| | | | Return of Organization Exempt From Inc | come Tax | | OMB №. 1545-0047 |
|--------------------------------|---------------------|-------------------------------|---|--|---------------|-------------------------|
| Forr | n 9 | 90 | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (exce | ept private foundati | ions) | |
| Dena | rtment | of the Treasur | ▶ Do not enter Social Security numbers on this form as it may be | nade public. | | Open to Public |
| | | enue Service | ▶ Information about Form 990 and its instructions is at www.irs.g | ov/form990. | | Inspection |
| AF | or th | ie 2019 ca | alendar year, or tax year beginning $04/01$, 2019, and ending | | 03/31 | , 20 20 |
| _ | | | lame of organization | D Employer ide | ntificatio | n number |
| Вс | heck if ap | oplicable: | AUTISM SPEAKS, INC. | | | |
| | Addre | | Doing Business As | 20-2329 | 938 | |
| | 1 1 | | lumber and street (or P.O. box if mail is not delivered to street address) Room/suite | E Telephone nu | mber | |
| | Initial | return | 1 EAST 33RD STREET 4TH FL | (646) 385 | 5-8500 |) |
| | Termi | inated C | City or town, state or province, country, and ZIP or foreign postal code | | | |
| x | Amen | nded | NEW YORK, NY 10016 | G Gross receipts | s\$ | 55,161,517. |
| | | n cation FN | lame and address of principal officer: JOSEPH T VANYO | H(a) Is this a group | | Yes X No |
| | _ pendi | ing | 1 EAST 33RD STREET4TH FL, NEW YORK, NY 10016 | subordinates? H(b) Are all subordir | | |
| - | Tox ox | empt status: | | If "No," attach | | |
| | | | X 501(c)(3) 501(c) (↓ 4947(a)(1) or 527 W.AUTISMSPEAKS.ORG | | | |
| | | - | | H(c) Group exempt mation: 2005 M s | | |
| | | - | | | State of le | gai domicile: DE |
| Pa | art I | Summ | , | | T T T T T T C | |
| | 1 | | scribe the organization's mission or most significant activities: AUTISM SPEAKS I | S ENHANCING | | |
| JCe | | AND AC | CCELERATING A SPECTRUM OF SOLUTIONS FOR TOMORROW. | | | |
| naı | | | | | | |
| vel | | | s box 🕨 🛄 if the organization discontinued its operations or disposed of more than 2 | | • | |
| ğ | 3 | Number o | f voting members of the governing body (Part VI, line 1a) | | 3 | 26. |
| ې د | | | f independent voting members of the governing body (Part VI, line 1b) | | 4 | 26. |
| Activities & Governance | 5 | Total num | ber of individuals employed in calendar year 2019 (Part V, line 2a) | | 5 | 216. |
| ţ | 6 | Total num | ber of volunteers (estimate if necessary) | | 6 | 188,000. |
| Ă | 7a | Total unre | elated business revenue from Part VIII, column (C), line 12 | | 7a | 0. |
| | | | ated business taxable income from Form 990-T, line 34 | | 7b | 0. |
| | | | | Prior Year | | Current Year |
| c) | 8 | Contributi | ons and grants (Part VIII, line 1h) | 9,489,22 | 1. | 53,131,832. |
| Revenue | 9 | Program : | Service revenue (Part VIII, line 2g) COPY FOR PUBLIC INSPECTION | | 0. | 0. |
| eve | 10 | Investmer | nt income (Part VIII, column (A), lines 3, 4, and 7d) | 109,89 | 2. | 398,856. |
| R | | | enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 57,83 | 0. | 170,762. |
| | | | nue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 9,656,94 | 3. | 53,701,450. |
| | | | d similar amounts paid (Part IX, column (A), lines 1-3) | 402,64 | 7. | 4,955,263. |
| | | | paid to or for members (Part IX, column (A), line 4) | | 0. | 0 . |
| | 4.5 | | other compensation, employee benefits (Part IX, column (A), lines 5-10) | 5,329,14 | 6. | 21,060,957. |
| Expenses | 162 | | nal fundraising fees (Part IX, column (A), line 11e) | 68,73 | | 301,673. |
| per | h | | Traising expenses (Part IX, column (D), line 25) \blacktriangleright 7, 443, 589. | , | | |
| ň | 17 | | enses (Part IX, column (A), lines 11a-11d, 11f-24e) | 3,138,63 | 3 | 21,826,789. |
| | 18 | | enses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 8,939,16 | | 48,144,682. |
| | | | less expenses. Subtract line 18 from line 12 | 717,77 | | 5,556,768. |
| - S | | Revenue | | ginning of Current Ye | | End of Year |
| Net Assets or Fund Balances | 20 | T . 4 . 1 | | 38,992,178 | | 46,226,879. |
| SSE Bala | 20 | | ets (Part X, line 16) | 3,760,77 | | 5,438,704. |
| et A Ind I | 21 | | lities (Part X, line 26) | 35,231,40 | | 40,788,175. |
| | | | s or fund balances. Subtract line 21 from line 20 | 35,231,40 | 1. | 40,700,175. |
| | rt II | | ture Block | | | |
| Une | der per e. corre | nalties of pe ect. and com | ற்கூயதிஞிக்குவிலை that I have examined this return, including accompanying schedules and statement plete. Declaration of preparer (other than officer) is based on all information of which preparer has an | s, and to the best of v knowledge. | my know | ledge and belief, it is |
| | | | or Vanyo | | 2021 | 7:53 AM CDT |
| Sig | n | | | | | |
| He | | | -3F963B02E04A4F2 lature of officer | Date | | |
| IIE. | e | | SEPH T VANYO COO | | | |
| | | | e or print name and title DocuSigned by: | | | |
| | | Print/Type | preparer's name Preparer's signature Date | | | _ |
| Paic | | ALYCIA | | 1 7 Check 24 AM self-employe | ۲' P0: | 1272637 |
| | parer Only | Firm's nar | ne 🕨 GRANT THORNTON E41CC952980B47E | Firm's EIN 🕨 3 | 36-605 | 5558 |
| Use | Only | Firm's add | ress ▶ 2001 MARKET STREET, SUITE 700 PHILADELPHIA, PA 19103 | Phone no. 2 | 215-56 | 51-4200 |
| Мау | the I | RS discus | s this return with the preparer shown above? (see instructions) | | | X Yes No |
| For | Pape | rwork Red | uction Act Notice, see the separate instructions. | | | Form 990 (2019) |

AUTISM SPEAKS, INC.

| Fo | rm 990 (2019) Page 2 |
|----|---|
| P | Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Briefly describe the organization's mission: PROMOTING SOLUTIONS, ACROSS THE SPECTRUM & THROUGHOUT THE LIFE SPAN, |
| | FOR THE NEEDS OF INDIVIDUALS WITH AUTISM & THEIR FAMILIES THROUGH ADVOCACY & SUPPORT; INCREASING UNDERSTANDING & ACCEPTANCE; & ADVANCING RESEARCH INTO CAUSES & BETTER INTERVENTIONS. |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? |

| services?. | es [| X |
|---|------|---|
| 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 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 \$ 11,717,934. including grants of \$ 3,969,805.) (Revenue \$) | | | | | | | | | |
|----|---|--|--|--|--|--|--|--|--|--|
| | FUNDED NEARLY \$5M IN RESEARCH PROJECTS ACROSS SCIENTIFIC | | | | | | | | | |
| | DISCIPLINES, WHICH WILL HELP DELIVER A SPECTRUM OF SOLUTIONS FOR | | | | | | | | | |
| | MILLIONS OF AUTISTIC PEOPLE. TRANSITION TO ADULTHOOD RECEIVED THE | | | | | | | | | |
| | LARGEST AMOUNT OF FUNDING AT \$2.6M. SUPPORTED MULTIPLE STUDIES TO | | | | | | | | | |
| | IMPROVE THE LIVES OF PEOPLE WITH AUTISM, AND PUBLISHED RESEARCH ON | | | | | | | | | |
| | FACTORS CONTRIBUTING TO UNMET HEALTHCARE NEEDS AMONG CHILDREN. | | | | | | | | | |
| | ADVOCATED FOR THE PASSAGE AND ENACTMENT OF THE AUTISM CARES ACT OF | | | | | | | | | |
| | 2019, AUTHORIZING \$1.85 BILLION IN FEDERAL FUNDING FOR AUTISM | | | | | | | | | |
| | RESEARCH, SERVICES, TRAINING AND PREVALENCE MONITORING. CONTINUED | | | | | | | | | |
| | PUBLIC AWARENESS EFFORTS TO INCREASE EARLY DIAGNOSIS AND TIMELY | | | | | | | | | |
| | INTERVENTION.CLOSED DIAGNOSIS GAP BETWEEN BLACK AND WHITE YOUTH. | | | | | | | | | |
| | | | | | | | | | | |
| 4b | (Code:) (Expenses \$ 8,493,381. including grants of \$ 492,729.) (Revenue \$) | | | | | | | | | |
| | WE ARE STEADFAST IN OUR COMMITMENT TO GREATER UNDERSTANDING AND | | | | | | | | | |
| | ACCEPTANCE OF PEOPLE WITH AUTISM. WE LAUNCHED THE "YEAR OF | | | | | | | | | |
| | KINDNESS" CAMPAIGN TO PROMOTE INCLUSION OF AUTISTIC PEOPLE AND | | | | | | | | | |
| | REACHED MORE THAN 400 MILLION PEOPLE THROUGH EARNED MEDIA AND | | | | | | | | | |
| | MORE THAN 1M VIEWS, LIKES, COMMENTS AND SHARES OF SOCIAL MEDIA | | | | | | | | | |
| | STORIES. ENGAGED A COMMUNITY OF 2.8M ON SOCIAL AND PROVIDED ONLINE | | | | | | | | | |
| | FREE ACCESS TO RESOURCES WITH NEARLY 800,000 UNIQUE PAGE VIEWS. | | | | | | | | | |
| | LAUNCHED GRASSROOTS ADVOCACY NETWORK OF 700 ADVOCATES ACROSS THE | | | | | | | | | |
| | U.S.; GREW ADVOCACY AMBASSADOR PROGRAM TO 340 VOLUNTEERS WHO | | | | | | | | | |
| | PARTICIPATED IN 335 MEETINGS WITH CONGRESSIONAL LEADERS. CONVENED | | | | | | | | | |

| 4c (0 | Code:) (Expenses \$ 16,212,765. including grants of \$ 492,729.) (Revenue \$) |
|-------|--|
| A | IDED MORE THAN 4.1M PEOPLE THROUGH FUNDED SERVICES AND SUPPORTS. |
| P | ROVIDED FREE ONLINE TOOL KITS WHICH WERE DOWNLOADED MORE THAN |
| 1 | 84K TIMES. TRANSLATED 23 AUTISM TREATMENT NETWORK TOOL KITS INTO |
| S | PANISH. HELPED IMPROVE CARE OF MORE THAN 46K YOUTH WITH AUTISM, |
| T | HROUGH AUTISM TREATMENT NETWORK. LAUNCHED DELIVERING JOBS |
| Ċ. | AMPAIGN IN COLLABORATION WITH BEST BUDDIES, SPECIAL OLYMPICS AND |
| T | HE ENTERTAINMENT INDUSTRY FOUNDATION. THE GOAL OF THE CAMPAIGN IS |
| T | O CREATE PATHWAYS TO 1 MILLION EMPLOYMENT OR LEADERSHIP |
| ō | PPORTUNITIES BY 2025. CONVENED THROUGHT LEADERSHIP SUMMIT ON |
| T | RANSITION TO ADULTHOOD. PROVIDED RELIEF AND RESOURCES WHEN |
| Ĉ | OVID-19 HIT THE U.S.IN FEBURARY 2020. |

 4d Other program services (Describe on Schedule O.)

 (Expenses \$ including grants of \$) (Revenue \$

 4e Total program service expenses ▶ 36,424,080.

LEADERSHIP CONFERENCE TO ADDRESS DISPARITIES RELATED TO AUTISM.

)

| Form 9 | 90 (2019) | | F | Page 3 |
|------------|--|----------|-----|--------|
| Part | V Checklist of Required Schedules | | | |
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| | complete Schedule A. | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | 37 |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | | х | |
| F | election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | 4 | Λ | |
| 5 | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | x |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | – | | |
| U | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | |
| | "Yes," complete Schedule D, Part I. | 6 | | х |
| 7 | 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> | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," | - | | |
| • | complete Schedule D, Part III | 8 | | Х |
| 9 | 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? If "Yes," complete Schedule D, Part IV | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | Х |
| 11 | 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. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | | |
| | complete Schedule D, Part VI | 11a | Х | |
| 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? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | 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? If "Yes," complete Schedule D, Part VIII. | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets | | | 37 |
| | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | X | X |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Λ | |
| T | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 445 | Х | |
| 120 | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Λ | |
| Iza | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 12a | | x |
| h | Schedule D, Parts XI and XII. Was the organization included in consolidated, independent audited financial statements for the tax year? If | 120 | | |
| D D | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | х | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. | 13 | | X |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| | 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? If "Yes," complete Schedule F, Parts I and IV | 14b | Х | |
| 15 | 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? If "Yes," complete Schedule F, Parts II and IV | 15 | Х | |
| 16 | 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? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | 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? If "Yes," complete Schedule G, Part I (see instructions) | 17 | Х | |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | | | |
| | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | X | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | |
| a - | If "Yes," complete Schedule G, Part III | 19 | | X |
| | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic approximation part IX column (A) line 12 /f "Yee" complete Schedule I. Parte Land II. | 24 | Х | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | 1 |

| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part X, column (A), line 27. If "res," complete Schedule I, Parts I and III | Form 9 | 90 (2019) | | F | Page 4 |
|--|--------|--|----------|-----|-----------------|
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part X, column (A), line 27. If "res", complete Schedule / Parts <i>I and II</i> | Part | V Checklist of Required Schedules (continued) | | N. | N |
| Part IX, column (A), line 21 If Yes, complete Schedule I, Parts I and III | 22 | Did the experimentation report more than \$5,000 of grants or other equiptered to or for demostic individuals on | [| Yes | No |
| 23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and forces, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule A II' have as issue differ December 31, 2002? If 'Yes,' answer times 24a 24a 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 issue differ December 31, 2002? If 'Yes,' answer times 24a 24a 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 24b Did the organization maintain an escrow account other than a refunding secrow at any time during the year? 24c 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage 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 organization provide a grant or other assistance to any our terms of former officer, director, trustee, key employee, creator or founder, substantial contributor, or 33%, controlled entity of namity member of any of these persons? If 'Yes,' complete Schedule L, Part I. 26 27 Did the organization appendice schedule L, Part I. 26 28 As and year or other assistance to any our terms of fiber, director, trustee, key employee, creator or founder, substantial contributor, or 33%, controlled entity of matery trustee, key employee, creator or founder, substantial contributor, or 33%, controlled entity of one or more individual asarchion with | 22 | | 22 | x | |
| arginizations current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," answerines 24b 2 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a 2 Did the organization nimitation an escrow account differ than a refunding escrow at any time during the year? 24a 2 Did the organization attain an escrow account differ than a refunding escrow at any time during the year? 24a 2 Did the organization attain an escrow account differ than a refunding escrow at any time during the year? 24a 2 Did the organization attain an escrow account differ than a refunding escrow at any time during the year? 24a 2 Did the organization attain an escrow at any time during the year? 24a 2 Did the organization attain the that an expanding the year? 25a 2 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, carbot or founder, substantial contributor, or again controlleut any to a business transaction with one of the following parties (see Schedule L, arr II). 27a 2 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payeables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or again sparomplate Schedule L, Part II). 2 | 23 | | | | |
| employees? If 'Yes,' complete Schedule J. 23 X 24A Did the organization haves a tax-exempt bond issue with an outstanding principal amount of more than through 24d and complete Schedule K II'No,''go to line 25a. 24a 24b if the organization mixest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a 24b if the organization mixest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a 24b if the organization mixest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d 25b Section Stol(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a price standard in an excess benefit transaction with a disqualified person in a price year, and that the transaction has not been reported on any of the organization are price Schedule L Part I. 25b 25D Did the organization area of tax periods on any of the organization's price Forms 990 or 900-E27 II''yes,' complete Schedule L Part I. 25b 26D Did the organization area of the periods? I''Yes,' complete Schedule L Part I. 25b 25b 27D Did the organization area of any of these persons? I' 'Yes,' complete Schedule L Part I. 27b 28D the organization area of any of these persons? I' 'Yes,' complete Schedule L Part I. 27c 28D the organization area of the use persons? I' Yes,' complete Schedule L Part I. 27c 28D the organization area of the us | | | | | |
| \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrew account other than a refunding escrew at any time during the year? 24d 255 Section 501(c)(3), 501(c)(2), and 501(c)(2) organizations. Did the organization engage in an excess the tax is the organization repaids on the period on any of the organization's prior. Forms 990 or 990-EZ? 17 "Yes," complete Schedule L, Part I. 25a 25 Did the organization provide a grant or other assistance to any ourrent or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%, controlled entity or family member of any of these person? If "Yes," complete Schedule L Part II. 26 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, or substantial contributor, or assiv, controlled entity or family member of any of these person? If "Yes," complete Schedule L, Part II. 27 28 Was the organization requery of these person? If "Yes," complete Schedule L, Part II. 28 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part II. 28 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," comp | | | 23 | Х | |
| through 244 and complete Schedule L "the", group to line 25a 24a b Did the organization meantain an escrow account other than a refunding escrow at any time during the year 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization sprior Forms 500 or 980-E27 25b 16 the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%, controlled entity or family member of any of these persons? // "Yes," complete Schedule L, Part II. 26 27 Did the organization a party to a business transaction with one of the following parties (see Schedule L, Part II). 28 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part II). 28 29 Did the organization receive more than \$25,001 non-cash contributors? If "Yes," complete Schedule L, Part II. 28 29 Did the organization receive more than \$25,000 non-cash contributions? If "Yes," complete Schedule L, Part II. 28 29 Did the organization receive more than \$ | 24 a | | | | |
| b Did the organization mixest any proceeds of tax-exempt bonds beyond a temporary period exception? 246 c Did the organization matical an escrow account other than a refunding escrow at any time during the year 246 d Did the organization act as a necrow account other than a refunding escrow at any time during the year? 244 255 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization act as a necros benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations prior Form 990 or 990-E27 255 26 Did the organization expression of the organizations prior Form 990 or 990-E27 10° (%s.° complete Schedule L, Part I. 26 27 Did the organization act as mouth on Part X, line 5 or 22, lor receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%, controlled entity or them yor these persons? II '%s.° complete Schedule L, Part II. 26 27 Did the organization act as provide, a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, or substantial contributor, or apyloable Schedule L, Part II. 27 28 Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV. 28 29 Did the organization receive more than \$25,000 in non-cash contributions? II 'Yes,° complete Schedule L, Part IV. 28 29 Did the organization receive more than \$25,000 in non-cash contributions? I | | | | | |
| c Did the organization maintain an escrow acount other than a refunding escrow at any time during the year into defease any tax-exempt bonds?, | | | | | X |
| to defease any tax-example bonds?. 24c 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,'' complete Schedule L, Part I. 25a 25 Did the organization average 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-E27 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,'' complete Schedule L, Part II. 26 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If 'res,'' complete Schedule L, Part II. 27 28 Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV. 28a 29 Did the organization receive contributions of ant, historical treasures, or offuer, similar assets, or qualified conservation contributor? If 'res,'' complete Schedule L, Part IV. 28a 29 Did the organization schedes orbed in line 28a? If 'res,'' complete Schedule L, Part II. 28a | | | 24b | | |
| d Did the organization act as an 'on behaft of' issuer for bonds outstanding at any time during the year?,, | С | | | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage 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-E27 26 Did the organization export has not been reported on any of the organization's prior Forms 990 or 990-E27 27 Did the organization export any amount on Part X, line 5 or 22, for receivables from or payable to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of namily member of any of these persons? If "Yes," complete Schedule L, Part III. 27 20 Did the organization avert of any of these persons? If "Yes," complete Schedule L, Part III. 27 21 Did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part III. 27 22 Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part III. 28 23 A current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part IV. 28 24 Did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV. 28 25 Did the organization receive contributions of art, historical treasures, or ofter similar assets, or qualified organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Sc | | | | | |
| transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I, | | | 240 | | |
| 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-E27 16 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part II 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV. 27 28 Was the organization fuector, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV. 28a 29 A current or former officer, director, trustee, key employee, creator or substantial contributor? If 'Yes,' complete Schedule L, Part IV. 28b 29 Did the organization receive contributions of an instorical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule L, Part IV. 28b 29 Did the organization receive contributions of an thisbitrical treasures, or other similar assets, | 25 a | | 25- | | Х |
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| member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III. 27 28 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): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28a 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 31 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N. 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N. 30 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 31 33 X 34 Was the organization controlbud entity within the meaning of section 512(b)(13)? 35a X 34 Was the organization conduct more than \$% of its activitites through an entity that is not a related organizat | 27 | | | | |
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| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 32 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. 33 x 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1. 34 x 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a x 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 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? If "Yes," complete Schedule R, Part VI. 37 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 38 x 39 Natements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a 163 38 Enter t | | - | 30 | | Х |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1. 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 35a Did the organizations. Did the organization make any transfers to an exempt non-charitable related 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? If "Yes," complete Schedule R, Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 37 38 X 34 Yes Tespen the number reported in Box 3 of Form 1096. Enter -0- if not applicable . 1a 163 163 35 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1a 163 1b 0 | 31 | | | | Х |
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| or IV, and Part V, line 1 | | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | Х | |
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| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | b | | | v | |
| related organization? If "Yes," complete Schedule R, Part V, line 2. 36 37 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? If "Yes," complete Schedule R, Part VI 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 38 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 Yes 1a Inter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a Did the organization W-2G included in line 1a. Enter -0- if not applicable | •• | | 35b | Å | |
| 37 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>. 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 38 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 36 | | 20 | | Х |
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| 19? Note: All Form 990 filers are required to complete Schedule O. 38 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 Image: Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Image: Check if Schedule O contains a response or note to any line in this Part V b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Image: Check if Schedule O contains a response or note to any line in this Part V | 38 | | - 57 | | |
| 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 Yes 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 163 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0. | | | 38 | X | |
| Check if Schedule O contains a response or note to any line in this Part V Yes 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 163 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0. | Part | | | | |
| Yes 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 163 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0. | | | <u>.</u> | | |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | | | No |
| | | | - | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and | | | - | | |
| | С | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| reportable gaming (gambling) winnings to prize winners? | JSA | reportable gaming (gambling) winnings to prize winners? | | | (0017) |
| 9E1030 2.000 | 9E1030 | 2.000 9591RC 700P 3/24/2021 2:18:00 PM V 19-7 9F | rorm | | (2019) AGE ! |

Form 990 (2019)

Page 5

| Par | Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | | | | |
|------|--|-----|-----|----|--|--|--|
| | | | Yes | No | | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return. 2a 216 | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | | | | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | Х | | | |
| | b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | | | | | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, | | | | | | |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | Х | | | |
| b | If "Yes," enter the name of the foreign country | | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Х | | | |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Х | | | |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | | | | |
| ••• | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | Х | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | | | | |
| | gifts were not tax deductible? | 6b | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | | | | |
| | and services provided to the payor? | 7a | Х | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Х | | | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | | | | |
| | required to file Form 8282? | 7c | | Х | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | | | | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | Х | | | |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | Х | | | |
| | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | | | |
| - | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | Х | | | | |
| | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | | |
| а | Gross income from members or shareholders | | | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | | | | |
| | against amounts due or received from them.) | | | | | | |
| 12 a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | | | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | | | | |
| | the organization is licensed to issue qualified health plans | | | | | | |
| | Enter the amount of reserves on hand | 14- | | X | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | | | | |
| | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> | 14b | | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | 15 | | Х | | | |
| | excess parachute payment(s) during the year? | 15 | | | | | |
| 10 | If "Yes," see instructions and file Form 4720, Schedule N. | 16 | | х | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 10 | | | | | |
| | | | | | | | |

Form **990** (2019)

| 5 | | | | - | | |
|--------|--|----------|--------|---------------|--|--|
| - | 90 (2019) AUTISM SPEAKS, INC. 20-2329 | | | Page 6 | | |
| Part | Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for | | | | | |
| | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. | | | tions. | | |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | Х | | |
| Sect | ion A. Governing Body and Management | | | | | |
| | | | Yes | No | | |
| 1a | 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 | 1 | | | | |
| | if the governing body delegated broad authority to an executive committee or similar | | | | | |
| Ь | committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 1b 26 | | | | | |
| b | | 1 | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | 2 | | х | | |
| _ | any other officer, director, trustee, or key employee? | _ | | | | |
| 3 | | | | | | |
| | supervision of officers, directors, trustees, or key employees to a management company or other person? | 3 | | X | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X | | |
| 6 | Did the organization have members or stockholders? | 6 | | Х | | |
| 7a | 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? | 7a | | Х | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | | | |
| | stockholders, or persons other than the governing body? | 7b | | Х | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | | | |
| - | the year by the following: | | | | | |
| а | The governing body? | 8a | Х | | | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Х | | | |
| | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | | | | |
| 9 | the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | х | | |
| Secti | on B. Policies (This Section B requests information about policies not required by the Internal Revenue | - | | | | |
| 0000 | | Couc | Yes | No | | |
| | | 10a | X | | | |
| | Did the organization have local chapters, branches, or affiliates? | TUa | 21 | <u> </u> | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | 4.01 | v | | | |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | X | <u> </u> | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . | 11a | Х | | | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Х | | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give | | | | | |
| | rise to conflicts? | 12b | Х | | | |
| с | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | | | |
| | describe in Schedule O how this was done | 12c | Х | | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Х | | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | | | | |
| 15 | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | |
| - | | 15a | Х | | | |
| a L | The organization's CEO, Executive Director, or top management official | 15b | X | | | |
| b | Other officers or key employees of the organization | 100 | | | | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | 10- | | х | | |
| | with a taxable entity during the year? | 16a | | A | | |
| 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? | 16b | | | | |
| Secti | ion C. Disclosure | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 1 | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T | (Sec | tion 5 | 01(c) | | |
| | (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. | | | | | |
| | X Own website Another's website X Upon request Other (explain on Schedule O) | | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o | f inter | rest p | olicy, | | |
| | 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 record Joseph T VANYO 1 EAST 33RD STREET, 4TH FLOOR NEW YORK, NY 10016 646-385-8597 | s 🕨 | | | | |
| | JOSEPH T VANYO 1 EAST 33RD STREET, 4TH FLOOR NEW YORK, NY 10016 646-385-8597 | · • | | | | |
| JSA | | Form | 990 | (2019) | | |

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| Form 990 (20 | 19) | | AUTI | SM SPEAKS | S, INC. | | | | 20-23 | 29938 | Page 7 |
|--|---|----|-----------|------------|-----------|-----|------------|---------|-------------|------------|--------|
| 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 \ldots \ldots \ldots \ldots \ldots | | | | | | | | | | |
| 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. See instructions for the order in which to list the persons above.

(**a**)

_ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| | | (C) | | | | | | | | |
|--------------------------------|------------------------|---|-----------------------|---------|--------------|------------------------------|--------|--------------------------|-------------------------------|--------------------------|
| (A) | (B) | Position | | | | | | (D) | (E) | (F) |
| Name and title | Average | (do not check more than one | | | | | | Reportable | Reportable | Estimated amount |
| | hours | box, unless person is both an officer and a director/trustee) | | | | | | compensation | compensation | of other |
| | per week (list any | | | | | | , , | from the organization | from related organizations | compensation from the |
| | hours for | Individual trustee or director | Institutional trustee | Officer | Key employee | ligh | Former | (W-2/1099-MISC) | (W-2/1099-MISC) | organization and |
| | related | rect | tutio | ë, | due | est o | Ier | | | related organizations |
| | organizations below | or tr | nal | | loye | e om | | | | |
| | dotted line) | Istee | trust | | e | pens | | | | |
| | , í | | ee | | | Highest compensated employee | | | | |
| | | | | | | | | | | |
| (1) ANGELA GEIGER | 40.00 | | | | | | | | | |
| PRESIDENT & CEO | 0. | 1 | | Х | | | | 943,635. | 0. | 31,246. |
| (2) THOMAS FRAZIER | 40.00 | | | | | | | | | |
| CHIEF SCIENCE OFFICER | 0. | 1 | | | X | | | 351,699. | 0. | 37,394. |
| (3)LISA GERBASI | 40.00 | | | | | | | | | |
| STRATEGIC INITIATIVES & INNOVA | 0. | | | Х | | | | 272,729. | 0. | 41,870. |
| (4) ANDY SHIH | 40.00 | | | | | | | | | |
| SR VP PUBLIC HEALTH/INCLUSION | 0. | | | | | Х | | 246,496. | 0. | 36,721. |
| (5) LYNN HAPPEL | 40.00 | | | | | | | | | |
| SVP, IT & DATA SUPPORT | 0. | | | | | Х | | 210,918. | 0. | 26,469. |
| (6) STUART SPIELMAN | 40.00 | | | | | | | | | |
| SVP, ADVOCACY | 0. | | | | | Х | | 225,936. | 0. | 10,579. |
| (7) MELANIE AKINS | 40.00 | | | | | | | | | |
| VP, CORPORATE INITIATIVES | 0. | | | | | Х | | 199,590. | 0. | 30,883. |
| (8) JENNIFER PODOLL | 40.00 | | | | | | | | | |
| SVP, CONSTITUENT ENGAGEMENT | 0. | | | | Х | | | 203,856. | 0. | 24,431. |
| (9) DONNA S. MURRAY | 40.00 | | | | | | | | | |
| VP, HEAD CLINICAL PROGRAMS | 0. | | | | | Х | | 201,469. | 0. | 17,875. |
| (10) KAREN ROBINSON | 40.00 | | | | | | | | | |
| CFO (THRU 8/9/19) | 0. | | | Х | | | | 168,925. | 0. | 17,656. |
| (11) JANE HADLEY | 40.00 | | | | | | | | | |
| VP, CONTROLLER | 0. | | | | Х | | | 167,308. | 0. | 14,470. |
| (12) ANNE MARIE FORBES | 40.00 | | | | | | | | | |
| CHIEF FIELD OFR (THRU 8/31/19) | 0. | | | | Х | | | 163,428. | 0. | 17,007. |
| (13) CURTIS ARLEDGE | 1.00 | | | | | | | | | |
| DIRECTOR | 0. | X | | Х | | | | 0. | 0. | 0. |
| (14) TOM BERNARD | 1.00 | | | | | | | | | |
| DIRECTOR | 0. | Х | | | | | | 0. | 0. | 0. |

JSA

9E1041 2.000

Form 990 (2019)

Form 990 (2019)

AUTISM SPEAKS, INC.

| Page | 8 |
|------|---|
| гауе | U |

| Part VII Section A. Officers, Directors, Ti (A) | (B) | [| | (0 | 2) | | | (D) | (E) | (F) |
|---|--|------|-------|----------------------|-----------------------|---|----|--|--|---|
| Name and title | Average hours per week (list any hours for related organizations below dotted line) | box, | unles | Pos heck ss pe | ition more rson | e than c is both or/trust employee | an | Reportable compensation from the organization (W-2/1099-MISC) | Reportable compensation from related organizations (W-2/1099-MISC) | Estimated amount of other compensation from the organization and related organizations |
| 5) SCOTT R. CARPENTER | 1.00 | ě | stee | | | nsated | | | | |
| DIRECTOR | 0. | x | | | | | | 0 | . 0. | |
| 6) JENNIFER CASERTA DIRECTOR | 1.00 | x | | | | | | 0 . | 0. | |
| 7) JOSEPH T. COYLE, M.D. DIRECTOR | 1.00 | x | | | | | | 0. | . 0. | |
| 8) BARRY R. FEIRSTEIN DIRECTOR | 1.00 | x | | | | | | 0. | 0. | |
| 9) BRIAN L. HARPER DIRECTOR | 1.00 | x | | | | | | 0. | . 0. | |
| 0) MATTHEW HIGGINS DIRECTOR | 1.00 | x | | | | | | 0. | 0. | |
| 1) ADRIAN M. JONES DIRECTOR | 1.00 | x | | x | | | | 0. | 0. | |
| 2) TIM JONES DIRECTOR | 1.00 | x | | | | | | 0. | 0. | |
| 3) AIDAN KEHOE DIRECTOR | 1.00 | x | | | | | | 0. | 0. | |
| 4) BILLY MANN DIRECTOR | 1.00 | x | | | | | | 0. | 0. | |
| 5) KEVIN J. MURRAY DIRECTOR | 1.00 | x | | | | | | 0. | 0. | |
| 1b Sub-total c Total from continuation sheets to Part VII. | | | ••• | •• | •• | • • • | • | 3,355,989. | 0. | 306,601 |

| | reportable compensation from the organization F 53 | | | | | | | | |
|------------------------------------|--|---|-----|----|--|--|--|--|--|
| | | | 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 | 3 | | Х | | | | | |
| 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 | 4 | x | | | | | | |
| | individual | 4 | | | | | | | |
| 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 | 5 | | Х | | | | | |
| Section B. Independent Contractors | | | | | | | | | |

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of 1 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 |
|---|--------------------------------|----------------------------|
| THE ADVERTISING COUNCIL INC. | ADVERTISING | 921,389. |
| CRAFT & COMMERCE LLP | CREATIVE WORK | 794,250. |
| F/B/O ZENITH MEDIA SERVICES | ADVERTISING | 413,885. |
| THOMPSON, HABIB & DENNISON INC | DIRECT MAIL SVCS | 297,206. |
| OBERLAND | 289,900. | |
| 2 Total number of independent contractors (including but not limited to thos more than \$100,000 in compensation from the organization ► 22 | | |

| (A) Name and title (B) Name and title (B) Name and title (C) Name and title (D) Name and title (E) Name and title (F) Name and title (F) Reportable compensation from the organization from the t | orm 990 (2019) Part VII Section A. Officers, Directors, Tr | ustees, Ke | y En | nplo | yee | es, a | and H | lial | hest Compensat | ed Employees | | 'age |
|--|--|---|-------------|-----------------|-----------------------------|-----------------------|---------------------|----------|---|--|--|--------|
| Image: state of the state o | (A) | (B) Average hours per week (list any | (do box, | not ch unles | C Posi neck is per | ition more rson | e than o is both | ne an | (D) Reportable compensation from | (E) Reportable compensation fro related | (F) Estimated amount of other | |
| Diffector 0 0 0 0 9 HENSON ORSER 1.00 0 0 01 HENBERT PARDES, M.D. 1.00 0 0 01 HENBERT PARDES, M.D. 1.00 0 0 01 HENBERT PARDES, M.D. 1.00 0 0 01 DIRECTOR 0 0 0 0 01 OLINET NICHARDSON 0 0 0 0 01 OLINETOR 0 0 0 0 0 0 01 OLINETOR 0 <t< th=""><th></th><th>related organizations below dotted</th><th></th><th></th><th></th><th></th><th></th><th></th><th>organization</th><th></th><th>C) from the organization and related</th><th>n 1</th></t<> | | related organizations below dotted | | | | | | | organization | | C) from the organization and related | n 1 |
| () HENSON ORSER 1.00 x 0 0. DIRECTOR 0. 0. 0. 0. 0. DIRECTOR 0. x x 0. 0. DIRECTOR 0. x 0. 0. 0. 0. STEPHEN SHORE, ED.D. 1.00 x 0. 0. 0. 0. DIRECTOR 0. x 0. 0. 0. 0. 0. DIRECTOR 0. x </td <td>6) JACQUELYN NANCE</td> <td>-+</td> <td>v</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td>0</td> <td></td> <td></td> | 6) JACQUELYN NANCE | -+ | v | | | | | | 0 | 0 | | |
| DIRECTOR 0 0 0 1) HEBBERT PARDES, M.D. 1.00 0 0 1) HALBERT PARDES, M.D. 1.00 0 0 DIRECTOR 0 0 0 0) JAME T. RICHARDSON 1.00 0 0 DIRECTOR 0 0 0 STURT SAVITZ 1.00 0 0 DIRECTOR 0 0 0 0 STEVERT SAVITZ 1.00 0 0 0 DIRECTOR 0 0 0 0 0 STEVEN P. STANBROK 1.00 0 0 0 0 DIRECTOR 0 X 0 0 0 0 DIRECTOR 0 X 0 0 0 0 0 0 STEVEN P. STANBROK 1.00 X 0 0 | 7) HENSON ORSER | | | | | | | | 0 | . 0 | • | |
| DIRECTOR 0 0 0 0) JAMIE T. RICHARDSON 1.00 0 0 DIRECTOR 0 0 0 0) CHUCK SAFTLER 1.00 0 0 0) STUART SAVITZ 1.00 0 0 0) STUART SAVITZ 1.00 0 0 0) STORT SAVITZ 0.00 0 0 0) DIRECTOR 0 0 0 10 BAN SCHULMAN 1.00 0 0 0) STEPHEN SHORE, ED.D. 1.00 0 0 0) STEPHEN SHORE, ED.D. 1.00 0 0 0) STEPHEN SHORE, AND 0 0 0 0) STEPHEN SHORE, CD.D. 1.00 0 0 0) STEPHEN SHORE, CD.D. 0.0 0 0 0) STEPHEN SHORE, CD.D. 1.00 0 0 0 1) DAN TARMAN 1.00 0 0 0 0 1) DERECTOR 0. X 0 0 0 0 0 1) CHERYL VITALI 1.00 X 0 0 0 | | -+ | x | | | | | | 0 | . 0 | | |
| 1) JAMIE T. RICHARDSON 1.00 x x 0 0. DIRECTOR 0. x x 0 0. DIRECTOR 0. x 0 0. DIRECTOR 0. x 0 0. DIRECTOR 0. x 0 0. STULART SAVITZ 1.00 0 0 0. DIRECTOR 0. x 0 0. STEPHEN SHORE, ED.D. 1.00 0 0 0. STEPHEN SHORE, ED.D. 1.00 0 0. 0. DIRECTOR 0. x 0. 0. 0. DIRECTOR 0. x 0. 0. 0. OPERECTOR 0. x 0. 0. 0. DIRECTOR 0. x 0. 0. 0. 0. DIRECTOR 0. x 0. 0. 0. 0. 0. DIRECTOR 0. x 0. 0. 0. 0. 0. 0. 0. 0. | 8) HERBERT PARDES, M.D. | 1.00 | | | | | | | | | | |
| DIRECTOR 0. X X X 0 0. OLUCK SAFTLER 1.00 0. 0. 0. 0. DIRECTOR 0. X 0. 0. 0. STUART SAVITZ 1.00 0. 0. 0. 0. DAN SCULMAN 1.00 0. 0. 0. 0. DIRECTOR 0. X 0 0. 0. STUART SAVITZ 1.00 0. 0. 0. 0. DAN SCULMAN 1.00 X 0 0. 0. STEPHEN SHORE, ED.D. 1.00 X 0. 0. 0. STEVEN P. STANEROOK 1.00 X 0. 0. 0. DAN TARMAN 1.00 X 0. 0. 0. DIRECTOR 0. X 0. 0. 0. 0. DIRECTOR 0. X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. </td <td>DIRECTOR</td> <td>0.</td> <td>Х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td>. 0</td> <td></td> <td></td> | DIRECTOR | 0. | Х | | | | | | 0 | . 0 | | |
| 1) CHUCK SAFTLER 1.00 x 0 0. DIRECTOR 0. x 0 0. STURT SAVITZ 1.00 x 0 0. DIRECTOR 0. x 0 0. DIRECTOR 0. x 0 0. DIRECTOR 0. x 0 0. STERTER 1.00 x 0 0. DIRECTOR 0. x 0 0. STERETOR 0. x 0 0. STERETOR 0. x 0 0. STEVEN P. STANEROOK 1.00 x 0 0. DIRECTOR 0. x 0 0. 0. DIRECTOR 0. x 0 0. 0. 0. DIRECTOR 0. x 0 0. 0. 0. 0. DIRECTOR 0. x 0 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. | 9) JAMIE T. RICHARDSON | 1.00 | | | | | | | | | | |
| DIRECTOR 0. X 0. 0. 0. .) STUART SAVITZ 1.00 0. 0. 0. 0. DIRECTOR 0. X 0. 0. 0. DAN SCHULMAN 1.00 0. 0. 0. 0. DIRECTOR 0. X 0. 0. 0. STEPHEN SHORE, ED.D. 1.00 0. 0. 0. 0. DIRECTOR 0. X 0. 0. 0. 0. DIRECTOR 0. X 0. 0. 0. 0. 0. DIRECTOR 0. X 0. | | | X | | Х | | | | 0 | . 0 | · | |
|) STUART SAVITZ 1.00 DIRECTOR 0. x 0. DIRECTOR 0. x 0. DIRECTOR 0. x 0. DIRECTOR 0. x 0. STEPHEN SHORE, ED.D. 1.00 DIRECTOR 0. x 0. STEPHEN SHORE, ED.D. 1.00 DIRECTOR 0. x 0. STEVEN P. STANEROOK 1.00 DIRECTOR 0. x 0. DIRECTOR 0. x 0. STEVEN P. STANEROOK 1.00 DIRECTOR 0. x 0. DIRECTOR 0. x 0. DIRECTOR 0. x 0. CHERLY VITALI 1.00 DIRECTOR 0. x 0. CHERLY VITALI 1.00 0. CHERLY VITALI 0.0 0. CHERLY VITALI 0.0 1. Columber of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization b 53 53 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 | | -+ | l | | | | | | _ | _ | | |
| DIRECTOR 0. x 0. 0. DAN TARMAN 1.00 0. 0. 0. DIRECTOR 0. x 0. 0. O CHERYL VITALI 1.00 0. 0. 0. DIRECTOR 0. x 0. 0. 0. d Total from continuation sheets to Part VII, Section A 0. 0. 0. 0. Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization sectored frease above) and other compensated and the organizatio | | | X | | | | | | 0 | . 0 | · | |
| DAN SCHULMAN 1.00 x 0 0. DIRECTOR 0. x 0. 0. 0. STEPHEN SHORE, ED.D. 1.00 x 0. 0. 0. DIRECTOR 0. x 0. 0. 0. 0. STEVEN P. STANBROOK 1.00 x 0. 0. 0. 0. DIRECTOR 0. x 0. 0. 0. 0. 0. DAN TARMAN 1.00 x 0. 0. 0. 0. 0. DIRECTOR 0. x 0. <td></td> <td>-+</td> <td></td> | | -+ | | | | | | | | | | |
| DIRECTOR 0 0 0 0 STEPHEN SHORE, ED.D. 1.00 0 0 0 DIRECTOR 0 0 0 0 STEVEN P. STANBROK 1.00 0 0 0 STEVEN P. STANBROK 0 0 0 0 DIRECTOR 0 0 0 0 OLCHERYL VITALI 1.00 0 0 0 DIRECTOR 0 0 0 0 0 C total from continuation sheets to Part VII, Section A 0 0 0 0 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 53 3 1 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 3 1 3 </td <td></td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td>. 0</td> <td>·</td> <td></td> | | | X | | | | | | 0 | . 0 | · | |
| 1) STEPHEN SHORE, ED.D. 1.00 DIRECTOR 0. x 0) STEVEN P. STANBROOK 1.00 DIRECTOR 0. x 0) AN TARMAN 1.00 DIRECTOR 0. x 0) DAN TARMAN 1.00 DIRECTOR 0. x 0) AN TARMAN 1.00 DIRECTOR 0. x 0) CHERYL VITALI 1.00 DIRECTOR 0. 0. C Total from continuation sheets to Part VII, Section A 0. 0. c Total from continuation sheets to Part VII, Section A 0. 0. c Total from continuation sheets to Part VII, Section A 0. 0. Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 53 Ves Individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization spreater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization. 5 ection B. Independent Contractors Complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 ection B. Independent Contractors Complete Schedule J for s | | -+ | v | | | | | | 0 | 0 | | |
| DIRECTOR 0 0 0 0) STEVEN P. STANEROOK 1.00 x 0 0 0 DIRECTOR 0 x 0 0 0 C CHERYL VITALI 1.000 x 0 0 0 d Total (add lines th and 1c) | | | | | | | | | 0 | . 0 | • | |
|) STEVEN P. STANBROOK 1.00 0. 0. 0. 0. DIRECTOR 0. 0. 0. 0. 0. 0. DIRECTOR 0. 0. 0. 0. 0. 0. DIRECTOR 0. 0. 0. 0. 0. 0. OLREYL VITALI 1.00 0. 0. 0. 0. 0. DIRECTOR 0. X 0. 0. 0. 0. b Sub-total 0. 0. 0. 0. 0. 0. c Total from continuation sheets to Part VII, Section A 0. 0. 0. 0. 0. total (add lines 1b and 1c) 1.00 53 0. 0. 0. 0. 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 3 | | -+ | v | | | | | | 0 | 0 | | |
| DIRECTOR 0 X 0 0 DAN TARMAN 1.00 0. 0. 0. DIRECTOR 0. X 0. 0. DIRECTOR 0. X 0. 0. OCHERYL VITALI 1.00 X 0. 0. DIRECTOR 0. X 0. 0. DIRECTOR 0. X 0. 0. DIRECTOR 0. X 0. 0. C Total from continuation sheets to Part VII, Section A 0. 0. 0. C Total from continuation sheets to Part VII, Section A 0. 0. 0. Total quadities 1b and 1c) 53 0. 0. 0. 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 3 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td>. 0</td> <td>•</td> <td></td> | | | | | | | | | 0 | . 0 | • | |
| i) DAN TARMAN 1.00 x 0 0. DIRECTOR 0. x 0 0. i) CHERYL VITALI 1.00 x 0 0. DIRECTOR 0. x 0 0. b Sub-total 0. 0 0. 0 c Total from continuation sheets to Part VII, Section A 0 0. 0 c Total from continuation sheets to Part VII, Section A 0 0. 0 c Total from continuation sheets to Part VII, Section A 0 0. 0 c Total from continuation sheets to Part VII, Section A 0 0. 0 c Total from continuation sheets to Part VII, Section A 0 0. 0 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization b 53 Did the organization list any former officer, director, or trustee, key employee, or highest compensated organization grant at is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 3 3 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? I | | -+ | x | | | | | | 0 | 0 | | |
| DIRECTOR 0. x 0. 0. O CHERYL VITALI 1.00 0. 0. 0. DIRECTOR 0. X 0. 0. DIRECTOR 0. X 0. 0. DIRECTOR 0. X 0. 0. b Sub-total 0. 0. 0. 0. c Total from continuation sheets to Part VII, Section A 0. 0. 0. d Total (add lines 1b and 1c) 53 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization b 53 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 3 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person 4 X 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 5 5 Complete this table for your five | | | | | | | | | | | · | |
| i) CHERYL VITALI 1.00 0. 0. 0. DIRECTOR 0. 0. 0. 0. b Sub-total 0. 0. 0. 0. c Total from continuation sheets to Part VII, Section A 0. 0. 0. c Total from continuation sheets to Part VII, Section A 0. 0. 0. c Total qdd lines 1b and 1c) 53 53 53 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 . 3 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person 4 X 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 5 5 ection B. Independent Contractors 5 5 5 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation's tax year. (A) (B) (C) | | -+ | x | | | | | | 0 | | | |
| b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization b 53 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 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 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 Ection B. Independent Contractors 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) (B) (C) | 5) CHERYL VITALI | 1.00 | | | | | | | | | | _ |
| c Total from continuation sheets to Part VII, Section A Image: Content of the section A c Total (add lines 1b and 1c) Image: Content of the section A Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual Yes For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 3 Did any person listed on line 1a receive or accrue compensation from any unrelated organization? If "Yes," complete Schedule J for such person 4 X Image: Content of the organization? If "Yes," complete Schedule J for such person 5 ection B. Independent Contractors Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year. (A) | DIRECTOR | 0. | x | | | | | | 0 | . 0 | | |
| c Total from continuation sheets to Part VII, Section A Image: Control of the c | b Sub-total | | | | | | | | 0. | . (| J. | - |
| d Total (add lines 1b and 1c) Image: Compensation of the organization is the organization of the organization is the sum of reportable compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person Yes 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 Yes etcion B. Independent Contractors 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) (B) (C) | | Section A | | | ••• | ••• | | | | | | |
| reportable compensation from the organization 53 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 | | = | | | | | | | | | | |
| Yes Yes 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 3 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 3 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 4 X ection B. Independent Contractors 5 5 5 5 Complete this table for your five highest compensation for the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) | | | hose | liste | d at | oove | e) who | o re | ceived more than | \$100,000 of | | |
| 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 | reportable compensation from the organization | on 🕨 | 5 | 3 | | | | | | | | |
| employee on line 1a? If "Yes," complete Schedule J for such individual 3 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 4 X 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 5 4 rection B. Independent Contractors 5 5 5 5 5 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year. (B) (C) | | | | | | | | | | | Yes | Ν |
| 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. 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 4 X ection B. Independent Contractors 5 5 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) (B) (C) | | | | | | | | | | | | |
| organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | | | | | | | | | | | 3 | _ |
| individual 4 X 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 5 5 ection B. Independent Contractors 5 5 5 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) (B) (C) | | | | | | | | | | | | |
| 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 5 ection B. Independent Contractors 5 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) (B) (C) | | | | | | | | | | | | |
| for services rendered to the organization? If "Yes," complete Schedule J for such person 5 ection B. Independent Contractors 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) (B) (C) | | | | | | | | | | | · · | |
| ection B. Independent Contractors 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) (B) (C) | | | | | | | | | | | | 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) (B) (C) | | 00, 00111010 | 10 001 | louu | 10 0 | 101 | ouon | pon | | <u> </u> | | |
| | Complete this table for your five highest con compensation from the organization. Report | | | | | | | | | | | |
| | | dress | | | | | | | | ervices | | |
| | | | | | | | | - | | | | |
| | | | | | | | | | | | | |

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

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| Form 990 (2019) Part VII Section A. Officers, Directors, T | rustees, Ke | y En | nplo | yee | es, | and H | lig | hest Compensat | ed Emplo | yees (co | ontinue | | Page |
|---|--|-----------------------------------|-----------------------|---------------|------------------------------|----------------------------------|-----------|--|--|-----------------|--------------------|--|--------|
| (A) Name and title | (B) Average hours per week (list any hours for | (do i box, | not cl unles | Pos heck | C) ition more erson | e than o is both or/truste | ne an | (D) Reportable compensation from the | (E) Reporta compensati relate organiza | able on from | Es am | (F) timated ount of other pensatio | |
| | related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | (W-2/1099 | | fro orga and | om the anizatio d related inizatior | n 1 |
| 37) LISA YANG DIRECTOR | 1.00 | x | | | | | | 0. | | 0. | | | |
| 38) ADAM FRAZIER DIRECTOR (BEGIN 8/22/19) | 1.00 | x | | | | | | 0 | | 0. | | | |
| 39) BRIAN KELLY CHAIR | 10.00 | x | | х | | | | 0 | | 0. | | | |
| 10) TOMMY HILFIGER DIRECTOR | 1.00 | x | | | | | | 0 . | | 0. | | | |
| 1) DEE OCLEPPO HILFIGER DIRECTOR | 1.00 | x | | | | | | 0 | | 0. | | | |
| | | | | | | | | | | | | | |
| | | - | | | | | | | | | | | |
| | -+ | | | | | | | | | | | | |
| | -+ | | | | | | | | | | | | |
| | -+ | | | | | | | | | | | | |
| | | | | | | | | 0. | | 0. | | | |
| 1b Sub-total c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c) | - | ••• | ••• | ••• | ••• | ••• | | | | | | | |
| 2 Total number of individuals (including but no reportable compensation from the organizati | t limited to t | | | d al | bove | e) who | re | eceived more than | \$100,000 | of | | | |
| 3 Did the organization list any former off | | | | | | | | | | | | Yes | N |
| employee on line 1a? <i>If "Yes," complete Sche</i>For any individual listed on line 1a, is the | sum of rep | oortab | ole c | com | per | satior | n ar | nd other compens | sation from | the | 3 | | 2 |
| organization and related organizations g individual | | | ••• | | | | • • | | | | 4 | Х | _ |
| 5 Did any person listed on line 1a receive of for services rendered to the organization? If " Section B. Independent Contractors | r accrue co Yes," <i>comple</i> | mpen te Scl | isati hedu | on 1 Ile J | from for | n any such | un per | related organization | on or indiv | idual | 5 | | Σ |
| Complete this table for your five highest co compensation from the organization. Report year. | | | | | | | | | | | | | |
| (A) Name and business a | ddress | | | | | | | (B) Description of se | ervices | Cc | (C) ompens | ation | |
| | | | | | | | + | | | | | | |
| | | | | | | | | | | | | | _ |
| | | | | | | | | | | | | | |

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

AUTISM SPEAKS, INC. Form 990 (2019)

| Par | t VII | | | | | | |
|---|----------|---|-------------------|------------------------------|------------------------------------|-------------------------------|--|
| | | Check if Schedule O contains a respo | nse or note to an | y line in this Part V (A) | /III(B) | (C) | (D) |
| | | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512-514 |
| nts nts | 1a | Federated campaigns 1a | 158,290. | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | b | Membership dues | | | | | |
| ts, (Arr | C . | Fundraising events 1c | 3,011,535. | | | | |
| i ar | d | Related organizations | 00.004 | | | | |
| ns, | e f | Government grants (contributions) . 1e All other contributions, gifts, grants, | 82,224. | | | | |
| er S | f | and similar amounts not included above . 1f | 49,879,783. | | | | |
| the | g | Noncash contributions included in | 49,019,103. | | | | |
| dutr | 9 | lines 1a-1f | \$ 252,624. | | | | |
| au | h | Total. Add lines 1a-1f | | 53,131,832. | | | |
| | | | Business Code | | | | |
| ice | 2a | | | | | | |
| Program Service Revenue | b | | | | | | |
| n S eni | с | | | | | | |
| grar Rev | d | | | | | | |
| roc | е | | | | | | |
| ₽. | f | All other program service revenue | | | | | |
| | g | Total. Add lines 2a-2f | | 0. | | | |
| | 3 | Investment income (including dividends, | | 398,856. | | | 398,856. |
| | 4 | other similar amounts) | | 0. | | | 350,050. |
| | 5 | Royalties | | 57,203. | | | 57,203. |
| | | (i) Real | (ii) Personal | | | | |
| | 6a | Gross rents 6a | | | | | |
| | b | Less: rental expenses 6b | | | | | |
| | с | Rental income or (loss) 6c | | | | | |
| | d | Net rental income or (loss) | • | 0. | | | |
| | 7a | Gross amount from (i) Securities | (ii) Other | | | | |
| | | sales of assets | | | | | |
| | | other than inventory 7a | | | | | |
| enue | b | Less: cost or other basis | | | | | |
| | | and sales expenses 7b | | | | | |
| Re | с 6 | Gain or (loss) | | 0. | | | |
| Other Rev | d | ů () | | | | | |
| ŏ | 8a | Gross income from fundraising events (not including \$3,011,535. | | | | | |
| | | of contributions reported on line | | | | | |
| | | 1c). See Part IV, line 18 | 1,460,067. | | | | |
| | b | Less: direct expenses | 1,460,067. | | | | |
| | c | Net income or (loss) from fundraising events | | 0. | | | |
| | 9a | Gross income from gaming | | | | | |
| | | activities. See Part IV, line 19 9a | 0. | | | | |
| | b | Less: direct expenses | 0. | | | | |
| | с | Net income or (loss) from gaming activities | . <u></u> ▶ | 0. | | | |
| | 10a | Gross sales of inventory, less | | | | | |
| | _ | returns and allowances 10a | | | | | |
| | b c | Less: cost of goods sold | | 0. | | | |
| | | the moone of (1035) from sales of inventory. | Business Code | υ. | | | |
| Miscellaneous Revenue | 11- | OTHER PROGRAM REVENUE | | 95,400. | | | 95,400. |
| ane | 11a b | RECOVERY OF PRIOR YEAR GRANTS | | 18,159. | | | 18,159. |
| eve | b D | | | | | | 1 |
| lisc R(| d | All other revenue | | | | | |
| Σ | е | Total. Add lines 11a-11d | · · · · · · · • | 113,559. | | | |
| | 12 | Total revenue. See instructions | | 53,701,450. | | | 569,618. |
| JSA | | | | | | | DOD (2010) |

| Check if Schedule O contains a respo | | | | <u> </u> |
|--|-----------------------|------------------------------------|--|---------------------------------------|
| 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 |
| 1 Grants and other assistance to domestic organizations | | | | |
| and domestic governments. See Part IV, line 21 | 3,599,889. | 3,599,889. | | |
| 2 Grants and other assistance to domestic | | | | |
| individuals. See Part IV, line 22 | 510,097. | 510,097. | | |
| 3 Grants and other assistance to foreign | | | | |
| organizations, foreign governments, and foreign | | | | |
| individuals. See Part IV, lines 15 and 16 | 845,277. | 845,277. | | |
| 4 Benefits paid to or for members | 0. | | | |
| 5 Compensation of current officers, directors, | 0 000 000 | 1 600 174 | 201 100 | 401 644 |
| trustees, and key employees | 2,322,926. | 1,600,174. | 301,108. | 421,644 |
| 6 Compensation not included above to disqualified | | | | |
| persons (as defined under section 4958(f)(1)) and | 0 | | | |
| persons described in section 4958(c)(3)(B) | 0. | 0.000 518 | 0 100 100 | 2 116 460 |
| 7 Other salaries and wages | 14,537,115. | 9,320,517. | 2,100,130. | 3,116,468 |
| 8 Pension plan accruals and contributions (include | | | F1 000 | 100 040 |
| section 401(k) and 403(b) employer contributions) | 506,726. | 328,244. | 71,233. | 107,249 |
| 9 Other employee benefits | 2,429,603. | 1,586,832. | 341,624. | 501,147 |
| 10 Payroll taxes | 1,264,587. | 811,688. | 182,582. | 270,317 |
| 11 Fees for services (nonemployees): | | | | |
| a Management | 0. | 101 000 | 20.105 | |
| b Legal | 160,409. | 121,282. | 39,127. | |
| c Accounting | 99,498. | 64,688. | 34,810. | |
| d Lobbying | 590,930. | 590,930. | | 201 (82) |
| e Professional fundraising services. See Part IV, line 17. | 301,673. | | | 301,673 |
| f Investment management fees | 0. | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column | 0 010 045 | 0 100 510 | 50 500 | 66.000 |
| (A) amount, list line 11g expenses on Schedule O.) | 2,310,345. | 2,182,718. | 50,598. | 77,029 |
| 12 Advertising and promotion | 7,040,419. | 6,504,239. | 134,623. | 401,557 |
| 13 Office expenses | 1,897,770. | 1,217,958. | 89,872. | 589,940 |
| 14 Information technology | 1,602,381. | 1,109,639. | 175,146. | 317,596 |
| 15 Royalties | 0. | 1 1 5 0 0 4 5 | 100.050 | |
| 16 Occupancy | 1,587,937. | 1,169,847. | 122,863. | 295,227 |
| 17 Travel | 1,483,773. | 1,213,949. | 35,264. | 234,560 |
| 18 Payments of travel or entertainment expenses | | | | |
| for any federal, state, or local public officials | 0. | 120.002 | 20 | 2 620 |
| 19 Conferences, conventions, and meetings | 141,644. | 137,873. | 39. | 3,732 |
| 20 Interest | 0. | | | |
| 21 Payments to affiliates | 0. | 100 252 | 24.002 | F0 100 |
| 22 Depreciation, depletion, and amortization | 263,736. | 177,353. | 34,283. | 52,100 |
| 23 Insurance | 92,945. | 60,428. | 13,242. | 19,275 |
| 24 Other expenses. Itemize expenses not covered | | | | |
| above (List miscellaneous expenses on line 24e. If | | | | |
| line 24e amount exceeds 10% of line 25, column | | | | |
| (A) amount, list line 24e expenses on Schedule O.) | 0.020.440 | 0.200.240 | | <u> </u> |
| aWALK & TEAM-UP EXPENSES | 2,938,448. | 2,328,340. | | 610,108 |
| bDONATION PROCESSING | 517,691. | C20, 200 | 517,691. | |
| cGENOME SEQUENCING | 638,308. | 638,308. | | |
| dDIRECT MAIL | 154,624. | 77,312. | | 77,312 |
| e All other expenses | 305,931. | 226,498. | 32,778. | 46,655 |
| 25 Total functional expenses. Add lines 1 through 24e | 48,144,682. | 36,424,080. | 4,277,013. | 7,443,589 |
| 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 🕨 🔀 if | | | | |
| following SOP 98-2 (ASC 958-720) | 15,885,018. | 9,338,127. | 1,606,539. | 4,940,352 |

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AUTISM SPEAKS, INC.

| rm 990 (| AUTISM SPEAKS, INC. | | 20- | 2329938 Page 1 |
|----------------------------------|--|-------------------|-----|--------------------------|
| Part X | | | | гауе І |
| | Check if Schedule O contains a response or note to any line in this Pa | art X | | |
| | | (A) | | (B) |
| | | Beginning of year | | End of year |
| 1 | Cash - non-interest-bearing | 9,906,643. | 1 | 10,354,708 |
| 2 | Savings and temporary cash investments. | 6,703,422. | 2 | 5,564,463 |
| 3 | Pledges and grants receivable, net | 1,672,942. | 3 | 1,681,996 |
| 4 | Accounts receivable, net. | 2,882,443. | 4 | 5,042,389 |
| 5 | Loans and other receivables from any current or former officer, director, | | | |
| | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons | 0. | 5 | |
| 6 | Loans and other receivables from other disqualified persons (as defined | | | |
| ľ | under section $4958(f)(1)$, and persons described in section $4958(c)(3)(B)$. | 0. | 6 | |
| 2 7 | Notes and loans receivable, net | 0. | 7 | |
| 8 8 | Inventories for sale or use | 0. | 8 | |
| 9 | Prepaid expenses and deferred charges | 844,341. | 9 | 818,45 |
| - | Land, buildings, and equipment: cost or other | | - | |
| | basis. Complete Part VI of Schedule D 10a 3,093,939. | | | |
| b | Less: accumulated depreciation 10b 2,525,943. | 668,908. | 10c | 567,99 |
| 11 | Investments - publicly traded securities | 16,062,081. | 11 | 21,920,53 |
| 12 | Investments - other securities. See Part IV, line 11 | 0. | 12 | |
| 13 | Investments - program-related. See Part IV, line 11 | 0. | 13 | |
| 14 | Intangible assets | 0. | 14 | |
| 15 | Other assets. See Part IV, line 11 | 251,398. | 15 | 276,34 |
| 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 38,992,178. | 16 | 46,226,87 |
| 17 | Accounts payable and accrued expenses | 2,158,142. | 17 | 3,816,03 |
| 18 | Grants payable | 450,080. | 18 | 719,16 |
| 19 | Deferred revenue. | 30,930. | 19 | 18,79 |
| 20 | Tax-exempt bond liabilities. | 0. | 20 | |
| 21 | Escrow or custodial account liability. Complete Part IV of Schedule D. | 0. | 21 | |
| 22 | Loans and other payables to any current or former officer, director, | | | |
| | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| 22 | controlled entity or family member of any of these persons | 0. | 22 | |
| 23 | Secured mortgages and notes payable to unrelated third parties | 0. | 23 | |
| 24 | Unsecured notes and loans payable to unrelated third parties | 0. | 24 | |
| 25 | 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 | 1,121,619. | 25 | 884,70 |
| 26 | Total liabilities. Add lines 17 through 25 | 3,760,771. | 26 | 5,438,70 |
| | Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33. | | | |
| 27 | Net assets without donor restrictions | 26,501,423. | 27 | 29,230,21 |
| 28 | Net assets with donor restrictions. | 8,729,984. | 27 | 11,557,95 |
| | Organizations that do not follow FASB ASC 958, check here ► | -,-=-,>011 | 20 | ,,,,,, |
| | and complete lines 29 through 33. | | | |
| 29 | Capital stock or trust principal, or current funds | | 29 | |
| 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| 27 28 29 30 31 32 | Total net assets or fund balances | 35,231,407. | 32 | 40,788,17 |
| 33 | Total liabilities and net assets/fund balances | 38,992,178. | 33 | 46,226,879 |
| | | | | Form 990 (20 |

Form **990** (2019)

AUTISM SPEAKS, INC.

| | AUTISM SPEAKS, INC. | 20 | -2329 | 0.0 | | | | | |
|--------|--|----------|-------|-------------|------|--------------|--|--|--|
| Form 9 | 90 (2019) | | | | Pa | ge 12 | | | |
| 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 | 5 | 3,7 | 01,4 | £50. | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 4 | 8,1 | 44,6 | 582. | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 5,556,768. | | | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | (r) | 35,231,407. | | | | | |
| 5 | Net unrealized gains (losses) on investments | 5 | | | | 0. | | | |
| 6 | Donated services and use of facilities | | | | | | | | |
| 7 | Investment expenses | 7 | | | | 0. | | | |
| 8 | Prior period adjustments | 8 | | | | 0. | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O). | 9 | | | | 0. | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | | | | | |
| | 32, column (B)) | 10 | 4 | 0,7 | 88,1 | L75. | | | |
| Part | | | | | | | | | |
| | 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: Cash X Accrual Other | | _ | | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," e | xplain | in | | | | | | |
| | Schedule O. | | | | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?. | | | 2a | | X | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were cor | npiled | 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? | | | 2b | Х | | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were aud | | | | | | | | |
| | separate basis, consolidated basis, or both: | | | | | | | | |
| | Separate basis X Consolidated basis Both consolidated and separate basis | | | | | | | | |
| с | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over | ersight | of | | | | | | |
| | the audit, review, or compilation of its financial statements and selection of an independent accounta | - | | 2c | Х | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, e | xplain | on | | | | | | |
| | Schedule O. | | | | | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set fo | rth in t | he | | | | | | |
| | Single Audit Act and OMB Circular A-133? | | L | 3a | | X | | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not und | lergo t | he | | | | | | |
| | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a | | | 3b | | | | | |

Form **990** (2019)

SCHEDULE A

(Form 990 or 990-EZ) 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. Department of the Treasury

OMB No. 1545-0047 **Open to Public**

| Inter | nal Re | venue Service | | Go to www.irs.gov | //Form990 for instructio | ons and t | he latest in | nformation. | Inspection | | | | |
|----------|-----------|--|--|--|---|--|-------------------------------------|--|-----------------------------------|--|--|--|--|
| | | ne organization | INC. | | | | | Employer identit | | | | | |
| Pa | rt I | Reason for | Public Cha | rity Status (All o | rganizations must c | omplet | e this pa | rt.) See instructions | <u>.</u> S. | | | | |
| | | | | | is: (For lines 1 through | | | , | | | | | |
| 1 | \square | | - | | tion of churches desc | - | - | | | | | | |
| 2 | | A school desc | ribed in secti | on 170(b)(1)(A)(ii) | . (Attach Schedule E | (Form 99 | 90 or 990 | -EZ).) | | | | | |
| 3 | | | | | rganization described | - | | | | | | | |
| 4 | | | | | conjunction with a hos | | | |)(iii). Enter the | | | | |
| | | hospital's nam | - | | | • | | | ,, , | | | | |
| 5 | | • | | | a college or universit | y owned | d or ope | rated by a governme | ental unit described in | | | | |
| | | • | • | omplete Part II.) | 0 | | · | , , | | | | | |
| 6 | | • • | | • • | rnmental unit describe | d in sect | ion 170(I | b)(1)(A)(v). | | | | | |
| 7 | Х | An organizatio | on that norma | ally receives a sub | stantial part of its su | pport fro | om a gov | vernmental unit or fr | om the general public | | | | |
| | | described in section 170(b)(1)(A)(vi). (Complete Part II.) | | | | | | | | | | | |
| 8 | | | | |)(1)(A)(vi). (Complete | Part II.) | | | | | | | |
| 9 | \square | An agricultural | I research org | ganization describe | ed in section 170(b)(1 |)(A)(ix) | operated | in conjunction with a | a land-grant college | | | | |
| | | or university o | r a non-land- | grant college of ag | riculture (see instruct | ions). Ei | nter the r | name, city, and state c | of the college or | | | | |
| | | university: | | | | | | | | | | | |
| 10 11 | | receipts from support from (acquired by th | activities rela gross investm le organizatio | ted to its exempt f ient income and ui n after June 30, 19 | ore than 331/3 % of its unctions - subject to nrelated business tax 975. See section 509 usively to test for publi | certain e able inco (a)(2). (0 | exceptions ome (less Complete | s, and (2) no more that section 511 tax) from Part III.) | an 331/3% of its | | | | |
| 12 | \square | An organizatio | on organized a | and operated exclu | sively for the benefit | of, to pe | erform the | e functions of, or to | carry out the purposes | | | | |
| | | of one or mor | e publicly su | pported organizati | ons described in sect | ion 509 | (a)(1) or | section 509(a)(2). | See section 509(a)(3). | | | | |
| | | Check the box | in lines 12a t | hrough 12d that de | escribes the type of s | upporting | g organiz | ation and complete li | ines 12e, 12f, and 12g. | | | | |
| а | | Type I. A su | pporting orga | anization operated | , supervised, or contr | olled by | its suppo | orted organization(s), | typically by giving | | | | |
| | | | | - | regularly appoint or e | - | | | | | | | |
| | | supporting o | organization. | ou must complet | e Part IV, Sections A | and B. | | | | | | | |
| b | | Type II. A su | upporting org | anization supervise | ed or controlled in co | nnection | with its | supported organizat | ion(s), by having | | | | |
| | | control or m | anagement o | of the supporting o | rganization vested in | the sam | e person | s that control or mai | nage the supported | | | | |
| | | _ organization | (s). You must | complete Part IV | Sections A and C. | | | | | | | | |
| С | | Type III fund | ctionally integ | grated. A supportin | ng organization opera | ted in co | onnectior | n with, and functiona | Illy integrated with, | | | | |
| | _ | _ its supported | d organization | (s) (see instruction | s). You must comple | te Part I | V, Sectio | ons A, D, and E. | | | | | |
| d | | _ Type III non | -functionally | integrated. A sup | porting organization c | perated | in conne | ection with its suppo | rted organization(s) | | | | |
| | | that is not fu | inctionally inte | egrated. The orgar | nization generally mus | st satisfy | a distrib | ution requirement an | d an attentiveness | | | | |
| | _ | _ requirement | (see instructi | ions). You must co | omplete Part IV, Sect | ions A a | nd D, and | l Part V. | | | | | |
| е | | | | | a written determinatio | | | | II, Type III | | | | |
| | _ | | | | ionally integrated sup | | | on. | | | | | |
| t | | | | | | | | | ••••• | | | | |
| g | | | | | orted organization(s). | <i>a</i> | | | | | | | |
| | (I) N | ame of supported o | organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 | • • | organization ur governing | (v) Amount of monetary support (see | (vi) Amount of other support (see | | | | |
| | | | | | above (see instructions)) | docu | ment? | instructions) | instructions) | | | | |
| | | | | | | Yes | No | | | | | | |
| (A) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| (B) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| (C) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| (D) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| (E) | | | | | | | | | | | | | |
| T-4 | | | | | | | | | | | | | |
| Tot | al | | | | | | | | | | | | |
| For | Paper | work Reduction A | ct Notice. see the | e Instructions for Form | 990 or 990-EZ. | | | Schedule | A (Form 990 or 990-EZ) 2019 | | | | |

AUTISM SPEAKS, INC.

Page **2**

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.)

| Sec | tion A. Public Support | | | | | | |
|--------|--|---------------------|--------------------|-------------------|------------------|------------------|----------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 47,544,741. | 50,302,151. | 59,731,829. | 9,489,221. | 53,131,832. | 220,199,774. |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0. |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0. |
| 4 | Total. Add lines 1 through 3 | 47,544,741. | 50,302,151. | 59,731,829. | 9,489,221. | 53,131,832. | 220,199,774. |
| 5 | 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) | | | | | | 6,287,540. |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 213,912,234. |
| | tion B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 7 8 | Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from | 47,544,741. | 50,302,151. | 59,731,829. | 9,489,221. | 53,131,832. | 220,199,774. |
| | similar sources | 1,678. | 125,721. | 135,295. | 156,606. | 456,059. | 875,359. |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0. |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 2,554,081. | 1,559,853. | 2,064,277. | 42,270. | 1,573,626. | 7,794,107. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 228,869,240. |
| 12 | Gross receipts from related activities, etc. (| see instructions) . | | | | 12 | |
| 13 | First five years. If the Form 990 is f organization, check this box and stop here | or the organizat | ion's first, secon | d, third, fourth, | or fifth tax ye | ar as a section | 501(c)(3) ▶ |
| Sec | tion C. Computation of Public Sup | port Percenta | ge | | | | |
| 14 | Public support percentage for 2019 (li | ne 6, column (f) |) divided by line | 11, column (f)). | | 14 | 93.46 % |
| 15 | Public support percentage from 2018 | | | | | 15 | 95.64 % |
| 16a | 331/3% support test - 2019. If the or | ganization did n | ot check the bo | x on line 13, ar | nd line 14 is 33 | 1/3 % or more, c | |
| | box and stop here. The organization q | | | • | | | |
| b | 331/3% support test - 2018. If the org | | | | | | |
| | this box and stop here. The organizati | | | • | | | |
| 17a | 10%-facts-and-circumstances test - 2 | - | | | | | |
| | 10% or more, and if the organization | | | | | - | • |
| | Part VI how the organization meets t | | | • | • | | |
| | organization | | | | | | |
| b | 10%-facts-and-circumstances test - 2 | | | | | | |
| | 15 is 10% or more, and if the orga | | | | | | - |
| | Explain in Part VI how the organizati | | | | - | | |
| | supported organization | | | | | | |
| 18 | Private foundation. If the organization | | | | | | |
| | instructions | | | | | | 🕨 📖 |

Schedule A (Form 990 or 990-EZ) 2019

AUTISM SPEAKS, INC.

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

(Complete only if you checked the box on line 10 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.)

| Sec | tion A. Public Support | | | | | | |
|------------------|---|-----------|-----------------|----------------|----------|----------|--------------------------|
| | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| | received. (Do not include any "unusual grants.") | | | | | | |
| 2 | 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 | | | | | | |
| 3 | Gross receipts from activities that are not an | | | | | | |
| | unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 | | | | | | |
| | received from disqualified persons | | | | | | |
| 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 | | | | | | |
| с | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from | | | | | | |
| | line 6.) | | | | | | |
| Sec | tion B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10 a | Gross income from interest, dividends, payments received on securities loans, | | | | | | |
| | rents, royalties, and income from similar | | | | | | |
| | sources | | | | | | |
| b | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, whether | | | | | | |
| | or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12.) | [| | | | | |
| 14 | First five years. If the Form 990 is f | - | | | | | |
| <u></u> | organization, check this box and stop here | | | <u></u> | | <u></u> | |
| <u>3ec</u> 15 | tion C. Computation of Public Sup Public support percentage for 2019 (line 8 | | | (f)) | | 45 | 0/ |
| 16 | Public support percentage from 2018 Sche | | | | | 15 | <u> % </u> % |
| | tion D. Computation of Investmen | | | | | 10 | /0 |
| <u>3ec</u> 17 | - | | | 13 column (f)) | | 17 | % |
| 18 | Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) 17 % Investment income percentage from 2018 Schedule A, Part III, line 17 18 % | | | | | | |
| | 331/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line | | | | | | |
| . <i>3</i> a | 17 is not more than 331/3%, check th | | | | | | |
| h | 331/3% support tests - 2018. If the org | | - | | | | |
| U U | line 18 is not more than 331/3%, check | | | | | | |
| 20 | Private foundation. If the organization | | • | • • | | | |
| JSA | | | | ,,, | | | 90 or 990-EZ) 2019 |
| 9E122 | 11.000 9591RC 700P 3/24/2021 2 | :18:00 PM | V 19-7.9F | | | - | PAGE 1 |

Page 3

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Page 4

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- **c** 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** 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))? *If "Yes," provide detail in Part VI.*
- **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? *If "Yes," provide detail in Part VI.*
- **c** 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? *If "Yes," provide detail in Part VI.*
- **10 a** 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)? *If "Yes," answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

10b Schedule A (Form 990 or 990-EZ) 2019

JSA

Schedule A (Form 990 or 990-EZ) 2019

AUTISM SPEAKS, INC.

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| Part | V Supporting Organizations (continued) | | | |
|---------------|---|---------|--------|---------|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | 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? | 11a | | |
| | A family member of a person described in (a) above? | 11b | | |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI . | 11c | | |
| Section | on B. Type I Supporting Organizations | | Vaa | Na |
| | | | Yes | NO |
| 1 | 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? 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. | 1 | | |
| n | | • | | |
| 2 | 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? 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. | 2 | | |
| Sectio | on C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | 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)? 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). | 1 | | |
| Section | on D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | 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? | 1 | | |
| 2 | 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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | | | |
| | | 2 | | |
| 3 | 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? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | | | |
| Contin | | 3 | | |
| | on E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins | tructi | - | |
| 1 | The organization satisfied the Activities Test. Complete line 2 below. | uucu | JIIS). | |
| a b | The organization satisfied the Activities rest. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see | instruc | tions) | |
| C | | [] | Yes | |
| 2 | Activities Test. Answer (a) and (b) below. | | | |
| а | 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? If "Yes," then in Part VI identify | | | |
| | <i>those supported organizations and explain</i> 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. | 2a | | |
| 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</i> "Yes," <i>explain in</i> Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have been engaged in these | | | |
| | activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| | 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. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |
| JSA | Schedule A (Form | 990 or | 990-E2 | Z) 2019 |

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Schedule A (Form 990 or 990-EZ) 2019

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga | nization | <u>e</u> | Fage |
|--|----------|----------------|--------------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifyi | | | in in Part VI) See |
| instructions. All other Type III non-functionally integrated supporting organ | | | |
| Section A - Adjusted Net Income | | (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 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Section B - Minimum Asset Amount | | (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 Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other | | | |
| factors (explain in detail in Part VI): | | | |
| 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 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C - Distributable Amount | | | 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 Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| emergency temporary reduction (see instructions) | | | |

emergency temporary reduction (see instructions).

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

6

Schedule A (Form 990 or 990-EZ) 2019

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| Schedule A (Form 990 or 990-EZ) | 2019 |
|---------------------------------|------|
|---------------------------------|------|

| | ule A (Form 990 or 990-EZ) 2019 | | ione (continued) | Pag |
|--------|--|-----------------------------|--|---|
| Part | | Supporting Organizat | ions (continued) | A (X) |
| | ion D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish ex | | | |
| 2 | Amounts paid to perform activity that directly furthers exer | | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpo | ses of supported organiz | zations | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which | the organization is resp | onsive | |
| | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2019 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | |
| | Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
| 1 | Distributable amount for 2019 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2019 | | | |
| | (reasonable cause required - explain in Part VI). See | | | |
| | instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2019 | | | |
| а | From 2014 | | | |
| b | From 2015 | | | |
| С | From 2016 | | | |
| d | From 2017 | | | |
| е | From 2018 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2019 distributable amount | | | |
| i | Carryover from 2014 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2019 from | | | |
| | Section D, line 7: \$ | | | |
| а | Applied to underdistributions of prior years | | | |
| b | Applied to 2019 distributable amount | | | |
| С | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2019, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result | | | |
| | greater than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2019. Subtract lines 3h | | | |
| - | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2020. Add lines 3j | | | |
| | and 4c. | | | |
| B | Breakdown of line 7: | | | |
| o a | Excess from 2015 | | | |
| a b | Excess from 2016 | | | |
| 0 0 | Excess from 2017 | | | |
| d d | | | | |
| | | | | |
| е | Excess from 2019 | | | A (Form 990 or 990-EZ) 2 |

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Schedule A (Form 990 or 990-EZ) 2019

| Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part |
|--|
| III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section |
| B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, |
| 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, |
| lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
| |

PART II, SECTIONS A AND B

FISCAL YEAR 2020 IS REFLECTED IN THE 2019 COLUMN. FISCAL YEAR 2019, THE SHORT PERIOD FROM JANUARY 1, 2019 - MARCH 31, 2019, IS REFLECTED IN THE 2018 COLUMN. THE PRIOR 3 YEARS (2016 - 2018) ARE REPORTED IN COLUMNS (A), (B), AND (C), RESPECTIVELY. OTHER INCOME INCLUDES GROSS INCOME FROM FUNDRAISING AND GAMING AS APPROPRIATE, ALONG WITH PROGRAM REVENUE.

| Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury | Schedule of Contributors Attach to Form 990, Form 990-EZ, or Form 990-PF. | OMB No. 1545-0047 | |
|--|--|-------------------|-------------------------|
| Internal Revenue Service Name of the organization | ► Go to www.irs.gov/Form990 for the latest information. | Employe | r identification number |
| AUTISM SPEAKS, INC. | | | 329938 |
| Organization type (check one): | | | |
| Filers of: | Section: | | |
| Form 990 or 990-EZ | X 501(c)(3) (enter number) organization | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private fou | ndation | |
| | 527 political organization | | |
| Form 990-PF | 501(c)(3) exempt private foundation | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundat | ion | |
| | 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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) (2019)

| Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Pag | | | | | |
|---|----------------|------|--|---|--|
| Name of organization | AUTISM SPEAKS, | INC. | | Employer identification number 20-2329938 | |
| | | | | 20 202000 | |

| Part I | Contributors (see instructions). Use duplicate copies of | Part I if additional space is ne | eeded. |
|------------|---|----------------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$3,752,500. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | - - \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | - - \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | - _ \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | - _ \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

JSA

| Schedule B (Form 990, 990-EZ, or 990-PF) (2019) | | | Page 3 |
|---|----------------|------|--------------------------------|
| Name of organization | AUTISM SPEAKS, | INC. | Employer identification number |
| | | | 20-2329938 |

| Part II | Noncash Property (see instructions). Use duplicate copies | of Part II if additional space is ne | eded. |
|---------------------------|---|---|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |

JSA

| Schedule B (Form 990, 990-EZ, or 990-PF) (2019) | | |
|---|--------------------------------|--|
| Name of organization AUTISM SPEAKS, INC. | Employer identification number | |
| | 20-2329938 | |

| Part III | Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), of (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (a) the following line entry. For organizations completing Part III, enter the total of <i>exclusively</i> religious, charitable contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$Use duplicate copies of Part III if additional space is needed. | | | | | | |
|---------------------------|--|------------|--|---|--|--|--|
| (a) No. from | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held | | | |
| Part I | | | | | | | |
| | | | | | | | |
| | | (e) Transi | er of gift | | | | |
| | Transferee's name, address, ar | nd ZIP + 4 | Relatio | onship of transferor to transferee | | | |
| | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held | | | |
| | | | | | | | |
| | | (e) Transi | er of gift | | | | |
| | Transferee's name, address, ar | nd ZIP + 4 | Relationship of transferor to transferee | | | | |
| | | | | | | | |
| | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held | | | |
| | | | | | | | |
| | | | | | | | |
| | (e) Transfer of gift | | | | | | |
| | Transferee's name, address, ar | nd ZIP + 4 | Relationship of transferor to transferee | | | | |
| | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held | | | |
| | | | | | | | |
| | (e) Transfer of gift | | | | | | |
| | Transformale normal address on | | - | | | | |
| | Transferee's name, address, ar | lu 217 + 4 | | onship of transferor to transferee | | | |
| | | | | | | | |
| | | | | | | | |
| JSA | | | | Schedule B (Form 990, 990-EZ, or 990-PF) (2019) | | | |

| SCHEDULE C | Political Campaign a | and Lobbying | Activities | OMB No. 1545-0047 |
|---|--|---|--|---|
| (Form 990 or 990-EZ) | For Organizations Exempt From Incom | e Tax Under section | 501(c) and section 527 | 2019 |
| | Complete if the organization is described I | | o Form 990 or Form 990-E2 | 2. Open to Public |
| Department of the Treasury Internal Revenue Service | ► Go to www.irs.gov/Form990 for | | atest information. | Inspection |
| | ered "Yes," on Form 990, Part IV, line 3, or For | | 6 (Political Campaign Activitie | es), then |
| | rganizations: Complete Parts I-A and B. Do not comp | | | |
| | er than section 501(c)(3)) organizations: Complete | Parts I-A and C below. | Do not complete Part I-B. | |
| 0 | ations: Complete Part I-A only. | n 000 EZ Dant \// line 4 | 7/I abbying Activitian) than | |
| • | rered "Yes," on Form 990, Part IV, line 4, or Form rganizations that have filed Form 5768 (election u | | | lete Part II-B |
| ()() | rganizations that have NOT filed Form 5768 (election a | | • | |
| If the organization answ Tax) (see separate instr | vered "Yes," on Form 990, Part IV, line 5 (Proxy inctions), then | () | , · · | • |
| | 5), or (6) organizations: Complete Part III. | | F or a large large | |
| Name of organization | TNO | | | tification number |
| AUTISM SPEAKS, | | ention E01/a) and | 20-2329 | |
| | ete if the organization is exempt under | . , | | |
| | otion of the organization's direct and indirect | political campaign ac | ctivities in Part IV. (see ins | tructions for |
| | tical campaign activities") n activity expenditures (see instructions) | | ► ¢ | |
| | for political campaign activities (see instructions) | | | |
| | ete if the organization is exempt under | | | |
| | t of any excise tax incurred by the organization | | 5 ► \$ | |
| | t of any excise tax incurred by organization n | | | |
| | n incurred a section 4955 tax, did it file Form | | | |
| | made? | | | |
| b If "Yes," describe | | | | • |
| | te if the organization is exempt under | [•] section 501(c), ex | cept section 501(c)(3). | |
| | t directly expended by the filing organization | | | |
| 2 Enter the amour | t of the filing organization's funds contributed to activities | d to other organizatio | ons for section | |
| | nction expenditures. Add lines 1 and 2. Er | | | |
| 4 Did the filing org 5 Enter the names organization ma the amount of p | anization file Form 1120-POL for this year? addresses and employer identification num le payments. For each organization listed, e plitical contributions received that were pror pregated fund or a political action committee | ber (EIN) of all section nter the amount paid mptly and directly de | on 527 political organizat I from the filing organiza livered to a separate poli | tion's funds. Also enter tical organization, such |
| (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 |
| (1) | | _ | | |
| | | | | |
| (2) | | | | |

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

(3)

(4)

(5)

(6)

Schedule C (Form 990 or 990-EZ) 2019

| Sch | edule C (Form 990 or 990-EZ) 2019 AUTISM | SPEAKS, INC. | 20-2 | 329938 Page 2 |
|-------------|---|--|----------------------------------|------------------------------------|
| Pa | art II-A Complete if the organization section 501(h)). | on is exempt under section 501(c)(3) and | filed Form 5768 (elec | tion under |
| Α | | longs to an affiliated group (and list in Part IV e ind share of excess lobbying expenditures). | ach affiliated group mem | ber's name, |
| в | Check ► if the filing organization che | ecked box A and "limited control" provisions app | oly. | |
| | | ying Expenditures eans amounts paid or incurred.) | (a) Filing organization's totals | (b) Affiliated group totals |
| k c c | Total lobbying expenditures to influence Total lobbying expenditures (add lines 1 Other exempt purpose expenditures Total exempt purpose expenditures (add | public opinion (grassroots lobbying) a legislative body (direct lobbying) a and 1b) d lines 1c and 1d) e amount from the following table in both | | |
| | 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. | | |
| ç | g Grassroots nontaxable amount (enter 25 | 5% of line 1f) | | |
| ł | Subtract line 1g from line 1a. If zero or le | ess, enter -0- | | |
| i | Subtract line 1f from line 1c. If zero or le | ss, enter -0- | | |
| j | If there is an amount other than zero | on either line 1h or line 1i, did the organiza | tion file Form 4720 | |

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.)

| | Lobbying Expenditures During 4-Year Averaging Period | | | | | | |
|---|--|-----------------|-----------------|-----------------|------------------|--|--|
| Calendar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) Total | | |
| 2a Lobbying nontaxable amount | | | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | | | |
| c Total lobbying expenditures | | | | | | | |
| d Grassroots nontaxable amount | | | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | | | |
| f Grassroots lobbying expenditures | | | | | | | |

Schedule C (Form 990 or 990-EZ) 2019

AUTISM SPEAKS, INC.

| Far | and "Var" represent on lines to through the below provide in Part IV a detailed | (i | a) | (b) | |
|--|---|-------------------------|----------|-------------------------|----------|
| | each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity. | Yes | No | Amou | nt |
| 1 | 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: | v | | | |
| а | Volunteers? | X X | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?. | X | | | |
| С | Media advertisements? | | X | | |
| d | Mailings to members, legislators, or the public? | | X | | |
| е | Publications, or published or broadcast statements? | | X | | |
| f | Grants to other organizations for lobbying purposes? | x | | | 598,389 |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | X | ` | 0,00,000 |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | X | | | 76,775 |
| i : | Other activities? | | | | 775,164 |
| J | Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | x | | -, - |
| 2a b | If "Yes," enter the amount of any tax incurred under section 4912 | | | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | |
| Par | t III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6). | (c)(5) | , or s | section | |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | | | Yes No |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | | |
| 3 | Did the organization agree to carry over lobbying and political campaign activity expenditures fro | | | | |
| Par | t III-B Complete if the organization is exempt under section 501(c)(4), section 501 | (c)(5) | , or s | section | |
| | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" (answered "Yes." | OR (l | o) Pai | rt III-A, line 3 | , is |
| | Dues, assessments and similar amounts from members | | | 1 | |
| 1 | Section 162(e) nondeductible lobbying and political expenditures (do not include amou | unts | of | | |
| 1 2 | | | | | |
| | political expenses for which the section 527(f) tax was paid). | | | | |
| | Current year | | | 2a | |
| 2 | | | | 2b | |
| 2 | Current year | | | | |
| 2 | Current year | ••• | | 2b | |
| 2 a b c | Current year | es n of th | ne | 2b 2c | |
| 2 a b c 3 | Current year | es n of th obbyir | ne | 2b 2c 3 | |
| 2 a b c 3 4 | Current year | es n of th obbyir | ne ng | 2b 2c 3 4 | |
| 2 a b c 3 4 5 | Current year . Carryover from last year. Total . Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible lo and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) | es n of th obbyir | ne ng | 2b 2c 3 | |
| 2 a b c 3 4 5 Par | Current year | es n of th obbyir | ne ng | 2b 2c 3 4 5 | es 1 and |

SEE PAGE 4

AUTISM SPEAKS, INC.

20-2329938

Page 4

Schedule C (Form 990 or 990-EZ) 2019

Part IV Supplemental Information (continued)

PART II-B, LINE 1, LOBBYING ACTIVITIES:

DURING THE PERIOD BEGINNING APRIL 1, 2019, AND ENDING MARCH 31, 2020, AUTISM SPEAKS ADVOCATED ON BEHALF OF THE AUTISM COMMUNITY IN WASHINGTON AND IN STATE CAPITALS. OUR FEDERAL EFFORTS FOCUSED ON THE AUTISM COLLABORATION, ACCOUNTABILITY, RESEARCH, EDUCATION, AND SUPPORT ACT OF 2019 (AUTISM CARES ACT OF 2019), WHICH WAS ENACTED ON SEPTEMBER 30, 2019. THE AUTISM CARES ACT OF 2019 REAUTHORIZED CERTAIN PROVISIONS OF THE PUBLIC HEALTH SERVICE ACT RELATING TO AUTISM, SUPPORTING VITAL EFFORTS IN RESEARCH AT THE NATIONAL INSTITUTES OF HEALTH, DEVELOPMENTAL DISABILITIES SURVEILLANCE AND RESEARCH AT THE CENTERS FOR DISEASE CONTROL AND PREVENTION, AND TRAINING, RESEARCH, AND STATE IMPLEMENTATION AND PLANNING AT THE HEALTH RESOURCES AND SERVICES ADMINISTRATION. IN ADDITION TO THIS EFFORT, AUTISM SPEAKS ADVOCATED IN WASHINGTON FOR MEASURES THAT WOULD IMPROVE HEALTH CARE AND EDUCATION FOR INDIVIDUALS ON THE AUTISM SPECTRUM. WITH THE ONSET OF THE COVID-19 PANDEMIC, AUTISM SPEAKS

ADVOCATED FOR INCREASED USE OF TELEHEALTH, SUPPORTIVE LEAVE POLICIES, ECONOMIC ASSISTANCE, AND OTHER RELIEF.

AT THE STATE LEVEL, IN NEW YORK, OKLAHOMA, AND TEXAS, AUTISM SPEAKS ADVOCATED FOR IMPROVED MEDICAID COVERAGE FOR CHILDREN. WE WORKED TO IMPROVE PRIVATE INSURANCE COVERAGE IN FLORIDA, VIRGINIA, AND OTHER STATES. BESIDES WORKING TO IMPROVE HEALTH CARE, AUTISM SPEAKS WORKED IN STATES TO IMPROVE SERVICES FOR YOUTH WITH AUTISM TRANSITIONING TO

ADULTHOOD. OUR STATE EFFORTS DURING THE PANDEMIC HAVE INCLUDED WORKING

Schedule C (Form 990 or 990-EZ) 2019
Part IV Supplemental Information (continued)

FOR ADDITIONAL FLEXIBILITIES UNDER HOME AND COMMUNITY-BASED MEDICAID

WAIVER SERVICES.

| (FOITH 990) Complete if the | | | ental Financial Statements the organization answered "Yes" on Form 990, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12 | омв No. 1545-0047 20 19 | |
|-----------------------------|--|---|--|-----------------------------------|--|
| | tment of the Treasury | | ► Attach to Form 990. <i>Form990</i> for instructions and the latest information | | Open to Public Inspection |
| | al Revenue Service of the organization | | | _ | ployer identification number |
| AUT | ISM SPEAKS, I | INC. | | | 20-2329938 |
| Pa | rt I Organiza | tions Maintaining Donor Adv | ised Funds or Other Similar Funds or <i>J</i> | Acco | ounts. |
| | Complete | e if the organization answered | "Yes" on Form 990, Part IV, line 6. | | |
| | | | (a) Donor advised funds | (| (b) Funds and other accounts |
| 1 | Total number at er | nd of year | | | |
| 2 | Aggregate value o | of contributions to (during year) | | | |
| 3 | | of grants from (during year) | | | |
| 4 | | at end of year | | | |
| 5 | | | advisors in writing that the assets held in | | |
| c | - | | e organization's exclusive legal control? | | |
| 6 | - | - | and donor advisors in writing that grant fur fit of the donor or donor advisor, or for an | | |
| | • | | | • | |
| Pa | | tion Easements. | <u> </u> | | |
| | | | "Yes" on Form 990, Part IV, line 7. | | |
| 1 | Purpose(s) of con | servation easements held by the | organization (check all that apply). | | |
| | Preservation | n of land for public use (for example | , recreation or education) Preservation o | fah | istorically important land area |
| | | of natural habitat | Preservation o | fac | ertified historic structure |
| | | n of open space | | | |
| 2 | | | eld a qualified conservation contribution in t | the fo | |
| | | ast day of the tax year. | - | | Held at the End of the Tax Year |
| a | | | •••••• | 2a | |
| b | | | | 2b | |
| c d | | | historic structure included in (a) | 2c | |
| a | | | | 2d | |
| 3 | | | nsferred, released, extinguished, or termin | | by the organization during the |
| • | tax year ▶ | | | latoa | by the erganization during the |
| 4 | | where property subject to conse | rvation easement is located ► | | |
| 5 | Does the organiz | ation have a written policy reg | garding the periodic monitoring, inspection | on, h | andling of |
| | violations, and enfo | orcement of the conservation ea | sements it holds? | | 🖂 Yes 🖾 No |
| 6 | Staff and volunteer | hours devoted to monitoring, insp | ecting, handling of violations, and enforcing c | onse | rvation easements during the year |
| | ▶ | | | | |
| 7 | Amount of expens | es incurred in monitoring, inspec | ting, handling of violations, and enforcing co | nser | vation easements during the year |
| • | ►\$ | | | - 47 | |
| 8 | | | 2(d) above satisfy the requirements of sectio | | |
| 9 | In Part XIII descri | he how the organization reports | conservation easements in its revenue and | exne | nse statement and |
| • | • | 5 | of the footnote to the organization's financia | | |
| | organization's acc | ounting for conservation easeme | nts. | | |
| Ра | | | of Art, Historical Treasures, or Other "Yes" on Form 990, Part IV, line 8. | Sim | ilar Assets. |
| 1a | If the organization of art, historical t service, provide in | n elected, as permitted under FA reasures, or other similar asse Part XIII the text of the footnote | ASB ASC 958, not to report in its revenue ts held for public exhibition, education, c to its financial statements that describes the | stat or re ese it | ement and balance sheet works search in furtherance of public ems. |
| b | art, historical treas provide the follow | sures, or other similar assets he ing amounts relating to these iter | | arch | in furtherance of public service, |
| | | | | | |
| | | | | | |
| 2 | following amounts | required to be reported under F | rt, historical treasures, or other similar as ASB ASC 958 relating to these items: | | |
| a b | Assets included in | Form 990, Part VIII, line 1 | | ••• | ···· ►\$ |
| _ | | Act Notice, see the Instructions for | | | Schedule D (Form 990) 2019 |

| AUTISM SPEAKS, INC. | 20-2329938 |
|--|--|
| Schedule D (Form 990) 2019 | Page 2 |
| 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 make significant use of its |

| 3 | Using the organization's acquisitio | 0 | , | | , | | | | nt use | of its |
|---------|---|--------------------------|---------------------------|------------------------|-------------|-------------|--------------------|-------------|------------|----------|
| • | collection items (check all that appl | | | | | | | - 9 | | |
| а | | | | | | | | | | |
| b | Scholarly research | | e | Other | J | 1 3 | | | | |
| с | Preservation for future gener | rations | | | | | | | | |
| 4 | Provide a description of the organ | | is and expla | ain how the | y further | the or | anization's exe | empt pur | pose in | Part |
| | XIII. | | | | | | | | • | |
| 5 | During the year, did the organization | on solicit or receive | donations of | of art, histori | cal treasu | ures, or o | other similar | | | |
| | assets to be sold to raise funds rath | er than to be main | tained as pa | art of the org | ganizatior | n's collec | tion? | . 🗌 Y | /es | No |
| Ра | rt IV Escrow and Custodial A | rrangements. | | | | | | | | |
| | Complete if the organiza 990, Part X, line 21. | tion answered "Y | es" on For | m 990, Pai | rt IV, line | 9, or re | eported an am | ount or | ı Form | |
| 1a | Is the organization an agent, truste | | | - | | | | | _ | _ |
| | included on Form 990, Part X? | | | | | | | . 🗌 Y | /es | No |
| b | If "Yes," explain the arrangement in | n Part XIII and com | plete the fo | llowing table | : | 1 | | | | |
| | | | | | | | Amo | ount | | |
| С | Beginning balance | | | | | | | | | |
| d | Additions during the year | | | | | | | | | |
| e | Distributions during the year | | | | | | | | | |
| f | Ending balance | | | | | , at a dial | | | /es | No |
| 2a ► | Did the organization include an am | | | | | | - | | | |
| | If "Yes," explain the arrangement in rt V Endowment Funds. | | | xpianation na | as been p | | | <u></u> | <u> </u> | |
| Гa | Complete if the organiza | tion answered "Y | 'es" on For | m 990 Pa | rt IV line | 10 | | | | |
| | | (a) Current year | (b) Pric | | (c) Two yea | | (d) Three years ba | ack (e) | Four years | shack |
| 4 - | De singing, of us on holonoo | ., , | (6) 1 110 | | (-)) | | (a) moo youro be | | | |
| 1a | Beginning of year balance | | | | | | | | | |
| D | Contributions | | | | | | | | | |
| С | Net investment earnings, gains, | | | | | | | | | |
| А | and losses | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | |
| е | and programs | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | |
| g | End of year balance | | | | | | | | | |
| 2 | Provide the estimated percentage | of the current year | end halanc | e (line 1 a co | lumn (a)) | held as | | | | |
| a | Board designated or quasi-endowm | | % | o (iiiio 19, oc | , (u)) | | | | | |
| b | Permanent endowment | % | _ | | | | | | | |
| с | Term endowment | % | | | | | | | | |
| | The percentages on lines 2a, 2b, a | and 2c should equal | 100%. | | | | | | | |
| 3a | Are there endowment funds not in | the possession of t | the organiza | ation that are | e held an | d admin | istered for the | | | |
| | organization by: | | | | | | | _ | Yes | No |
| | (i) Unrelated organizations | | | | | | | 3a | | <u> </u> |
| | (ii) Related organizations | | | | | | | . <u>3a</u> | | |
| | If "Yes" on line 3a(ii), are the relate | • | | | | | | 3 | b | |
| 4 | Describe in Part XIII the intended u | ises of the organization | ation's endo | wment funds | S. | | | | | |
| Pa | rt VI Land, Buildings, and Equ Complete if the organization | ation answered " | es" on Fo | rm 990, Pa | rt IV, line | e 11a. S | See Form 990 | , Part X | , line 10 |). |
| | Description of property | (a) Cost of | or other basis stment) | (b) Cost or o (othe | ther basis | (c) Acc | cumulated eciation | | ok value | |
| 1a | Land | | | | | | | | | |
| b | Buildings | | | | | - | | | | 0.7.0 |
| С | Leasehold improvements | | | | 7,674. | | 52,604. | | | 070. |
| d | Equipment. | | | | 0,780. | | 40,938. | | | 842. |
| e | Other | | 000 5 | | 5,485. | | 32,401. | | 503, | |
| Iota | I. Add lines 1a through 1e. (Column | (a) must equal For | rm 990, Part | X, Column (I | в), Iine 10 | .) | | | 567, | |
| | | | | | | | So | chedule D | (Form 99 | iu) 2019 |

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| Schedule E |) (Form | 990) 2 | 019 |
|------------|---------|--------|-----|

| Part VII | Investments - Other Securities. Complete if the organization answered | l "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 | on: |
| (1) Financi | ial derivatives | | | |
| | / held equity interests | | | |
| (3) Other | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) (F) | | | | |
| (G) | | | | |
| (U) (H) | | | | |
| | nn (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII | Investments - Program Related. Complete if the organization answered | l "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 marke | |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | nn (b) must equal Form 990, Part X, col. (B) line 13.) 🔒 🕨 | | | |
| Part IX | Other Assets. Complete if the organization answered (a) De | I "Yes" on Form 990 scription |), Part IV, line 11d. See Form 990, | Part X, line 15. (b) Book value |
| (1) (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | lumn (b) must equal Form 990, Part X, col. (B) I | ine 15.) | <u></u> | |
| Part X | Other Liabilities. Complete if the organization answered line 25. | l "Yes" on Form 990 |), Part IV, line 11e or 11f. See Forn | n 990, Part X, |
| 1. | (a) Descrip | tion of liability | | (b) Book value |
| . , | ral income taxes | | | |
| | ERRED RENT | | | 782,868 |
| | JITY LIABILITY | | | 30,000 |
| | ERCOMPANY PAYABLE | | | 71,841 |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) (9) | | | | |
| | mn (b) must equal Form 990, Part X, col. (B) line 25.) | | _ | 884,709 |
| | or uncertain tax positions. In Part XIII, provide the | | | |
| | 's liability for uncertain tax positions under FASB | | | |
| JSA 9E1270 1.000 | | | · · · | nedule D (Form 990) 20 ⁴ |

| Schedu | le D (Form 990) 2019 | Page 4 |
|--------|---|----------------------------|
| 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. | 'n. |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | |
| а | Net unrealized gains (losses) on investments | |
| b | Donated services and use of facilities | |
| с | Recoveries of prior year grants | |
| d | Other (Describe in Part XIII.) | |
| е | Add lines 2a through 2d | 2e |
| 3 | Subtract line 2e from line 1 | 3 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | |
| b | Other (Describe in Part XIII.) | |
| С | Add lines 4a and 4b | 4c |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 |
| Part | XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | urn. |
| 1 | Total expenses and losses per audited financial statements | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | |
| а | Donated services and use of facilities | |
| b | Prior year adjustments | |
| с | Other losses | |
| d | Other (Describe in Part XIII.) | |
| е | Add lines 2a through 2d | 2e |
| 3 | Subtract line 2e from line 1 | 3 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | |
| b | Other (Describe in Part XIII.) | |
| С | Add lines 4a and 4b | 4c |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). | 5 |
| | XIII Supplemental Information. | |
| Droud | a the descriptions required for Dort II lines 2. E. and 0. Dort III lines 1. and 4. Dort IV lines 1. and 2. E. | Dort V line 4. Dort V line |

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.

SEE PAGE 5

Part XIII Supplemental Information (continued)

PART X, LINE 2

THE ORGANIZATION HAS BEEN GRANTED TAX-EXEMPT STATUS AS A NONPROFIT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND, ACCORDINGLY, FILES FEDERAL TAX FORM 990 (RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX) ANNUALLY. NO PROVISION FOR INCOME TAXES IS REQUIRED IN THE ORGANIZATION'S CONSOLIDATED FINANCIAL STATEMENTS. THE ORGANIZATION FILES U.S. FEDERAL, STATE AND LOCAL INFORMATIONAL RETURNS, AND NO RETURNS ARE CURRENTLY UNDER EXAMINATION. THE STATUTE OF LIMITATIONS ON THE ORGANIZATION'S U.S. FEDERAL RETURNS REMAINS OPEN FOR THREE YEARS FOLLOWING THE YEAR THEY ARE FILED.

U.S. GAAP REQUIRES THAT A TAX POSITION BE RECOGNIZED OR DERECOGNIZED BASED ON A "MORE LIKELY THAN NOT" THRESHOLD. THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE ORGANIZATION DOES NOT BELIEVE ITS CONSOLIDATED FINANCIAL STATEMENTS INCLUDE UNCERTAIN TAX POSITIONS.

| SCHEDULE F | Statement of Activities Outside the United St | ates | OMB No. 1545-0047 |
|--|---|--------------|------------------------------|
| (Form 990) | ► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 19 ► Attach to Form 990. | 5, or 16. | 2019 |
| Department of the Treasury Internal Revenue Service | Go to www.irs.gov/Form990 for instructions and the latest information. | | Open to Public Inspection |
| Name of the organization | | Employer ide | entification number |
| AUTISM SPEAKS, 1 | NC. | 20-23 | 29938 |
| | formation on Activities Outside the United States. Complete if the Part IV, line 14b. | organizat | ion answered "Yes" on |
| - | Does the organization maintain records to substantiate the amount of its the grantees' eligibility for the grants or assistance, and the selection crite or assistance? | eria used to | |

- 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 the region | (d) Activities conducted in the region (by type) (such as, 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 the region | (f) Total expenditures for and investments in the region |
|---|--|---|--|---|---|
| (1) NORTH AMERICA | 0. | 0. | GRANTMAKING | | 383,677 |
| (2) EUROPE | 0. | 0. | GRANTMAKING | | 411,600. |
| (3) MIDDLE EAST AND NORTH AFRICA | 0. | 0. | GRANTMAKING | | 50,000 |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| 10) | | | | | |
| 11) | | | | | |
| 12) | | | | | |
| 13) | | | | | |
| 14) | | | | | |
| 15) | | | | | |
| 16) | | | | | |
| 17) | | | | | |
| 3a Subtotal b Total from continuation sheets to Part I | | | | | 845,277. |
| c Totals (add lines 3a and 3b) or Paperwork Reduction Act Notice, see | | | | | 845,277. F (Form 990) 20 |

Schedule F (Form 990) 2019

| 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 noncash assistance | (h) Description of noncash assistance | (i) Method o valuation (book, FMV, appraisal, othe |
|---------------|-----------------------------|--|------------------------------|----------------------|--------------------------|---------------------------------------|---|---|---|
| (1) | | | NORTH AMERICA | SCIENCE & RE | 383,677. | CHECK | | | |
| (2) | | | EUROPE/ICELAND/GREENLAND | SCIENCE & RE | 411,600. | CHECK | | | |
| (3) | | | SUB-SAHARAN AFRICA | SCIENCE & RE | 50,000. | CHECK | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |
| (8) | | | | | | | | | |
| (9) | | | | | | | | | |
| 10) | | | | | | | | | |
| 11) | | | | | | | | | |
| 12) | | | | | | | | | |
| 13) | | | | | | | | | |
| 14) | | | | | | | | | |
| 15) | | | | | | | | | |
| 16) | | | | | | | | | |
| 2 Ent | | | ove that are recognized as o | | | | | | |
| by t 3 Ent | he IRS, or for which the gr | antee or counsel has pro | ovided a section 501(c)(3) e | quivalency letter | | | • | | 8. |

Schedule F (Form 990) 2019

| (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 noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|---------------------------------|---------------------------------------|---|---|---|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| 0) | | | | | | | |
| 1) | | | | | | | |
| 2) | | | | | | | |
| 13) | | | | | | | |
| 4) | | | | | | | |
| 5) | | | | | | | |
| 6) 7) | | | | | | | |
| 8) | | | | | | | |

Schedule F (Form 990) 2019

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| | AUTISM SPEAKS, INC. | 20-232 | 9938 | | |
|--------|---|--------|------|----|------|
| chedul | e F (Form 990) 2019 | | | F | ⊃age |
| Part | V Foreign Forms | | | | |
| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "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 | X | 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; don't file with Form 990) | Yes | X | Νο | |
| 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 | X | 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? <i>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)</i> | Yes | X | 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 | X | No | |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990) | Yes | X | No | |

Schedule F (Form 990) 2019

Page 5

Schedule F (Form 990) 2019

20-232

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 (see instructions).

PART I, LINE 2:

FOR SCIENCE GRANTS:

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' PROGRAM STAFF REVIEW ALL DOCUMENTS FOR SATISFACTORY AND ACCURATE REPORTING.

FOR SERVICES AND SUPPORTS GRANTS:

GRANT PAYMENTS ARE DEPENDENT ON THE GRANTEE SUBMITTING THE NECESSARY DOCUMENTATION. THE PAYMENT REQUIRES A FULLY EXECUTED AGREEMENT AND A TIMELINE BY WHICH THE FUNDED PROGRAM WILL BE COMPLETED. ALL GRANTEES ARE REQUIRED TO SUBMIT A FINANCIAL AND NARRATIVE REPORT AT THE COMPLETION OF THE GRANT TERM. AUTISM SPEAKS' GRANTS STAFF REVIEWS ALL DOCUMENTS FOR SATISFACTORY AND ACCURATE REPORTING.

| SCHEDULE G | | Information Re | | | | | OMB No. 1545-0047 |
|--|---|--|-------------------------------|---|--|--|---|
| Form 990 or 990-EZ) | Complete if t | he organization answei organization entered r | red "Yes" on nore than \$1 | Form 990, P 5,000 on For | Part IV, line 17, 18, or 1 m 990-EZ, line 6a. | 9, or if the | 2019 |
| | | Attach | to Form 990 | or Form 990 | D-EZ. | | Open to Public |
| Department of the Treasury Internal Revenue Service | ▶ @ | o to www.irs.gov/Form | 990 for instr | uctions and | the latest information. | | Inspection |
| lame of the organization | | | | | | Employer identification | on number |
| AUTISM SPEAKS, 1 | | | | | | 20-2329938 | _ |
| Form 990- | g Activities. Comp EZ filers are not re | equired to comple | te this pa | rt. | | | 7. |
| | the organization rai | sed funds through | | - | | | |
| a X Mail solicitat | | е | | | non-government g | | |
| V | email solicitations | f | | | government grants | 6 | |
| c X Phone solici | | g | X Spec | cial fundra | ising events | | |
| 2a Did the organization or key employeeb If "Yes," list the | ion have a written o s listed in Form 990 | , Part VII) or entity viduals or entities | in connec | tion with p | professional fundra | ising services? | X Yes No fundraiser is to b |
| (i) Name and addr or entity (fu | | (ii) Activity | custody o | draiser have r control of utions? | (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 | | | |
| 1 | | | | | | | |
| ATTACHMENT 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 5 | | | | | | | |
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| 10 | | | | | | | |
| | | | | | | | |
| | | | | | 1,474,789. | 301,673 | |
| registration or lic | which the organiza ensing. | tion is registered of | or licensed | I to solicit | contributions or | has been notified | it is exempt from |
| ALL STATES | | | | | | | |
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AUTISM SPEAKS, INC.

| Sche | edul | e G (Form 990 or 990-EZ) 2019 | | | | Page 2 |
|------------------------|------|---|--------------------------|---|-----------------------------|--|
| Pa | rt | J | | | | |
| | | more than \$15,000 of fundra events with gross receipts gre | | tions and gross incom | e on Form 990-EZ | , lines 1 and 6b. List |
| | | events with gross receipts gre | (a) Event #1 | (b) Event #2 | (c) Other events | |
| | | | CHEF GALA | GOLF EVENT | (c) Other events 30. | (d) Total events (add col. (a) through |
| | | | (event type) | (event type) | (total number) | col. (c)) |
| nue | | | | | | |
| Revenue | 1 | Gross receipts | 1,201,266. | 466,651. | 2,803,685. | 4,471,602 |
| Å | 2 | Loss: Contributions | 718,710. | 234,104. | 2,058,721. | 3,011,535 |
| | 2 | Less: Contributions Gross income (line 1 minus | /10,/10. | 234,104. | 2,030,721. | 3,011,555 |
| | • | line 2) | 482,556. | 232,547. | 744,964. | 1,460,067 |
| | | | | | | |
| | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| 6 | J | | | | | |
| sea | 6 | Rent/facility costs | 439,238. | 229,361. | 557,790. | 1,226,389 |
| per | | | | | | |
| Direct Expenses | 7 | Food and beverages | 425. | | 76,817. | 77,242 |
| rect | 8 | Entertainment | | | 15,601. | 15,601 |
| Ō | Ŭ | | | | , | |
| | 9 | Other direct expenses | 42,893. | 3,186. | 94,756. | 140,835 |
| | 10 | Direct expense summary Add lin | os 4 through 0 in colu | imp (d) | | 1,460,067 |
| | 11 | Direct expense summary. Add lin Net income summary. Subtract li | ne 10 from line 3. colu | umn (d) | | 1,400,007 |
| Pa | | | | | | reported more than |
| | | \$15,000 on Form 990-EZ, lin | ne 6a. | 1 | | |
| ne | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
| Revenue | | | | | | |
| Re | 1 | Gross revenue | | | | |
| | | | | | | |
| ses | 2 | Cash prizes | | | | |
| en. | 2 | Noncash prizes | | | | |
| Ă | J | | | | | |
| Direct Expenses | 4 | Rent/facility costs | | | | |
| Ē | | | | | | |
| | 5 | Other direct expenses | | | | |
| | 6 | Volunteer labor | Yes % | %Yes% No | Yes% | |
| | | | | | | |
| | 7 | Direct expense summary. Add lin | es 2 through 5 in colu | ımn (d) | | |
| | _ | | | 4 I 4 N | | |
| | 8 | Net gaming income summary. Su | ubtract line 7 from line | e 1, column (d) | <u></u> | |
| 9 | | Enter the state(s) in which the org | anization conducts da | aming activities: | | |
| a | I | Is the organization licensed to con | duct gaming activities | in each of these state | es? | Yes No |
| k |) | If "No," explain: | | | | |
| | | | | | | |
| 10a | | Were any of the organization's gaming | a licenses revoked sus | pended, or terminated du | uring the tax year? | Yes No |
| k | | | | | | |
| | | | | | | |

Schedule G (Form 990 or 990-EZ) 2019

DocuSign Envelope ID: B1AF301C-5D98-4588-8D05-787992E11C24

| - | AUTISM SPEAKS, INC. | 20-2329 | 938 | |
|-------|--|-----------|-----|---------------|
| Sched | lule G (Form 990 or 990-EZ) 2019 | | | Page 3 |
| 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 entit | | | |
| | formed to administer charitable gaming? | | Yes | No |
| 13 | Indicate the percentage of gaming activity conducted in: | | | |
| а | The organization's facility | 13a | | % |
| b | An outside facility | | | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events bool | ks and | | |
| | records: | | | |
| | | | | |
| | Name | | | |
| | Address ► | | | |
| 15 2 | Does the organization have a contract with a third party from whom the organization receives | aomina | | |
| 15 a | revenue? | | Vos | No |
| b | If "Yes," enter the amount of gaming revenue received by the organization ► \$ | and the | | |
| b | amount of gaming revenue retained by the third party \triangleright \$ | | | |
| с | If "Yes," enter name and address of the third party: | | | |
| U | in res, enter hame and address of the tillid party. | | | |
| | Name ► | | | |
| | Address ► | | | |
| 16 | Gaming manager information: | | | |
| | | | | |
| | Name | | | |
| | | | | |
| | Gaming manager compensation ► \$ | | | |
| | Description of services provided ► | | | |
| | Director/officer Employee Independent contractor | | | |
| 17 | Mandatory distributions: | | | |
| а | Is the organization required under state law to make charitable distributions from the gaming pr | oceeds to | | |
| | retain the state gaming license? | | Yes | No |
| b | Enter the amount of distributions required under state law to be distributed to other exempt org | | L | |
| | or spent in the organization's own exempt activities during the tax year > \$ | | | |
| Par | | () | | |

20-2329938

ATTACHMENT 1

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

| NAME AND ADDRESS OF FUNDRAISER | ACTIVITY | DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS? YES NO | GROSS RECEIPTS FROM ACTIVITY | AMOUNT PAID TO (OR RETAINED BY FUNDRAISER | AMOUNT PAID TO (OR RETAINED BY ORGANIZATION |
|--|---------------------------|--|---------------------------------|---|---|
| THOMPSON, HABIB & DENISON 55 OLD BEDFORD ROAD SUITE 201 LINCOLN MA 01773 | DIRECT MAIL CONSULTING | Х | 1,474,789. | 301,673. | 1,173,116. |

| | | | Assistance t | | | L | OMB No. 1545-0047 |
|---|---------------------------------|------------------------------------|--------------------------|---------------------------------------|--|---------------------------------------|---------------------------------------|
| (Form 990) GC | vernme | nts, and Ir | ndividuals in | n the United | d States | | 2019 |
| Com | olete if the or | ganization ans | wered "Yes" on F | orm 990, Part IV, | line 21 or 22. | | |
| Department of the Treasury | | ► At | ttach to Form 990 | | | | Open to Public |
| Internal Revenue Service | ► Go | to www.irs.gov/ | /Form990 for the I | atest information | | | Inspection |
| Name of the organization | | | | | | Employer identification | ation number |
| AUTISM SPEAKS, INC. | | | | | | 20-23299 | 38 |
| Part I General Information on Grants and | d Assistanc | 9 | | | | | |
| Does the organization maintain records to su the selection criteria used to award the grant Describe in Part IV the organization's proceed | s or assistand lures for mor | e? iitoring the use | of grant funds in the | e United States. | | | X Yes No |
| Part II Grants and Other Assistance to D | omestic Or | ganizations ar | nd Domestic Gov | ernments. Com | plete if the organiz | ation answered " | Yes" on Form 990, |
| Part IV, line 21, for any recipient the | nat received | more than \$5 | ,000. Part II can b | e duplicated if a | additional space is r | eeded. | |
| 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 noncash assistance | (h) Purpose of grant or assistance |
| (1) MARCUS AUTISM CENTER | | | | | | | |
| 1584 TULLIE CIRCLE ATLANTA, GA 30329 | 26-2809380 | 501(C)3 | 178,895. | | | | SCIENCE & RESEARCH |
| (2) NEW YORK PRESBYTERIAN FUND, INC. | | | | | | | |
| 525 EAST 68TH STREET NEW YORK, NY 10065 | 13-3160356 | 501(C)3 | 129,339. | | | | SCIENCE & RESEARCH |
| (3) CHILDRENS HOSPITAL LOS ANGELES | | | | | | | |
| 4650 SUNSET BLVD. LOS ANGELES, CA 90027 | 95-1690977 | 501(C)3 | 145,955. | | | | SCIENCE & RESEARCH |
| (4) CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENT | | | | | | | |
| 3333 BURNET AVENUE CINCINNATI, OH 45229 | 31-0833936 | 501(C)3 | 217,628. | | | | SCIENCE & RESEARCH |
| (5) REGENTS OF THE UNIVERSITY OF CALIFORNIA AT | | | | | | | |
| 120 THEORY STE 200 IRVINE, CA 92617 | 95-2226406 | 501(C)3 | 152,567. | | | | SCIENCE & RESEARCH; |
| (6) SOUTHWEST AUTISM RESEARCH & RESOURCE CENTER | | | | | | | |
| 300 NORTH 18TH STREET PHOENIX, AZ 85006 | 31-1496646 | 501(C)3 | 285,037. | | | | SCIENCE & RESEARCH |
| (7) NATIONAL ACADEMY OF SCIENCES | | | | | | | |
| 2101 CONSTITUTION AVE NW, DC, 20418 | 53-0196932 | 501(C)3 | 50,000. | | | | SCIENCE & RESEARCH |
| (8) THE CHILDREN'S HOSPITAL OF PHILADELPHIA | 1 | | | | | | |
| 34 ST CIVIC CTR BLVD PHILADELPHIA, PA 19104 | 23-1352166 | 501(C)3 | 181,003. | | | | SCIENCE & RESEARCH |
| (9) THE CURATORS OF THE UNIVERSITY OF MISSOURI- | 4 | | | | | | |
| 118 UNIVERSITY HALL COLUMBIA, MO 65211 | 43-6003859 | 115 | 186,884. | | | | SCIENCE & RESEARCH |
| (10) RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S | 4 | | | | | | |
| 700 CHILDREN'S DRIVE COLUMBUS, OH 43205 | 31-6056230 | 501(C)3 | 168,637. | | | | SCIENCE & RESEARCH |
| (11) UNIVERSITY OF PITTSBURGH | 4 | | | | | | |
| 116 ATWOOD ST #201 PITTSBURGH, PA 15260 | 25-0965591 | 501(C)3 | 157,046. | | | | SCIENCE & RESEARCH |
| (12) UNIVERSITY OF ROCHESTER | 4 | | | | | | |
| 910 GENESEE STREET, ROCHESTER, NY, 14611 | 16-0743209 | 1 | 165,756. | | | | SCIENCE & RESEARCH |
| 2 Enter total number of section 501(c)(3) and | • | • | | | | | • |
| 3 Enter total number of other organizations list | ed in the line | 1 table | | | | <u> </u> | • |

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

Schedule I (Form 990) (2019)

| SCHEDULE I (Form 990) | | | | Assistance t ndividuals in | U | • | | DMB No. 1545-0047 എ പ്പെ |
|--|---|-----------------|------------------------------------|-------------------------------|---------------------------------------|---|---------------------------------------|---------------------------------------|
| | | | • | wered "Yes" on F | | | | 2019 |
| | Com | | - | ttach to Form 990 | | , 1110 21 01 22. | | Open to Public |
| Department of the Treasury Internal Revenue Service | | ► Go t | to www.irs.gov | /Form990 for the I | atest information | ۱. | | Inspection |
| Name of the organization | | | | | | | Employer identificati | on number |
| AUTISM SPEAKS, | INC. | | | | | | 20-232993 | 8 |
| Part General I | nformation on Grants and | d Assistance | e | | | | | |
| | zation maintain records to su | | | orants or assista | nce the grantees | ' eligibility for the grant | ts or assistance and | |
| | eria used to award the grant | | | | | | | X Yes No |
| | IV the organization's proceed | | | | | | | |
| | <u> </u> | | | | | | | |
| | nd Other Assistance to D | | - | | | | | es" on Form 990, |
| Part IV, li | ne 21, for any recipient th | hat received | more than \$5 | ,000. Part II can b | be duplicated if a | additional space is r | needed. | |
| | d address of organization 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 noncash assistance | (h) Purpose of grant or assistance |
| (1) VANDERBILT UNIVER | SITY MEDICAL CENTER | | | | | | | |
| | PLACE, NASHVILLE, TN, 37240 | 62-0476822 | 501(C)3 | 145,161. | | | | SCIENCE & RESEARCH |
| | TY OF CALIFORNIA LOS ANGELE | | | | | | | |
| ~ / | VD LOS ANGELES CA 90024 | 95-6006143 | 501(C)3 | 125,000. | | | | SCIENCE & RESEARCH |
| | STEES OF THE LELAND STANFOR | | | | | | | |
| ~ / | WOOD CITY CA 94063 | 94-1156365 | 501(C)3 | 123,557. | | | | SCIENCE & RESEARCH |
| (4) THE GENERAL HOSPI | | | | | | | | |
| 55 FRUIT STREET E | | 04-2697983 | 501(C)3 | 171,038. | | | | SCIENCE & RESEARCH |
| (5) THE OHIO STATE UN | IIVERSITY | | | | | | | |
| ~ / | COLUMBUS OH 43210-1016 | 31-6025986 | 501(C)(1) | 73,139. | | | | SCIENCE & RESEARCH |
| (6) THE REGENTS OF TH | HE UNIVERSITY OF CALIFORNIA | | | | | | | |
| ~ / | T SAN FRANCISCO CA 94143 | 94-6036493 | | 20,000. | | | | SCIENCE & RESEARCH |
| (7) ETTA ISRAEL CENTE | IR | | | | | | | |
| 13034 SATICOY ST | NORTH HOLLYWOOD CA 91605 | 95-4308644 | 501(C)3 | 10,000. | | | | SERVICES |
| (8) YOUNG MEN'S CHRIS | TIAN ASSOCIATION OF CHICAG | | | | | | | |
| 1030 W VAN BUREN | ST CHICAGO IL 60607 | 36-2179782 | 501(C)3 | 10,000. | | | | SERVICES |
| (9) | | _ | | | | | | |
| (10) | | _ | | | | | | |
| (11) | | _ | | | | | | |
| (12) | | | | | | | | |
| | | | | | | | | |
| | per of section 501(c)(3) and | • | • | | | | | |
| | per of other organizations list | | | | | <u></u> | | 3. |
| For Paperwork Reduction | on Act Notice, see the Instruct | ions for Form 9 | 90. | | | | Sch | edule I (Form 990) (2019) |

JSA

Schedule I (Form 990) (2019)

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 |
|--|--------------------------|--------------------------|-----------------------------------|--|--|
| | - | 2,000 | | | |
| FINANCIAL ASSISTANCE - NATURAL DISASTERS GRANTS | б. | 3,000. | | | |
| 2 FINANCIAL ASSISTANCE - AUTISM CARES GRANTS | 60. | 54,210. | | | |
| 3 EARLY CAREER SCIENTISTS/HEARST FOUNDATION FELLOWSH | 7. | 245,000. | | | |
| 4 PREDOCTORAL ROYAL ARCH MASONS FELLOWSHIPS | 1. | 19,587. | | | |
| 5 POSTDOCTORAL FELLOWSHIPS | 3. | 188,300. | | | |
| 6 | | | | | |
| 7 | | | | | |

PART 1, LINE 2

FOR SCIENCE GRANTS:

information.

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' PROGRAM STAFF REVIEW ALL DOCUMENTS FOR SATISFACTORY AND ACCURATE

REPORTING.

Schedule I (Form 990) (2019)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III 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 |
|---------------------------------|--------------------------|-----------------------------|-----------------------------------|--|--|
| | | | | | |
| | | | | | |
| | | | | | |
| l | | | | | |
| | | | | | |
| i | | | | | |
| 7 | | | | | |

FOR SERVICES AND SUPPORTS GRANTS:

JSA

GRANT PAYMENTS ARE DEPENDENT ON THE GRANTEE SUBMITTING THE NECESSARY DOCUMENTATION. THE PAYMENT REQUIRES A FULLY EXECUTED AGREEMENT AND A TIMELINE BY WHICH THE FUNDED PROGRAM WILL BE COMPLETED. ALL GRANTEES ARE REQUIRED TO SUBMIT A FINANCIAL AND NARRATIVE REPORT AT THE COMPLETION OF THE GRANT TERM. AUTISM SPEAKS' GRANTS STAFF REVIEWS ALL DOCUMENTS FOR SATISFACTORY AND ACCURATE REPORTING.

| SCHI | SCHEDULE J Compensation Information | | 0 | MB No. | 1545-0 | 047 | |
|--------|-------------------------------------|--|--|-------------------------|-----------|---------|--------|
| (For | n 990) | For certain Officers, Dire | ectors, Trustees, Key Employees, and Highest | | എന | 10 | |
| | | | mpensated Employees on answered "Yes" on Form 990, Part IV, line : | 23. | Ľ⊎ | 13 | |
| | nent of the Treasury | · · · · • • | Attach to Form 990. | C | Open to | | |
| - | Revenue Service | Go to www.irs.gov/Porms | 990 for instructions and the latest information | Employer identification | | | n |
| | ISM SPEAKS | . INC. | | 20-2329938 | | • | |
| Part | | s Regarding Compensation | | | | | |
| r ar c | | ······································ | | | | Yes | No |
| 1a | Check the app | propriate box(es) if the organization pro | ovided any of the following to or for a pers | son listed on Form | | | |
| | 990, Part VII, | Section A, line 1a. Complete Part III to | provide any relevant information regarding | y these items. | | | |
| | First-cla | ss or charter travel | Housing allowance or residence for | personal use | | | |
| | Travel fo | or companions | Payments for business use of perso | nal residence | | | |
| | Tax inde | emnification and gross-up payments | Health or social club dues or initiation | on fees | | | |
| | Discretio | onary spending account | Personal services (such as maid, ch | auffeur, chef) | | | |
| h | If any of the | hoves on line 12 are checked did th | ne organization follow a written policy re | aarding navment | | | |
| D D | or reimburse | ement or provision of all of the ex | penses described above? If "No," com | plete Part III to | | | |
| | explain | | | | 1b | | _ |
| 2 | - | | to reimbursing or allowing expenses | - | | | |
| | | - | D/Executive Director, regarding the items | checked on line | | | |
| | | | | | 2 | | |
| 3 | Indicate which | n, if any, of the following the organization | on used to establish the compensation of | the | | | |
| | | | at apply. Do not check any boxes for metho e CEO/Executive Director, but explain in P | | | | |
| | | nsation committee | X Written employment contract | art III. | | | |
| | · | dent compensation consultant | X Compensation survey or study | | | | |
| | | 00 of other organizations | X Approval by the board or compensat | ation committee | | | |
| | | · | | | | | |
| 4 | | ar, did any person listed on Form 990, or a related organization: | Part VII, Section A, line 1a, with respect t | o the filing | | | |
| а | | | ayment? | | 4a | | Х |
| b | | | ental nonqualified retirement plan? | | 4b | | Х |
| С | | | ased compensation arrangement? | | 4c | | Х |
| | | | rovide the applicable amounts for each it | | | | |
| | | | | | | | |
| | Only section | 501(c)(3), 501(c)(4), and 501(c)(29) or | rganizations must complete lines 5-9. | | | | |
| 5 | For persons | listed on Form 990, Part VII, Secti | ion A, line 1a, did the organization pa | ay or accrue any | | | |
| | | n contingent on the revenues of: | | | | | |
| | | | | | 5a | | X |
| b | • | - | | | 5b | | X |
| | | e 5a or 5b, describe in Part III. | | | | | |
| 6 | | | ion A, line 1a, did the organization pa | iy or accrue any | | | |
| - | | n contingent on the net earnings of: | | | 6- | | х |
| a b | | | | | 6a 6b | | X |
| U | - | e 6a or 6b, describe in Part III. | | | 40 | | |
| 7 | | | on A line to did the exercited area | vide any perfixed | | | |
| 7 | | | on A, line 1a, did the organization proves escribe in Part III. | | 7 | х | |
| 8 | | | paid or accrued pursuant to a contract the | | - | | |
| - | - | | Regulations section 53.4958-4(a)(3)? | - | | | |
| | | - | | | 8 | Х | |
| 9 | If "Yes" on I | ine 8, did the organization also fol | low the rebuttable presumption proced | lure described in | | | |
| | | | <u> </u> | | 9 | Х | |
| For Pa | | ction Act Notice, see the Instructions for Fo | | | ule J (Fo | orm 990 |) 2019 |

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | | (B) Breakdown of | W-2 and/or 1099-MI | SC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation |
|---|------|--------------------------|--|--|-----------------------------|----------------|----------------------|--|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(i)-(D) | in column (B) reported as deferred on prior Form 990 |
| ANGELA GEIGER | (i) | 513,635. | 430,000. | 0. | 10,200. | 21,046. | 974,881. | |
| 1 ^{PRESIDENT & CEO} | (ii) | 0. | 0. | 0. | | | | |
| LISA GERBASI | (i) | 272,729. | 0. | 0. | 10,952. | 30,918. | 314,599. | |
| 2 ^{STRATEGIC INITIATIVES & INNOVA} | (ii) | 0. | 0. | 0. | | | | |
| KAREN ROBINSON | (i) | 168,925. | 0. | 0. | 6,933. | 10,723. | 186,581. | |
| 3 ^{CFO (THRU 8/9/19)} | (ii) | 0. | 0. | 0. | | | | |
| THOMAS FRAZIER | (i) | 351,699. | 0. | 0. | 11,097. | 26,297. | 389,093. | |
| 4 CHIEF SCIENCE OFFICER | (ii) | 0. | 0. | 0. | | | | |
| JANE HADLEY | (i) | 167,308. | 0. | 0. | 5,175. | 9,295. | 181,778. | |
| 5 ^{VP, CONTROLLER} | (ii) | 0. | 0. | 0. | | | | |
| ANNE MARIE FORBES | (i) | 163,428. | 0. | 0. | 6,623. | 10,384. | 180,435. | |
| 6CHIEF FIELD OFR (THRU 8/31/19) | (ii) | 0. | 0. | 0. | | | | |
| JENNIFER PODOLL | (i) | 203,856. | 0. | 0. | | 24,431. | 228,287. | |
| 7 SVP, CONSTITUENT ENGAGEMENT | (ii) | 0. | 0. | 0. | | | | |
| ANDY SHIH | (i) | 246,496. | 0. | 0. | 10,424. | 26,297. | 283,217. | |
| 8 ^{SR VP PUBLIC HEALTH/INCLUSION} | (ii) | 0. | 0. | 0. | | | | |
| STUART SPIELMAN | (i) | 225,936. | 0. | 0. | 9,004. | 1,575. | 236,515. | |
| 9 ^{SVP, ADVOCACY} | (ii) | 0. | 0. | 0. | | | | |
| LYNN HAPPEL | (i) | 210,918. | 0. | 0. | 8,607. | 17,862. | 237,387. | |
| 10 ^{SVP, IT & DATA SUPPORT} | (ii) | 0. | 0. | 0. | | | | |
| MELANIE AKINS | (i) | 199,590. | 0. | 0. | | 30,883. | 230,473. | |
| 11 ^{VP, CORPORATE INITIATIVES} | (ii) | 0. | 0. | 0. | | | | |
| DONNA S. MURRAY | (i) | 201,469. | 0. | 0. | 8,136. | 9,739. | 219,344. | |
| 12 ^{VP, HEAD CLINICAL PROGRAMS} | (ii) | 0. | 0. | 0. | | | | |
| | (i) | | | | | | | |
| 13 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 14 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| _16 | (ii) | | | | | | | |

Schedule J (Form 990) 2019

DocuSign Envelope ID: B1AF301C-5D98-4588-8D05-787992E11C24

AUTISM SPEAKS, INC.

Schedule J (Form 990) 2019

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.

FORM 990, SCHEDULE J, PART 1, LINE 7

AUTISM SPEAKS AWARDED NON-FIXED PAYMENTS SUCH AS BONUSES BASED

ON THE SUCCESSFUL ACHIEVEMENT OF PERFORMANCE GOALS AS REVIEWED AND

APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS.

THE NAMES OF EMPLOYEES AND THE AMOUNTS PAID ARE FOUND ON SCHEDULE J,

PAGE 2, PART II, COL. (B)(II).

FORM 990, SCHEDULE J, PART 1, LINE 8

AUTISM SPEAKS AWARDED FIXED PAYMENTS SUCH AS BONUSES BASED

ON THE SUCCESSFUL ACHIEVEMENT OF CERTAIN GOALS AS REVIEWED AND

APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS AND AS

OUTLINED IN APPLICABLE INITIAL CONTRACTS. THE NAMES OF EMPLOYEES AND THE

AMOUNTS PAID ARE FOUND ON SCHEDULE J, PAGE 2, PART II, COL. (B)(II).

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

| Department of the Treasury |
|----------------------------|
| nternal Revenue Service |

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.



Name of the organization

AUTISM SPEAKS, INC.

| Employer identification | number |
|-------------------------|--------|
| 20-2329938 | |

| Par | t 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 | Method o noncash cont | | | |
| 1 | Art - Works of art | | | | | | | |
| 2 | Art - Historical treasures | | | | | | | |
| 3 | Art - Fractional interests | | | | | | | |
| 4 | Books and publications | | | | | | | |
| 5 | Clothing and household | | | | | | | |
| Ŭ | goods | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | |
| 7 | Boats and planes | | | | | | | |
| 8 | Intellectual property | | | | | | | |
| 9 | Securities - Publicly traded | | 21. | 252,624. | FMV | | | |
| 10 | Securities - Closely held stock | | | , | | | | |
| 11 | Securities - Partnership, LLC, | | | | | | | |
| •• | or trust interests | | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | | |
| 13 | Qualified conservation | | | | | | | |
| 15 | contribution - Historic | | | | | | | |
| | structures | | | | | | | |
| 14 | Qualified conservation | | | | | | | |
| 14 | contribution - Other | | | | | | | |
| 15 | Real estate Residential | | | | | | | |
| 15 | Real estate - Residential | | | | | | | |
| 17 | Real estate - Commercial | | | | | | | |
| 18 | Real estate - Other | | | | | | | |
| 10 | Collectibles | | | | | | | |
| 19 20 | Food inventory | | | | | | | |
| 20 21 | Drugs and medical supplies | | | | | | | |
| 21 | Taxidermy | | | | | | | |
| | Historical artifacts | | | | | | | |
| 23 | Scientific specimens | | | | | | | |
| 24 | Archeological artifacts | | | | | | | |
| 25 | Other \blacktriangleright () | | | | | | | |
| 26 | Other \blacktriangleright () | | | | | | | |
| 27 | Other ►() Other ►() | | | | | | | |
| | | | | | | | | |
| 29 | Number of Forms 8283 received | | | | 20 | | | 4. |
| | which the organization completed I | -orm 8283, | Part IV, Donee Acknowledg | | 29 | | Yes | No |
| 20- | During the upper did the experiment | | by contribution only propo | the reported in Dort I line | a 1 through | | Tes | NO |
| 30a | During the year, did the organizat | | | | - | | | |
| | 28, that it must hold for at least the | - | | | | 200 | | Х |
| | to be used for exempt purposes for | | olaing perioa? | | | 30a | | |
| | If "Yes," describe the arrangement i | | terrer and the state of the | a dha an ta dh | | | | |
| 31 | Does the organization have a | | | | | | v | |
| | contributions? | | | | | 31 | X | |
| 32a | Does the organization hire or use | - | - | - | | | 37 | |
| | contributions? | | | | | 32a | Х | |
| | If "Yes," describe in Part II. | | | | | | | |
| 33 | If the organization didn't report an describe in Part II. | amount in c | column (c) for a type of pro | perty for which column (a) |) is checked, | | | |

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

Schedule M (Form 990) 2019

Page 2

Schedule M (Form 990) (2019)

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

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.



Internal Revenue Service Name of the organization AUTISM SPEAKS, INC.

Employer identification number

FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS PREPARED BY FINANCE DEPARTMENT STAFF MEMBERS AND REVIEWED BY EXTERNAL INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS. ONCE COMPLETED, THE 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 EVERY BUSINESS ENTITY REPORTED BY BOARD MEMBERS OR STAFF WITH INTEREST. 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 COMPENSATION COMMITTEE OF THE BOARD REVIEWS CEO COMPENSATION OF

| Schedule O (Form 990 or 990-EZ) 2019 | Page 2 |
|--------------------------------------|--------------------------------|
| Name of the organization | Employer identification number |
| AUTISM SPEAKS, INC. | 20-2329938 |

SEVERAL NATIONAL NON-PROFITS OF SIMILAR SIZE AND SCOPE 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 SIMILARLY SIZED NATIONAL ORGANIZATIONS, WHICH DETERMINES A SALARY RANGE BY JOB. AUTISM SPEAKS' AIMS TO PAY INDIVIDUALS AT COMPETITIVE MARKET RATES TARGETED TO THE MEDIAN.

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.

FORM 990 AMENDED RETURN

FORM 990, PART VII, COL D WAS ORIGINALLY FILED USING EACH INDIVIDUAL'S 2019 W-2 GROSS COMPENSATION. THE 990 IS BEING AMENDED TO CORRECT THIS PRESENTATION AND TO REPORT EACH INDIVIDUAL'S 2019 W-2, THE GREATER OF BOX 1 OR 5 AMOUNT.

FORM 990, PART VI, LINE 17 - STATES

AL, AR, CA, CT,

JSA

FL,GA,HI,IL,KS,KY,MD,MA,MI,

MN, MS, NH, NJ, NM, NY, NC, OR, PA,

RI, SC, TN, UT, VA, WA, WV, WI,

ATTACHMENT 2

ATTACHMENT 1

| Schedule O (Form 990 or 990-EZ) 2019 | | Page 2 |
|--------------------------------------|-----|--------------------------------|
| Name of the organization | | Employer identification number |
| AUTISM SPEAKS, INC. | | 20-2329938 |
| | ATT | ACHMENT 2 (CONT'D) |
| | | |

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

| DESCRIPTION | BEGINNING BOOK VALUE | ENDING BOOK VALUE |
|-----------------------------|-------------------------|----------------------|
| US TREASURY MONEY MKT FUNDS | 16,062,081. | 21,920,530. |
| TOTALS | 16,062,081. | 21,920,530. |

OMB No. 1545-0047

Open to Public

Inspection

9

2

Employer identification number

20-2329938

Related Organizations and Unrelated Partnerships

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Part I

SCHEDULE R

(Form 990)

Name of the organization

AUTISM SPEAKS, INC.

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 |
|--|--------------------------------|--|----------------------------|----------------------------------|--|
| (1) DELIVERING SCIENTIFIC INNOVATION FOR AUT 46-1157381 | | | | | |
| 1060 STATE ROAD, 2ND FLOOR PRINCETON, NJ 08540 | DORMANT | DE | 7. | 7. | AUTISM SPEAK |
| (2) | | | | | |
| | | | | | |
| (3) | | | | | |
| | | | | | |
| (4) | | | | | |
| | | | | | |
| (5) | _ | | | | |
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| (6) | | | | | |
| | | | | | |

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 | contr | g) 512(b)(13) rolled tity? |
|---|--------------------------------|---|----------------------------|---|--|-------|--|
| | | | | | | Yes | No |
| (1) AUTISM SPEAKS CANADA 86-9420208 | | | | | | | |
| 2450 VICTORIA PARK AVENUE TORONTO, ONTARIO CA | SEE PART VII | CA | | | AUTISM SPEAK | Х | |
| (2) | | | | | | | |
| |] | | | | | | |
| (3) | | | | | | | |
| | | | | | | | |
| (4) | | | | | | | |
| | | | | | | | |
| (5) | | | | | | | |
| |] | | | | | | |
| (6) | | | | | | | |
| · · · | 1 | | | | | | |
| (7) | | | | | | | |
| · · · | 1 | | | | | | |

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

Schedule R (Form 990) 2019

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Schedule R (Form 990) 2019

Page **2**

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.

| | more related org | | | artificionip during th | | | | | | | | |
|--|--------------------------------|--|--|---|--|---|-----|----------------------------|---|-------------|---------------------------------------|---------------------------------------|
| (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) ortionate ations? | (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | Gene man | j) eral or aging ner? | (k) Percentage ownership |
| | | | | , | | | Yes | No | | Yes | No | |
| (1) | _ | | | | | | | | | | | |
| (2) | - | | | | | | | | | | | |
| (3) | _ | | | | | | | | | | | |
| (4) | _ | | | | | | | | | | | |
| (5) | - | | | | | | | | | | | |
| (6) | - | | | | | | | | | | | |
| (7) | - | | | | | | | | | | | |

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) | (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)(controll entity |
|---|--------------------------------|---|--|---------------------------------|--|---------------------------------------|---|
| (1) | | | | | | | Yes N |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |

Schedule R (Form 990) 2019

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Schedule R (Form 990) 2019

| Part | V Transactions With Related Organizations. Complete if the organization answered | "Yes" on Form 990, Pa | rt IV, line 34, 35b, or 36. | | | | | |
|--------|---|-------------------------------|------------------------------|-------------|----------|-------|------|--|
| Note | e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | | Yes | No | |
| 1 | During the tax year, did the organization engage in any of the following transactions with one or mo | ore related organizations lis | sted in Parts II-IV? | | | | | |
| | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity. | | | | 1a | | X | |
| | Gift, grant, or capital contribution to related organization(s) | | | | 1b | Х | | |
| | Gift, grant, or capital contribution from related organization(s). | | | | 1c | | X | |
| | Loans or loan guarantees to or for related organization(s) | | | | 1d | | X | |
| е | Loans or loan guarantees by related organization(s) | | | | 1e | | | |
| | Dividende from related erronization(a) | | | | 1f | | х | |
| | Dividends from related organization(s) | | | | 1g | | X | |
| | Purchase of assets from related organization(s) | | | | 1h | | X | |
| | Exchange of assets with related organization(s). | | | | 1i | | X | |
| i | Lease of facilities, equipment, or other assets to related organization(s). | | | | 1j | | Х | |
| , | | | | | | | | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | | | | 1k | | Х | |
| | Performance of services or membership or fundraising solicitations for related organization(s) | | | | | | | |
| | Performance of services or membership or fundraising solicitations by related organization(s) | | | | 1m | | Х | |
| | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | 1n | | X | |
| | Sharing of paid employees with related organization(s) | | | | 10 | | X | |
| | | | | | | | | |
| | Reimbursement paid to related organization(s) for expenses | | | | 1p | | | |
| q | Reimbursement paid by related organization(s) for expenses | | | | 1q | | X | |
| | | | | | | | 37 | |
| r | Other transfer of cash or property to related organization(s) | | | | 1r | | X | |
| | Other transfer of cash or property from related organization(s). If the answer to any of the above is "Yes," see the instructions for information on who must complete | ete this line including cove | ared relationships and trans | action thre | 1s | c | | |
| | (a) | (b) | | | (d) | 3. | | |
| | Name of related organization | Transaction | Amount involved | Method | of dete | | ıg | |
| | | type (a-s) | | amo | unt invo | olved | | |
| | | | | | | | | |
| (1) | AUTISM SPEAKS CANADA | В | 333,677. | CASH 1 | PAYM | ENT | | |
| | | | | | | | | |
| (2) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| (.) | | | | | | | | |
| (5) | | | | | | | | |
| | | | | | | | | |
| (6) | | | | | | | | |
| JSA | | | Sci | hedule R (| Form | 990) | 2019 | |
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20-2329938

Schedule R (Form 990) 2019

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) Name, address, an | (a) ne, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under | (e) Are all partners section 501(c)(3) organizations? | | (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 |
|--------------------------|---------------------------------------|--------------------------------|--|---|---|--|---------------------------------|--|---|----|---|---|----------|--------------------------------|
| | | | | sections 512-514) | Yes | | | | Yes | No | (| Yes | No | 1 |
| (1) | | _ | | | | | | | | | | | | |
| (2) | | - | | | | | | | | | | | | |
| (3) | | - | | | | | | | | | | | | 1 |
| | | _ | | | | | | | | | | | | |
| (5) | | _ | | | | | | | | | | | | |
| (6) | | _ | | | | | | | | | | | | |
| (7) | | _ | | | | | | | | | | | | |
| (8) | | _ | | | | | | | | | | | | |
| (9) | | _ | | | | | | | | | | | | |
| 10) | | | | | | | | | | | | | | |
| 1) | | | | | | | | | | | | | | |
| 12) | | | | | | | | | | | | | | |
| 13) | | | | | | | | | | | | | | |
| 14) | | - | | | | | | | | | | | | |
| 15) | | _ | | | | | | | | | | | <u> </u> | |
| 16) | | | | | | | | | | | | | <u> </u> | |

Schedule R (Form 990) 2019

JSA

| Schedule R (Form 990) 2019 |
|--|
| Part VII Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions. |
| FORM 990, SCHEDULE R PART II (B) |
| AUTISM SPEAKS CANADA - AUTISM SPEAKS CANADA IS DEDICATED TO PROMOTING |
| SOLUTIONS, ACROSS THE SPECTRUM AND THROUGHOUT THE LIFESPAN, FOR THE NEEDS |
| OF INDIVIDUALS WITH AUTISM AND THEIR FAMILIES BY SUPPORTING AND WORKING |
| WITH COMMUNITY PARTNERS; ENHANCING RESOURCES AND SERVICES; INCREASING |
| UNDERSTANDING, ACCEPTANCE AND INCLUSION OF PEOPLE WITH AUTISM SPECTRUM |
| DISORDER; AND ADVANCING RESEARCH INTO CAUSES AND BETTER INTERVENTIONS FOR |
| AUTISM SPECTRUM DISORDER AND RELATED CONDITIONS. |