Department 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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

_		nue Servic				n about Forn						v/form	1990.			Inspect	ion
A F	or th	e 202 <u>0</u>	calenda	ar year, or t	ax year beg	ginning	(	04/0	1,2020	, and er	nding	_		03	3/31,	<b>20</b> 21	
R o	h1. :4			organization								D	Employer id	dentifi	cation n	umber	
<b>D</b> C	heck if ap	Ĺ	AUTI	SM SPEAKS	S, INC.												
X	Addre chang			ısiness As									20-232	993	8		
	Name	change		and street (or I		is not delivered	to street add	dress)		Room/su	ite		Telephone				
	Initial	return	1060	STATE RO	DAD							(6	09) 22	<u> 28 – 7</u>	7339		
	Termi	inated	City or to	own, state or pi	rovince, country	y, and ZIP or for	eign postal o	code									
	Amen return		PRIN	CETON, N	J 08540							G	Gross recei	pts \$	4	2,698	,952.
	Applic pendi		F Name ar	nd address of p	rincipal officer:	JOSE	PH T V	ANYC	)			H(a)	Is this a gre subordinate		urn for	Yes	X No
			1060	STATE RO	DAD, PRI	NCETON,	NJ 085	40				H(b)	Are all subo		included?	Yes	No.
<u> </u>	Tax-ex	empt stat	tus: X	501(c)(3)	501(c)	( ) <b>◀</b> (iı	nsert no.)	4	1947(a)(1)	or	527		If "No," atta	ach a lis	st. (see ins	tructions)	
				TISMSPEA	KS.ORG							H(c)	Group exer	nption r	number	<b>_</b>	
K	Form o	of organiz	zation: X	Corporation	Trust	Association	Other	r 🕨		L Ye	ear of form	ation:	2005 <b>м</b>	State	e of legal	domicile	: DE
P	art I		nmary														
	1			the organizat								ENF	ANCING	3 LI	IVES_	TODAY	· 
çe		AND	ACCELE	ERATING A	SPECTR	UM OF SO	LUTION	S FC	OR TOMO	DRROW.							
nan																	
Governance	2	Check	this box	if the	organization	discontinue	d its opera	tions	or dispose	ed of mor	e than 25°	% of it	s net asse	ts.			
	3	Numbe	r of votin	g members of	f the governi	ng body (Part	VI, line 1a)							3			25.
م ئ				endent voting										4			25.
itie	5	Total n	umber of	individuals er	mployed in ca	alendar year 2	2020 (Part '	V, line	2a)					5			206.
Activities				volunteers (es		• • •								6		188	,000.
ď	7a	Total u	nrelated b	ousiness rever	nue from Part	VIII, column	(C), line 12	2						7a			0
	b	Net uni	related bu	ısiness taxab	e income froi	m Form 990-T	, line 34				<del></del>			7b			0
													ior Year			urrent Y	
<u>e</u>	8	Contrib	utions an	d grants (Part	VIII, line 1h)			г	CORY	Y FOR	¬∟	53	,131,8		4	11,71	9,693
enn	9	Prograi	m service	revenue (Part	VIII, line 2g)			,	COP PUBLIC IN		L			0.			0
Revenue	10	Investn	nent inco	me (Part VIII,	column (A), I	ines 3, 4, and	7d)	Ľ			<b></b>	398,856.					6,981
_	11	Other r	evenue (	Part VIII, colu	mn (A), lines	5, 6d, 8c, 9c,	10c, and 1	1e)					170,7				6,622
	12	Total re	evenue - a	add lines 8 th	rough 11 (mւ	ust equal Part	VIII, colum	ın (A),	line 12) .				,701,4		4		3,296
				lar amounts pa								4	,955,2	63.		4,02	7,458
	14	Benefit	s paid to	or for membe	rs (Part IX, co	olumn (A), line	e 4)							0.			0
es	15			ompensation								21	,060,9		]		4,306
Expenses	16a	Profess	sional fun	draising fees (	Part IX, colur	mn (A), line 11	1e)						301,6	73.	349,79		
ďx	b	Total fu	undraising	g expenses (Pa	art IX, columr	n (D), line 25)	▶	6,3	50,292	<u>.</u>							
	17		r expenses (Part IX, column (A), lines 11a-11d, 11f-24e)									,826,7		17,264,9			
				Add lines 13-									,144,6		4	•	6,504
	19	Revenu	ie less ex	penses. Subt	ract line 18 fr	om line 12							,556,7		<u> </u>	91	6,792
s or											Begi		of Current			nd of Ye	
sset	20			t X, line 16)									,226,8				7,079
Net Assets or Fund Balances	21		`	Part X, line 26)									,438,7				2,112
ΣĒ	22			nd balances.	Subtract line	21 from line 2	20					40	,788,1	75.		<u>11,70</u>	4,967
	rt II		nature B														
Und	der per e. corre	nalties of ect. and c	POBUSIGN Omplete. D	clectare that I hectaration of pr	ave examined eparer (other th	this return, inc nan officer) is b	cluding acco ased on all i	mpany nforma	ying schedu ation of whic	ıles and s ch prepar	tatements, er has anv	and to knowle	the best of the	of my	knowled	ge and b	elief, it is
	,		<del> </del>	uryo	-1 (	,					<u>,</u>						
Sig	n		3F963B0										12/1	15/2	1021		
He		'	3						~~~				Date				
		_		T VANYO					C00								
		<u> </u>	<i>,</i> , ,	nt name and title	!	Duo:!	Sign at :::-			D-1					DTIN		
Paic	i		ype prepar			Preparer's	signature		01	Date			Check	<b>」"</b>	PTIN		-
	- parer	ALYC		DLECKI	IIOD>TTC=	(	llyes		Silech	12/	15/2021		self-emplo	•		72637	
	Only	Firm's		GRANT T			U						n's EIN ▶		-6055		
				2001 MARKE					19103			Pho	ne no.	215		-4200	
				eturn with the				ions)						<u></u>	. X	Yes	No
For	Paper	rwork R	eduction	Act Notice,	see the sepa	rate instructio	ons.								F	orm <b>99</b>	0 (2020)

AUTISM SPEAKS, INC. 20-2329938

For	rm 990 ( <u>2</u> 020)	Page <b>2</b>
Pa	art 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?	es X No
	prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.	#5 NU
3		
3		es X No
	If "Yes," describe these changes on Schedule O.	25 <u></u> 140
4		neasured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 9,911,089. including grants of \$ 2,944,970. ) (Revenue \$	)
	WE PURSUE LIFE-ENANCING RESEARCH BREAKTHROUGHS TO ENHANCE THE	
	HEALTH OF AUTISTIC PEOPLE. LAUNCHED AUTISM CARE NETWORK, THE FIRST	
	OF ITS KIND LEARNING HEALTH SYSTEM FOR AUTISM THAT WILL ACCELERATE	
	RESEARCH AND CARE IMPROVEMENTS AT SPEED AND SCALE. WE UTILIZED	
	ECHO AUTISM TO TRAIN 50% MORE COMMUNITY PROVIDERS AND AUTISM CARE	
	CENTERS. HOSTED A THOUGHT LEADERSHIP SUMMIT ON CHALLENGING	
	BEHAVIORS TO DEVELOP PROGRAMS AND POLICIES FOR BETTER SYSTEMS OF	
	CARE FOR AUTISTIC PEOPLE WITH SEVERE AND HARMFUL BEHAVIORS.	
	CONDUCTED CRITICAL RESEARCH TO ASSESS THE NEEDS AND IMPACT OF	
	COVID-19 ON THE AUTISM COMMUNITY.	
4b	(Code:) (Expenses \$7,360,082. including grants of \$541,244. ) (Revenue \$	)
	WE ARE STEADFAST IN OUR COMMITMENT TO GREATER UNDERSTANDING AND	
	ACCEPTANCE OF PEOPLE WITH AUTISM. ESTABLISHED A COMMUNITY ADVISORY	
	COUNCIL MADE UP OF AUTISTICS, PROFESSIONALS AND FAMILY MEMBERS.	
	ENGAGED 2.8 MILLION ON SOCIAL MEDIA PLATFORMS WHERE WE PROVIDED	
	RESOURCES AND A PLATFORM FOR AUTISTIC PEOPLE TO SHARE THEIR	
	STORIES. EXPANDED CAREGIVER SKILLS TRAINING IN 36 UNDERSERVED OR	
	LOW RESOURCED COMMUNITIES. LAUNCHED AUTISM FRIENDLY DESIGNATION	
	PROGRAM TO INCREASE INCLUSIVE EXPERIENCES FOR PEOPLE WITH AUTISM	
	AND THEIR FAMILIES. INCREASED AUTISM ADVOCACY AMBASSADORS BY 10%	
	AND DOUBLED THE NUMBER OF GRASSROOTS ADVOCATES TO OVER 1500.	
_		
4c	(Code:) (Expenses \$13,882,189. including grants of \$541,244. ) (Revenue \$	)
	AIDED MORE THAN 1.5 MILLION PEOPLE. AUTISM RESPONSE TEAM PROVIDED	
	INDIVIDUALIZED RESPONSES TO OVER 70,000 PEOPLE. MOBLIZED COVID-19	
	TASK FORCE TO CREATE ACCESS TO EVIDENCE BASED RESOURCES THAT WERE	
	VISITED MORE THAN 275,000 TIMES. SUCCESSFULLY ADVOCATED AUTISM	
	BENEFITS COVERAGE FOR AN ADDITIONAL 3.4 MILLION AMERICANS.	
	DEVELOPED AN INTEGRATED EMPLOYMENT SYSTEM WORKPLACE INCLUSION NOW	
	(WIN) FOR AUTISTIC JOB SEEKERS, POTENTIAL EMPLOYERS AND COMMUNITY	
	MEMBERS. LAUNCHED MY AUTISM GUIDE WITH PERSONALIZED INFORMATION.	
	FUNDED \$1.6 MILLION IN GRANTS TO SERVICE PROVIDERS, COMMUNITIES	
	AND FAMILIES. HOSTED 25 STATE SPECIFIC WEBINARS FOR 5300 PEOPLE	
	REGARDING SPECIAL EDUCATION POLICY ACTIONS DURING COVID.	
4d	1 Other program services (Describe on Schedule O.)	
_	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e JSA	e Total program service expenses ► 31,153,360.	000
	1020 1.000	n <b>990</b> (2020)
	5902SG 700A 12/15/2021 8:00:12 AM V 20-7.10	PAGE

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Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			Х
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		Λ
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4	x	
5	election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	Λ	
J	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
Ū	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
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 donor-restricted endowments			
	or in 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,			
_	VII, VIII, IX, or X as applicable.			
č	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	110	x	
ı	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	11a	21	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	115		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
	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		Х
6	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	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)? If "Yes," complete Schedule D, Part X	11f	X	
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
k	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	X	37
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		
,	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	1.12		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 12 If "Yes." complete Schedule I. Parts I and II	21	X	
	oomesocooverment on Fan IX committat mee 17 ii Yes Combiete Schedule i Pans Land II	1 Z I		

Form 990 (2020)

20-2329938

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	X	
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	
2/2	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
<b>2</b> 4a	\$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		Х
				- 21
	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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
_0	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
_	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а		200		Х
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			37
	"Yes," complete Schedule L, Part IV	28c	37	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	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	Х	
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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٥.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	"		
50	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	X	
Part		_ JO		<u> </u>
raiti				
	Check if Schedule O contains a response or note to any line in this Part V			. L
_	5. // L D O /F 5. // L D O /F		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	

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Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 206			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	<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)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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		X
	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).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	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		X
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
	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	
	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		Х
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		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		
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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	1.4-		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Λ
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4.5		Х
	excess parachute payment(s) during the year?	15		Λ
	If "Yes," see instructions and file Form 4720, Schedule N.	4.0		Х
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			

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

	Check if Schedule O contains a response or note to any line in this Part VI		<u> </u>			X
Sect	ion A. Governing Body and Management					
			<del></del>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	25			
	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 on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	25			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	lations	ship with			
	any other officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or un					
	supervision of officers, directors, trustees, or key employees to a management company or other p			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's			5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to el					
	one or more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval					
	stockholders, or persons other than the governing body?	• /		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions und					
	the year by the following:					
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot					
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Inte	ernal	Revenue	Code	.)	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	Χ	
	If "Yes," did the organization have written policies and procedures governing the activities of					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt p		-	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	•		11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Ü				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Χ	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests					
	rise to conflicts?			12b	Χ	
С	Did the organization regularly and consistently monitor and enforce compliance with the p	olicv?	If "Yes."			
	describe in Schedule O how this was done	•		12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review ar					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation		•			
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	r arra	naement			
	with a taxable entity during the year?		-	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization					
	participation in joint venture arrangements under applicable federal tax law, and take steps to					
	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	L				
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 ap	ply.		,555		(0)
	X Own website Another's website X Upon request Other (explain on So		e O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents of the control of		•	f inter	est r	oolicv
	and financial statements available to the public during the tax year.	,	33111101 0		JUL	- JOy,
20	State the name, address, and telephone number of the person who possesses the organization's Joseph T VANYO 1060 STATE ROAD PRINCETON, NJ 08540	oooks	and record	s Þ		
	JOSEPH T VANYO 1060 STATE ROAD PRINCETON, NJ 08540 646-385-8597					

AUTISM SPEAKS, INC.

#### 20-2329938

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

<b>(A)</b> Name and title	(B) Average	(do r	not c	Pos	C) sition	e than c	one	<b>(D)</b> Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated amount
ivame and the	hours					is both		compensation	compensation	of other
	per week	officer and a director/tru					tee)	from the	from related	compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) ANGELA GEIGER	40.00									
PRESIDENT & CEO	0.			Х				617,870.	0.	33,989.
(2)LISA GERBASI	40.00							,		
STRATEGIC INITIATIVES & INNOVA	0.			Х				273,340.	0.	44,237.
(3) ANDY SHIH	40.00									
SR VP PUBLIC HEALTH/INCLUSION	0.					X		246,416.	0.	38,140.
(4) JOSEPH VANYO	40.00									
C00	0.			Х				254,771.	0.	13,028.
(5)LYNN HAPPEL	40.00									
SVP, IT & DATA SUPPORT	0.					X		225,320.	0.	27,835.
(6) JENNIFER PODOLL	40.00									
SVP, CONSTITUENT ENGAGEMENT	0.				X			216,276.	0.	28,004.
(7) MELANIE AKINS	40.00									
VP, CORPORATE INITIATIVES	0.					X		199,568.	0.	44,063.
(8) STUART SPIELMAN	40.00									
SVP, ADVOCACY	0.					X		227,276.	0.	11,136.
(9) DONNA S. MURRAY	40.00									
VP, HEAD CLINICAL PROGRAMS	0.					X		201,513.	0.	18,736.
(10) CURTIS ARLEDGE	1.00									
DIRECTOR	0.	X		Х				0.	0.	0.
(11) TOM BERNARD	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(12) SCOTT R. CARPENTER	1.00									
DIRECTOR	0.	X						0.	0.	0.
(13) JENNIFER CASERTA	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(14) JOSEPH T. COYLE, M.D.	1.00									_
DIRECTOR	0.	X						0.	0.	0.
										Form <b>QQ</b> (2020)

AUTISM SPEAKS, INC. 20-2329938

Part VII Section A. Officers, Directo	rs. Trustees. Ke	v En	olar	ove	es.	and F	Hia	hest Compensat	ed Employees (c	ontinue		Page <b>8</b>
(A)	(B)	<del></del>	.p.c		C)	<u> </u>	9	(D)	(E)	or ren rec	(F)	
Name and title	Average hours per week (list any hours for related	box,	unles	heck ss pe	erson direct	e than of is both tor/trust	an	Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC)	an com fr	stimated nount of other pensation	ion
	organizations below dotted line)	Individual trustee or director	Institutional trustee	icer	Key employee	Highest compensated employee	mer	(W-2/1099-MISC)		an	anizatio d relateo anization	d
15) BARRY R. FEIRSTEIN	1.00											
DIRECTOR	0.	X						0	0.			С
16) BRIAN L. HARPER	10.00											
CHAIR	0.	X		Х				0	0.			С
17) MATTHEW HIGGINS	1.00											
DIRECTOR	0.	X						0	0.			C
18) ADRIAN M. JONES	1.00											
DIRECTOR	0.	X		Х				0	0.			C
19) TIM JONES	1.00											
DIRECTOR	0.	X						0	0.			
20) AIDAN KEHOE	1.00											
DIRECTOR	0.	X						0	0.			C
21) BILLY MANN	1.00											
DIRECTOR	0.	X						0	0.			C
22) KEVIN J. MURRAY	1.00											
DIRECTOR	0.	X						0	0.			
23) JACQUELYN NANCE	1.00											
DIRECTOR	0.	X						0	0.			
24) HERBERT PARDES, M.D.	1.00								_			
DIRECTOR	0.	X						0	0.			C
25) JAMIE T. RICHARDSON	1.00											
DIRECTOR	0.	Х		Х				0	0.			
1b Sub-total							<b>&gt;</b>	2,462,350.	0.		259,2	
c Total from continuation sheets to Par	. ,							0.	0.		250	0.
d Total (add lines 1b and 1c)							<u> </u>	2,462,350.	0.		259,2	168.
2 Total number of individuals (including be reportable compensation from the organ		hose 53		ed a	bove	e) who	o re	eceived more than	\$100,000 of			
											Yes	No
3 Did the organization list any forme employee on line 1a? If "Yes," complete										3		Х
4 For any individual listed on line 1a, i organization and related organization	s the sum of rep	oortab	ole d	com	per	nsation	n aı	nd other compens	sation from the			
individual										4	X	
5 Did any person listed on line 1a rece												
for services rendered to the organization										5		X

# Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CRAFT & COMMERCE LLP	CREATIVE/ADVERTISING	4,706,751.
THOMPSON, HABIB & DENNISON INC	DIRECT MAIL SVCS	349,402.
FACEBOOK, INC	ADVERTISING	464,149.
THE HOSPITAL FOR SICK CHILDREN RESEARCH	MSSNG CONSULTING	376,674.
THE ADVERTISING COUNCIL INC.	ADVERTISING	385,310.

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 ► 13

AUTISM SPEAKS, INC. 20-2329938

Part VII Section A. Officers, Directors,	rustees, Ke	y En	plo			and H	ug			continue		
(A)	(B)			(C	C)			(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for related organizations below dotted	box,	unles er and	ss pe	more rson irect	e than or is both a or/truste employ	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	com fro orga	stimated nount of other pensation om the anization	f on on
	line)	Individual trustee or director	Institutional trustee		ployee	Highest compensated employee				l	anization	
26) CHUCK SAFTLER	1.00											
DIRECTOR	0.	X						0	0.			0
27) STUART SAVITZ	1.00											
DIRECTOR	0.	Х						0	0.			0
28) DAN SCHULMAN	1.00											
DIRECTOR	0.	Х						0	0.			0
9) STEPHEN SHORE, ED.D.	1.00											
DIRECTOR	0.	Х						0	0.			С
0) STEVEN P. STANBROOK	1.00											
DIRECTOR	0.	Х						0	0.			0
1) DAN TARMAN	1.00											
DIRECTOR (THRU 2/18/21)	0.	Х						0	0.			C
2) CHERYL VITALI	1.00											
DIRECTOR	0.	Х						0	0.			0
33) LISA YANG	1.00											
DIRECTOR	0.	Х						0	0.			0
4) ADAM FRAZIER	1.00											
DIRECTOR	0.	Х						0	0.			C
5) DARREN GOODE	1.00											
DIRECTOR (BEGIN 2/25/21)	0.	Х						0	0.			0
								0.	0.			0.
1b Sub-total								0.	0.			
c Total from continuation sheets to Part VII	-											
d Total (add lines 1b and 1c)									\$400,000 of			
2 Total number of individuals (including but n reportable compensation from the organiza		nose 53		a ar	OOV	e) wno	те	eceived more than	\$100,000 01			
											Yes	No
3 Did the organization list any former o												Х
employee on line 1a? If "Yes," complete Sch										3		
4 For any individual listed on line 1a, is the organization and related organizations individual	greater than	\$15	0,0	00?	If	"Yes,	,"	complete Schedu	le J for such	4	Х	
5 Did any person listed on line 1a receive										_		
for services rendered to the organization? If										5		Х
Section B. Independent Contractors												
Complete this table for your five highest compensation from the organization. Report												

(A) Name and business address	(B) Description of services	(C) Compensation

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

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Part VIII Statement of Revenue

		Check if Schedule O contains a respon	se or note to an	y line in this Part V	/III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns 1a	133,576.				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues					
عَ ق	С	Fundraising events 1c	2,245,272.				
fts	d	Related organizations 1d					
פֿיַּפּ	e	Government grants (contributions) . 1e	4,373,502.				
Sin	f	All other contributions, gifts, grants,					
atio er (	-	and similar amounts not included above . 1f	34,967,343.				
들 된	g	Noncash contributions included in					
d E		lines 1a-1f 1g	277,931.				
ಕ್ಷ ಬ	h	Total. Add lines 1a-1f		41,719,693.			
			Business Code				
ဗ္ဗ	2a						
Program Service Revenue	b						
Sur	C						
eve	d						
og R	e						
7	f	All other program service revenue					
	g	Total. Add lines 2a-2f	▶	0.			
	3	Investment income (including dividends,	interest, and				
		other similar amounts)	▶	22,121.			22,121.
	4	Income from investment of tax-exempt bond	proceeds . ►	0.			
	5	Royalties	▶	63,845.			63,845.
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)	▶	0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory <b>7a</b> 4,860.					
ne	b	Less: cost or other basis					
evenue		and sales expenses 7b					
Re	С	Gain or (loss)					
ē	d	Net gain or (loss)	•	4,860.			4,860.
Other	8a	Gross income from fundraising					
Ū		events (not including \$2,245,272.					
		of contributions reported on line	615 656				
		1c). See Part IV, line 18	615,656.				
	b	Less: direct expenses	615,656.	0.			
	С	Net income or (loss) from fundraising events.		0.			
	9a	Gross income from gaming	0.				
		activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses 9b		0.			
	10-	Net income or (loss) from gaming activities.		0.			
	10a	Gross sales of inventory, less returns and allowances	0.				
	<b>J</b>		0.				
	b c	Less: cost of goods sold  Net income or (loss) from sales of inventory		0.			
···			Business Code	J.			
one e	110	RECOVERY OF PRIOR YEAR GRANTS	900099	176,766.			176,766.
ane nu(	11a b	OTHER PROGRAM REVENUE	900099	96,011.			96,011.
Miscellaneous Revenue	C						
isc R	d	All other revenue					
Σ		Total. Add lines 11a-11d		272,777.			
	12	Total revenue. See instructions		42,083,296.			363,603.

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# Part IX Statement of Functional Expenses

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

360	Check if Schedule O contains a response or note to any line in this Part IX								
_									
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21	2,872,741.	2,872,741.						
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22	736,586.	736,586.						
3	Grants and other assistance to foreign								
	organizations, foreign governments, and	410 121	410 121						
_	foreign individuals. See Part IV, lines 15 and 16	418,131.	418,131.						
4	Benefits paid to or for members	0.							
5	Compensation of current officers, directors,	1,389,163.	906,292.	296,593.	186,278.				
_	trustees, and key employees	1,300,103.	300,232.	200,000.	100,270.				
6	Compensation not included above to disqualified								
	persons (as defined under section 4958(f)(1)) and	0.							
7	persons described in section 4958(c)(3)(B) Other salaries and wages	14,602,654.	9,841,538.	1,743,679.	3,017,437.				
	Pension plan accruals and contributions (include	11/002/0011	3,012,0001	2772370721	3,01.,13.1				
0	section 401(k) and 403(b) employer contributions)	494,815.	331,587.	60,257.	102,971.				
۵	Other employee benefits	1,881,611.	1,293,067.	212,116.	376,428.				
10	Payroll taxes	1,156,063.	772,599.	152,176.	231,288.				
	Fees for services (nonemployees):		·		<u> </u>				
	Management	0.							
	Legal	275,925.	229,024.	46,901.					
	Accounting	156,700.	104,718.	51,982.					
	Lobbying	627,778.	627,778.						
	Professional fundraising services. See Part IV, line 17	349,797.			349,797.				
	f Investment management fees	0.							
	Other. (If line 11g amount exceeds 10% of line 25, column								
	(A) amount, list line 11g expenses on Schedule O.)	2,717,496.	2,573,982.	58,001.	85,513.				
12	Advertising and promotion	5,172,877.	4,922,434.	188,130.	62,313.				
13	Office expenses	2,092,825.	1,111,196.	115,668.	865,961.				
14	Information technology	1,455,334.	1,033,491.	136,063.	285,780.				
15	Royalties	0.							
16	Occupancy	1,510,034.	1,069,771.	174,291.	265,972.				
17	Travel	27,239.	22,111.	637.	4,491.				
18	Payments of travel or entertainment expenses	0							
	for any federal, state, or local public officials	0.	205 042	F.0	102 100				
19	Conferences, conventions, and meetings	579,200.	395,943.	58.	183,199.				
20	Interest	0.							
21	Payments to affiliates	196,080.	143,066.	19,867.	33,147.				
22	Depreciation, depletion, and amortization	188,209.	116,920.	49,231.	22,058.				
23	Insurance	100,200.	110,520.	17,231.	22,030.				
24	Other expenses. Itemize expenses not covered								
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column								
	(A) amount, list line 24e expenses on Schedule O.)								
9	WALK & TEAM-UP EXPENSES	630,242.	504,194.		126,048.				
_	DONATION PROCESSING	344,822.	•	344,822.	<u> </u>				
~	GENOME SEQUENCING	750,626.	750,626.	·					
-	DIRECT MAIL	257,386.	128,693.		128,693.				
_	All other expenses	282,170.	246,872.	12,380.	22,918.				
	Total functional expenses. Add lines 1 through 24e	41,166,504.	31,153,360.	3,662,852.	6,350,292.				
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► X if								
_	following SOP 98-2 (ASC 958-720)	12,573,446.	6,801,329.	1,344,910.	4,427,207.				

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# Part X Balance Sheet

	art A	Check if Schedule O contains a response o	r note	e to any line in this Pa	art X		
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			10,354,708.	1	10,973,522.
	2	Savings and temporary cash investments			5,564,463.	2	6,116,091.
	3	Pledges and grants receivable, net			1,681,996.	3	3,698,518.
	4	Accounts receivable, net		5,042,389.	4	3,974,074.	
	5	Loans and other receivables from any current o	r form	ner officer, director,			
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of these	perso	ons	0.	5	0.
	6	Loans and other receivables from other disqual	ified p	persons (as defined			
		under section 4958(f)(1)), and persons described i	n sec	tion 4958(c)(3)(B)	0.	6	0.
ets	7	Notes and loans receivable, net			0.	7	0.
Assets	8	Inventories for sale or use			0.	8	0.
⋖	9	Prepaid expenses and deferred charges			818,454.	9	556,433.
	10 a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	3,437,268.			
	b	Less: accumulated depreciation		2,716,680.	567,996.		720,588.
	11	Investments - publicly traded securities			21,920,530.	11	21,950,201.
	12	Investments - other securities. See Part IV, line 11			0.	12	0.
	13	Investments - program-related. See Part IV, line 11			0.	13	0.
	14	Intangible assets		0.	14	0.	
	15	Other assets. See Part IV, line 11			276,343.	15	217,652.
	16	Total assets. Add lines 1 through 15 (must equal			46,226,879.	16	48,207,079.
	17	Accounts payable and accrued expenses			3,816,039.	17	4,644,863.
	18	Grants payable			719,166.	18	1,237,090.
	19	Deferred revenue			18,790.	19	109,613.
	20	Tax-exempt bond liabilities			0. 0.	20	0.
	21	Escrow or custodial account liability. Complete Pa		_	0.	21	0.
ies	22	Loans and other payables to any current or					
ij		trustee, key employee, creator or founder, substa			0.		0.
Liabilities	23	controlled entity or family member of any of these	-		0.	22	0.
	24	Secured mortgages and notes payable to unrelate Unsecured notes and loans payable to unrelated t		· -	0.	23 24	0.
	25	Other liabilities (including federal income tax,	-	<u> </u>		24	· ·
	23	parties, and other liabilities not included on lines	•				
		of Schedule D		, ·	884,709.	25	510,546.
	26	Total liabilities. Add lines 17 through 25			5,438,704.	26	6,502,112.
es		Organizations that follow FASB ASC 958, check and complete lines 27, 28, 32, and 33.				20	
anc	27	Net assets without donor restrictions			29,230,217.	27	29,613,313.
Bal	28	Net assets with donor restrictions		<b></b>	11,557,958.	28	12,091,654.
þ	20	Organizations that do not follow FASB ASC 958			11,001,900.	∠8	12,091,034.
Net Assets or Fund Balances		and complete lines 29 through 33.					
Ś	29	Capital stock or trust principal, or current funds .				29	
set	30	Paid-in or capital surplus, or land, building, or equ				30	
As	31	Retained earnings, endowment, accumulated inco				31	
let	32	Total net assets or fund balances			40,788,175.	32	41,704,967.
_	33	Total liabilities and net assets/fund balances			46,226,879.	33	48,207,079.

AUTISM SPEAKS, INC.

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			83,2	
2	Total expenses (must equal Part IX, column (A), line 25)	2	4		66,5	
3	Revenue less expenses. Subtract line 2 from line 1	3			16,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4	0,7	88,1	.75.
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 on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	4	1,7	04,9	67.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ted or	na			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	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					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		3b		

## **SCHEDULE A** (Form 990 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 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

		e organization					Employer identifi	cation number
AU'	rism	I SPEAKS, INC.					20-23299	
Pa		Reason for Public Cha	•					3.
The	orga	inization is not a private fou		•	_	•	•	
1	Щ	A church, convention of chu						
2	Ш	A school described in <b>secti</b>		·	-			
3		A hospital or a cooperative	-	=				
4		A medical research organiz	•	conjunction with a ho	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the
_		hospital's name, city, and st						
5		An organization operated to		a college or universit	ty owner	d or ope	rated by a governme	ental unit described ii
•		section 170(b)(1)(A)(iv). (C	•			470/		
6		A federal, state, or local go	_			-		الطبيع لمسمعها مبيانا
7		An organization that norma	=	· · · · · · · · · · · · · · · · · · ·	ipport in	om a go	vernmental unit of in	om the general public
0		described in <b>section 170(b)</b> A community trust describe			Dort II \			
8 9	$\vdash$	An agricultural research org					Lin conjunction with a	land-grant college
9		or university or a non-land-	=			-		-
		university:	grant conege or ag	griculture (see instruct	110113). LI	iller tile	name, ony, and state o	i the college of
10		An organization that norma	lly receives (1) mo	ore than 331/3 % of its	support	from cou	ntributions membersh	in fees, and gross
		receipts from activities rela support from gross investm acquired by the organizatio	ted to its exempt f nent income and u n after June 30, 1	unctions, subject to c nrelated business tax 975. See <b>section 509</b>	ertain ex able inco (a)(2). (0	ceptions ome (les: Complete	s; and (2) no more thar s section 511 tax) from Part III.)	n 331/3 % of its
11		An organization organized	•	•	•		` ' ' '	
12		An organization organized	•	•			•	
		of one or more publicly su	· ·					
		Check the box in lines 12a t	=			_	•	=
а			•	•	•		• , , ,	
		the supported organization	. , .	• • • •		ajority of	the directors or truste	es of the
<b>h</b>		supporting organization.	-			. with ito	aupported organizati	on(a) by baying
b		Type II. A supporting org control or management of	•					
		organization(s). You must			ine sam	e persor	is that control of man	lage the supported
С		Type III functionally integ			ated in co	onnectio	n with and functional	lly integrated with
·	_	_ its supported organization						ily integrated with,
d		Type III non-functionally		· ·				ted organization(s)
_		that is not functionally into			-			
		requirement (see instruct	•	•	-		·	
е		Check this box if the orga	•	•				I, Type III
		functionally integrated, or						
f	Ent	er the number of supported						
g	Pro	vide the following information	on about the suppo	orted organization(s).				
	(i) Na	ame of supported organization	(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)								
(E)								
Tota	al							

AUTISM SPEAKS, INC.

Schedule A (Form 990 or 990-EZ) 2020 Page **2** 

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support				· · · · · ·	,	
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	<b>(e)</b> 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not					44 740 600	
	include any "unusual grants.")	50,302,151.	59,731,829.	9,489,221.	53,131,832.	41,719,693.	214,374,726.
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	50,302,151.	59,731,829.	9,489,221.	53,131,832.	41,719,693.	214,374,726.
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)						9,711,023.
6	Public support. Subtract line 5 from line 4						204,663,703.
	tion B. Total Support	(-) 0040	(b) 0047	(-) 0040	(-I) 0040	(-) 0000	(f) T-4-1
	ndar year (or fiscal year beginning in)	(a) 2016 50,302,151.	<b>(b)</b> 2017 59,731,829.	(c) 2018 9,489,221.	(d) 2019 53,131,832.	<b>(e)</b> 2020	(f) Total
7 8	Amounts from line 4.  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	125,721.	135,295.	156,606.	456,059.	85,965.	959,646.
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.)	1,559,853.	2,064,277.	42,270.	1,573,626.	888,433.	6,128,459.
11	Total support. Add lines 7 through 10						221,462,831.
12	Gross receipts from related activities, etc. (s	,				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup						
				11 solumn (f))		14	92.41%
14 15	Public support percentage for 2020 (li Public support percentage from 2019					15	93.46%
_	331/3% support test - 2020. If the org					•	
·ou	box and <b>stop here.</b> The organization q	•					
b	<b>33</b> 1/3% <b>support test - 2019.</b> If the org	•	•	•			
	this box and <b>stop here</b> . The organization	=					
17a	10%-facts-and-circumstances test - 2			_			
	10% or more, and if the organization	n meets the fac	cts-and-circumst	ances test, che	eck this box ar	nd <b>stop here.</b> E	xplain in
	Part VI how the organization meets	the facts-and-c	ircumstances te	st. The organiz	ation qualifies	as a publicly s	upported
	organization						
b	10%-facts-and-circumstances test - 2	<b>2019.</b> If the org	ganization did no	ot check a box	on line 13, 16	a, 16b, or 17a,	and line
	15 is 10% or more, and if the organization					-	-
	in Part VI how the organization meets			<del>-</del>	-	-	
	organization						
18	Private foundation. If the organization						
	instructions						▶ □

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Schedule A (Form 990 or 990-EZ) 2020 Page 3

#### 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			, р	p	,	
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(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						
Ū	unrelated trade or business under section 513						
4	Tax revenues levied for the						
7	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
3							
	furnished by a governmental unit to the						
e	organization without charge						
6	Total. Add lines 1 through 5						
/a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons Amounts included on lines 2 and 3						
J	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
C	line 6.)						
	tion B. Total Support	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(6) 2016	(a) 2019	(e) 2020	(I) Total
9	Amounts from line 6. Gross income from interest, dividends,						
iva	payments received on securities loans,						
	rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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.)		<u> </u>				
14	First 5 years. If the Form 990 is for	ŭ	•		•		` ` ` `
	organization, check this box and stop here						▶
	tion C. Computation of Public Supp			(4))		T .= 1	
15	Public support percentage for 2020 (line 8,					15	%
16	Public support percentage from 2019 Sche					16	%
	tion D. Computation of Investment						
17	Investment income percentage for 2020 (lin		•			17	%
18	Investment income percentage from 2019 S					18	%
19 a	331/3% support tests - 2020. If the or	-					
	17 is not more than 331/3%, check this	-	-	•			
b	331/3% support tests - 2019. If the orga						
	line 18 is not more than $331/3\%$ , check		-	•			. —
20	Private foundation If the organization of	lid not chack '	a hov on line 1	1 10a or 10h	chack this hav	and con inetru	ctions -

Schedule A (Form 990 or 990-EZ) 2020 Page 4

#### **Supporting Organizations** Part IV

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

# S

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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).	5a		
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?	5b 5c		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	30		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
_	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		+
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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9с		
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section			

4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

JSA 0E1229 1.010

10a

determine whether the organization had excess business holdings.)

supporting organizations)? If "Yes," answer line 10b below.

AUTISM SPEAKS, INC.

Schedule A (Form 990 or 990-EZ) 2020 Page 5 Part IV **Supporting Organizations** (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? 11a 11b **b** A family member of a person described in line 11a above? c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, 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 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section 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 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. а b The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). C Yes No Activities Test. Answer lines 2a and 2b below. 2 Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify 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 line 2a, above, 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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No," provide details in Part VI. 3a b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b

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Schedule A (Form 990 or 990-EZ) 2020 Page **6** 

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	 S	rage
1 Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (expla	
instructions. All other Type III non-functionally integrated supporting organ	izations n	nust complete Sectio	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):	1e		
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 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	6		
emergency temporary reduction (see instructions).		to J.T. or a Pl	
7 Check here if the current year is the organization's first as a non-functiona	ııy ıntegra	itea Type III supporting	y organization

Applied to 2020 distributable amount

Applied to underdistributions of prior years Applied to 2020 distributable amount

Remainder. Subtract lines 4a and 4b from line 4.

Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

Excess distributions carryover to 2021. Add lines 3j

Distributions for 2020 from

Part VI. See instructions.

Breakdown of line 7: Excess from 2016 Excess from 2017 Excess from 2018 Excess from 2019 Excess from 2020

and 4c.

Section D, line 7:

Carryover from 2015 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 20-2329938

Sched	ule A (Form 990 or 990-EZ) 2020				Page <b>7</b>
Part	V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organizat	ions (continued)		
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers ex	empt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purp	3			
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required -	provide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	th the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ns	(iii) Distributable Amount for 2020
Sect	ion E - Distribution Allocations (see instructions)  Distributable amount for 2020 from Section C, line 6		Underdistribution	ns	Distributable
	,		Underdistribution	ns	Distributable
1	Distributable amount for 2020 from Section C, line 6		Underdistribution	ns	Distributable
1	Distributable amount for 2020 from Section C, line 6 Underdistributions, if any, for years prior to 2020		Underdistribution	ns	Distributable
1	Distributable amount for 2020 from Section C, line 6 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in <b>Part VI</b> ). See		Underdistribution	ns	Distributable
1 2	Distributable amount for 2020 from Section C, line 6 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.  Excess distributions carryover, if any, to 2020 From 2015		Underdistribution	ns	Distributable
1 2 3	Distributable amount for 2020 from Section C, line 6 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.  Excess distributions carryover, if any, to 2020 From 2015  From 2016		Underdistribution	ns	Distributable
1 2 3 a	Distributable amount for 2020 from Section C, line 6 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.  Excess distributions carryover, if any, to 2020 From 2015 From 2016		Underdistribution	ns	Distributable
1 2 3 a b	Distributable amount for 2020 from Section C, line 6 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.  Excess distributions carryover, if any, to 2020 From 2015		Underdistribution	ns	Distributable
1 2 3 a b c	Distributable amount for 2020 from Section C, line 6 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.  Excess distributions carryover, if any, to 2020 From 2015 From 2016		Underdistribution	ns	Distributable
1 2 3 a b c d	Distributable amount for 2020 from Section C, line 6 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.  Excess distributions carryover, if any, to 2020 From 2015		Underdistribution	ns	Distributable
1 2 3 a b c d e	Distributable amount for 2020 from Section C, line 6 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.  Excess distributions carryover, if any, to 2020 From 2015  From 2016  From 2017  From 2018  From 2019		Underdistribution	ns	Distributable

Schedule A (Form 990 or 990-EZ) 2020

5

20-2329938 Schedule A (Form 990 or 990-EZ) 2020

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

FISCAL YEAR 2021 IS REFLECTED IN THE 2020 COLUMN. FISCAL YEAR 2020 IS REFLECTED IN THE 2019 COLUMN. FISCAL YEAR 2019, THE SHORT PERIOD FROM JANUARY 1, 2019 - MARCH 31, 2019, IS REFLECTED IN THE 2018 COLUMN. THE PRIOR 2 YEARS (2017 - 2018) ARE REPORTED IN COLUMNS (A) AND (B), RESPECTIVELY. OTHER INCOME INCLUDES GROSS INCOME FROM FUNDRAISING AND GAMING AS APPROPRIATE, ALONG WITH PROGRAM REVENUE.

Schedule A (Form 990 or 990-EZ) 2020

Page 8

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

Department of the Tre

# **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

Internal Revenue Service	► Go to www.irs.gov/Form990 for the latest information.		
Name of the organization		Employe	er identification number
AUTISM SPEAKS, INC.		20-2	2329938
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 priva-	te foundation	
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private fo	oundation	
	501(c)(3) taxable private foundation		
	301(0)(0) taxable private roundation		
Check if your organization is	covered by the General Rule or a Special Rule.		
<b>Note:</b> Only a section 501(c)(7) instructions.	7), (8), or (10) organization can check boxes for both the General Rule at	nd a Special Ri	ule. See
man deliona.			
General Rule			
_	n filing Form 990, 990-EZ, or 990-PF that received, during the year, co- or property) from any one contributor. Complete Parts I and II. See instri- contributions.		_
Special Rules			
regulations under s 13, 16a, or 16b, ar	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form and that received from any one contributor, during the year, total contributor the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line	990 or 990-Ez utions of the g	Z), Part II, line reater of <b>(1)</b>
contributor, during literary, or education	the year, total contributions of more than \$1,000 exclusively for religious onal purposes, or for the prevention of cruelty to children or animals. Consisted of the contributor name and address), II, and III.	us, charitable,	scientific,
contributor, during contributions totale during the year for <b>General Rule</b> applie	the year, contributions exclusively for religious, charitable, etc., purposed more than \$1,000. If this box is checked, enter here the total contributions exclusively religious, charitable, etc., purpose. Don't complete any of est to this organization because it received nonexclusively religious, charitable, etc., purpose.	es, but no such utions that we f the parts unle itable, etc., co	re received
Caution: An organization that	t isn't covered by the General Rule and/or the Special Rules doesn't file ust answer "No" on Part IV, line 2, of its Form 990; or check the box on	Schedule B (F	

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Page 2

Name of organization AUTISM SPEAKS, INC.

Employer identification number 20-2329938

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$\$.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$\$ 4,296,470.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	N/A	\$\$	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.)

Name of organization AUTISM SPEAKS, INC.

Employer identification number

20-2329938 Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) (a) No. (c) (d) (b) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) \$ (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) (a) No. (c) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.)

Page 3

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization AUTISM SPEAKS, INC. **Employer identification number** 20-2329938 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

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

# **Political Campaign and Lobbying Activities**

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

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

•	Section 501(c)(3) organizations	that have filed Form 5768 (election un	der section 501(h)): Co	mplete Part II-A. Do not com	plete Part II-B.	
•	Section 501(c)(3) organizations	that have NOT filed Form 5768 (election	on under section 501(h)	): Complete Part II-B. Do no	t complete Part II-A.	
f the	e organization answered "Yes,"	on Form 990, Part IV, line 5 (Proxy	Tax) (See separate in	structions) or Form 990-E	EZ, Part V, line 35c	(Prox
•	(See separate instructions), their Section 501(c)(4), (5), or (6) organized					
	e of organization	anzatorio. Compieto i art in.		Employer ide	ntification number	
	'ISM SPEAKS, INC.			20-2329		
	•	organization is exempt under	saction FO1(a) or i			
	•	· · · · · · · · · · · · · · · · · · ·				
1	•	organization's direct and indirect p	political campaign ac	tivities in Part IV. (See in	nstructions for	
_	definition of "political campa	,				
2		xpenditures (See instructions)				
3		campaign activities (See instructio				
		organization is exempt under s				
1	Enter the amount of any exc	cise tax incurred by the organizatio	n under section 495	D ▶ \$		
2		cise tax incurred by organization m				<b>—</b>
3	=	a section 4955 tax, did it file Form	•			No
					Yes _	No
	If "Yes," describe in Part IV.	version is everyt under	acation E04/a\ av	cont coetion E01/c\/2	`	
Par	•	organization is exempt under			).	
1		xpended by the filing organization				
2		g organization's funds contributed		ns for section		
3		enditures. Add lines 1 and 2. Ent				
•						
4	Did the filing organization file	e Form 1120-POL for this year?			Yes	No
5		and employer identification numb				 e filing
		s. For each organization listed, en				
		ributions received that were prom				
	as a separate segregated fur	nd or a political action committee (I	PAC). If additional sp	ace is needed, provide i	nformation in Part	IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of po	
				filing organization's funds. If none, enter -0	contributions received	
				runus. Il none, enter -o	promptly and dir delivered to a sep	•
					political organizat	
					none, enter -0	)
(1)						
. ,						
(2)						
(3)						
(4)						
(5)						
			]			
(6)						

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

Sche	edule C (Form 990 or 990-EZ) 2020	AUTISM	SPEAKS,	INC.		20-2	329938 Page <b>2</b>				
Pa	rt II-A Complete if the org section 501(h)).	janizati	on is exer	npt under section	n 501(c)(3) and	filed Form 5768 (ele	ction under				
Α				affiliated group (and excess lobbying expe		ach affiliated group mem	ber's name,				
В	Check ▶ if the filing organiz	ation ch	ecked box /	A and "limited contro	ol" provisions app	ly.					
	Limits	on Lobb	ying Expen	ditures		(a) Filing	(b) Affiliated				
	(The term "expendit	ures" me	eans amoui	nts paid or incurred.	)	organization's totals	group totals				
1a	Total lobbying expenditures to in	nfluence	public opin	ion (grassroots lobb	ying)						
b	Total lobbying expenditures to in	nfluence	a legislative	e body (direct lobbyi	ng)						
c Total lobbying expenditures (add lines 1a and 1b)											
	d Other exempt purpose expenditures										
	Total exempt purpose expenditu	-		·							
f	Lobbying nontaxable amount.	Enter th	e amount	from the following	table in both						
	columns.		T								
	If the amount on line 1e, column (a	) or (b) is:	The lobbyir	ng nontaxable amount	is:						
	Not over \$500,000			amount on line 1e.							
	Over \$500,000 but not over \$1,000			us 15% of the excess							
	Over \$1,000,000 but not over \$1,5			us 10% of the excess							
	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								
_	Grassroots nontaxable amount				_						
	Subtract line 1g from line 1a. If				_						
	Subtract line 1f from line 1c. If z					' ('I. F 4700					
J	If there is an amount other th			•	•		□ vaa □ Na				
	reporting section 4911 tax for the			aging Period Unde			Yes No				
	(Some organizations that					ate all of the five colum	ne helow				
	(come organizations tha			te instructions for I	-		ilis below.				
		000	the Separa	ic manuchons for i	mes za umougn	<b>2</b> 1. <i>)</i>					
		Lobb	ying Expe	nditures During 4-Ye	ear Averaging Pe	riod					
	Colondor year (or fined year	(-)	2017	(h) 2040	(2) 2010	(4) 2020	(a) Total				
	Calendar year (or fiscal year beginning in)	(a)	2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) Total				
	beginning in)										
2a	Lobbying nontaxable amount										
b	Lobbying ceiling amount										
	(150% of line 2a, column (e))										
С	Total lobbying expenditures										
d	Grassroots nontaxable amount										
е	Grassroots ceiling amount (150% of line 2d, column (e))										
f	Grassroots lobbying expenditures										

Page 3 Schedule C (Form 990 or 990-EZ) 2020

Par	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	8		
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a	a)		(b)		
	ription of the lobbying activity.	Yes	No		Amou	ınt	
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					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.	X					
С	Media advertisements?	X					
d	Mailings to members, legislators, or the public?		Х				
е	Publications, or published or broadcast statements?		Х				
f	Grants to other organizations for lobbying purposes?		Х				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X				742	,815
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х				
i	Other activities?	X					,037
j	Total. Add lines 1c through 1i					857	,852
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$ ?		X				
b	If "Yes," enter the amount of any tax incurred under section 4912			<u> </u>			
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?						
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5)	, or s	ection	1		
						Yes	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		
	Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."	OR (k				s, is	
1	Dues, assessments and similar amounts from members						
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou political expenses for which the section 527(f) tax was paid).	ınts	of				
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) du	es.		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion	of th	ne				
	excess does the organization agree to carryover to the reasonable estimate of nondeductible le	obbyir	ng				
	and political expenditure next year?			4			
5	Taxable amount of lobbying and political expenditures (See instructions)	<u> </u>		5			
2 (Se	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate se instructions); and Part II-B, line 1. Also, complete this part for any additional information.  PAGE 4	d grou	up list	); Part	II-A, lir	nes 1	and

Schedule C (Form 990 or 990-EZ) 2020 Page 4

#### Supplemental Information (continued) Part IV

PART II-B, LINE 1, LOBBYING ACTIVITIES:

DURING THE PERIOD BEGINNING APRIL 1, 2020, AND ENDING MARCH 31, 2021, A PERIOD MARKED BY THE COVID-19 PANDEMIC, AUTISM SPEAKS ADVOCATED ON BEHALF OF THE AUTISM COMMUNITY IN WASHINGTON, DC, AND IN STATE CAPITALS. AT THE FEDERAL LEVEL, WE FOCUSED ON HOME AND COMMUNITY-BASED SERVICES, ECONOMIC IMPACT PAYMENTS, TELEHEALTH SERVICES, AND SPECIAL EDUCATION, AND CONTINUED OUR LONG-STANDING EFFORT TO INCREASE APPROPRIATIONS FOR AUTISM RESEARCH AND SERVICES. IN THE STATES, WE ADVOCATED FOR FLEXIBLE MEDICAID POLICIES, SPECIAL EDUCATION-RELATED MEASURES SUCH AS EXTENDED SCHOOL YEAR OPTIONS, AND EXPANDED TELEHEALTH SERVICES, AND PRESSED FOR ENHANCED ACCESS TO AUTISM INTERVENTIONS THROUGH PRIVATE AND PUBLIC INSURANCE AND IMPROVED TRANSITION PLANNING FOR STUDENTS.

AUTISM SPEAKS, INC.

AUTISM SPEAKS PURSUED ITS ADVOCACY OBJECTIVES THROUGH GRASSROOTS VOLUNTEERS, PAID STAFF, ADVERTISEMENTS, CONTACT WITH LEGISLATORS AND THEIR STAFF, EXECUTIVE AGENCY PERSONNEL, AND VIRTUAL MEETINGS AND EVENTS IN WASHINGTON, DC, AND STATE CAPITALS.

## **SCHEDULE 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.

► Attach to Form 990.

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

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

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

	s of the organization	Employer identification number
AUT	ISM SPEAKS, INC.	20-2329938
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	ccounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in	
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fund	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
	conferring impermissible private benefit?	Yes No
Pa	rt    Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education)  Preservation of	a historically important land area
	Protection of natural habitat Preservation of	a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	ne form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а		2a
b		2b
c		20
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
u		2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminal	<u> </u>
3		ned by the organization during the
	tax year >	
4	Number of states where property subject to conservation easement is located	handling of
5	Does the organization have a written policy regarding the periodic monitoring, inspection	
•	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co	inservation easements during the year
_		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing con-	servation easements during the year
	<b>\$</b>	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and e	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial	statements that describes the
	organization's accounting for conservation easements.	
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue s	statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or service, provide in Part XIII the text of the footnote to its financial statements that describes the	research in furtherance of public se items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue state	
	art, historical treasures, or other similar assets held for public exhibition, education, or resea	
	provide the following amounts relating to these items:	•
	(i) Revenue included on Form 990, Part VIII, line 1	<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar ass	sets for financial gain, provide the
	following amounts required to be reported under FASB ASC 958 relating to these items:	- · ·
а	Revenue included on Form 990, Part VIII, line 1	<b>&gt;</b> \$
b	Assets included in Form 990, Part X	

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

Schedule D (Form 990) 2020

20-2329938

	dule D (Form 990) 2020										age <b>2</b>
Pa	rt     Organizations Maintaini										
3	Using the organization's acquisition	n, accession, ar	nd other reco	rds, checl	k any of	the f	following	that make sig	nificant ι	se o	f its
	collection items (check all that app	ly):									
а	Public exhibition		d	Loan	or excha	nge p	rogram				
b	Scholarly research		е	Other							
С	Preservation for future gene	rations		_							
4	Provide a description of the organ		ions and expl	ain how t	thev furt	her th	he organ	ization's exemi	ot purpos	e in	Part
	XIII.						3				
5	During the year, did the organization	n solicit or recei	ve donations o	of art histo	orical tre	asure	es or othe	er similar			
•	assets to be sold to raise funds rath								Yes		No
Pa	rt IV Escrow and Custodial A		antaniou do pe	211 01 1110 1	or garniza		0011001101				110
	Complete if the organiza		"Yes" on For	m 990 F	Part IV I	line 9	or repo	orted an amou	int on Fo	rm	
	990, Part X, line 21.	anomano de		000, .	u , .		, от торс		0 0		
1a	Is the organization an agent, trus	tee custodian o	or other intern	nediary fo	or contri	ibution	ns or oth	er assets not			
	included on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement is										,
_			op.otoo .o		Γ			Amoun	t		
С	Beginning balance					1c		71110411			
d	Additions during the year					1d					
e	Distributions during the year					1e					
f	Ending balance				_	1f					
2a	Did the organization include an am				_		todial acc	ount liability?	Yes		No
	If "Yes," explain the arrangement in							-			110
	rt V Endowment Funds.	iri art Aiii. Onec	K Here ii the e	Apiai iatioi i	i ilas bee	ii pio	vided oil i	ait XIII		-	
ıα	Complete if the organiza	ition answered	"Yes" on For	m 990 F	Part IV I	line 1	0				
		(a) Current year	(b) Prio		(c) Two			) Three years back	(e) Four	vears h	nack
4.	Danis dan afasan balansa	(a) carroin year	(2)	, you.	(-, -	,	(4.	, oo you.o buon	(0) : 54:	, 00.0 .	
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains,										
	and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage			e (line 1g,	column	(a)) he	eld as:				
a	Board designated or quasi-endown		%								
b	Permanent endowment										
С		.%									
	The percentages on lines 2a, 2b, a										
3a	Are there endowment funds not in	the possession of	of the organiza	ation that	are held	and	administe	ered for the	Г.		
	organization by:									es	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the relate	•	•			?			3b		
4	Describe in Part XIII the intended u		nization's endo	wment fur	nds.						
Pa	rt VI Land, Buildings, and Equ Complete if the organize	<b>lipment.</b> ation answered	"Yes" on Fo	rm 99∩ I	Part I\/	line 1	11a Sec	Form 990 P	art X line	10 ح	
	Description of property		est or other basis		or other bas		(c) Accumi		d) Book val		·
		(ii	nvestment)		ther)		depreciat		,	-	
1a	Land										
b	Buildings										
С	Leasehold improvements				62,33			,801.		8,5	
d	Equipment				590,78			,581.		.8,1	
e	Other				184,15		1,490			3,8	
Tota	I. Add lines 1a through 1e. (Column	(d) must equal I	Form 990, Part	X, colum	n (B), line	e 10c.	)	▶	72	0,5	88.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 Page 3

Part VII	Investments - Other Securities.	L    \	Deat IV 15 - 445 Oct Farm 000	Don't V. Hara 40
	Complete if the organization answered			
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
. ,	al derivatives			
	held equity interests			
(3) Other _				
(A) (B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.) .			
Part VIII	Investments - Program Related. Complete if the organization answered	I "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 valuat	
			Cost or end-of-year mark	et value
<u>(1)</u>				
(2)				
(3)				
(4)				
<u>(5)</u>				
<u>(6)</u>				
<u>(7)</u>				
(8) (9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11d. See Form 990	, Part X, line 15.
	(a) De	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)	uma (h) must agual Farm 000 Part V agu (P) l	ino 4E \		
Part X	oumn (b) must equal Form 990, Part X, col. (B) In Other Liabilities.  Complete if the organization answered line 25.			m 990, Part X,
1.	(a) Descrip	tion of liability		(b) Book value
(1) Feder	ral income taxes	•		
	RRED RENT			461,861.
(3) INTE	RCOMPANY PAYABLE			48,685.
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25.)		<u></u>	510,546.

<sup>2.</sup> 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

AUTISM SPEAKS, INC.

20-2329938

Schedul	e D (Form 990) 2020		Page 4
Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	١.	
	Total revenue, gains, and other support per audited financial statements	1	
1 2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	-	
	Net unrealized gains (losses) on investments		
	Donated services and use of facilities		
	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
	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:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIII.)		
_	Add lines 4a and 4b	4c	
5 Port	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part 1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırıı.	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments		
	Other losses		
	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIII.)	4c	
С 5	Add lines <b>4a</b> and <b>4b</b>	5	
	XIII Supplemental Information.		
Provide	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; P	art V,	line 4; Part X, line
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	ation.	
SEE	PAGE 5		

AUTISM SPEAKS, INC.

20-2329938

Page 5

# Part XIII Supplemental Information (continued)

PART X, LINE 2

AS IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND FROM STATE INCOME TAXES UNDER COMPARABLE LAWS. THE CANADIAN ENTITY, EXEMPT FROM CANADIAN INCOME TAXES, IS ORGANIZED WITHOUT SHARE CAPITAL UNDER THE CANADIAN CORPORATIONS ACT. ALL SIGNIFICANT TAX POSITIONS HAVE BEEN CONSIDERED BY MANAGEMENT, AND IT HAS BEEN DETERMINED THAT ALL TAX POSITIONS WOULD BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS OR FURTHER DISCLOSURE IN THE NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS. AS IS SUBJECT TO AUDITS BY TAXING JURISDICTIONS; HOWEVER, NO AUDITS FOR ANY PERIODS ARE CURRENTLY IN PROGRESS.

## **SCHEDULE F** (Form 990)

# Statement of Activities Outside the United States

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

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name	of the organization				Employer identific	cation number
AUT]	ISM SPEAKS, INC.				20-23299	38
Part	General Information of Form 990, Part IV, line 14		Outside the	United States. Comple	ete if the organization	answered "Yes" or
	For grantmakers. Does the org	_			_	
	other assistance, the grantees'	eligibility for t	he grants or a	assistance, and the selec	tion criteria used to	37
i	award the grants or assistance?					X Yes No
	For grantmakers. Describe in loutside the United States.	Part V the org	anization's pro	cedures for monitoring t	the use of its grants ar	nd other assistance
3	Activities per Region. (The follow	ving Part I, line	3 table can be	duplicated if additional sp	ace is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	NORTH AMERICA	0.	0.	GRANTMAKING		273,782.
(2)	EUROPE	0.	0.	GRANTMAKING		125,000.
(3)	MIDDLE EAST AND NORTH AFRICA	0.	0.	GRANTMAKING		19,349.
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Subtotal					418,131.
b	Total from continuation					
	sheets to Part I					
С	Totals (add lines 3a and 3b)	1				418,131.

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

Schedule F (Form 990) 2020

AUTISM SPEAKS, INC. 20-2329938

Page 2 Schedule F (Form 990) 2020

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA	SCIENCE & RE	50,000.	CHECK			
(2)			NORTH AMERICA	SCIENCE & RE	105,565.	CHECK			
(3)			NORTH AMERICA	SCIENCE & RE	118,217.	CHECK			
(4)			EUROPE/ICELAND/GREENLAND	SCIENCE & RE	125,000.	CHECK			
(5)			SUB-SAHARAN AFRICA	SCIENCE & RE	19,349.	CHECK			
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
2 Ente	mpt 501(c)(3) organization	by the IRS, or for which	bove that are recognized a the grantee or counsel has	provided a sect	tion 501(c)(3) equiv	alency letter	<b>&gt;</b>		5.

Schedule F (Form 990) 2020

## Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III Part III can be duplicated if additional space is needed. (c) Number of (a) Type of grant or assistance (b) Region (d) Amount of (e) Manner of (h) Method of (f) Amount of (g) Description valuation (book, FMV, recipients cash grant cash noncash of noncash disbursement assistance assistance appraisal, other) (1) (2) (3) \_ (4) (5) (6) (7) (8) (9) (10)(11)(12)(13)(14)(15)(16) (17)

Schedule F (Form 990) 2020

(18)

Schedule F (Form 990) 2020

AUTISM SPEAKS, INC. 20-2329938

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

Schedule F (Form 990) 2020

Page 4

20-2329938 Schedule F (Form 990) 2020 Page 5

**Supplemental Information** Part V

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

PART I, LINE 2:

FOR SCIENCE GRANTS:

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

FOR SERVICES AND SUPPORTS GRANTS:

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

Schedule F (Form 990) 2020

Form 990-EZ filers are not required to complete this part.

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

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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.

► Attach to Form 990 or Form 990-EZ.

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

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.

OMB No. 1545-0047

2020

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

AUTISM SPEAKS, INC.

To to www.irs.gov/Forms30 for mistractions and the fatest information.

	Inspection
Employer identificati	on number

20-2329938

1	Indicate whether the organization rais	ed funds through	any of the	following	activities. Check a	all that apply.	
а	X Mail solicitations	е		itation of	non-government g	rants	
b	X Internet and email solicitations	f		itation of	government grants	5	
С	X Phone solicitations	g	X Spec	cial fundra	ising events		
d	X In-person solicitations						
2a	Did the organization have a written or	oral agreement w	vith any ind	dividual (in	cluding officers, d	irectors, trustees,	
	or key employees listed in Form 990,					- 3	X Yes No
b	If "Yes," list the 10 highest paid indiv		(fundraise	rs) pursua	int to agreements	under which the	fundraiser is to be
	compensated at least \$5,000 by the o	rganization.					
						I	
	(i) Name and address of individual or entity (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)	(vi) Amount paid to (or retained by) organization
			Yes	No		33 (4)	
1							
	ATTACHMENT 1						
2	-						
3							
4							
5							
6							
7							
8							
9							
10							
10							
Γotal					2,307,779.	349,797.	1,957,982.
3	List all states in which the organizati	on is registered o	or licensed	to solicit			
-	registration or licensing.				2323110110 01	200.1 1101.1104	is exempt from
ALL	STATES						

Sched	le G (Form 990 or 990-EZ) 2020				Page Z
Part	Fundraising Events. Complete	ete if the organization	answered "Yes" on I	Form 990, Part IV,	line 18, or reported
	more than \$15,000 of fund events with gross receipts gr	•	ons and gross incom	ne on Form 990-EZ,	lines 1 and 6b. List
	·	(a) Event #1	(h) Event #2	(c) Other events	

		events with gross receipts gre	eater than \$5,000.			
			(a) Event #1 CHEF GALA	(b) Event #2 GOLF EVENT	(c) Other events 46.	(d) Total events (add col. (a) through
Ф			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	529,644.	363,010.	1,968,274.	2,860,928.
∝	2	Less: Contributions	425,195.	189,346.	1,630,731.	2,245,272.
		Gross income (line 1 minus line 2)	104,449.	173,664.	337,543.	615,656.
	4	Cash prizes				
	5	Noncash prizes				
sesu	6	Rent/facility costs	100,590.	172,464.	253,243.	526,297.
Direct Expenses	7	Food and beverages			34,587.	34,587.
Direc	8	Entertainment			4,172.	4,172.
	9	Other direct expenses	3,859.	1,200.	45,541.	50,600.
	10	Direct expense summary. Add lin	es 4 through 9 in colu	mn (d)		615,656.
	rt I	Net income summary. Subtract li  Gaming. Complete if the org				reported more than
		\$15,000 on Form 990-EZ, lin				
Revenue			(a) Bingo	(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				
Direct Expenses	3	Noncash prizes				
)irect	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes% No	
	7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)		
	8	Net gaming income summary. Su	ıbtract line 7 from line	1, column (d)	<u></u> ▶	
9 a k	l	Enter the state(s) in which the orgles the organization licensed to con If "No," explain:	anization conducts ga duct gaming activities	in each of these state		Yes No
l O a		Were any of the organization's gaming	g licenses revoked, susp			Yes No

Sched	ule G (Form 990 or 990-EZ) 2020
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?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ▶ \$
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
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year ▶ \$
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2020

LINCOLN MA 01773 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	DIRECT MAIL CONSULTING	x	2,307,779.	349,797.	1,957,982.
55 OLD BEDFORD ROAD SUITE 201			, = = , , , , , ,		, ,

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## SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization						Employer identificat	on number
AUTISM SPEAKS, INC.						20-232993	38
Part I General Information on Grants and	d Assistanc	е				'	
<ol> <li>Does the organization maintain records to so the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's proced</li> <li>Part II Grants and Other Assistance to D</li> </ol>	s or assistand dures for more omestic Or	ce? nitoring the use <b>ganizations a</b> r	of grant funds in th	e United States.	nplete if the organiza	ation answered "Y	X Yes No
Part IV, line 21, for any recipient the	1	T	1	· · · · · · · · · · · · · · · · · · ·			T
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MARCUS AUTISM CENTER							
1584 TULLIE CIRCLE ATLANTA, GA 30329	26-2809380	501(C)3	70,358.				SCIENCE & RESEARCH
(2) NEW YORK PRESBYTERIAN FUND, INC.							
525 EAST 68TH STREET NEW YORK, NY 10065	13-3160356	501(C)3	106,862.				SCIENCE & RESEARCH
(3) CHILDRENS HOSPITAL LOS ANGELES							
4650 SUNSET BLVD. LOS ANGELES, CA 90027	95-1690977	501(C)3	94,674.				SCIENCE & RESEARCH
(4) CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENT							
3333 BURNET AVENUE CINCINNATI, OH 45229	31-0833936	501(C)3	185,575.				SCIENCE & RESEARCH
(5) REGENTS OF THE UNIVERSITY OF CALIFORNIA AT							
120 THEORY STE 200 IRVINE, CA 92617	95-2226406	501(C)3	121,492.				SCIENCE & RESEARCH;
(6) SOUTHWEST AUTISM RESEARCH & RESOURCE CENTER							
300 NORTH 18TH STREET PHOENIX, AZ 85006	31-1496646	501(C)3	136,272.				SCIENCE & RESEARCH
(7) THE CHILDREN'S HOSPITAL OF PHILADELPHIA							
3401 CIVIC CENTER BLVD., PHILADELPHIA, PA	23-1352166	501(C)3	120,164.				SCIENCE & RESEARCH
(8) THE CURATORS OF THE UNIVERSITY OF MISSOURI-							
118 UNIVERSITY HALL COLUMBIA, MO 65211	43-6003859	GOV	127,304.				SCIENCE & RESEARCH
(9) RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S							
700 CHILDREN'S DRIVE COLUMBUS, OH 43205	31-6056230	501(C)3	149,536.				SCIENCE & RESEARCH
(10) UNIVERSITY OF PITTSBURGH							
116 ATWOOD ST #201 PITTSBURGH, PA 15260	25-0965591	501(C)3	273,267.				SCIENCE & RESEARCH
(11) UNIVERSITY OF ROCHESTER							
910 GENESEE STREET, ROCHESTER, NY 14611	16-0743209	501(C)3	131,142.				SCIENCE & RESEARCH
(12) VANDERBILT UNIVERSITY MEDICAL CENTER							
2301 VANDERBILT PLACE, NASHVILLE, TN 37240	62-0476822	501(C)3	136,350.				SCIENCE & RESEARCH
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ole		<b>.</b>	
3 Enter total number of other organizations list	ted in the line	1 table					

JSA

0E1288 1.000

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

Schedule I (Form 990) 2020

## SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

## Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization						Employer identificat	ion number		
AUTISM SPEAKS, INC.						20-232993	38		
Part I General Information on Grants and	d Assistanc	е							
<ul> <li>Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?</li> <li>Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li> <li>Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.</li> </ul>									
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) REGENTS UNIVERSITY OF CALIFORNIA LOS ANGELE									
10920 WILSHIRE BLVD, LOS ANGELES, CA 90024	95-6006143	501(C)3	76,900.				SCIENCE & RESEARCH		
(2) THE BOARD OF TRUSTEES OF THE LELAND STANFOR									
485 BROADWAY, REDWOOD CITY, CA 94063	94-1156365	501(C)3	25,000.				SCIENCE & RESEARCH		
(3) THE GENERAL HOSPITAL CORPORATION									
55 FRUIT STREET BOSTON, MA 02114	04-2697983	501(C)3	113,278.				SCIENCE & RESEARCH		
(4) THE OHIO STATE UNIVERSITY									
1960 KENNY ROAD COLUMBUS, OH 43210-1016	31-6025986	501(C)1	48,845.				SCIENCE & RESEARCH		
(5) BOARD OF REGENTS OF THE UNIVERSITY OF WISCO									
21 N. PARK ST., SUITE 6401 MADISON WI 53715	39-6006492	115(1)	7,500.				SCIENCE & RESEARCH		
(6) EMORY UNIVERSITY									
1762 CLIFTON RD, SUITE 1400 MAIL STOP: 0970	58-0566256	501(C)3	66,251.				SCIENCE & RESEARCH		
(7) HOSPITAL FOR SPECIAL CARE, INC									
2150 CORBIN AVENUE NEW BRITAIN, CT 06053	06-0646766	501(C)3	14,999.				SCIENCE & RESEARCH		
(8) PHOENIX CHILDREN'S HOSPITAL									
2929 E. CAMELBACK RD. STE. 122 PHOENIX, AZ	74-2421549	501(C)3	7,500.				SCIENCE & RESEARCH		
(9) PRISMA HEALTH-UPSTATE									
300 EAST MCBEE AVENUE NO 302 GREENVILLE, SC	81-1723202	501(C)3	15,000.				SCIENCE & RESEARCH		
(10) REGENTS OF THE UNIVERSITY OF COLORADO									
1800 N GRANT ST STE 200 DENVER, CO 80203	84-6000555	501(C)3	50,000.				SCIENCE & RESEARCH		
(11) THE METROHEALTH SYSTEM									
2500 METROHEALTH DRIVE CLEVELAND, OH 44109	34-6004382	GOV	14,986.				SCIENCE & RESEARCH		
(12) THE RECTOR & VISITORS OF THE UNIVERSITY OF									
101 N. EMMET STREET CHARLOTTESVILLE, VA 229	54-6001796	GOV	7,500.				SCIENCE & RESEARCH		
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ble					
3 Enter total number of other organizations list	ted in the line	1 table							

JSA

0E1288 1.000

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

Schedule I (Form 990) 2020

## SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

## Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

AUTISM SPEAKS, INC.						20-232993	38
Part I General Information on Grants and	d Assistanc	e				•	
<ol> <li>Does the organization maintain records to so the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's proced</li> </ol>	s or assistand dures for mo	ce? nitoring the use	of grant funds in the	e United States.			X Yes No
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient the		_					es" on Form 990,
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) UNIVERSITY OF MASSACHUSETTS, WORCESTER							
55 LAKE AVE NORTH WORCESTER, MA 01655	04-3167352	GOV	14,999.				SCIENCE & RESEARCH
(2) UNIVERSITY OF NEBRASKA BOARD OF REGENTS							
986000 NEBRASKA MEDICAL CENTER	54-6001796	GOV	7,500.				SCIENCE & RESEARCH
(3) FOOD FOR GOOD THOUGHT VOCATIONAL SUPPORT							
4185 NORTH HIGH STREET COLUMBUS, OH 43214	01-0941310	501(C)3	17,500.				SERVICES
(4) ISLAND OF BRILLIANCE							
415 E MENOMONEE ST MILWAUKEE, WI 53202	47-1249195	501(C)3	25,000.				SERVICES
(5) TECH KIDS UNLIMITED INC							
370 JAY STREET, ROOM 316C, BROOKLYN, NY 112	46-2451747	501(C)3	25,000.				SERVICES
(6) CHILDREN'S HOSPITAL CORPORATION							
300 LONGWOOD AVENUE BOSTON, MA 02115	04-2774441	501(C)3	50,000.				SCIENCE & RESEARCH
(7) JOHN CARROLL UNIVERSITY							
1 JOHN CARROLL BLVD, UNIVERSITY HEIGHTS, OH	34-0714681	501(C)3	29,750.				SCIENCE & RESEARCH
(8)							
(9)							
(10)							
(11)							
440)							
(12)	-						
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ble		·	31.
3 Enter total number of other organizations list	•	•					

JSA

0E1288 1.000

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

Schedule I (Form 990) 2020

Schedule I (Form 990) (2020)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 FINANCIAL ASSISTANCE - AUTISM CARES GRANTS	885.	412,750.			
2 PREDOCTORAL FELLOWSHIPS	7.	141,036.			
3 POSTDOCTORAL FELLOWSHIPS	1.	182,800.			
4					
5					
6					
7					

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

PART 1, LINE 2

FOR SCIENCE GRANTS:

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

Schedule I (Form 990) (2020)

Schedule I (Form 990) (2020)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
_1					
2					
3					
4					
5					
6					
7					

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

FOR SERVICES AND SUPPORTS GRANTS:

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

Schedule I (Form 990) (2020)

**SCHEDULE J** (Form 990)

**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

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

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

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

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 20-2329938 AUTISM SPEAKS, INC. Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
	If any of the bases on line 40 are cheefeed alid the consciention follows a switter maliar resonant.			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
_	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
•		_		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
_				
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
h	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	The second and of the persons and provide the applicable amounts for each item in rait in.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
5	compensation contingent on the revenues of:			
а	The organization?	5a		Х
h	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.	35		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
•	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		X
~	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed		37	
_	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
_	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020 Page 2

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
ANGELA GEIGER	(i)	514,469.	103,401.	0.	11,400.	22,589.	651,859.	
1 PRESIDENT & CEO	(ii)	0.	0.	0.				
JOSEPH VANYO	(i)	244,771.	10,000.	0.	5,000.	8,028.	267,799.	
<b>2</b> <sup>COO</sup>	(ii)	0.	0.	0.				
JENNIFER PODOLL	(i)	216,276.	0.	0.		28,004.	244,280.	
SVP, CONSTITUENT ENGAGEMENT	(ii)	0.	0.	0.				
ANDY SHIH	(i)	246,416.	0.	0.	10,424.	27,716.	284,556.	
4 <sup>SR</sup> VP PUBLIC HEALTH/INCLUSION	(ii)	0.	0.	0.				
STUART SPIELMAN	(i)	227,276.	0.	0.	9,148.	1,988.	238,412.	
<b>5</b> SVP, ADVOCACY	(ii)	0.	0.	0.				
LYNN HAPPEL	(i)	213,320.	12,000.	0.	8,754.	19,081.	253,155.	
6 SVP, IT & DATA SUPPORT	(ii)	0.	0.	0.				
MELANIE AKINS	(i)	199,568.	0.	0.	8,257.	35,806.	243,631.	
7 <sup>VP, CORPORATE INITIATIVES</sup>	(ii)	0.	0.	0.				
DONNA S. MURRAY	(i)	201,513.	0.	0.	8,171.	10,565.	220,249.	
8 VP, HEAD CLINICAL PROGRAMS	(ii)	0.	0.	0.				
LISA GERBASI	(i)	273,340.	0.	0.	11,141.	33,096.	317,577.	
9 <sup>STRATEGIC</sup> INITIATIVES & INNOVA	(ii)	0.	0.	0.				
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020 Page 3

### Part | Supplemental Information

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

FORM 990, SCHEDULE J, PART 1, LINE 7

AUTISM SPEAKS AWARDED NON-FIXED PAYMENTS SUCH AS BONUSES BASED

ON THE SUCCESSFUL ACHIEVEMENT OF PERFORMANCE GOALS AS REVIEWED AND

APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS.

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

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

### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

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

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number AUTISM SPEAKS, INC. 20-2329938 Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o noncash cont			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded		14.	277,931.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
4.4	structures							
14	Qualified conservation							
15	contribution - Other							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts.							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►()							
26	Other ►()							
27	Other ►()							
28	Other ►(							
29	Number of Forms 8283 received							
	which the organization completed F	Form 8283,	Part V, Donee Acknowledge	ement	29			2.
							Yes	No
30a	During the year, did the organizat				_			
	28, that it must hold for at least the	-			•			
	to be used for exempt purposes for		olding period?			30a		X
	If "Yes," describe the arrangement i							
31	Does the organization have a						77	
	contributions?					31	Х	
32a	Does the organization hire or use	•	J			20-	Х	
	contributions?					32a	Λ	
	If "Yes," describe in Part II.  If the organization didn't report an	amount in -	volumn (a) for a time of a	norty for which calman (-)	ic chaoland			
33	describe in Part II.	amount III C	olulli (c) for a type of pro	perty for willon column (a)	is crieckeu,			

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

Schedule M (Form 990) 2020

Schedule M (Form 990) (2020) Page **2** 

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

SCHEDULE M, PART I, COLUMN (B)

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

SCHEDULE M, LINE 32B:

THE ORGANIZATION USES AN INVESTMENT FIRM TO SELL STOCK CONTRIBUTIONS.

Schedule M (Form 990) (2020)

20-2329938

## **SCHEDULE 0** (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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

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

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:

BOARD MEMBERS, KEY EXECUTIVES, AND ALL STAFF ARE REQUIRED TO REVIEW AND SIGN THE CONFLICT OF INTEREST 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. ANY EXCEPTIONS ARE SHARED WITH THE EXECUTIVE COMMITTEE OF THE BOARD FOR APPROVAL. ALSO REQUIRED TO BE LISTED IS ANY ENTITY, WHETHER BUSINESS, INSTITUTION, OR NON-PROFIT ORGANIZATION, WITH WHICH THEY ARE CURRENTLY AFFILIATED WITH IN ANY WORKING CAPACITY. THE AUTISM SPEAKS STAFF REVIEW EACH GRANT AWARDED FOR POTENTIAL CONFLICTS OF EVERY BUSINESS ENTITY REPORTED BY BOARD MEMBERS OR STAFF WITH WHICH A WORKING RELATIONSHIP OUTSIDE OF AUTISM SPEAKS EXISTS IS INVESTIGATED FOR A POTENTIAL CONFLICT OF INTEREST. AUTISM SPEAKS MAY IMPOSE SANCTIONS ON A COVERED PERSON FOR NON-COMPLIANCE, INCLUDING TERMINATION.

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

THE COMPENSATION COMMITTEE OF THE BOARD REVIEWS CEO COMPENSATION OF

Schedule O (Form 990 or 990-EZ) 2020 Page **2** 

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

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

FORM 990, PART VI, SECTION C, LINE 19:

AUTISM SPEAKS' AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE ON

ITS WEBSITE - AUTISMSPEAKS.ORG AND ARE AVAILABLE UPON REQUEST. AUTISM

SPEAKS' FORM 1023, CONFLICT OF INTERESTS POLICY AND BY-LAWS ARE AVAILABLE

UPON REQUEST.

ATTACHMENT 1

FORM 990, PART VI, LINE 17 - STATES

AL, AR, CA, CT,

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

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

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

ATTACHMENT 2

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION BOOK VALUE BOOK VALUE

US TREASURY MONEY MKT FUNDS 21,920,530. 21,950,201.

TOTALS 21,920,530. 21,950,201.

#### **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.

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service

OMB No. 1545-0047 Open to Public Inspection

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

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c) Legal domicile (state (e) End-of-year assets Name, address, and EIN (if applicable) of disregarded entity Primary activity Total income Direct controlling or foreign country) entity (1) DELIVERING SCIENTIFIC INNOVATION FOR AUT 46-1157381 1060 STATE ROAD, 2ND FLOOR PRINCETON, NJ 08540 DORMANT DE AUTISM SPEAK (2) (3) (4) (5) (6)

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had Part II 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	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	conti	g) 512(b)(13) rolled iity?
						Yes	No
(1) AUTISM SPEAKS CANADA 86-942020	8						
2450 VICTORIA PARK AVENUE TORONTO, ONTARIO CA	SEE PART VII	CA			AUTISM SPEAK	X	
(2)							
(3)							
(4)							
(5)							
(6)							
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(7)							
							1

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

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Page 2 Schedule R (Form 990) 2020 Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34,

Part III because it had one or more related organizations treated as a partnership during the tax year. (b) Primary activity (g) Share of end-of-(i) Code V - UBI (c) (d) (e) Predominant (h) (j) (k) Name, address, and EIN of Lègal Direct controlling Share of total Percentage General or Disproportionate income (related, domicile amount in box 20 related organization entity income year assets managing ownership allocations? unrelated. (state or of Schedule K-1 partner? excluded from foreign (Form 1065) tax under sections 512 - 514) country) Yes No Yes No (1) (2) (3) (4) (5) (6) (7)

**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. Part IV

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes No
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Part V

AUTISM SPEAKS, INC.

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

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Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more r	elated organizations lis	sted in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X
	Gift, grant, or capital contribution to related organization(s)				1b	Х	
	Gift, grant, or capital contribution from related organization(s)				1c		X
	Loans or loan guarantees to or for related organization(s)				1d		X
	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		X
g	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
I	Performance of services or membership or fundraising solicitations for related organization(s)				11		X
	Performance of services or membership or fundraising solicitations by related organization(s)				1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		X
0	Sharing of paid employees with related organization(s)				10		X
р	Reimbursement paid to related organization(s) for expenses				1p		X
q	Reimbursement paid by related organization(s) for expenses				1q		X
							7.7
r	Other transfer of cash or property to related organization(s)				1r		X
S	Other transfer of cash or property from related organization(s).				1s		X
	If the answer to any of the above is "Yes," see the instructions for information on who must complete t			ction thre		S.	
	(a)  Name of related organization	(b) Transaction	(c) Amount involved	Method	(d) of dete	rminin	g
		type (a-s)		amou	nt invo	lved	-
(1)	AUTISM SPEAKS CANADA	В	268,359.	CASH F	) N VM	ראידי	
(1)	AUTION DI BARD CAMADA	В	200,333.	CADII I	AIM	DIAT	
(2)							
(-)							
(3)							
(0)							
(4)							
`''							

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(5)

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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.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	r   Organizations:		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		ownership	
(4)			sections 512 - 514)	Yes	No			Yes	No		Yes	No		
(1)														
(2)														
(3)														
(4)														
(5)														
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(13)														
(14)														
(15)														
(16)														

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#### Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

FORM 990, SCHEDULE R PART II (B)

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