COMMUNITY TOGETHER AS ONE STRONG  
VOICE TO URGE THE GOVERNMENT AND PRIVATE SECTOR TO LISTEN TO OUR  
CONCERNS AND TAKE ACTION TO ADDRESS THIS URGENT GLOBAL HEALTH CRISIS.  
IT IS OUR FIRM BELIEF THAT, WORKING TOGETHER, WE WILL FIND THE MISSING  
PIECES OF THE PUZZLE.**

**FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:**

**THE PROGRAMMATIC GOALS OF AUTISM SPEAKS' SCIENCE PROGRAM STRIVE TO  
ENHANCE THE LIVES OF PEOPLE AFFECTED BY AUTISM TODAY, AS WELL AS  
IMPROVE THEIR FUTURE BY ADVANCING INNOVATIVE RESEARCH.**

**IN 2015, AUTISM SPEAKS LAUNCHED THE WORLD'S LARGEST GENETIC DATABASE  
FOR AUTISM RESEARCH VIA ITS MSSNG WHOLE-GENOME SEQUENCING PROGRAM. THIS  
WEB-BASED PORTAL FOR QUALIFIED RESEARCHERS AND MEDICAL GENETICISTS**

Name of the organization <b>AUTISM SPEAKS, INC.</b>	Employer identification number <b>20-2329938</b>
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WORLDWIDE PROVIDES ANALYTIC TOOLS THAT ALLOWS THEM TO PROBE MSSNG'S FIRST 3,500 SEQUENCED GENOMES. EARLY RESULTS INCLUDED THE DISCOVERY THAT THE GENETIC RISK FACTORS FOR AUTISM OFTEN DIFFER, EVEN BETWEEN TWO SIBLINGS.

THE AUTISM SPEAKS AUTISM TREATMENT NETWORK (ATN), A COLLABORATION OF AUTISM SPEAKS AND SOME OF THE FINEST CHILDREN'S HOSPITALS AND ACADEMIC INSTITUTIONS IN NORTH AMERICA, LAUNCHED PROJECT ECHO (EXTENSION FOR COMMUNITY HEALTH OUTCOMES). PROJECT ECHO LINKS EXPERTS AT AUTISM SPEAKS ATN CENTERS WITH PRIMARY CARE PROVIDERS IN OTHER COMMUNITIES. AUTISM SPEAKS ATN CENTERS ALSO DEVELOPED AND EVALUATED PROGRAMS TO HELP FAMILIES EFFECTIVELY NAVIGATE THE COMPLEXITY OF MEDICAL AND BEHAVIORAL SERVICES THEIR CHILDREN NEED.

AUTISM SPEAKS AWARDED EIGHT PRE-DOCTORAL WEATHERSTONE FELLOWSHIPS AND FOUR POST-DOCTORAL MEIXNER FELLOWSHIPS IN TRANSLATIONAL RESEARCH. THESE PRESTIGIOUS AWARDS SUPPORT INVESTIGATIONS INTO DIVERSE TOPICS INCLUDING SENSORY PROCESSING IN CHILDREN, MICROBIOME-BASED TREATMENTS AND BIOLOGICAL FACTORS THAT ALTER AUTISM RISK. AUTISM SPEAKS ALSO FUNDED THE PRECLINICAL AUTISM CONSORTIUM FOR THERAPEUTICS (PACT), A CONSORTIUM OF LEADING SCIENCE AND HEALTHCARE EXPERTS WHO IDENTIFIED AND EVALUATED A PLATFORM OF TESTS THAT MEASURE BEHAVIOR AND BRAIN PHYSIOLOGY IN GENETIC ANIMAL MODELS OF AUTISM.

FORM 990, PART III, LINE 4B, DESCRIPTION OF PROGRAM SERVICE:

AWARENESS, FAMILY SERVICES, ADVOCACY: IN ITS SIXTH YEAR, AUTISM SPEAKS' GLOBAL LIGHT IT UP BLUE CAMPAIGN CONTINUED TO RAISE AUTISM

Name of the organization AUTISM SPEAKS, INC.	Employer identification number 20-2329938
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AWARENESS AROUND THE WORLD ON APRIL 2 (WORLD AUTISM AWARENESS DAY).

MORE THAN 18,600 BUILDINGS AND LANDMARKS IN 142 COUNTRIES JOINED THE CAMPAIGN. AUTISM SPEAKS HOSTED ITS EIGHTH ANNUAL WORLD FOCUS ON AUTISM, WHICH COINCIDED WITH THE 70TH ANNIVERSARY OF THE UNITED NATIONS GENERAL ASSEMBLY. HELD IN NEW YORK CITY, WORLD FOCUS PROMOTES CONVERSATION AMONG FIRST SPOUSES AND INTERNATIONAL DIGNITARIES.

AUTISM SPEAKS' FAMILY AND ADULT SERVICES INITIATIVES ARE COMMITTED TO CONNECTING INDIVIDUALS AND FAMILIES WITH RESOURCES AND SUPPORTS TO ENHANCE THEIR LIVES. IN 2015, AUTISM SPEAKS PROMOTED SAFETY IN THE AUTISM COMMUNITY BY PROVIDING TRAINING, EDUCATION AND RESOURCES TO MORE THAN 10,000 PEOPLE WITH AUTISM, THEIR FAMILY MEMBERS, AND FIRST RESPONDERS. AUTISM SPEAKS WORKED WITH THE NATIONAL CENTER FOR MISSING AND EXPLOITED CHILDREN (NCMEC) ON 425 AUTISM WANDERING INCIDENTS. IN ADDITION, AUTISM SPEAKS FUNDED SWIMMING AND WATER SAFETY LESSONS, HOME SAFETY TECHNOLOGY, LOCATING DEVICES AND MORE. THE AUTISM SPEAKS COMMUNITY OUTREACH TEAM ALSO PROVIDED AUTISM SAFETY TRAINING TO 1,365 FIRST RESPONDERS AND HOSTED 10 AUTISM SAFETY FAIRS ACROSS THE COUNTRY.

THROUGHOUT THE YEAR, MORE THAN 75,000 AUTISM SPEAKS FAMILY SERVICES TOOL KITS WERE DOWNLOADED FROM THE AUTISM SPEAKS WEBSITE, INCLUDING AN UPDATED VERSION OF THE TRANSITION TOOL KIT. A NEW TOOL KIT LAUNCHED DURING THE YEAR IS A FIRST-OF-ITS-KIND GUIDE FOR ADULTS WHO RECENTLY HAVE BEEN DIAGNOSED WITH AUTISM OR WHO SUSPECT THEY MAY HAVE THE DISORDER. THE AUTISM RESPONSE TEAM (ART) IS A VITAL PART OF AUTISM SPEAKS' FAMILY AND ADULT SERVICES. ART ANSWERS QUESTIONS FROM INDIVIDUALS WITH AUTISM, FAMILY MEMBERS AND PROFESSIONALS. IN 2015, ART RESPONDED TO 31,291 EMAILS AND 19,740 CALLS.

Name of the organization AUTISM SPEAKS, INC.	Employer identification number 20-2329938
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IN 2015, AUTISM SPEAKS LAUNCHED THESPECTRUMCAREERS.COM, AN ONLINE PORTAL THAT CONNECTS EMPLOYERS WITH JOB CANDIDATES WHO HAVE AUTISM. AUTISM SPEAKS ALSO LAUNCHED TWO PILOT PROGRAMS PROVIDING TECHNICAL ASSISTANCE TO SMALL BUSINESSES AND ENTREPRENEURS THAT ARE CREATING EMPLOYMENT OPPORTUNITIES FOR ADULTS WITH AUTISM. IN ADDITION, AUTISM SPEAKS HOSTED 21 FAMILY AND ADULT SERVICES TOWN HALL MEETINGS ACROSS THE U.S.

AUTISM SPEAKS ADVOCATES FOR THE NEEDS OF INDIVIDUALS AND FAMILIES WITH AUTISM ON THE STATE AND FEDERAL LEVEL. THE ACHIEVING A BETTER LIFE EXPERIENCE ACT (ABLE) WAS SIGNED INTO LAW IN LATE 2014. THROUGHOUT 2015, AUTISM SPEAKS WORKED TO ENACT ABLE PROGRAMS IN ALL STATES. ABLE ACCOUNTS ARE TAX-PREFERRED SAVINGS ACCOUNTS FOR PEOPLE WITH DISABILITIES. AUTISM SPEAKS' STATE ADVOCACY EFFORTS ALSO BROUGHT NEW AUTISM HEALTH INSURANCE COVERAGE TO FIVE STATES: GEORGIA, HAWAII, MISSISSIPPI, NORTH CAROLINA AND SOUTH DAKOTA. AFTER YEARS OF LOBBYING, THE CENTERS FOR MEDICARE & MEDICAID SERVICES TOOK ACTION TO REMIND STATE MEDICAID AGENCIES OF THEIR OBLIGATION TO COVER ALL MEDICALLY NECESSARY CARE FOR MEDICAID-ELIGIBLE CHILDREN WITH AUTISM.

ON THE FEDERAL LEVEL, AUTISM SPEAKS CHAMPIONED THE U.S. SENATE'S BIPARTISAN RECOGNIZE, ASSIST, INCLUDE, SUPPORT AND ENGAGE (RAISE) FAMILY CAREGIVERS ACT. THE BIPARTISAN LEGISLATION DIRECTS THE SECRETARY OF HEALTH AND HUMAN SERVICES TO DEVELOP A NATIONAL FAMILY CAREGIVING STRATEGY.

AUTISM SPEAKS' FEDERAL ADVOCACY HELPED INCREASE APPROPRIATIONS FOR THE

Name of the organization <b>AUTISM SPEAKS, INC.</b>	Employer identification number <b>20-2329938</b>
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**NATIONAL INSTITUTES OF HEALTH BY \$2 BILLION FOR 2016. AUTISM SPEAKS ALSO CHAMPIONED THE 21ST CENTURY CURES ACT, LANDMARK MEDICAL INNOVATION LEGISLATION THAT RECEIVED OVERWHELMING SUPPORT IN THE U.S. HOUSE.**

**FORM 990, PART VI, SECTION A, LINE 2:**

**ROBERT WRIGHT (CO-FOUNDER) AND SUZANNE WRIGHT (CO-FOUNDER) ARE HUSBAND AND WIFE.**

**TOMMY HILFIGER (DIRECTOR) AND DEE HILFIGER (DIRECTOR) ARE HUSBAND AND WIFE.**

**FORM 990, PART VI, SECTION A, LINE 4:**

**DURING 2015, THE ORGANIZATION AMENDED ITS BY-LAWS TO INCLUDE THE FOLLOWING CHANGES:**

**(1) THE EXECUTIVE POWERS AND AUTHORITIES NECESSARY TO OPERATE THE CORPORATION CHANGED FROM THE CHAIRMAN OF THE BOARD OF DIRECTORS TO THE PRESIDENT AND CHIEF EXECUTIVE OFFICER**

**(2) THE NUMBER OF BOARD MEMBERS CHANGED FROM NOT LESS THAN THREE DIRECTORS TO NOT LESS THAN FIFTEEN DIRECTORS; AND**

**(3) A NEW CLAUSE WAS ADDED STATING NO MORE THAN FOUR DIRECTORS MAY BE: (I) CURRENTLY COMPENSATED BY AUTISM SPEAKS FOR SERVICES RENDERED WITHIN THE PREVIOUS TWELVE MONTHS, WHETHER AS A FULL-TIME OR PART-TIME EMPLOYEE, INDEPENDENT CONTRACTOR, GRANT RECIPIENT OR OTHERWISE; OR (II) ANY SPOUSE, DOMESTIC PARTNER, SIBLING (BY WHOLE OR HALF-BLOOD), SPOUSES OF SIBLINGS (BY WHOLE OR HALF-BLOOD), PARENTS, GRANDPARENTS, ANCESTORS, CHILDREN, GRANDCHILDREN OR GREAT GRANDCHILDREN OF ANY SUCH PERSON, OR ANY SPOUSE OF ANY CHILDREN, GRANDCHILDREN, OR GREAT GRANDCHILDREN OF ANY SUCH PERSON.**

**FORM 990, PART VI, SECTION B, LINE 11:**



Name of the organization AUTISM SPEAKS, INC.	Employer identification number 20-2329938
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THE FORM 990 IS PREPARED BY FINANCE DEPARTMENT STAFF MEMBERS AND REVIEWED BY EXTERNAL INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS. ONCE COMPLETED, THE COMPLETE FORM 990 IS PRESENTED TO THE BOARD OF DIRECTORS IN ADVANCE OF FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTERESTS POLICY IS REVIEWED ANNUALLY AT A BOARD MEETING WITH KEY EXECUTIVES PRESENT. BOARD MEMBERS, KEY EXECUTIVES, AND ALL STAFF ARE REQUIRED TO REVIEW AND SIGN THE POLICY ON AN ANNUAL BASIS AND DISCLOSE ANY BUSINESS ENTITY WHICH PROVIDED SERVICES TO AUTISM SPEAKS OR TO WHICH AUTISM SPEAKS PROVIDED GRANTS OR SERVICES THAT THEY OR THEIR SPOUSE HAVE AN INTEREST. ALSO REQUIRED TO BE LISTED IS ANY ENTITY, WHETHER BUSINESS, INSTITUTION, OR NON-PROFIT ORGANIZATION, WITH WHICH THEY ARE CURRENTLY AFFILIATED WITH IN ANY WORKING CAPACITY. THE AUTISM SPEAKS STAFF REVIEW EACH GRANT AWARDED FOR POTENTIAL CONFLICTS OF INTEREST. EVERY BUSINESS ENTITY REPORTED BY BOARD MEMBERS OR STAFF WITH WHICH A WORKING RELATIONSHIP OUTSIDE OF AUTISM SPEAKS EXISTS IS INVESTIGATED FOR A POTENTIAL CONFLICT OF INTEREST. AUTISM SPEAKS MAY IMPOSE SANCTIONS ON A COVERED PERSON FOR NON-COMPLIANCE, INCLUDING TERMINATION.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS CEO COMPENSATION OF SEVERAL NATIONAL NON-PROFITS OF LIKE SIZE WHEN DETERMINING APPROPRIATE COMPENSATION FOR AUTISM SPEAKS' PRESIDENT AND OTHER SENIOR EXECUTIVES. ADDITIONALLY, AUTISM SPEAKS HAS A FORMAL COMPENSATION STRUCTURE BASED ON MARKET DATA OF SIMILAR SIZED ORGANIZATIONS, WHICH DETERMINES A SALARY RANGE BY JOB. AUTISM SPEAKS' AIMS TO PAY INDIVIDUALS AT COMPETITIVE MARKET RATES.

Name of the organization <b>AUTISM SPEAKS, INC.</b>	Employer identification number <b>20-2329938</b>
--------------------------------------------------------	-----------------------------------------------------

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:  
 AL, AK, AR, CA, CO, CT, DE, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY  
 NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19:  
 AUTISM SPEAKS' AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE ON  
 ITS WEBSITE- AUTISMSPEAKS.ORG AND ARE AVAILABLE UPON REQUEST. AUTISM  
 SPEAKS' FORM 1023, CONFLICT OF INTERESTS POLICY AND BY-LAWS ARE AVAILABLE  
 UPON REQUEST.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

**AUTISM SPEAKS, INC.**

Employer identification number  
**20-2329938**

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
DELIVERING SCIENTIFIC INNOVATION FOR AUTISM, LLC - 46-1157381, 1060 STATE ROAD, PRINCETON, NJ 08540	TO FUND PRODUCT DEVELOPMENT TO MEET THE NEEDS OF THE AUTISM COMMUNITY	DELAWARE	1.	283.	AUTISM SPEAKS

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ADVANCING FUTURES FOR ADULTS WITH AUTISM, INC. - 26-4813657, 1 EAST 33RD STREET, NEW YORK, NY 10016	TO PROVIDE SUPPORT FOR ADULTS WITH AUTISM	DELAWARE	501(C)(3)	LINE 7	AUTISM SPEAKS		X
AUTISM SPEAKS CANADA - 86-9420208 2450 VICTORIA PARK AVENUE, UNIT 120 TORONTO, ON, CANADA M2J 4A2	AUTISM RESEARCH, AWARENESS, & FAMILY SERVICES	CANADA			AUTISM SPEAKS		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2015

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Loans or loan guarantees by related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>f</b> Dividends from related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>g</b> Sale of assets to related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>h</b> Purchase of assets from related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>i</b> Exchange of assets with related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>o</b> Sharing of paid employees with related organization(s) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>r</b> Other transfer of cash or property to related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>s</b> Other transfer of cash or property from related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				



**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

Multiple horizontal lines for providing supplemental information.