Form	990
Departm	ent of the Treasury

## Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public.

OMB No. 1545-0047
2(0)18

Open	to	Р١	ubl	IC

		nue Service Information about Form 990 and its instructions	¥			Inspecti	ion
AF	or th	e 2018 calendar year, or tax year beginning 01/01, 2018,	and ending		03/31,		
<b>R</b> ~	heck if ap	C Name of organization		D Employer ident	ification n	umber	
<b>–</b>	_	AUTISM SPEAKS, INC.					
	Addre chang	Doing Business As		20-23299			
	Name	, , , , , , , , , , , , , , , , , , ,	Room/suite	E Telephone num			
	Initial	return 1 EAST 33RD STREET	4TH FL	(646) 385-	-8500		
	Term						
Х	Amer returr	NEW TORR, NT TOOTO		G Gross receipts		9,688	
	_ Applie _ pendi		_	H(a) Is this a group i subordinates?	return for	Yes	X No
		1 EAST 33RD STREET4TH FL, NEW YORK, NY 10016	5	H(b) Are all subordinat		Yes	XNC
<u> </u>		empt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) o	or 527	If "No," attach a	i list. (see ins	structions)	
-		te: > WWW.AUTISMSPEAKS.ORG		H(c) Group exemption			
		of organization: X Corporation Trust Association Other	L Year of form	nation: 2005 M Sta	ate of lega	domicile:	DE
P	art I	Summary					
	1	Briefly describe the organization's mission or most significant activities: AUTISM		ENHANCING I	JIVES	TODAY	_AN
nce		ACCELERATING A SPECTRUM OF SOLUTIONS FOR TOMORROW					
rna							
Governance		Check this box  if the organization discontinued its operations or disposed		1	.		29.
		Number of voting members of the governing body (Part VI, line 1a)			3		29.
es	4	Number of independent voting members of the governing body (Part VI, line 1b)					<u> </u>
Activities &		Total number of individuals employed in calendar year 2018 (Part V, line 2a)				188	,000.
Acti		Total number of volunteers (estimate if necessary)				,	,000.
		Total unrelated business revenue from Part VIII, column (C), line 12				1:	3,923
	U D	Net unrelated business taxable income from Form 990-T, line 34	<u></u>	Prior Year		urrent Y	
	8	Contributions and grants (Part VIII, line 1h)		59,731,829		9,489	
Revenue	9	Program service revenue (Part VIII, line 2g)		0			0
	10	Public Investment income (Part VIII, column (A), lines 3, 4, and 7d)	SPECTION	41,404		100	9,892
Re	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	J	235,143			7,830
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		60,008,376		9,656	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		4,970,217			2,647
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0			0
Ś	4.5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		19,630,537		5,329	9,146
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	•••••	243,900		68	8,739
xpe	b	Total fundraising expenses (Part IX, column (D), line 25) 1,582,449.					
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		15,249,374		3,138	3,633
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		40,094,028		8,939	9,165
	19	Revenue less expenses. Subtract line 18 from line 12		19,914,348		717	7,778
Net Assets or Fund Balances			Beg	inning of Current Yea	ar F	End of Yea	ar
sets alan	20	Total assets (Part X, line 16)		37,840,172	•	38,992	2,178
t As M Bs	21	Total liabilities (Part X, line 26)		3,326,543			),771
		Net assets or fund balances. Subtract line 21 from line 20		34,513,629	•	35,231	1,407
	rt II	Signature Block					
Un tru	der pei e. corre	nalties of perjury, I declare that I have examined this return, including accompanying schedul act, and complete. Declaration of preparer (other than officer) is based on all information of whic	les and statements	, and to the best of m knowledge.	iy knowled	lge and be	elief, it is
	,		1 1 1 1 1 1 1 1				
Sig	in	Simplying of officer		Data			
He		Signature of officer		Date			
	•		ENT & CEO				
		Type or print name and title     Print/Type preparer's name     Peparer's signature	Date		PTIN		
Paid	ł			Check if		177677	,
Pre	parer	ALYCIA SOLECKI (lycia Jolich	11/18/19			272637	
	Only	Firm's name GRANT THORNTON LLP		0.5	6-6055		
Mai	the '	Firm's address > 2001 MARKET STREET, SUITE 700 PHILADELPHIA, PA 19103		Phone no. 2	15-561		<u> </u>
		RS discuss this return with the preparer shown above? (see instructions)		<u></u>	. X	Yes	
⊢or	Раре	rwork Reduction Act Notice, see the separate instructions.			ſ	Form <b>99(</b>	J (2018)

Fo	orm 990 (2018) Page	÷ 2
F	Part III 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?	10
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	lo

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 \$ 1,941,502. including grants of \$ 381,000. ) (Revenue \$ )
	RESEARCH: OUR RESEARCH AND SCIENCE EFFORTS CONTINUE TO FOCUS ON
	IDENTIFYING GENETIC INFLUENCE ON AUTISM, WHICH MAY FACILITATE
	PERSONALIZED TREATMENTS. THESE EFFORTS INCLUDE OFFERING 10,000
	WHOLE GENOME SEQUENCES THAT ARE BEING ACCESSED BY MORE THAN 180
	RESEARCHERS FROM 40 INSTITUTIONS ACROSS 16 COUNTRIES. RESEARCH
	FUNDING WAS PROVIDED TO TWO INNOVATIVE STUDIES FOCUSED ON
	UNCOVERING THE RELATIONSHIP BETWEEN AUTISM AND AUDITORY
	PROCESSING. OUR FUNDING ALSO RESULTED IN 11 PUBLICATIONS DURING
	THIS 3-MONTH PERIOD.

4b	(Code:	) (Expenses \$	1,507,268. <b>includi</b>	ng grants of \$	) (Revenue	\$ )
	INCREASING	GLOBAL UNDERST	ANDING AND ACC	EPTANCE OF PE	COPLE WITH	-
	AUTISM: WE	ARE RELENTLESS	IN OUR EFFORT	TO INCREASE	GLOBAL	
	UNDERSTAND:	ING AND ACCEPTA	NCE OF PEOPLE	WITH AUTISM.	WE USE OUR	
	SOCIAL MED	IA CHANNELS WIT	H OVER 2 MILLI	ON FOLLOWERS	TO FEATURE	
	POSTS BY PI	EOPLE WITH AUTI:	SM AND THOSE W	HO SUPPORT TH	IEM TO TELL	
	THEIR OWN S	STORIES. WE UTI	LIZE OUR PARTN	ERSHIP WITH 7	THE ADCOUNCIL,	
	AND DONATEI	O MEDIA PLACEMEI	NTS TO FURTHER	EDUCATE THE	PUBLIC ABOUT	
	THE SIGNS (	OF AUTISM AND T	HE NEED FOR EA	RLY INTERVENT	TION.	

 4c (Code:
 ) (Expenses \$ 2,902,777. including grants of \$ 21,648. ) (Revenue \$ )

 ENSURING ACCESS TO RELIABLE INFORMATION AND SERVICES ACROSS THE

 SPECTRUM AND THROUGHOUT THE LIFE SPAN:
 AUTISM SPEAKS IS

 DEDICATED TO PROVIDING INFORMATION AND RESOURCES TO AFFECTED

 INDIVIDUALS AND FAMILIES. IN THE FIRST QUARTER OF 2019, THE NEWLY

 UPDATED AUTISM SPEAKS WEBSITE HAD MORE THAN 5 MILLION UNIQUE PAGE

 VIEWS, INCLUDING MORE THAN 20,000 VIEWS TO OUR NATIONAL CALENDAR

 OF AUTISM FRIENDLY EVENTS. OUR AUTISM RESPONSE TEAM ANSWERED MORE

 THAN 7,500 EMAILS AND 4,200 PHONE CALLS, OFFERING SUPPORT TO

 INDIVIDUALS SEEKING AUTISM-SPECIFIC INFORMATION.

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

) (Revenue \$

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Part	t IV Checklist of Required Schedules		N	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
1	complete Schedule A.	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? 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			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			x
7	"Yes," complete Schedule D, Part I. Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10	_	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
2	VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
a	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		х
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			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X	<u> </u>
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			<u> </u>
	Schedule D, Parts XI and XII.	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"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
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			x
15	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> . Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		
13	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		х
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	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			v
<u> </u>	If "Yes," complete Schedule G, Part III	19		X X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
d	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	054		Х
20	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	26		х
27	disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26		
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		
~	Schedule L, Part IV	28b		Х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
•	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		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		Х
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	Х	
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	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
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	36		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		х	
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Δ	
Part				
	Check if Schedule O contains a response or note to any line in this Part V.	••••		
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable $1a$		Yes	No
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) wippings to prize wippers?	10		
	reportable gaming (gambling) winnings to prize winners?	Eorm	990	(2018)
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Par	V 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. <b>2a</b> 0.									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b								
~	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)									
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х							
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in 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							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was									
	required to file Form 8282?	7c		X						
d	If "Yes," indicate the number of Forms 8282 filed during the year									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X							
8	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.									
	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
	Section 501(c)(7) organizations. Enter:									
	Initiation fees and capital contributions included on Part VIII, line 12									
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders.									
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).									
120	against amounts due or received from them.)	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124								
	Section 501(c)(29) qualified nonprofit health insurance issuers.									
	Is the organization licensed to issue qualified health plans in more than one state?	13a								
u	<b>Note.</b> 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									
с	Enter the amount of reserves on hand									
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b								
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
	excess parachute payment(s) during the year?	15		X						
	If "Yes," see instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X						
	If "Yes," complete Form 4720, Schedule O.									

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Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			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 1a 29			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 29	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		v	
	any other officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		x
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3 4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		х
0 7a	Did the organization have members or stockholders?			
<i>i</i> a	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	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<u>,</u>	Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.) Yes	No
		40-	X	NO
	Did the organization have local chapters, branches, or affiliates?	10a	Λ	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b	Х	
44.5	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	X	
-	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	114		
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	Х	
	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			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37	
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	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	16a		x
ь	with a taxable entity during the year?	104		
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	on 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 in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	/, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record KAREN ROBINSON 1 EAST 33RD STREET, 4TH FL NEW YORK, NY 10016 646-385-8516	s 🕨		

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Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ontr	actors								

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A)	(B)	(do r			ition	e than c	200	(D)	(E)	(F)
Name and Title	Average hours per					is both		Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any					or/trust		from	related	other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)BRIAN KELLY	10.00									
CHAIR	0.	X		Х				0.	0.	0.
(2)CURTIS ARLEDGE	1.00									
DIRECTOR	0.	х		Х				0.	0.	0.
(3)TOM BERNARD	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(4)SCOTT R. CARPENTER	1.00									
DIRECTOR	0.	X						0.	0.	0.
(5)JENNIFER CASERTA	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(6)JOSEPH T. COYLE, M.D.	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(7) <sup>CUONG</sup> DO	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(8)BARRY R. FEIRSTEIN	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(9)BRIAN L. HARPER	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(10) <sup>MATTHEW</sup> HIGGINS	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(11) DEE OCLEPPO HILFIGER	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(12)TOMMY HILFIGER	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(13)ADRIAN M. JONES	1.00									
DIRECTOR	0.	X						0.	0.	0.
(14) <sup>TIM</sup> JONES	1.00									
DIRECTOR	0.	Х						0.	0.	0.

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	(A)				10	•				(E)	<b>(E)</b>
	(A) Name and title	(B) Average hours per week (list any hours for	box, office	unles er and	ss pe d a d	ition more rson irect	e than c is both or/trust	an ee)	<b>(D)</b> Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
		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-MISC)	from the organization and related organizations
	DAN KEHOE	1.00									
DIF	ECTOR	0.	X						0.	0.	
6) BII	LY MANN	1.00									
DIF	RECTOR	0.	Х						0.	0.	
.7) KEV	/IN J. MURRAY	1.00									
	RECTOR	0.	Х						0.	0.	
	QUELYN NANCE	1.00									
	RECTOR	0.	Х						0.	0.	
	ISON ORSER	1.00									
	RECTOR	0.	Х						0.	0.	
	BERT PARDES, M.D.	1.00									
	RECTOR	0.	Х						0.	0.	
	IIE T. RICHARDSON	1.00									
	RECTOR	0.	X						0.	0.	
	JCK SAFTLER	1.00									
	RECTOR	0.	X						0.	0.	
	JART SAVITZ	1.00									
	RECTOR	0.	X						0.	0.	
	I SCHULMAN	1.00									
	RECTOR	0.	Х						0.	0.	
	PHEN SHORE, ED.D.	1.00									
DIF	RECTOR	0.	Х						0.	0.	
1b Sub-	total								0.	0.	
	I from continuation sheets to Part	VII, Section A							0.	0.	
d Tota	l (add lines 1b and 1c)								0.	0.	
	number of individuals (including bu		hose	liste	d ał	oove	e) who	o re	eceived more than	\$100,000 of	
repo	rtable compensation from the organ	ization Ization	0.								
											Yes
	the organization list any former										
empl	oyee on line 1a? If "Yes," complete 3	Schedule J for su	ch ind	lividu	ual	• •	• • •	• •			3
orga	any individual listed on line 1a, is nization and related organization	ns greater than	\$15	50,0	00?	lf	"Yes	s," (	complete Schedu	le J for such	4
indu											4
	<i>idual</i>										-

## Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

	(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
2			

## JSA 8E1055 1.000

20-2329938

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y Em	plo			and H	lig		ed Employees	(continue	,	
(A) Name and title	<b>(B)</b> Average hours per week (list any hours for	box, office	unles r and	ss pe d a d	ition more rson lirect	e than c is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	m an com	(F) stimated nount of other pensation	
	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-MISC	org an	om the anizatio d related anization	ł
26) STEVEN P. STANBROOK	1.00											•
DIRECTOR	0.	X						0.	C	· .		0
27) DAN TARMAN DIRECTOR	1.00	v						0				0
28) CHERYL VITALI	1.00	X						0.	C	· .		0
DIRECTOR	0.	x						0.	C			0
29) LISA YANG	1.00									•		
DIRECTOR	0.	x						0.	C			0
30) ANGELA GEIGER	40.00											
PRESIDENT & CEO	0.			Х				0.	C			0
31) LISA GORING	40.00											
STRATEGIC INITIATIVES & INNOVA	0.			Х				0.	C	۱.		0
32) KAREN ROBINSON	40.00											
CHIEF FINANCIAL OFFICER	0.			Х				0.	C	۰.		0
	+	-										
		-										
		-										
1b Sub-total					• •							
c Total from continuation sheets to Part VII, So d Total (add lines 1b and 1c)	-		• • •	••	•••	•••						
<ul> <li>2 Total number of individuals (including but not reportable compensation from the organization</li> </ul>	limited to t		liste				o re	eceived more than	\$100,000 of			
		0.									Yes	No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu										3		Х
4 For any individual listed on line 1a, is the sorganization and related organizations greater												
individual										4		Х
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	satio	on f	from	n any	un	related organization	on or individual	5		Х
Section B. Independent Contractors												
<ol> <li>Complete this table for your five highest com compensation from the organization. Report c year.</li> </ol>												
(A) Name and business add	Iress							(B) Description of se	ervices	(C) Compen:		
							+			'		

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 ► JSA 8E1055 1.000

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Par	t VII		nonco or noto to on	viling in this Dort VI	11		
		Check if Schedule O contains a res		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns 1	<b>a</b> 37,641.				
Contributions, Gifts, Grants and Other Similar Amounts	b		b				
Am (S	c		<b>c</b> 215,760.				
ilar	d	-	d				
ns, Sim	е	-	<b>e</b> 26,000.				
er S	f	All other contributions, gifts, grants,					
t j		and similar amounts not included above	f 9,209,820.				
ont	g	Noncash contributions included in lines 1a-1f: \$	5,176.				
	h	Total. Add lines 1a-1f	<u></u>	9,489,221.			
Program Service Revenue	2a		Business Code				
Re	b						
vice							
Ser	4						
Ĕ	u						
gra	f	All other program service revenue					
Pro	g	Total. Add lines 2a-2f		0.			
	3		idends, interest,				
		and other similar amounts)		109,892.			109,892.
	4	Income from investment of tax-exempt b		0.			
	5	Royalties		46,714.			46,714.
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from sales of (i) Securitie					
		assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)	· · <u>· · · · · · ▶</u>	0.			
e	8a	Gross income from fundraising					
Other Revenue		events (not including \$215,760.					
Sev		of contributions reported on line 1c).					
er		See Part IV, line 18	<b>a</b> 31,154.				
oth	b	Less: direct expenses					
	c	Net income or (loss) from fundraising even	ents ►	0.			
	9a	Gross income from gaming activities.					
		See Part IV, line 19					
	b	Less: direct expenses		-			
	c	Net income or (loss) from gaming activit	ies	0.			
	10a	Gross sales of inventory, less returns and allowances	a0.				
	b c	Less: cost of goods sold Net income or (loss) from sales of inventor	<b>b</b> 0. y	0.			
		Miscellaneous Revenue	Business Code				
	11a	AGRE & OTHER PROGRAM REVENUE		11,116.			11,116.
	b						
	c						
	d	All other revenue					
	е	Total. Add lines 11a-11d		11,116.			
	12	Total revenue. See instructions.	<u></u> ▶	9,656,943.			167,722.

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Form 990 (2018)

Form **990** (2018)

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## AUTISM SPEAKS, INC. Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must Check if Schedule O contains a respo				
Do not include amounts reported on lines 6b, 7b, Bb, 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	201 647	391,647.		
and domestic governments. See Part IV, line 21	391,647.	391,047.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	11,000.	11,000.		
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign	0			
individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	561,650.	358,174.	107,296.	96,18
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0.	0.505.075		
7 Other salaries and wages	3,821,645.	2,535,877.	547,134.	738,63
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	119,676.	81,037.	16,536.	22,10
9 Other employee benefits	464,946.	319,955.	62,997.	81,99
<b>0</b> Payroll taxes	361,229.	239,112.	52,606.	69,51
1 Fees for services (non-employees):	0			
a Management	0.	04.020	C 007	
b Legal	30,119.	24,032.	6,087.	
c Accounting	41,900.	28,063.	13,837.	
d Lobbying	133,875.	133,875.		<u> </u>
e Professional fundraising services. See Part IV, line 17.	68,739.			68,73
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column	244 004	222 010		10.00
(A) amount, list line 11g expenses on Schedule O.)	344,904.	323,018.	9,558.	12,32 24,75
2 Advertising and promotion	386,016.	293,717.	16,060.	76,23
3 Office expenses	400,414.	293,717.	41,810.	73,66
4 Information technology	400,414.	204,930.	41,010.	73,00
5 Royalties	368,515.	272,273.	29,934.	66,30
6 Occupancy	295,868.	237,331.	8,641.	49,89
7 Travel	255,000.	237,331.	0,041.	49,09
8 Payments of travel or entertainment expenses	0.			
for any federal, state, or local public officials	85,291.	84,145.		1,14
9 Conferences, conventions, and meetings	0.	51,113.		1,11
0 Interest	0.			
Payments to affiliates     Depreciation, depletion, and amortization	64,964.	43,869.	8,789.	12,30
	54,187.	36,293.	7,655.	10,23
3 Insurance	01/10/1		.,	10,100
4 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)				
aWALK & TEAM-UP EXPENSES	173,530.	138,824.		34,70
bGENOME SEQUENCING	111,937.	111,937.		
cDONATION PROCESSING	61,708.		61,708.	
dDIRECT MAIL	272,778.	136,389.	,	136,38
e All other expenses	54,198.	39,739.	7,148.	7,31
5 Total functional expenses. Add lines 1 through 24e	8,939,165.	6,351,547.	1,005,169.	1,582,44
<ul> <li>6 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and</li> </ul>			_,,	_,_01,11.
fundraising solicitation. Check here $\blacktriangleright$ $\boxed{X}$ if following SOP 98-2 (ASC 958-720)	2 244 800	1 921 868	406 151	1 016 78

1,921,868.

3,344,800.

1,016,781. Form 990 (2018)

406,151.

following SOP 98-2 (ASC 958-720)

Page		1	1	
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	AUTISM SPEAKS, INC.		20-	2329938			
m 990				Page			
art X		t. V					
	Check if Schedule O contains a response or note to any line in this P						
		(A) Beginning of year		<b>(B)</b> End of year			
1	Cash - non-interest-bearing	7,786,117.	1	9,906,643			
2	Savings and temporary cash investments	6,873,404.	2	6,703,422			
3	Pledges and grants receivable, net	1,964,415.	3	1,672,94			
4	Accounts receivable, net	3,953,733.	4	2,882,44			
5	Loans and other receivables from current and former officers, directors,						
	trustees, key employees, and highest compensated employees.						
	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0.	5				
6	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	0.	C				
-	organizations (see instructions). Complete Part II of Schedule L	0.	6 7				
7 8	Notes and loans receivable, net	0.	-				
8	Inventories for sale or use Prepaid expenses and deferred charges	275,840.	8 9	844,34			
-	Land, buildings, and equipment: cost or	2,3,010.	9	011/01			
liva	other basis. Complete Part VI of Schedule D <b>10a</b> 2,931,115.						
b	Less: accumulated depreciation	733,872.	10c	668,90			
11	Investments - publicly traded securities ATCH 2	16,000,000.	11	16,062,08			
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	252,791.	15	251,39			
16	Total assets. Add lines 1 through 15 (must equal line 34)	37,840,172.	16	38,992,17			
17	Accounts payable and accrued expenses	1,716,828.	17	2,158,14			
18	Grants payable	381,458.	18	450,08			
19	Deferred revenue	21,940.	19	30,93			
20	Tax-exempt bond liabilities	0.	20				
21 22	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21				
22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and						
22	disqualified persons. Complete Part II of Schedule L	0.	22				
23	Secured mortgages and notes payable to unrelated third parties	to unrelated third parties 0.					
24	Unsecured notes and loans payable to unrelated third parties	0.	23 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	1,206,317.	25	1,121,61			
26	Total liabilities. Add lines 17 through 25.	3,326,543.	26	3,760,77			
	Organizations that follow SFAS 117 (ASC 958), check here $\blacktriangleright$ X and complete lines 27 through 29, and lines 33 and 34.						
27	Unrestricted net assets	26,488,959.	27	26,501,42			
28	Temporarily restricted net assets	8,024,670.	28	8,729,98			
29	Permanently restricted net assets	0.	29				
27 28 29 30 31 32 33	Organizations that do not follow SFAS 117 (ASC 958), check here  and complete lines 30 through 34.						
30	Capital stock or trust principal, or current funds		30				
31	Paid-in or capital surplus, or land, building, or equipment fund		31				
32	Retained earnings, endowment, accumulated income, or other funds		32				
	Total net assets or fund balances	34,513,629.	33	35,231,40			
34	Total liabilities and net assets/fund balances	37,840,172.	34	38,992,17			

Form 99	90 (2018)			Pa	ge <b>12</b>		
Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		556,9			
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,9	939,1	L65.		
3	Revenue less expenses. Subtract line 2 from line 1	3		, 17			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	34,513,629.				
5	Net unrealized gains (losses) on investments	5			0.		
6	Donated services and use of facilities	6			0.		
7	Investment expenses	7			0.		
8	Prior period adjustments	8			0.		
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	<u>33,</u> column (B))	10	35,2	231,4	107.		
Part	XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X		
				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	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ited on a					
	separate basis, consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversight					
	of the audit, review, or compilation of its financial statements and selection of an independent ac	countant?	2c	X			
	If the organization changed either its oversight process or selection process during the tax year, o	explain in					
	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth in					
	the Single Audit Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	0					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	idits.	3b				
			Form	990	(2018)		

SCHED	ULE	Α
(Form 99	90 or	990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 6 4

		t of the Treasury /enue Service	,	Go to www.irs.go	v/Form990 for instruction	ons and t	he latest i	nformation.	Inspection
		e organization						Employer identifi	
-		I SPEAKS,						20-232993	
	rt I				•		•	art.) See instructions	
	<u> </u>		•		is: (For lines 1 through			,	
1				•	tion of churches desc				
2 3					. (Attach Schedule E rganization described	-			
3 4					-			section 170(b)(1)(A)	(iii) Enter the
-		hospital's nan	-	-		spital de	Scribed II		
5					a college or universit	v owne	d or ope	rated by a governme	ntal unit described in
-		-	-	Complete Part II.)		,			
6					rnmental unit describe	d in <b>sect</b>	tion 170(	b)(1)(A)(v).	
7	Х	An organizati	on that norma	ally receives a sub	ostantial part of its su	pport fr	om a go	vernmental unit or fro	om the general public
		described in s	ection 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8		-			b)(1)(A)(vi). (Complete				
9		-		-			-	I in conjunction with a	
		-	or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the i	name, city, and state of	f the college or
		university:					,		
10 11		receipts from support from acquired by th	activities rela gross investm ne organizatio	ted to its exempt f ent income and u n after June 30, 1	unctions - subject to	certain e able inco ( <b>a)(2).</b> (0	exception ome (less Complete		n 331/3 % of its
12		•	•		•	•			arry out the purposes
		-	-			-		section 509(a)(2). S	
								ation and complete lir	
а				-				orted organization(s),	-
						-		the directors or truste	
	supporting organization. You must complete Part IV, Sections A and B.								
b		<b>Type II.</b> A s	upporting org	anization supervis	ed or controlled in co	nnectior	n with its	supported organization	on(s), by having
		control or m	nanagement c	of the supporting o	organization vested in	the sam	e persor	is that control or man	age the supported
		-		-	, Sections A and C.				
С								n with, and functional	ly integrated with,
	_		•	. , .	ns). You must comple				
d		•••	•	• ·		•		ection with its support	• • • • •
			-			-		ution requirement and	an attentiveness
е		- ·		,	omplete Part IV, Sect			nat it is a Type I, Type I	
e			-		ionally integrated sup				і, туре ш
f	Ent						Jiganizat		
g					orted organization(s).				
		ame of supported of	-	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
					(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
						Yes	No		
(A)									
(B)									
(C)									
(D)									
(D)									
(E)			_						
Tota	al								
For	aperv	work Reduction A	ct Notice, see th	e Instructions for Form	990 or 990-EZ.			Schedule A	(Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

7

Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.) Dublic 6 .

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	58,085,859.	47,544,741.	50,302,151.	59,731,829.	9,520,377.	225,184,957.
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	58,085,859.	47,544,741.	50,302,151.	59,731,829.	9,520,377.	225,184,957.
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).						9,389,361.
6	Public support. Subtract line 5 from line 4						215,795,596.
	tion B. Total Support						215,795,590.
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4.	58,085,859.	47,544,741.	50,302,151.	59,731,829.	9,520,377.	225,184,957.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	21,951.	1,678.	125,721.	135,295.	156,606.	441,251.
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.)						0.
11	Total support. Add lines 7 through 10						225,626,208.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First five years. If the Form 990 is for organization, check this box and stop here	<u></u>	<u></u>				
Sec	tion C. Computation of Public Sup		0				
14	Public support percentage for 2018 (li		•			14	95.64%
15	Public support percentage from 2017					15	95.89 <b>%</b>
16a	331/3% support test - 2018. If the org			, ,			
	box and stop here. The organization q	•		•			
b	331/3% support test - 2017. If the org						
	this box and stop here. The organization			-			
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	on meets the "	facts-and-circum	nstances" test.	The organizatio	on qualifies as a	upublicly
	supported organization						
18	Private foundation. If the organization						
	instructions					<u></u>	<u> ► </u>

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

## 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							
Caler	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2	2018	(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							
	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							
c	Add lines 7a and 7b.							
8	Public support. (Subtract line 7c from							
	line 6.)							
Sec	tion B. Total Support							
	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2	2018	(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							
<b>h</b>	Sources							
D	Unrelated business taxable income (less							
	section 511 taxes) from businesses							
-	acquired after June 30, 1975							
	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	or the organiza	ation's first, seco	nd, third, fourth	, or fifth tax ye	earas a	a section	501(c)(3)
	organization, check this box and stop here						<u></u>	<u>▶</u>
Sec	tion C. Computation of Public Sup	port Percenta	age					
15	Public support percentage for 2018 (line 8	, column (f), divid	ded by line 13, colu	mn (f))		. 15		(
16	Public support percentage from 2017 Sche	edule A, Part III, li	ne 15	<u></u>		16		(
Sec	tion D. Computation of Investmen	t Income Per	centage					
17	Investment income percentage for 2018 (li	ne 10c, column	(f), divided by line	13, column (f))		17		(
18	Investment income percentage from 2017	Schedule A, Part	t III, line 17			18		(
19 a	331/3% support tests - 2018. If the or	ganization did n	ot check the boy	on line 14, and	d line 15 is mor	e than 3	331/3 <i>%</i> , a	and line _
	17 is not more than 331/3%, check th	is box and <b>sto</b>	p here. The orga	anization qualifie	s as a publicly	supporte	ed organi:	zation . 🕨
b	331/3% support tests - 2017. If the orga	anization did not	check a box on	line 14 or line 19	9a, and line 16 is	s more t	han 331/3	3%, and _
	line 18 is not more than 331/3%, check	this box and s	top here. The or	ganization qualifi	es as a publicly	support	ed organi:	zation 🕨
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b	, check this bo	ox and	see instru	uctions 🕨
JSA 21 1.0	00				S	chedule	A (Form 9	90 or 990-EZ) 2

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Substitutions only. Was the substitution the result of an event beyond the organization's control? С

- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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).
- Did the organization make a loan to a disgualified person (as defined in section 4958) not described in line 7? 8 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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.
- Did one or more disgualified persons (as defined in line 9a) hold a controlling interest in any entity in which b 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.
- 10a 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.)

#### Schedule A (Form 990 or 990-EZ) 2018 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.
- Did the organization have any supported organization that does not have an IRS determination of status 2 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a (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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "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.
- 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?

9a Was the organization controlled directly or indirectly at any time during the tax year by one or more

Yes No

1

20-2329938

0 - 1 - 1	AUTISM SPEARS, INC. 20-232	9930		<b>F</b>
	Ile A (Form 990 or 990-EZ) 2018  Supporting Organizations (continued)		ł	Page <b>5</b>
Part	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		163	NU
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
u	below, the governing body of a supported organization?	11a		
b	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 <b>Part VI.</b>	11c		
	on B. Type I Supporting Organizations	1		
			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 <b>Part VI</b> 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		
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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1		
Secti	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	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? <i>If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.</i>	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	structi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.		-	
b	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (se	e instru	ctions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
∠ a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
a	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b> those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
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? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		

- 3 Parent of Supported Organizations. *Answer (a) and (b) below.*
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **b** 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.*

3a

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s regard. 3b Schedule A (Form 990 or 990-EZ) 2018

Page	t

#### Schedule A (Form 990 or 990-EZ) 2018 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 1 Net short-term capital gain 2 Recoveries of prior-year distributions 2 3 3 Other gross income (see instructions) 4 Add lines 1 through 3. 4 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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): 1a a Average monthly value of securities 1b b Average monthly cash balances c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) 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, 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035. 6 7 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year Section C - Distributable Amount 1 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 4 Enter greater of line 2 or line 3. 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). 6

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

Schedule A (Form 990 or 990-EZ) 2018

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	tions (continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	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 <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
-	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI</b> . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
•	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
-	Excess from 2014			
<u>а</u> ь				
b	Excess from 2015			
<u>ک</u>	Excess from 2016			
d	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2018

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Part VI 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

THE SHORT PERIOD FROM JANUARY 1, 2019 - MARCH 31, 2019 IS REFLECTED IN

THE 2018 COLUMN. THE PRIOR 4 YEARS (2015 - 2018) ARE REPORTED IN COLUMNS

(A), (B), (C), AND (D), RESPECTIVELY.

## Schedule B

(1 0 m 330, 330-LZ,	
or 990-PF)	
Department of the Treasury	
Internal Revenue Service	

Name of the organization

## Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

Employer identification number

20-2329938

AUTISM SPEAKS, INC.

## 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 <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

## General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

## **Special Rules**

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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 (entering "N/A" in column (b) instead of the contributor name and address), 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).

lame of	organization AUTISM SPEAKS, INC.		Employer identification number 20-2329938
Part I	Contributors (see instructions). Use duplicate cop	vies of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$806,000.	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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll

\$

(Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Noncash

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Page 2

Schedule B (Form 990, 99	10-EZ, or 990-H	PF) (2018)	
Name of organization	AUTISM	SPEAKS,	

Name of organization AUTISM SPEAKS, INC.

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

artii	Noncasi i roperty (see instructions). Ose duplicate copies	or r art in il additional space is ne	caca.
(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
		   \$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Employer identification number

20-2329938

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me of or	rganization AUTISM SPEAKS, INC.		Employer identification number 20-2329938
art III	(10) that total more than \$1,000 for th	<b>he year from any one contri</b> ns completing Part III, enter th year. (Enter this information o	ns described in section 501(c)(7), (8), or butor. Complete columns (a) through (e) a ne total of <i>exclusively</i> religious, charitable, e once. See instructions.) ► \$
(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, and	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
	Transferee's name, address, and	(e) Transfer of gift 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, and	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	

JSA

Department of the Treasury Internal Revenue Service	► Comp	lete if the organization is described be ► Go to www.irs.gov/Form990 for		n to Form 990 or Form 990-EZ e latest information.	Open to Public Inspection			
•		on Form 990, Part IV, line 3, or Form Complete Parts I-A and B. Do not compl		46 (Political Campaign Activities	s), then			
<ul> <li>Section 501(c) (other</li> </ul>	er than section	on 501(c)(3)) organizations: Complete F	Parts I-A and C below	. Do not complete Part I-B.				
<ul> <li>Section 527 organiz</li> </ul>								
If the organization answ	vered "Yes,"	on Form 990, Part IV, line 4, or Form	990-EZ, Part VI, line	47 (Lobbying Activities), then				
<ul> <li>Section 501(c)(3) or</li> </ul>	rganizations	that have filed Form 5768 (election un	der section 501(h)): C	Complete Part II-A. Do not complete	ete Part II-B.			
<ul> <li>Section 501(c)(3) or</li> </ul>	rganizations	that have NOT filed Form 5768 (election	on under section 501(	h)): Complete Part II-B. Do not c	omplete Part II-A.			
Tax) (see separate instru	uctions), then		Tax) (see separate	instructions) or Form 990-EZ,	Part V, line 35c (Prox			
Name of organization	5), 01 (0) 0192	anizations: Complete Part III.		Employer identit	fication number			
AUTISM SPEAKS,	TNC			20-23299				
		rganization is exempt under						
		• •	· · · ·	•				
		organization's direct and indirect p	olitical campaign	activities in Part IV. (see insti	ructions for			
definition of "polit	•	- ,						
		penditures (see instructions)						
		campaign activities (see instruction						
		rganization is exempt under s						
		ise tax incurred by the organizatio						
		ise tax incurred by organization m						
		a section 4955 tax, did it file Form						
					Yes No			
b If "Yes," describe								
Part I-C Comple	ete if the o	rganization is exempt under	section 501(c), e	except section 501(c)(3).				
		xpended by the filing organization						
2 Enter the amoun	t of the filin	ng organization's funds contributed	l to other organiza	ations for section				
3 Total exempt fur	nction expe	enditures. Add lines 1 and 2. En	ter here and on I	Form 1120-POL,				
4 Did the filing orga	anization file	<b>Form 1120-POI</b> for this year?			Yes No			
5 Enter the names, organization mad the amount of po								
<b>(a)</b> Name		<b>(b)</b> Address	(c) EIN	filing organization's funds. If none, enter -0	(e) Amount of political pontributions received and promptly and directly delivered to a separate political organization. If none, enter -0			
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
For Paperwork Reduction	on Act Notice	e, see the Instructions for Form 990 o	990-EZ.	Schedule C	(Form 990 or 990-EZ) 2018			

**Political Campaign and Lobbying Activities** 

For Organizations Exempt From Income Tax Under section 501(c) and section 527

JSA 8E1264 1.000 03520Z 700P 12/10/2019 12:50:01 PM V 18-7.6F



SCHEDULE C (Form 990 or 990-EZ)

partment of the Treasury	► Co

(5)		
(6)		
For Paperwork Reduction Act Notice	Schedul	

Part II-A Complete if the organization section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (elec	tion under					
	ongs to an affiliated group (and list in Part IV e nd share of excess lobbying expenditures).	ach affiliated group meml	per's name,					
Check ► if the filing organization checked box A and "limited control" provisions apply.								
	ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals					
<ul> <li>b Total lobbying expenditures to influence</li> <li>c Total lobbying expenditures (add lines 1a</li> <li>d Other exempt purpose expenditures</li> <li>e Total exempt purpose expenditures (add</li> </ul>	public opinion (grass roots lobbying) a legislative body (direct lobbying) a and 1b) I 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.							
g Grassroots nontaxable amount (enter 25	i% of line 1f)							
h Subtract line 1g from line 1a. If zero or le	ess, enter -0-							
	ss, enter -0							
-	on either line 1h or line 1i, did the organiza							
reporting section 4911 tax for this year?	<u></u>		Yes N					
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)	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> Total					
2a Lobbying nontaxable amount										
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))										
<b>c</b> 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) 2018

Sche	dule C (Form 990 or 990-EZ) 2018		20	2323	230	Page <b>3</b>
Pa	t II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T file	d For	m 576	3	
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(8	a)		(b)	
	cription of the lobbying activity.	Yes	No		Amount	
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:					
а	Volunteers?	X X				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.	X				
c	Media advertisements?		x			
d	Mailings to members, legislators, or the public?		X			
e	Publications, or published or broadcast statements?	<u> </u>	X			
f	Grants to other organizations for lobbying purposes?	x			15	9,465
g h	Direct contact with legislators, their staffs, government officials, or a legislative body?		Х			- ,
h i	Other activities?	X			2	5,590
;	Total. Add lines 1c through 1i				18	5,055
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		х			
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	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?					
Ра	t III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	ection		
	501(c)(6).				Ye	s No
1	Were substantially all (90% or more) dues received nondeductible by members?			[	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures fro				3	
Ра	t III-B Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	ection		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No,"	OR (	b) Pa	rt III-A,	line 3,	is
	answered "Yes."					
1	Dues, assessments and similar amounts from members			1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou	unts	of			
	political expenses for which the section 527(f) tax was paid).					
а	Current year			2a		
b	Carryover from last year.			2b		
С	Total			2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due			3		
4	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 le	-	-	4		
5	and political expenditure next year?	• • •	•••	5		
-	t IV Supplemental Information	<u></u>		•		
	vide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate	d arou	un list	): Part I	I-A. lines	1 and

SEE PAGE 4

JSA

Schedule C (Form 990 or 990-EZ) 2018

2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

20-2329938

Page 4

Schedule C (Form 990 or 990-EZ) 2018

## Part IV Supplemental Information (continued)

PART II-B, LINE 1, LOBBYING ACTIVITIES:

DURING THE PERIOD BEGINNING JANUARY 1, 2019, AND ENDING MARCH 31, 2019, 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 INTRODUCED ON FEBRUARY 7TH AS H.R. 1058 IN THE HOUSE OF REPRESENTATIVES AND S. 427 IN THE SENATE. THE AUTISM CARES ACT OF 2019 WOULD REAUTHORIZE 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 SUPPORTING THE AUTISM CARES ACT OF 2019, AUTISM SPEAKS ADVOCATED IN WASHINGTON FOR MEASURES THAT WOULD IMPROVE HEALTH CARE AND EDUCATION FOR INDIVIDUALS ON THE AUTISM SPECTRUM.

IN NEW YORK, OKLAHOMA, AND TEXAS, AUTISM SPEAKS ADVOCATED FOR IMPROVED MEDICAID COVERAGE FOR CHILDREN, AND WE WORKED TO IMPROVE PRIVATE INSURANCE COVERAGE IN FLORIDA, VIRGINIA, AND OTHER STATES. WE WERE STRONG SUPPORTERS OF LEGISLATION IN VIRGINIA THAT ELIMINATED THE AGE CAP ON CERTAIN AUTISM-RELATED COVERAGE. BESIDES WORKING TO IMPROVE HEALTH CARE, AUTISM SPEAKS HAS WORKED IN STATES TO IMPROVE SERVICES FOR YOUTH WITH AUTISM TRANSITIONING TO ADULTHOOD.

SCHEE	DULE	D
(Form	990)	

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

OMB No. 1545-0047

2018

Department of the Treasury			Open to Public		
	al Revenue Service of the organization		/Form990 for instructions and the latest inform	Employer identifica	Inspection
	ISM SPEAKS, I			20-232993	
			ised Funds or Other Similar Funds o		
rai		-	"Yes" on Form 990, Part IV, line 6.		
	Complete		(a) Donor advised funds	(b) Funds and	other accounts
1	Total number at a	nd of year		(,, )	
		of contributions to (during year)			
		of grants from (during year)			
		at end of year			
		-	advisors in writing that the assets held	in donor advised	
	funds are the orga		Yes No		
	-		and donor advisors in writing that grant f		
	-	-	fit of the donor or donor advisor, or for a		
			· · · · · · · · · · · · · · · · · · ·		Yes No
		tion Easements.			
	Complete	e if the organization answered	"Yes" on Form 990, Part IV, line 7.		
1		-	organization (check all that apply).		
		n of land for public use (e.g., rec		of a historically im	
		of natural habitat	Preservation	of a certified histo	ric structure
		n of open space			
		<b>c</b>	eld a qualified conservation contribution ir		
		last day of the tax year.			End of the Tax Year
				2a	
	-	-	5	2b	
			historic structure included in (a)	2c	
			e) acquired after 7/25/06, and not on a		
				2d	inction during the
3			nsferred, released, extinguished, or termin	nated by the organ	ization during the
4	tax year ►		rvation easement is located ►		
			garding the periodic monitoring, inspec		
			sements it holds?		Yes No
			ting, handling of violations, and enforcing cor		
-					saling the your
7	Amount of expense	es incurred in monitorina. inspec	ting, handling of violations, and enforcing c	conservation easem	ents during the vear
	►\$				
8	•	vation easement reported on line 2	2(d) above satisfy the requirements of sect	ion 170(h)(4)(B)(i)	
		•			Yes No
9	In Part XIII, descri	be how the organization reports	conservation easements in its revenue an	d expense statemer	nt, and
			of the footnote to the organization's finance	cial statements that	describes the
-		counting for conservation easeme			
Par			of Art, Historical Treasures, or Othe	er Similar Assets.	
	· · · · ·		"Yes" on Form 990, Part IV, line 8.		
1a	If the organization works of art, hist public service, pro	n elected, as permitted under SI torical treasures, or other simila wide, in Part XIII, the text of the fo	FAS 116 (ASC 958), not to report in its ar assets held for public exhibition, edu potnote to its financial statements that des	revenue statemen ucation, or researd scribes these items	t and balance shee h in furtherance o
			SFAS 116 (ASC 958), to report in its r		
	works of art, hist public service, pro	orical treasures, or other similation of the similation of the following amounts relation	ar assets held for public exhibition, eduing to these items:	ucation, or researd	h in furtherance o
	(ii) Assets include	ed in Form 990, Part X		▶\$	
	•		rt, historical treasures, or other similar		l gain, provide the
	following amounts	s required to be reported under S	FAS 116 (ASC 958) relating to these item	IS:	

Fo	r Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2018
b	Assets included in Form 990, Part X	▶ \$
a	a Revenue included on Form 990, Part VIII, line 1.	▶ \$

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

Scher	ule D (Form 990) 2018	PEARS, II	NC.						20-232	5550	Do	age <b>2</b>
_	t III Organizations Maintaining Coll	lections of	Art Histo	rical Tre	asuro	s or	Other	Similar A	seate (c	ontinue		ge z
3	Using the organization's acquisition, acce										<u> </u>	ite
3	collection items (check all that apply):				t any u		10110 W	ning that a	ie a sigii	incant us		115
а	Public exhibition		d		or excha	anda	nroara	me				
b	Scholarly research		e	Other								
c	Preservation for future generations		e									—
4	Provide a description of the organization's	e colloctione	and aval	vin how t	boy fur	thor	the or	aonization'	ovomnt	nurnacc	in [	Dort
4	XIII.	s collections	and expla		iney fui	uiei		ganizations	s evenibi	puipose	5 III I	an
5	During the year, did the organization solicit	or roccive d	lonations o	fort bict	orical tr	0001		othor cimil	h.			
3	assets to be sold to raise funds rather than									Yes		No
Pa	t IV Escrow and Custodial Arrange		anieu as pa		Jiganiza	ation	3 COllec			103		110
Ιa	Complete if the organization an		s" on For	m 990 F	Part IV	line	9 or r	enorted a	n amoun	t on For	m	
	990, Part X, line 21.				arriv,	iiiic	0, 01 1	opontou ui	amoun			
1a	Is the organization an agent, trustee, custo	odian or othe	er intermed	liary for c	ontribut	tions	or othe	r assets no	t			
iu	included on Form 990, Part X?									Yes		No
b	If "Yes," explain the arrangement in Part X	III and comr	lete the fo	lowing tak	nle <sup>.</sup>	• • •			••• -			
				io mig tai					Amount			
с	Beginning balance					1c						
	Additions during the year											
e	Distributions during the year					1e						
f	Ending balance					16 1f						
2a	Did the organization include an amount on	Form 990, I	Part X, line	21. for e	scrow		stodial	account lia	bility?	Yes		No
	If "Yes," explain the arrangement in Part X								-		$\square$	
1	t V Endowment Funds.			plailation		<u>p.</u>		<u></u>				
	Complete if the organization an	swered "Ye	s" on For	m 990, F	Part IV.	line	10.					
	· · ·	urrent year	(b) Prio		(c) Tw			(d) Three ye	ears back	(e) Four y	ears b	ack
1a	Beginning of year balance											
b	Contributions											
c	Net investment earnings, gains,											
U	and losses											
d	Grants or scholarships											
e	Other expenditures for facilities											
v	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the c		end balanc	e (line 1a.	column	n (a))	held as					
a	Board designated or quasi-endowment	un one your t	%	e (e .g,	e e la	. (~))		•				
b	Permanent endowment	)	-									
С	Temporarily restricted endowment	%										
	The percentages on lines 2a, 2b, and 2c s	hould equal 1	00%.									
3a	Are there endowment funds not in the post	session of th	ie organiza	tion that	are hel	d and	l admir	nistered for	the	_		
	organization by:									Y	es	No
	(i) unrelated organizations									3a(i)		
	(ii) related organizations									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organ	nizations liste	d as require	ed on Sch	edule R	?				3b		
4	Describe in Part XIII the intended uses of t		tion's endo	wment fur	nds.							
Ра	t VI Land, Buildings, and Equipmen Complete if the organization ar	t. Iswered "Ye	s" on Foi	m 990 I	Part IV	line	11a §	See Form	990 Pa	rt X line	10	
	Description of property	(a) Cost or		(b) Cost (				cumulated		Book valu		
	· · · ·	(invest			ther)	_		eciation	/			
1a	Land					_						
b	Buildings							0			0 1	
С	Leasehold improvements				567,67			07,207.			0,40	
d	Equipment.				581,90			86,215.			5,68	
e	Other				581,53			68,786.			2,7	
Tota	. Add lines 1a through 1e. (Column (d) mus	st equal Forn	n 990, Part	X, colum	n (B), lir	ne 10	c.)	►		66	8,90	78.

Schedule D (Form 990) 2018

Schedule D (F	Form 990) 2018			Page 3
Part VII	Investments - Other Securities.			
	Complete if the organization answered	"Yes" on Form 990	), Part IV, line 11b. See Form 990, Part X, line	÷12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1) Financia	al derivatives			
	-held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII		"Yes" on Form 990	), Part IV, line 11c. See Form 990, Part X, line	13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
<u>(8)</u> (9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
Part IX	Other Assets.			
		"Yes" on Form 990	), Part IV, line 11d. See Form 990, Part X, line	9 15.
		cription	(b) Book	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(1) I = 000 D () (D) ()	(=)		
	umn (b) must equal Form 990, Part X, col. (B) lin	ne 15.)	••••••	
Part X	Other Liabilities. Complete if the organization answered line 25.	"Yes" on Form 990	), Part IV, line 11e or 11f. See Form 990, Part	Х,
1.	(a) Description of liability	(b) Book valu	le	
	al income taxes			
. ,	RRED RENT	1,085,6	619.	
	ITY LIABILITY	36,0		
(4)				
(5)				
(6)				
(7)				
(8)				
(0)				

(9)
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 1,121,619.

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

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AUTISM SPEAKS	S, INC.
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Schedu	le D (Form 990) 2018		Page <b>4</b>
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		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	1	
e	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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 12.</i> )	5	
Part		-	
i ai t	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
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:		
- a	Donated services and use of facilities		
b	Prior year adjustments		
	Other losses.		
لم لم	Other (Describe in Part XIII.)		
d		2e	
e	Add lines 2a through 2d	3	
3	Subtract line 2e from line 1	5	
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.)		
	Add lines 4a and 4b	4c	
5	Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> )	5	
	XIII Supplemental Information.	ort V line 4. D	art V lina
-rovid 2: Par	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	art v, line 4; Pa nation.	an X, line

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 G Supplemental Information Regarding Fundraising or Gaming Activities					OMB No. 1545-0047		
(Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.					2018		
		-	Attach to Form 990 or Form 990-EZ.				Open to Public
Department of the Treasury         Go to www.irs.gov/Form990 for instructions and the latest instructions.							Inspection
Name of the organization Employer identificat							on number
AUTISM SPEAKS,						20-2329938	
	<b>sing Activities.</b> Con 90-EZ filers are not				"Yes" on Form 9	990, Part IV, line	17.
1 Indicate wheth	er the organization rai	sed funds through a	any of the	following	activities. Check a	Il that apply.	
a 🛛 Mail solicit	tations	е		itation of i	non-government g	rants	
<b>b</b> X Internet ar	nd email solicitations	f	X Solic	itation of	government grants	6	
c X Phone sol	icitations	g	X Spec	cial fundra	ising events		
d X In-person	solicitations						
	ation have a written o						37
	es listed in Form 990					0	X Yes No
	e 10 highest paid indi at least \$5,000 by the		(fundraise	rs) pursua	int to agreements	under which the	fundraiser is to be
componeated e		organization.					
	ldress of individual (fundraiser)	(ii) Activity	custody c	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	<b>(vi)</b> Amount paid to (or retained by) organization
			Yes	No			
1							
ATTACHMENT	1						
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total 3 List all states i	n which the organiza	tion is registered o	r licensor	► to solicit	340,212.	68,739. has been notified	
registration or	-	tion is registered u					

Page 2

Pa	rt II Fundraising Events. Comple more than \$15,000 of fundr events with gross receipts gree	aising event contribut			
		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		CHEF GALA	CHEF GALA	7.	(aḋd col. <b>(a)</b> through
		(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1 Gross receipts	67,900.	40,797.	138,217.	246,914
2	2 Less: Contributions	62,150.	40,527.	113,083.	215,760
	3 Gross income (line 1 minus line 2)	5,750.	270.	25,134.	31,154
	4 Cash prizes				

			(a) Event #1 CHEF GALA	(b) Event #2 CHEF GALA	(c) Other events	(d) Total events (add col. (a) through col. (c))	
ē			(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	67,900.	40,797.	138,217.	246,914.	
Re		Less: Contributions	62,150.	40,527.	113,083.	215,760.	
	3	Gross income (line 1 minus line 2)	5,750.	270.	25,134.	31,154.	
	4	Cash prizes					
nses	5	Noncash prizes					
	6	Rent/facility costs		270.	23,583.	23,853.	
<b>Direct Expenses</b>	7	Food and beverages			974.	974.	
Direct	8	Entertainment	750.		350.	1,100.	
_	9	Other direct expenses	5,000.		227.	5,227.	
	10	Direct expense summary. Add lin Net income summary. Subtract li	es 4 through 9 in colu	mn (d)		31,154.	
Pa			anization answered "			reported more than	
ne			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add	

Revenue	_	<b>(a)</b> Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
Rev	1 Gross revenue						
ses	2 Cash prizes						
xpen	3 Noncash prizes						
Direct Expenses	4 Rent/facility costs						
	5 Other direct expenses						
	6 Volunteer labor	Yes % No	Yes%	Yes%			
	7 Direct expense summary. Add line	es 2 through 5 in colur	mn (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)						
9 a	Enter the state(s) in which the orga	nization conducts gar luct gaming activities	ning activities: in each of these state	es?	Yes No		

- If "No," explain: Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10a Yes
  - b If "Yes," explain:

b

Schedule (	GI	(Form	990	or	990-F7	2018
Schedule v			330	U.	330-LZ	2010

No

AUTISM	SPEAKS,	INC.
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	AUTISM SPEARS, INC. 20	-2329930	
Sched	lule G (Form 990 or 990-EZ) 2018		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 entity		
	formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility13a	ı	%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books an		
	records:		
	Name		
	Address		
15 a	Does the organization have a contract with a third party from whom the organization receives gam		
	revenue?	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and	the	
	amount of gaming revenue retained by the third party $\blacktriangleright$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ► \$		
	Description of services provided ►		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming procee	de to	
а			No
h	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organization	tions	
b	or spent in the organization's own exempt activities during the tax year <b>&gt;</b> \$	110115	
Part		and (v) and	
I al	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional	( ) /	
	(see instructions).		
SCH	EDULE G, PART II		
THE	ORGANIZATION REPORTED MORE THAN \$15,000 OF FUNDRAISING EVENT		
CON	TRIBUTIONS ON PART IV, LINE 18. THESE EVENTS DID NOT OCCUR DURING THE		
SHO	RT PERIOD FROM JANUARY 1, 2019 THROUGH MARCH 31, 2019 AND WILL OCCUR		
DUR	ING THE ORGANIZATION'S FISCAL YEAR BEGINNING APRIL 1, 2019 AND ENDING		
MAR	СН 31, 2020.		

Schedule G (Form 990 or 990-EZ) 2018

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	340,212.	68,739.	271,473.

			Assistance t ndividuals in			$\vdash$	20 <b>18</b>
Com	plete if the o	rganization ans	swered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treasury		-	ttach to Form 990				Open to Public
Internal Revenue Service	► Go	to www.irs.gov	//Form990 for the l	atest information	າ.		Inspection
Name of the organization						Employer identification	
AUTISM SPEAKS, INC.						20-232993	8
Part I General Information on Grants ar							
1 Does the organization maintain records to s	substantiate th	ne amount of the	e grants or assista	nce, the grantees	s' eligibility for the grants	s or assistance, and	
the selection criteria used to award the grar	nts or assistand	ce?					Yes No
2 Describe in Part IV the organization's proce	dures for mo	nitoring the use	of grant funds in the	e United States.			
Part II Grants and Other Assistance to I	Domestic Or	ganizations a	nd Domestic Gov	vernments. Con	plete if the organization	ation answered "Y	es" on Form 990,
Part IV, line 21, for any recipient		-			•		
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) EMORY UNIVERSITY							
1762 CLIFTON ROAD ATLANTA, GA 30322	58-0566256	501(C)3	124,950.				SCIENCE AND RESEARCH
(2) MARCUS AUTISM CENTER							
1584 TULLIE CIRCLE ATLANTA, GA 30329	26-2809380	501(C)3	95,037.				SCIENCE & RESEARCH
(3) NEW YORK PRESBYTERIAN FUND, INC.							
525 EAST 68TH STREET NEW YORK, NY 10065	13-3160356	501(C)3	5,828.				SCIENCE & RESEARCH
(4) PHOENIX CHILDREN'S HOSPITAL FOUNDATION							
2929 E. CAMELBACK RD. PHOENIX, AZ 85016	74-2421549	501(C)3	125,000.				SCIENCE & RESEARCH
(5) NEXT FOR AUTISM, INC.							
1430 BROADWAY, 8TH FLOOR NEW YORK, NM 10018	57-1136147	501(C)3	20,000.				SERVICES
_(6)	_						
(7)	_						
(8)	_						
(9)	_						
(10)	_						
(11)							
(12)	_						
<ul> <li>2 Enter total number of section 501(c)(3) and</li> <li>3 Enter total number of other organizations list</li> </ul>	•	•					5.

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

Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018)

# 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.

1.	32,000.			
11.	52,0001			
11.				
	11,000.			
- -	nation re	nation required in Part I,	nation required in Part I, line 2, Part III, c	nation required in Part I, line 2, Part III, column (b); and any o

PART 1, LINE 2

ALL GRANT PAYMENTS ARE DEPENDENT ON THE GRANTEE SUBMITTING THE NECESSARY

DOCUMENTATION. THE FIRST PAYMENT REQUIRES A FULLY EXECUTED AGREEMENT,

ETHICS APPROVAL, AND A TIMELINE BY WHICH THE FUNDED RESEARCH WILL BE

COMPLETED. ALL GRANTEES ARE REQUIRED TO SUBMIT FINANCIAL AND PROGRESS

REPORTS AT DEFINED INTERVALS DURING THE TERM OF THE AWARD. AUTISM

SPEAKS' PROGRAM STAFF REVIEW ALL DOCUMENTS FOR SATISFACTORY AND ACCURATE

REPORTING.

Schedule I (Form 990) (2018)

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

### 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.



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

FORM 990, PART VI, SECTION A, LINE 2: TOMMY HILFIGER (DIRECTOR) AND DEE OCLEPPO HILFIGER (DIRECTOR) ARE HUSBAND AND WIFE.

#### 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 INTEREST. EVERY BUSINESS ENTITY REPORTED BY BOARD MEMBERS OR STAFF WITH WHICH A WORKING RELATIONSHIP OUTSIDE OF AUTISM SPEAKS EXISTS IS INVESTIGATED FOR A POTENTIAL CONFLICT OF INTEREST. AUTISM SPEAKS MAY IMPOSE SANCTIONS ON A COVERED PERSON FOR NON-COMPLIANCE, INCLUDING TERMINATION.

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

THE COMPENSATION COMMITTEE OF THE BOARD REVIEWS CEO COMPENSATION OF 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

PART X, CLERICAL ERROR AND CORRECTIONS:

	ORIGINAL	AS AMENDED
LINE 17 ACCOUNTS PAYABLE	2,171,993	2,158,142
LINE 25 OTHER LIABILITIES	1,126,690	1,121,619
LINE 26 TOTAL LIABILITIES	3,779,693	3,760,771

LINE 34 TOTAL LIABILITIES AND NET ASSETS... 39,011,100 38,992,178

PAGE 42

Schedule O (Form 990 or 990-EZ) 2018	Page 2 Employer identification number 20-2329938 <u>ATTACHMENT 1</u>
Employer identification number       21SM SPEAKS, INC.       20-2329938       ATTACHMENT 1	Employer identification number
AUTISM SPEAKS, INC.	20-2329938
	ATTACHMENT 1
FORM 990, PART VI, LINE 17 - STATES	
AL, AK, AZ, CA, CO, CT, DE,	

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

MN,MS,MO,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PA,

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

ATTACHMENT 2

## FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	ENDING BOOK VALUE
US TREASURY MONEY MKT FUNDS	16,062,081.
TOTALS	16,062,081.

OMB No. 1545-0047

Open to Public

Inspection

8

2

Employer identification number

20-2329938

#### SCHEDULE R (Form 990)

# **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

Part I

AUTISM SPEAKS, INC.

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

60 STATE ROAD, 2ND FLOOR PRINCETON, NJ 08540	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> 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		2.	1,179.	AUTISM SPEAK
(2)					
(3)					
(4)					
(5)					
(6)					
	1				

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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	<b>(g</b> Section 5 contr enti	512(b)(13) rolled
						Yes	No
(1) AUTISM SPEAKS CANADA 869420208							
2450 VICTORIA PARK AVENUE TORONTO, ONTARIO CA	SEE PART VII	CA			AUTISM SPEAK	Х	ĺ
(2)							
							ĺ
(3)							
(4)							
(5)							
(6)							
(7)							
							ĺ

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

Schedule R (Form 990) 2018

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.

		1	•	· · ·		(		L)	(1)		(1)	(1-)
(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)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	( <b>j)</b> eral or aging tner?	<b>(k)</b> Percentage ownership
							Yes	No		Yes	No	
(1)	_											
(2)	_											
(3)	-											
(4)												
(5)	_											
(6)	_											
(7)												
<u>. , , , , , , , , , , , , , , , , , , ,</u>	1											

# 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>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(e)</b> Type of entity (C corp, S corp, or trust)	(f) Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	(i) Sectio 512(b)( controll entity
(1)							Yes N
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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Schedule	R	(Form	990) 201	8
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AUTISM SPEAKS, INC.

Part \	Transactions With Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Pa	rt IV, line 34, 35b, or 36.					
Note:	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No		
1 C	uring the tax year, did the organization engage in any of the following transactions with one or more	related organizations lis	sted in Parts II-IV?					
a F	eceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	-		1a		X X		
<b>c</b> (	ift, grant, or capital contribution from related organization(s)			1c		X X		
	d Loans or loan guarantees to or for related organization(s)							
	oans or loan guarantees by related organization(s)					X		
f D	ividends from related organization(s)			1f		X X		
h F	urchase of assets from related organization(s)			1h		Х		
	xchange of assets with related organization(s).			<u>1i</u>	-	X		
jL	ease of facilities, equipment, or other assets to related organization(s).			1j		X		
						x		
k L	k Lease of facilities, equipment, or other assets from related organization(s)							
ΙF	erformance of services or membership or fundraising solicitations for related organization(s)			11	X X			
m F	m Performance of services or membership or fundraising solicitations by related organization(s).							
n S	haring of facilities, equipment, mailing lists, or other assets with related organization(s)			1n		X		
<b>o</b> S	haring of paid employees with related organization(s)			10		X		
рF	eimbursement paid to related organization(s) for expenses			1p		X		
q F	eimbursement paid by related organization(s) for expenses			1q		X		
r C	ther transfer of cash or property to related organization(s)			1r		X		
s (	ther transfer of cash or property from related organization(s).			1s		X		
<b>2</b> li	the answer to any of the above is "Yes," see the instructions for information on who must complete	, <b>č</b>	ered relationships and transa		ls.			
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of det	ormini	na		
		type (a-s)		amount inv		iig		
(1)								
(2)								
(3)								
(4)								
(5)								
(a)								
(6)								
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# 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.

(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			Yes	No			Yes	No		Yes	No	
												<u> </u>
							-					
		(state or foreign country)	(state or foreign country)     income (related, unrelated, excluded from tax under sections 512-514)	income (related, excluded grant country)       income (related, excluded formats under sections 512-514)       sections 512-514)         income (related, excluded formats under sections 512-514)       income (related, excluded formats under sections 512-514)       sections 512-514)         income (related, excluded formats under sections 512-514)       income (related, excluded formats under sections 512-514)       sections 512-514)         income (related, excluded formats under sections 512-514)       income (related, excluded formats under sections 512-514)       sections 512-514)         income (related, excluded formats under sections 512-514)       income (related, excluded formats under sections 512-514)       sections 512-514)         income (related, excluded formats under sections 512-514)       income (related, excluded formats under sections 512-514)       sections 512-514)         income (related, excluded formats under sections (related, excluded formats under sectio	(state or foreign country)       income (related, unrelated, excluded from tsunder sections 512-514)       section section section section sections 512-514)	(state or foreign country)     income (related, unrelated, excluded from tax under sections 512-514)     section 501(c)(3) organizations?     total income	Image: Solution of the section country       (state of foreign country)       income (related, woulded from tax under section 501(c)(3) organizations?       total income assets         Image: Solution of the section se	Image: state or foreign country)       income (related, excluded from tax under sections \$12:514)       section \$512:614)       total income sections \$12:514)       end-of-year assets       alice         Image: section secti	income (state or foreign country)       income (related, unrelated, excluded from tax under sections 512-514)       section(c)(3), organizations?       total income       end-d-year assets       allocations?         Image: Section SP12-514)       Yes       No       Image: Section SP12-514)       Yes       No       Image: Section SP12-514)       Yes       No         Image: Section SP12-514)       Image: Section SP12-514) <t< td=""><td>income (related, country)     income (related, rom iax under rom iax under</td><td>Image: state of foreign country       income (plated, country)       section software       total income section software       end-d-year assets       allocations?       amount in box 20 or optication provided assets       amount in box 20 or optication provided assets</td><td>Image: state or foreign country)       income (related, country)       total income section state (state or foreign country)       income (related, country)       total income section state (state or foreign country)       and country (state or foreign country)       managing partner?         Image: state or foreign country)       Image: state or foreign country (state or foreign country)       Image: state or foreign country (state or foreign country)       Image: state or foreign country (state or foreign country)       Image: state or foreign country (state or foreign country)       Image: state or foreign country (state or foreign country)       Image: state or foreign country (state or foreign country)       Image: state or foreign country (state or foreign country)       Image: state or foreign country (state or foreign country)       Image: state or foreign country (state or foreign country)       Image: state or foreign country (state or foreign country)       Image: state or foreign country (state or foreign country)       Image: state or foreign country (state or foreign country)       Image: state or foreign country (state or foreign country)       Image: state or foreign country (state or foreign country)       Image: state or foreign country (state or foreign country)       Image: state or foreign country (state or foreign country)       Image: state or foreign country (state or foreign country)       Image: state or foreign country (state or foreign country)       Image: state or foreign country (state or foreign country)       Image: state or foreign country (state or foreign country)       Image: state or foreign country (state or foreign country)       Image: state or foreign country (state</td></t<>	income (related, country)     income (related, rom iax under	Image: state of foreign country       income (plated, country)       section software       total income section software       end-d-year assets       allocations?       amount in box 20 or optication provided assets       amount in box 20 or optication provided assets	Image: state or foreign country)       income (related, country)       total income section state (state or foreign country)       income (related, country)       total income section state (state or foreign country)       and country (state or foreign country)       managing partner?         Image: state or foreign country)       Image: state or foreign country (state or foreign country)       Image: state or foreign country (state or foreign country)       Image: state or foreign country (state or foreign country)       Image: state or foreign country (state or foreign country)       Image: state or foreign country (state or foreign country)       Image: state or foreign country (state or foreign country)       Image: state or foreign country (state or foreign country)       Image: state or foreign country (state or foreign country)       Image: state or foreign country (state or foreign country)       Image: state or foreign country (state or foreign country)       Image: state or foreign country (state or foreign country)       Image: state or foreign country (state or foreign country)       Image: state or foreign country (state or foreign country)       Image: state or foreign country (state or foreign country)       Image: state or foreign country (state or foreign country)       Image: state or foreign country (state or foreign country)       Image: state or foreign country (state or foreign country)       Image: state or foreign country (state or foreign country)       Image: state or foreign country (state or foreign country)       Image: state or foreign country (state or foreign country)       Image: state or foreign country (state or foreign country)       Image: state or foreign country (state

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Part VII         Supplemental Information           Provide additional information for responses to questions on Schedule R. See instructions.	
FORM 990, SCHEDULE RM PART I (B) AND 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.	