

**Return of Organization Exempt From Income Tax**

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

**2012**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2012 calendar year, or tax year beginning** , 2012, and ending

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

**C**  
**AUTISM SCIENCE FOUNDATION**  
 28 WEST 39TH STREET #502  
 NEW YORK, NY 10018

**D** Employer Identification Number  
 26-4522309

**E** Telephone number  
 212-391-3913

**G** Gross receipts \$ 1,389,346.

**F** Name and address of principal officer: ALISON SINGER  
 SAME AS C ABOVE

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If 'No,' attach a list. (see instructions)

**I** Tax-exempt status  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: WWW.AUTISMSCIENCEFOUNDATION.ORG

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of Formation: 2009 **M** State of legal domicile: NY

**H(c)** Group exemption number

**Part I Summary**

1 Briefly describe the organization's mission or most significant activities: ASF FUNDS SCIENTISTS CONDUCTING CUTTING-EDGE AUTISM RESEARCH TO DISCOVER THE CAUSES OF AUTISM AND TO DEVELOP BETTER TREATMENTS. WE ALSO PROVIDE INFORMATION ABOUT AUTISM TO THE PUBLIC AND WORK TO INCREASE AWARENESS OF THE NEEDS OF INDIVIDUALS WITH AUTISM AND THEIR FAMILIES.

2 Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	5
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	2
6	Total number of volunteers (estimate if necessary)	6	40
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

	Prior Year	Current Year	
8	Contributions and grants (Part VIII, line 1h)	412,661.	1,257,737.
9	Program service revenue (Part VIII, line 2g)	15,000.	60,000.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,456.	9,451.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,740.	-1,823.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	442,857.	1,325,365.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	273,923.	344,140.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	43,142.	41,730.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25)	27,628.	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	131,128.	232,441.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	448,193.	618,311.
19	Revenue less expenses. Subtract line 18 from line 12	-5,336.	707,054.

	Beginning of Current Year	End of Year	
20	Total assets (Part X, line 16)	288,440.	1,182,743.
21	Total liabilities (Part X, line 26)	12,830.	204,342.
22	Net assets or fund balances. Subtract line 21 from line 20	275,610.	978,401.

**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.

**Sign Here**

Signature of officer: ALISON SINGER  
 Date: PRESIDENT

**Paid Preparer Use Only**

Print/Type preparer's name: DEREK FLANAGAN  
 Preparer's signature: *Derek Flanagan*  
 Date: 9/05/13  
 Check  if self-employed PTIN: P00396383

Firm's name: LEDERER, LEVINE & ASSOCIATES LLC  
 Firm's address: 1099 WALL ST WEST SUITE 280 LYNDHURST, NJ 07071  
 Firm's EIN: 22-3778048  
 Phone no.: (201) 933-3780

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 to any question 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

If 'Yes,' describe these new services on Schedule O.

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

If 'Yes,' describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 565,957. including grants of \$ 344,140.) (Revenue \$ 60,000.)

SEE SCHEDULE O

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

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 565,957.



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

Check if Schedule O contains a response to any question in this Part VII.

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

**1 a** 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 dotted 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) GREGG IRELAND DIRECTOR	1 0	X						0.	0.	0.
(2) ALISON SINGER PRESIDENT	60 0	X		X				0.	0.	0.
(3) PAUL OFFIT, MD SECRETARY/TRES	1 0	X		X				0.	0.	0.
(4) KAREN LONDON DIRECTOR	1 0	X						0.	0.	0.
(5) MICHAEL LEWIS DIRECTOR	1 0	X						0.	0.	0.
(6) -----										
(7) -----										
(8) -----										
(9) -----										
(10) -----										
(11) -----										
(12) -----										
(13) -----										
(14) -----										



**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question 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, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns					
	b Membership dues					
	c Fundraising events	4,142.				
	d Related organizations					
	e Government grants (contributions)					
	f All other contributions, gifts, grants, and similar amounts not included above	1,253,595.				
	g Noncash contributions included in lns 1a-1f: \$	29,262.				
	<b>h Total.</b> Add lines 1a-1f		1,257,737.			
PROGRAM SERVICE REVENUE	2 a <u>PROGRAM FEES</u>	900099	60,000.	60,000.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f		60,000.			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		4,526.		4,526.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	62,633.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	57,708.			
		c Gain or (loss)	4,925.			4,925.
	d Net gain or (loss)		4,925.			
	8 a Gross income from fundraising events (not including \$ 4,142. of contributions reported on line 1c). See Part IV, line 18	a	4,450.			
		b Less: direct expenses	6,273.			
c Net income or (loss) from fundraising events			-1,823.		-1,823.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions		1,325,365.	60,000.	0.	7,628.	



**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 to any question in this Part IX.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>				
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	326,667.	326,667.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	17,473.	17,473.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	37,996.	36,070.	1,666.	260.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	3,734.	3,545.	164.	25.
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management	5,802.	4,932.	435.	435.
b Legal	8,000.		8,000.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch O)	25,000.	25,000.		9,473.
12 Advertising and promotion	63,156.	53,683.	2,232.	2,332.
13 Office expenses	12,338.	7,774.		
14 Information technology				
15 Royalties				
16 Occupancy	35,489.	28,391.	3,549.	3,549.
17 Travel	17,248.	15,330.		1,918.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates			287.	287.
22 Depreciation, depletion, and amortization	2,870.	2,296.	287.	287.
23 Insurance	4,067.		4,067.	
24 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.)				
a WEBSITE	40,661.	40,499.	162.	8,120.
b SPECIAL EVENTS EXPENSE	8,120.			1,050.
c TELECOMMUNICATIONS	5,554.	3,499.	1,005.	
d OTHER	3,187.	200.	2,987.	
e All other expenses	949.	598.	172.	179.
25 Total functional expenses. Add lines 1 through 24e	618,311.	565,957.	24,726.	27,628.
26 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 type="checkbox"/> if following SOP 98-2 (ASC 958-720)				



**Part X Balance Sheet**

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year	(B) End of year
ASSETS	1		1
	2	248,216.	2 419,075.
	3		3 631,020.
	4		4
	5		5
	6		6
	7		7
	8		8
	9	844.	9
	10a	10a 28,700.	
	b	10b 2,870.	10c 25,830.
	11	36,755.	11 93,418.
	12		12
	13		13
	14		14
	15	2,625.	15 13,400.
16	288,440.	16 1,182,743.	
LIABILITIES	17	12,830.	17 14,342.
	18		18 190,000.
	19		19
	20		20
	21		21
	22		22
	23		23
	24		24
	25		25
	26	12,830.	26 204,342.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27	275,610.	27 299,881.
	28		28 678,520.
	29		29
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.		
	30		30
	31		31
	32		32
33	275,610.	33 978,401.	
34	288,440.	34 1,182,743.	

BAA



**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,325,365.
2	Total expenses (must equal Part IX, column (A), line 25)	2	618,311.
3	Revenue less expenses. Subtract line 2 from line 1	3	707,054.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	275,610.
5	Net unrealized gains (losses) on investments	5	-4,263.
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	978,401.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

1 Accounting method used to prepare the Form 990:  Cash  Accrual  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:

Separate basis  Consolidated basis  Both consolidated and separate basis

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:

Separate basis  Consolidated basis  Both consolidated and separate basis

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.

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?

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.

	Yes	No
2 a		X
2 b	X	
2 c	X	
3 a		X
3 b		

BAA